



HEALTH SCRUTINY PANEL

EMOTIONAL WELLBEING & MENTAL HEALTH IN MIDDLESBROUGH

EXECUTIVE SUMMARY

BACKGROUND

1. Emotional Wellbeing & Mental Health remains something of a difficult subject to quantify in modern healthcare and a great deal of stigma continues to be attached to poor mental health and the one in four people¹ who it is estimated suffer from it each year. The topic of Mental Health has historically being referred to as the 'Cinderella service' of the NHS. By that, it is meant that Mental Health services have often been perceived as getting given a poor deal in respect of funding and have lost out to the other, higher profile endeavours that the NHS is engaged in.
2. In recent years, the NHS has gone along way to rectifying the matter through a series of measures to improve how Mental Health services are funded, regulated and delivered. This is partly due to the changing way in which Mental Health is viewed in society. According to the Kings Fund, since 1999 mental health services have been supported by a increase in investment of more than £1.5billion, which equates to around a 50% increase².
3. In society, there is more of an understanding that poor mental health is not a person's 'fault', nor is it something to be ashamed of or hidden away. Mental Health is often determined by biological and chemical factors that can also determine that someone has poor physical health. Society has also started to understand the implications of good or bad mental health for someone's physical health.
4. Society has got better at facing up to poor mental health, understanding it more, and what it may mean for individuals and their communities. As a result, services have become better at addressing people's needs and become less institutionalised, with a notable departure away from the older asylum model, which arguably created as many problems as it sought to solve.

¹ 1 in 4 people will experience some kind of mental health problem on the course of a year. Data can be found at www.mentalhealth.org.uk/information/mental-health-overview/statistics/
² Please see *Paying the Price – the cost of mental health care in England to 2026*. Page xvii, in executive summary. Can be accessed at www.kingsfund.org.uk

5. A key area of contemporary national debate, which the Panel was extremely keen to explore, was whether or not current services are correctly configured. This means whether services are sufficiently focussed on promotion of emotional wellbeing or on treating poor mental health. It is the classic prevention versus cure debate, or put another way, proactivity versus reactivity.
6. Such a debate centres around whether people should be left to their own devices until they reach a point whereby they have an established problem requiring (often expensive) treatment, or should the system look to provide services aimed at promoting wellbeing and keeping people well?
7. It must also be noted, however, that not all instances of poor mental health have strictly medical roots. The Panel also has a great interest in exploring societal causes of poor mental health and considering what non-medical interventions could be made to improve emotional wellbeing.
8. Connected to both of these points is the nature of local commissioning strategies, how much money is spent on Emotional Wellbeing & Mental Health Services and the type of services that the money is spent on.
9. The Panel was also keen to explore the topics of Emotional Wellbeing & Mental Health from the perspectives of Young People and Older People, which have dedicated chapters in the report. With this above in mind, the Panel has considered the matter in great detail and sets out its evidence, together with its observations in the report that follows.

CONCLUSIONS

Conclusions specifically pertaining to the Emotional Wellbeing & Mental Health of Older People

10. The Panel was impressed with the model on display at Pennyman House and could see the benefits of such a model being employed. However, The Panel also considered that buildings and models of service can only deliver so much. It is vitally important that all facilities occupied by older people have a range of meaningful and (where appropriate) requested activities for older people, to combat matters such as social exclusion and inactivity. The Panel feels that this would represent a major step forward to addressing poor mental health in older people.

Conclusions specifically pertaining to the Emotional Wellbeing & Mental Health of Children & Young People

11. The Panel was unable to find any substantial evidence of the Children's Trust as yet, asserting itself as a prime commissioner for

children's services, or striving to develop the market for children's services in respect of Mental Health & Emotional Wellbeing. This is something that the Panel would like to revisit in the near future.

12. The Panel heard that organisational links at a strategic level in respect of Children's Trusts could be improved. The Panel has also received evidence indicating that as yet, there are no pooled budgets within the Children's Trust, which would seem to make joint commissioning much more difficult.
13. On the basis of the evidence heard, the Panel feels that the referral process for CAMHS is often fragmented and in need of development. The Panel has heard that a universal CAMHS referral protocol for Middlesbrough would greatly improve matters and ensure that those in need of services are placed on the most appropriate pathway, irrespective of who is making the referral.
14. In terms of commissioning CAMHS services for children & young people across Middlesbrough, the Panel has received evidence to indicate that current intelligence is lacking regarding incidences of poor mental health and the types of poor mental health prevalent in Middlesbrough. As an extension of this, it strikes the Panel that this makes it extremely difficult to effectively and intelligently commission mental health services for children and young people.
15. In addition, the statistics in relation to Children Looked After are fairly stark. The Panel has heard that 40% of children looked after will develop a mental health problem, against a national expectation of 10% for all children and young people. The Panel feels that this single statistic should be sufficient, to ensure the creation and implementation of an assertive and wide ranging emotional wellbeing & mental health programme, aimed at children and young people, with a specific emphasis on Children Looked After. The Panel does not feel that the present CAMHS service is assertive enough in offering support, with the referral system somewhat unclear and operating without the benefit of a full and contemporary needs assessment.
16. The Panel would like to draw attention, again, to the results of a survey referred to in the Joint Strategic Needs Assessment for Middlesbrough. Specifically, a recent survey of secondary school children in Middlesbrough, where 20% reported feeling lonely and 4% said that they rarely or never felt happy. The Panel is troubled to read such statistics and ultimately saddened by them. The Panel considers that part of the problem in this regard is parts of a media that seems quite intent on demonising young people and labelling them as a problem, often when there is very little evidence to do so.
17. The Panel would implore the local authority to not rest in its efforts, to ensure that Middlesbrough is a good, healthy and safe place to grow up, where ambitions can be realised. The Panel would make the point

that this should especially focus upon Children Looked After. Such young people are already disadvantaged and that disadvantage should not be compounded by mental health services which are not sufficiently knowledgeable of, and therefore responsive to, their needs.

Conclusions pertaining to the Emotional Wellbeing & Mental Health of Middlesbrough

18. After considering the available evidence the Panel has noted that there is a distinct lack of PCT investment in proactive mental health services, which would be based in the primary care sector. According to figures received by the Panel, investment in primary mental health services equates to around 3% of adult mental health funding. The Panel welcomes the recent strategy detailing the need and organisational will to invest in more primary care mental health services, although the Panel would like to see that starting to show in resource allocation.
19. The Health Scrutiny Panel would endorse the PCT's change of focus in respect of Mental Health services, particularly with an increased focus on primary care services. Nonetheless, in the evidence considered by the Panel, there has been a lack of detail regarding how the PCT will implement that strategy. As such, the Panel would like to hear more from the PCT as to how and when they will implement the strategic vision.
20. The Panel has considered a great deal of evidence which seems to support the merits of psychological treatments, such as talking therapies, when people present in primary care with appropriate problems. The Panel is aware of a PCT bid for some money held by the Strategic Health Authority under the IAPT programme. Whilst the Panel hopes that the PCT is successful in its bid, the Panel concludes that such is the apparent need for the service, it should be commissioned from mainstream PCT funding if the bid is not successful.
21. On the strength of the evidence received, the Panel considers that there is considerable merit in the concept of using public money to fund projects, aimed at reducing the incidence, or at least the severity of poor mental health. The Panel would consider that debt counselling, leisure facilities for looked after children and their carers and activities for older people would be a reasonable starting point. Whilst not 'treatment services' per se, the Panel has received evidence to indicate that such services would 'pay for themselves' in the long term.
22. The Panel has heard several arguments as to what good mental health means. Traditionally, the argument would be the absence of a diagnosable mental health condition meant that someone would be in good mental health. As understanding and knowledge has developed, there are arguments that would indicate the importance of being able to live an active life as part of a community, as having a role to play in

determining good mental health. This has been put forward by such organisations as the World Health Organisation. In a recently published national CAMHS review, the Panel noted a particularly enlightening view, put forward by a young person spoken to as part of the CAMHS review. They said

“It doesn’t mean being happy all the time, but it does mean being able to cope with things”³

It is precisely that sort of resilience that the Panel has heard is so crucial for services to engender.

23. The Panel has heard a great deal of evidence, particularly in the field of young people, that mental health first aid is absolutely critical in ensuring that changes in people’s behaviour are noted and help can be sought earlier in someone’s life. Such programmes are not aimed at ensuring all recipients of the training become mental health experts, but do know the early signs, and feel qualified to and capable of calling in further expertise. With this in mind, the Panel cannot reconcile the programme’s importance, with an investment of only £5000 in mental health first aid for Middlesbrough. The importance of such programmes in relation to Children & Young People has already been identified by the national CAMHS review⁴.
24. The Panel has noted that the evolution of mental health commissioning arrangements is somewhat behind that of the acute sector. The Panel finds it quite surprising that this far into the reform programme for NHS finance, the PCT is still not fully aware of what its block contract with the Tees Esk & Wear Valleys Trust buys. The Panel has heard that the PCT is not entirely sure of the cost of interventions, nor how its (circa) £14m per annum investment is precisely spent.
25. Initiatives that have been put in place, such as Sure Start, and the policy framework around them, appear to have the support of all professionals the Panel has spoken to. In addition, it strikes the Panel that the benefits of such initiatives such as Sure Start are long term, even intergenerational. Whilst the Panel accepts that waiting for long term gains can be challenging in a democracy with general elections every four or five years, the Panel calls for period of time whereby CAMHS is ‘allowed to breathe’ and develop in a way that the policy framework indicates.
26. The Panel notes that Social Care departments in particular are placed in an invidious position between emerging policy and the very real constraints of the public purse. Financial constraints increasingly mean

³ Please see Please see Children & Young People in MIND – the final report of the national CAMHS review. Can be accessed at www.dh.gov.uk Quote is from Chair’s foreword

⁴ Please see Children & Young People in MIND – the final report of the national CAMHS review. Can be accessed at www.dh.gov.uk . Reference is from page 11, Point 1 in executive summary.

that eligibility criteria for older people receiving social care only covers severe and critical need, despite much of emerging national policy enthusing about the impact that highly quality preventative services can have. There appears to be an inevitable tension between the two points, on which the Panel is unclear of the way forward. Possible routes to mitigate the impact of this dichotomy are the funding of social inclusion projects from local government or PCT budgets and local government being as aware as possible of local third sector ventures, which may be able to assist people with 'low' needs.

27. Following an extensive investigation, the Panel has concluded that the local health & social care economy's approach to Mental Health can best be described as management of the problem. The Panel has not seen any substantial evidence to indicate that the local health and social care economy is innovative in its approach to investing in Mental Health services, and seems to prefer taking a lead from central government as to what services, or courses of action should be priorities. The Panel finds this concerning and would hope to see more innovation taking place in the locality, following what have been significant rises in funding in recent years.

RECOMMENDATIONS

29. The Panel would like to hear from Middlesbrough's Dept of Social Care and Middlesbrough PCT, how they are planning to implement the emerging national policy, regarding more preventative services. This is especially so around the prevention of social isolation, which can lead to poor mental health. The Panel would welcome the opportunity to contribute to that work and would be interested to hear how the local authority and PCT are making budgetary provision for such programmes.
30. The Panel would like to see the local authority make it easier for community groups providing activities for older people to access community grant monies, to enable such activities to have a surer financial footing and become more sustainable. This could be done through increased advertisement or awareness raising. The local authority could target specific groups to ensure their awareness of such monies if felt appropriate.
31. The Panel feels that as a condition of financial support being granted to Community Councils, a proportion of that figure should be spent on activities for older people in their area of influence. Such programmes could be aimed at combating social isolation and specifically targeted at those in perceived danger of social isolation.
32. The Panel would like to receive progress reports on the two recommendations above at 30 and 31.

Children & Young People

33. The Panel recommends that Middlesbrough PCT, Middlesbrough Council and partners use their best endeavours to deliver a mental health first aid programme, specifically designed for Children & Young People. Further, that all staff working with children & young people be given the opportunity to attend that specialist mental health first aid training, when it is operational.
34. The Panel recommends that school governors, investigate how that particular school can seek to address emotional wellbeing training for staff.
35. The Panel recommends that the Children's Trust seeks clarity on how it is identifying the mental health and emotional wellbeing needs of children. The Panel would like to hear the outcome of that exercise and hear the examples of the services being commissioned.
36. The Panel recommends that a systematic audit takes place to inform the incidence of poor mental health in Middlesbrough amongst children and young people. Until this is done, a commissioning strategy and associated investment cannot be reliably undertaken. This should be completed as a priority.
37. The Panel would encourage the Children's Trust, to support Looked After Children and their foster families in accessing leisure facilities.
38. The Panel recommends that Middlesbrough Council, as a corporate parent, continues to invest in leisure passes for Looked After Children and their foster families.
39. Middlesbrough PCT looks to actively support Looked After Children their foster families in undertaking leisure activities, which would be beneficial for their physical and mental health.

Wider Mental Health issues for the town

40. The Panel recommends that Middlesbrough Council and PCT extend services for Adult Mental Health first aid across the town, so it is accessible for all people who would benefit from the training in the performance of their job. The Panel would envisage that this would necessitate extra investment in the programme.
41. The Panel recommends that the PCT commissions a comprehensive range of services, from as wide range of providers as possible, aimed at assisting people with mental health concerns, at the earliest possible juncture. This would assist General Practice in being able to have more options of appropriate support for people, such as debt advice where relevant and talking therapies.

42. Connected to the above, the Panel would recommend that the PCT support this policy shift by committing substantial investment to its implementation. The Panel would not seek to suggest a precise sum, but would recommend that it is substantially more than the current 3% spend on primary care services out of the budgetary provision for adult mental health services.
43. The Panel would, in the near future, like to see evidence of the PCT and the Middlesbrough Council implementing joint investment plans for the emotional wellbeing and mental health services in Middlesbrough, which is very much a shared priority.
44. As a final observation, the Panel notes that there will be indicators that can be devised to ascertain whether the suggested actions above have had an impact. For example, the success of a Commissioning Strategy will largely be borne out as to whether GPs feel that there are more options in prescribing services for poor mental health. It would also be indicative of an improved commissioning strategy, if General Practice felt that services were improving. In addition, the success of more mental health first aid training for those in contact with young people or older people may mean an increase in accurate and appropriate referrals.
45. The Panel would suggest that in considering new commissioning strategies, such performance measures are investigated.