

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 2 October 2008.

PRESENT: Councillor Dryden (Chair); Councillors Carter, Cole, Lancaster, Purvis and P Rogers.

OFFICIALS: J Bennington, P Clark, J Ord and J Wilson.

**** PRESENT BY INVITATION:** The Mayor (Ray Mallon)
Roger Catchpole, Principle Consultant, Young Minds.

**** PRESENT AS OBSERVERS:** Councillor Brunton (Chair of Overview and Scrutiny Board)
Councillor B Thompson (Executive Member for Public Health and Sport)
Councillor McPartland
Emma Howitt, Chief Executive, Middlesbrough Minds
Dr Peter Heywood, Joint Director of Public Health, Middlesbrough Council and Middlesbrough PCT.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dunne, Mrs H Pearson and Rehman.

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

EMOTIONAL WELLBEING – MENTAL HEALTH IN MIDDLESBROUGH – MAYOR

The Scrutiny Support Officer submitted a report the purpose of which was to introduce the Mayor of Middlesbrough to provide evidence in relation to the Local Authority's role in promoting the emotional wellbeing and good mental health of young people within its area of influence.

In his opening remarks the Mayor expressed support of the Panel's decision to undertake such a scrutiny review on a subject which was considered to very important and a high priority given the increased prevalence of mental health issues. The Mayor referred to significant events and developments during recent years. It was acknowledged that although public health was one of the main issues it was not a core subject of a local authority.

As part of the background information a briefing note was circulated at the meeting which outlined the action taken by Middlesbrough Council to promote children and young people's mental health in relation to the following: -

- the Tees-wide Child and Adolescent Mental Health Service (CAMHS) Strategy continued to support service improvements through the use of a needs assessment;
- partnership working between agencies was strong and there was a shared action plan to increase awareness of young people so they know where to get help;
- funding was available across the Tees area and an advert was currently being shown in each GP practice on the life channel talking about mental health problems in children and young people;
- outcomes were monitored through performance management;
- there was a 24-hour crisis support service for young people with mental and emotional health problems;
- all young people identified by the Youth Offending Service as being acute/non acute need were seen within target timeframes;

- healthy schools and CAMHS had collaborated on a referral pathways document to support pupils mental health and emotional wellbeing and a multi-agency group had been established to manage Social and Emotional Aspects of Learning (SEAL) developments;
- Middlesbrough Primary Care Trust was piloting an emotional wellbeing module in a primary school with pupils of different ethnicity and youth backgrounds and a Young Carers' protocol had been implemented;
- Looked after children received appropriate advice and support and annual health assessments to ensure good health outcomes;
- there was a CAMHS for LAC and additional funding had been made available through the CAMHS budget for children and young people placed outside of the local CAMHS area the waiting times for which were shorter than the national average;
- LAC had a designated doctor and nurse, with the latter co-located within the local authority's Pathways Team, providing health promotion and advice;
- meeting the health needs of children with hearing difficulties and/or Disability (LDD) continued to be a priority and more families were being encouraged to access services, which provided appropriate support and advice from specialist teams and practitioner.

Future Actions included: -

- co-ordinate training for schools in the early identification of the signs and symptoms of mental health issues;
- develop a health promotion room in conjunction with young people to increase access to a range of health services;
- roll out a comprehensive CAMHS system as defined within the National Service Framework for Children, Young People and Maternity Services;
- embed the SEAL programme across all schools;
- ensure targeted support was provided to vulnerable groups of young people known to have a high incident of mental health and emotional problems, such as LAC and substance misusers;
- provide additional support through the CAMHS Grant for 2008/09 for specialised assessments and specific support for children and young people who were in placements outside Middlesbrough;
- commission work to address both the development of the Self Harm Protocol and launch a training event and the work on a dual diagnosis protocol;
- discuss the use of the CAMHS Grant to develop the services for children and young people with learning difficulties and/or disability who have mental health needs.

The Mayor supported the Council's current work to promote children and young people's mental health and stressed the importance for the Council to work together with other organisations to focus on self-esteem/emotional wellbeing issues.

Reference was made to the expectations of children including children looked after in terms of education attainment and the impact of circumstances often complex issues which may impact on a person's life. From recent experience the Mayor indicated that the emphasis should be on motivation and for a person to 'do their very best.'

In relation to the wider public health issues the Mayor indicated that proper financing was required to enable the Authority and other local authorities to promote and develop current initiatives and local programmes and activities.

During the ensuing discussion with other representatives it was stressed that some aspect of mental health affected one in four people. It was stressed that mental health related problems should not be seen exclusively as a health and social care issue and as it involved a spectrum of needs such issues needed to be tackled jointly.

In response to Members' questions the Mayor indicated that whilst the role of the Council in terms of its regeneration strategies and promoting employment opportunities had a part to play of fundamental importance was the youth agenda and seeking ways of identifying and engaging with hard to reach groups. It was recognised that further work could be undertaken to develop employment opportunities for people with mental health problems with particular regard to long term unemployed claiming incapacity benefit.

Members sought clarification on defining a condition and develop appropriate pathways of health care. It was explained that this was very complex and difficult to predict. It was acknowledged that to see the benefits of early intervention would take a significant period of time and would not remove the need for specialist services for complex mental health needs. Improved educational attainment and employment opportunities and healthier environment were also long term strategies to improve persons' resilience to cope with mental health problems.

AGREED that the Mayor be thanked for the information provided which would be incorporated into the overall review.

EMOTIONAL WELLBEING – MENTAL HEALTH – YOUNG PEOPLE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Young Minds a national charity, which was committed to improving the mental health of all children and young people.

The vision statement of Young Minds was 'To help create a society that promotes good mental health and emotional wellbeing of all children and young people. We believe this core to the achievement of active communities whose constituents are healthy, happy, independent, contributing adults.'

Young Minds' Missions statement was 'To improve life chances for children and young people at risk of, and experiencing mental health problems and emotional difficulties. To achieve better outcomes for parents and families who engage with children's mental health services. To promote the good mental health and wellbeing of all children.'

As part of the background information a copy of Young Mind's Annual Report 2007/2008 and a briefing report had been circulated for the Panel's information.

The Chair welcomed Roger Catchpole, Principle Consultant; Young Minds who addressed the Panel and focussed on the key issues based on experience of working with policy makers, planners and service commissioners across the UK.

In terms of the national overview approximately 20% of children and young people between 5 and 15 years old experienced some form of mental health problem and around 10% met the criteria for a disorder. It was considered that mental health and mental ill health were widely interpreted by the public, the media, professionals, young people, parents and carers with little shared understanding. It was acknowledged that there was considerable stigma associated with having a mental health problem and evidence that perceptions of mental health were formed at an early age.

Reference was made to current directives as part of the National Service Framework for Children, Young People and Maternity Services and a current review of CAMHS which was due

to report in November 2008 with recommendations for next steps in developing services to ensure better outcomes for children and young people.

Young Mind's view was that the current policy framework provided a good basis on which to achieve improvement across the spectrum of mental health needs but that the emphasis now had to be on supporting implementation of national policy and on removing or overcoming the barriers that existed at local and national level.

Whilst progress had been achieved it was believed that service provision remained uneven across the UK with few areas fully meeting the criteria for a comprehensive CAMHS.

The following areas were identified where further work was required: -

- a need for leadership which created a shared, long-term vision, identified clear, child centred outcomes and ensured action and accountability;
- joint working supported by multi-agency training and development as a means for building bridges across professional boundaries, creating shared understanding, developing mutual respect and trust and valuing different contributions;
- relationships were central and young people's development and to effective work by professionals with children and young people;
- the need for a better understanding of terminology to improve good integrated working;
- stigma associated with mental health problems acted as a barrier to access to services and required work at every level to lead a more open and honest debate about the issues;
- a more coherent approach was required to commissioning CAMHS;
- monitoring and evaluation needed to be developed to measure the most appropriate areas locally, assessing impact and outcomes;
- referrals and consultation models based on shared local referral protocols were needed;
- a need for better understanding of cultural competence.

Rather than any large-scale change to the national policy agenda Young Minds would prefer to see an increased focus on support available to local areas to enable them to increase the pace and effectiveness of change.

In terms of local services to meet local needs it was considered that a starting point for creating a comprehensive CAMHS had to be a comprehensive local needs assessment. Prevalence of mental health problems varied significantly with socio-economic variables and service planning must reflect such local patterns, anticipating levels and types of need.

The needs assessment was regarded as the basis of a CAMHS strategy and action plan with a vision and outcomes shared across partner agencies locally including the local authority, PCT and other health bodies and the third sector. The strategy would be informed by and owned by all of the stakeholders including children and young people, parents and carers and both the commissioners and providers of services.

It was intended that the strategy would examine universal, targeted and specialist levels (the four tiers) and would consider the pathways between levels or tiers that enable young people to access and move between services, based on needs.

Although investment in comprehensive CAMHS remained well below the level required in most areas Young Minds strongly believed that increased resources alone would not achieve the required change and that creative approaches to integrated service provision could transform the effectiveness of services. For example, whole school approaches to emotional wellbeing, where staff, pupils and parents were able to work together to promote mentally healthy school

communities were more about different attitudes and ways of working than about additional resources.

Young Minds were of the view that to act on any of the issues outlined there needed to be a shared conceptual model of children and young people's mental health.

During the ensuing discussion the Panel acknowledged and supported the following key issues: -

- a) support of ongoing areas of joint working to increase resilience and assist people to cope better with mental health problems;
- b) It was agreed to examine further the specific work being undertaken in schools with regard to aspects of emotional wellbeing;
- c) raise awareness as to where support is available and develop training programmes to assist parents/teachers to recognise and have a better understanding of mental health problems;
- d) lobby central Government to provide additional resources to pursue joint working and achieve long term strategies;
- e) pursuing community development strategies and working with existing community groups which takes into account cultural differences and approaches to mental health issues and engagement with hard to reach groups;
- f) the need for increased education and awareness of mental health problems to reduce stigma and discrimination and assist in early recognition of such problems.

AGREED that Roger Catchpole be thanked for the information provided which would be incorporated into the overall review.

OVERVIEW AND SCRUTINY UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 26 August 2008.

NOTED