

HEALTH SCRUTINY PANEL

An informal meeting of the Health Scrutiny Panel was held on 1 December 2008.

PRESENT: Councillor Dryden (Chair), Councillors Carter, Dunne, Lancaster, Mrs H Pearson, Purvis and P Rogers.

**** OFFICIALS:** J Bennington and J Ord.

EMOTIONAL WELLBEING AND MENTAL HEALTH IN MIDDLESBROUGH – DRAFT FINAL REPORT

The Health Scrutiny Panel considered a draft final report a copy of which had been previously been circulated and focussed on formulating the conclusions and recommendations based on the evidence received for inclusion in the final report.

The subsequent deliberations centred on the following key areas: -

General:

- a) whilst the Panel welcomed the drive for more emphasis being placed on developing primary care mental health services it was felt that further detailed information was needed as to how such a strategy was to be implemented;

Older People:

- b) although information had been provided which demonstrated that £299,555 of a £10,038,181 budget (approximately 3%) had been expended on primary care adult mental health services by the Tees, Esk and Wear Valleys NHS Trust in 2007/2008 it was considered beneficial if more detailed information could be provided as to how such allocations had been utilised;
- c) although it was acknowledged that since 1999 the national budget for mental health services had increased by 50% the Panel questioned as to whether or not that this was sufficient to develop primary care services to the level required;
- d) whilst the Panel supported the national direction towards more preventative services and independent living for older persons it was considered important to ensure that there was also a network of support available including opportunities to encourage community involvement;
- e) Members reiterated their support to independent living provision such as the model adopted by Pennyman House providing supported tenancies but with the opportunity for community involvement;
- f) ways of developing community involvement were discussed which included neighbourhood schemes; extent to which Community Councils could assist in promoting and financially supporting appropriate activities; and utilising Community Grant budgets;
- g) the Panel acknowledged the financial constraints facing the Council and other local authorities in the UK which impacted upon the eligibility criteria for older people receiving social care in respect of severe and critical needs;

Children and Young People:

- h) given its importance the Panel reiterated their support to the proposed expansion of the mental health first aid programme and discussed the extent to which it should apply to teachers and other school staff;
- i) Members noted with concern that instances of mental illness amongst young people may be as high as 20-25% and suggested that ways of quantifying such figures should be examined in order to better inform the Commissioning Strategy;

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- j) the Panel reiterated their support for improving access to leisure facilities for Children Looked After and their foster carers.

In discussing the key areas Members agreed that the following should form the basis of the recommendations for inclusion in the final report: -

Older People:

- i) that a detailed report be submitted on how Middlesbrough PCT and the Council's Social Care intended to implement national guidance in relation to preventative services including information on budget provision;
- ii) that steps be taken to raise awareness regarding the opportunity for community groups to submit bids for community grant monies to assist in providing appropriate activities for older people;
- iii) that Community Councils be encouraged to utilise a proportion of the Council's funding for activities aimed at older people with particular regard to those most vulnerable to social isolation;
- iv) that progress reports be submitted at a later date on recommendations (ii) and (iii) above;

Children and Young People:

- v) that all teachers be given the opportunity to attend mental health first aid training;
- vi) that an item be placed on the agendas for school governors' meetings as to how they intended to address mental health and emotional wellbeing training for staff;
- vii) that the Children's Trust outlines how it identifies the health and emotional wellbeing needs of children and demonstrates which services had been commissioned in order to address such needs;
- viii) that a systematic audit is undertaken to inform the incidence of poor mental health in Middlesbrough amongst children and young people in order to inform the Commissioning Strategy and associated investment;
- ix) that the Children's Trust and the PCT be encouraged to effectively commission services to ensure that Children Looked After and their foster carers are able to access leisure facilities;
- x) that the Council in its role as a corporate parent continues to provide leisure passes for Children Looked After and their foster carers;
- xi) that Middlesbrough PCT looks to actively support Children Looked After and their foster carers in undertaking easier access to leisure facilities which would be beneficial for their physical and mental health;

Wider Mental Health Issues for Middlesbrough:

- x) that the Council and the PCT consider increased investment to extend services for mental health first aid training across the Town;
- xi) that as part of Middlesbrough PCT's commissioning strategy the provision of a comprehensive range of services including such services as psychological therapies and debt advice be pursued to assist GP's in offering an extended and appropriate choice of service;

- xii) that Middlesbrough PCT and the Council pursue joint investment plans for shared priorities in terms of mental health and emotional wellbeing services.

AGREED as follows: -

1. That the content of the main body of the report be approved subject to the last sentence on paragraph 119 being replaced with the following:-

'From the Panel's perspective, this supports the notion of ensuring that teachers and appropriate staff have the opportunity of attending mental health first aid training, with periodic refresher dates.'

2. That the recommendations for inclusion in the final report be based on the areas as outlined above.
3. That a copy of the updated draft final report be circulated to the Panel at the earliest opportunity and presented for approval to the formal meeting of the Health Scrutiny Panel to be held on 11 December 2008.