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FOREWORD

This review of Mental Health Services for Young People in Redditch has taken us through over 23 meetings, during which we have undertaken numerous interviews, including with some very dedicated mental health workers.

The reason we started this Overview and Scrutiny was because of the high levels of mental health issues in Redditch. The timing was good as it coincided with changes to mental health services and we wanted to make sure that these changes would result in a fair share of services being provided to young people in Redditch.

The subject is really complicated but a number of issues did stand out which I feel should be highlighted. Whilst funding for Child and Adolescent Mental Health Services has not reduced, wider cuts to public sector finances are worrying and have implications for the support available to young people. There are certain high risk groups who need particular support, including young offenders, care leavers, people from black and minority ethnic communities, lesbian, gay, bisexual and transgender people and people living in deprived communities. Unfortunately in Worcestershire the young people who live in Redditch are particularly in need of support to help manage their mental health and wellbeing because of the higher levels of deprivation in the Borough than in the rest of the county. Schools have a significant influence over young people and can really help to enhance their students' mental wellbeing, including through good quality Personal, Social, Health and Economic (PSHE) Education lessons.

I would like to thank the people who gave us their time, feedback and advice. Also the rest of my co-workers on this review, Councillors Andy Fry, Gay Hopkins, David Thain and Jenny Wheeler, for all their hard work and of course Jess Bayley for her enthusiasm and continuous hard work producing all that paperwork and, of course, in the end this final document.

We know we do not have all the answers to these problems but we hope that if our recommendations are followed the mental health of young people in Redditch would undoubtedly be improved.



Councillor Nina Wood-Ford
Chair of the Mental Health Services for Young People Task Group

SUMMARY OF RECOMMENDATIONS

CHAPTER 1: EMOTIONAL WELLBEING AND CAMHS PARTNERSHIP BOARD

Recommendation 1

Child and Adolescent Mental Health Services (CAMHS) should not withdraw services from young people who fail to engage during their appointments.

Financial Implications: There would potentially be financial implications, particularly in respect of staff time and administration costs, if CAMHS workers were to persist in arranging to meet with young people who fail to attend their appointments. However, Members note that by removing a young person from the CAMHS system in these circumstances that young person's mental health problems are not addressed and may even deteriorate. In the long-term the group feels that greater persistence by CAMHS would help to reduce the number of subsequent referrals from different organisations of the same young person to CAMHS as well as the overall costs to the wider public sector.

Legal implications: No legal implications have been identified.

Recommendation 2

A representative of the new Liaison and Diversion Service for Worcestershire should work as a Change Champion in Connecting Families once the service starts to operate in the county.

Financial Implications: No financial implications have been identified though there may be the costs of officer time in terms of arranging for this to take place.

Legal implications: No legal implications have been identified.

Recommendation 3

Worcestershire County Council's Public Health Department should review the provision of Youth Mental Health First Aid training to determine whether a concessionary rate could be offered to enable staff from smaller Voluntary and Community Sector organisations to participate.

Financial Implications: The group understands that currently organisations can pay a fee of £45 for members of staff to participate in Youth Mental Health First Aid training delivered by Worcestershire County Council. The introduction of a concessionary scheme would therefore have financial implications for the County Council both in terms of loss of revenue and the potential to cover the costs of delivering the training.

Legal implications: No legal implications have been identified.

CHAPTER 2: REDDITCH BOROUGH COUNCIL

Recommendation 4

The Leader of the Council should write to the Secretary of State for Education, the Rt. Hon. Justine Greening, urging her to ensure that Personal, Social, Health and Economic Education (PSHE) Lessons, to include lessons about mental health and wellbeing issues, become a statutory part of the national school curriculum.

Financial Implications: The cost of time producing a letter.

Legal implications: PSHE is a non-statutory subject, though the Government expects schools to make provision for it.

Recommendation 5

A new theme should be added to the Council's grants programme which is dedicated to projects which help people experiencing mental health and wellbeing problems.

Financial Implications: The group is not proposing that more funding be allocated to the Grants Programme. They also feel that the Executive Committee, advised by the Council's Grants Panel, should determine the amount of funding from the overall grants pot that should be allocated to this theme.

Subject to the Executive Committee agreeing to add this new theme it should be noted that this would not form part of the Council's grants process until 2018/19.

Legal implications: No legal implications have been identified.

Recommendation 6

Senior officers, following consultation with the Portfolio Holders for Corporate Management and Housing respectively, should review the implications for Council Services of the following actions detailed in the West Midlands Combined Authority Mental Health Commission's *Thrive West Midlands Action Plan*:

- a) **Action 4: the proposal to evaluate a financial incentive to encourage companies to demonstrate their commitment to mental health and wellbeing.**
- b) **Action 5: the proposal to help people to gain housing and work (including potentially supported accommodation).**

The outcomes of this work should be reported for the consideration of the Executive Committee.

Financial Implications: There would be the cost of officer time in terms of undertaking this review. However, the group believes that this would be a useful investment of time if it enables the Council to appreciate the potential resource implications for the local authority of implementing these actions.

Legal implications: No legal implications have been identified.

CHAPTER 3: FURTHER SCRUTINY

Recommendation 7

The Mental Health Services for Young People Task Group should be reconvened in 12 months' time to receive monitoring updates from officers about progress in the Borough with the implementation of:

- a) **the actions detailed in the *Worcestershire Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health*;**
- b) **the West Midlands Combined Authority Mental Health Commission's *Thrive West Midlands: An Action Plan to Drive Better Health and Wellbeing in the West Midlands*; and**
- c) **the Suicide Prevention Plan for Redditch.**

Financial Implications: There would be the costs of Officer and elected Members' time in terms of reconvening the group to hold an additional meeting to monitor progress with these matters.

Legal implications: No legal implications have been identified.

INTRODUCTION/BACKGROUND INFORMATION

Introduction

In May 2016 Elected Members attended an Overview and Scrutiny Work Programme planning event at the Town Hall. The purpose of this session was to provide Members with an opportunity to discuss issues that might be suitable for scrutiny during the year. One topic that Members identified during this event as suitable for further investigation was mental health services. This suggestion received support from the Leader of the Council, who was in attendance, and the Council's Corporate Management Team (CMT). At the meeting of the Overview and Scrutiny Committee in June 2016 Members agreed that this subject should be the subject of a detailed scrutiny review. As the Council's representative on the Worcestershire Health Overview and Scrutiny Committee (HOSC) Councillor Nina Wood-Ford was invited to take a lead on this subject.

In July 2016 Councillor Wood-Ford submitted a scoping document for the consideration of the Committee which was endorsed by Members. This document detailed the terms of reference for a review of mental health services for young people. The decision was taken to concentrate on services for young people to enable scrutiny Members to consider action that could be taken to support people to address or manage their mental health and wellbeing difficulties before they reached adulthood. Members were keen for the review to concentrate on the needs of young people with low level mental health problems and to explore how early intervention could help to prevent a young person's condition from deteriorating.

A number of key objectives were set for this review:

- To clarify the roles of different agencies in supporting young people with low level mental health problems.
- To consider current arrangements in the provision of Child and Adolescent Mental Health Services (CAMHS), including any local strategies which shape services.
- To investigate current preventative action undertaken to support young people vulnerable to developing mental health problems and to identify ways in which this could be improved.
- To consider the impact on Council services of demand from young people with 'low level' mental health problems.
- To clarify at what point a young person's mental health is considered serious enough to merit direct intervention from mental health services.
- To explore best practice in other parts of the country in terms of supporting young people with 'milder' mental health problems and the potential to replicate this in the Borough of Redditch.

Evidence Gathering

During the course of the review Members gathered evidence from a range of sources. Interviews took place with Officers from Redditch Borough Council and a Focus Group session was held with Redditch staff to find out about the impact of working with young people experiencing mental health difficulties on Council services. Interviews were also held with representatives of Worcestershire County Council's Early Help Team, Public Health Directorate and the Children's Department. In addition the group also consulted with representatives of Worcestershire CAMHS, the Worcestershire Health and Care Trust, Redditch and Bromsgrove Clinical Commissioning Group (CCG), the West Mercia Youth Justice Service, the Redditch Positive Activities Sub-Group (part of the Redditch

Partnership) and representatives of local Voluntary and Community Sector (VCS) Groups.

Written information formed a key source of evidence considered by the group. In particular Members reviewed the content of the *Worcestershire Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health* (which will be referred to as the Worcestershire Transformation Plan throughout the rest of this report). Documents produced at the national level were also taken into account, including the *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing* (Department of Health and NHS England, 2012) and *The Five Year Forward View for Mental Health*, (report from the independent Mental Health Taskforce, February 2016). Towards the end of the review the West Midlands Combined Authority's (WMCA) Mental Health Commission published *Thrive West Midlands: An Action Plan to Drive Better Mental Health and Wellbeing in the West Midlands* (January 2017). As the Council recently signed up in principle to the WMCA's Mental Health Concordat and is a non-constituent member of the WMCA Members reviewed the content of this document and it helped to inform their recommendations. The findings of the independent Education Policy Institute's review of CAMHS, *Children and Young People's Mental Health: Time to Deliver* (November 2016) was also taken into account to enable Members to compare local practice to services at the national level.

The group attempted to engage with local schools as part of their investigation. Recognising that it would be difficult in the time available for Members to visit every school the group sent a short survey to all the local schools in the Borough which was designed to enable Members to find out about the extent to which students are experiencing mental health problems locally and the support required by schools. Unfortunately, Members were disappointed that only four schools completed and returned a survey for the consideration of the group. Given this low response rate Members did not feel that they could draw any conclusions based on the feedback they had received in the four surveys, though Members would like to thank staff from the four schools who did respond for taking the time to submit feedback.

National Context

The review occurred during a period of change in respect of mental health service provision and shifting attitudes towards mental health and wellbeing difficulties. At the national level there has increasingly been a significant amount of time and research dedicated to exploring the impact of mental health difficulties in the UK. Key documents considered by the group, as detailed above, revealed the following:

- Mental Health problems are estimated to have an economic and social cost to the UK economy of £105 billion per year.
- The WMCA's Mental Health Commission has estimated that the cost of mental ill health in the West Midlands is £12.6 billion per annum.
- In February 2016 it was reported that £34 billion was spent on mental health services each year.
- However, in 2012/13 it was estimated that total spend on children's mental health services was £0.70 billion.
- Half of all mental health problems are established by the time somebody is 14 years old.
- One in ten children aged 5 – 16 have a diagnosable mental health problem.

- An estimated 75 per cent of mental health problems in adult life start by the age of 18. (This figure excludes dementia and associated illnesses).
- Groups at higher risk of developing mental health problems include people living in deprived communities, black and minority ethnic (BAME) communities, lesbian, gay, bisexual and transgender (LGB&T) people, people who have been in the care system, homeless people, unemployed people, those who have been involved in the criminal justice system and people with substance abuse problems.
- It is estimated that the costs of perinatal mental ill health are £8.1 billion per annual birth cohort, or £10,000 per birth.
- Public attitudes towards mental health problems are changing, partly due to work on the Time to Change initiative. However, there still remains stigma within wider society in respect of mental ill health and addressing this requires action over the long-term.

By 2012 there was already recognition of the need to invest in mental health services and to support people experiencing mental ill health. The *Future in Mind* report, published that year, proposed the introduction of Transformation Plans for children and young people's mental health at the local level. These Transformation Plans were designed to "...cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services." Local partners, led by the local CCG, were encouraged to develop these plans for their local area, with extra funding, announced in the Autumn Statement 2014, made available to the most robust local Transformation Plans.

More recently in January 2017 the Prime Minister announced plans to transform attitudes towards mental health, with a focus on children and young people. Measures announced to improve mental health services included additional training for school staff, improving support for staff experiencing mental ill health in the workplace and an extra £15 million for community care. The impact that this announcement will have on local services was difficult for the group to assess at the time of writing though Members welcomed the enhanced focus on CAMHS.

Local Context – Services for Young People

At the local level partners have explored the prevalence of mental health and wellbeing problems and the demographic factors that may be impacting on this. Through their research Members discovered the following:

- Whilst Worcestershire is not particularly deprived Redditch is the most deprived district within the county.
- Redditch is the district with the highest proportion of children in the total local population at 22 per cent (Worcestershire Transformation Plan).
- There were higher rates of hospital admissions for self-harm in Worcestershire than the national average in 2010-13 (Worcestershire Transformation Plan).
- Rates of hospital stays due to self-harm for young people living in Church Hill, Woodrow and Winyates were higher than other parts of the Borough in the period 2006/07 to 2010/11. (Redditch Health and Wellbeing Profile, October 2013).
- Redditch had a higher admission rate to hospital for people of all age groups experiencing mental ill health than any other district in the county in the period 2008/09 to 2012/13. (Redditch Health and Wellbeing Profile, October 2013).

- The rate of suicides for all age groups in Redditch in 2012 -14 was higher than the national average. (Redditch Health Profile, 2016).
- In Worcestershire it is estimated that there could be 82,420 adults experiencing a common mental health problem, such as anxiety or depression. (Primary Care Mental Health Needs Assessment, June 2015).

At the local level the Worcestershire Transformation Plan was approved by the Worcestershire Health and Wellbeing Board in September 2015. The document contains a detailed action plan outlining the various actions that partner organisations will undertake to improve support services for children and young people experiencing mental ill health in the county, in line with national aspirations. Many of these actions were scheduled to be delivered in 2016 and 2017. The Worcestershire Transformation Plan is also a live document that will be updated as lessons are learned and new opportunities arise; in November 2016 an update to the plan was presented for the consideration of the Worcestershire Health and Wellbeing Board. As such the Task Group launched their review during a time of change and before the Worcestershire Transformation Plan had been implemented in totality, which made it difficult for Members to assess the overall impact of the plan at the local level. However, the Worcestershire Transformation Plan was considered to be robust enough for partners to be awarded some of the extra funding announced in the Autumn Statement 2014.

Whilst recognising that the Worcestershire Transformation Plan is a live document the group did wish to highlight the following as positive examples of the work arising from the plan:

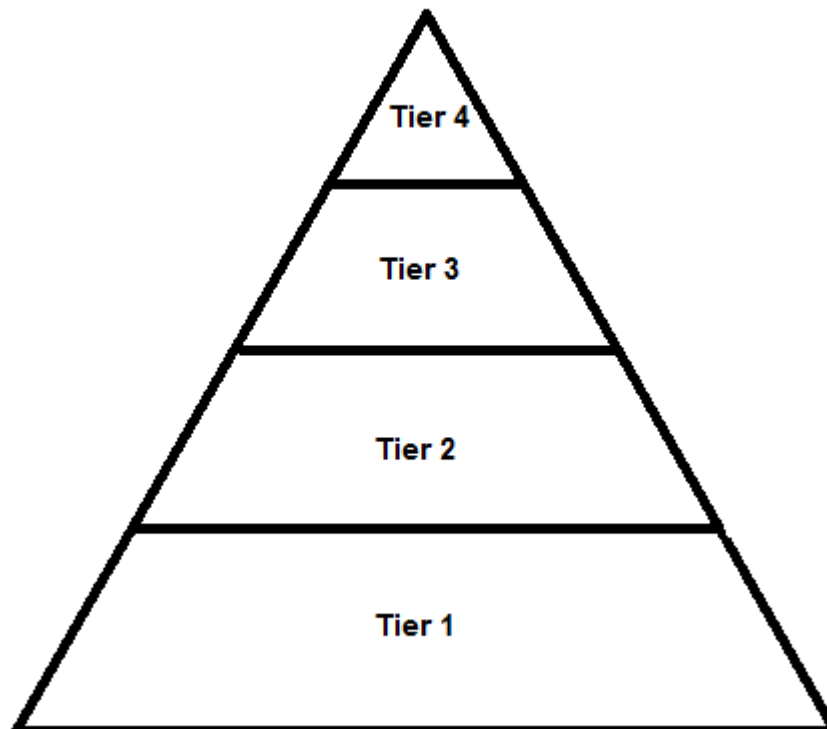
- The work of partners is co-ordinated by a multi-agency Emotional Wellbeing and CAMHS Partnership Board. Members welcomed the Board's work to monitor implementation of the actions detailed in the plan and their inclusive approach to encouraging representatives of organisations that support young people to attend meetings of the Board.
- The introduction of a toolkit for schools. Members considered a draft copy of the Emotional Wellbeing and Mental Health toolkit for schools developed by partners as part of their work on the Worcestershire Transformation Plan. The group welcomed the focus on signposting teachers to relevant sources of information that could support schools in particular circumstances and would encourage all schools in the Borough of Redditch to make use of this resource.
- The introduction of a single point of access (SPA), whereby any young person aged 0 – 18 can be referred by any professional for support. Members were relieved to find that this service can be accessed online as it means that young people are not required to obtain funds in order to travel to access services.
- Members welcomed the launch of a review by members of the Emotional Wellbeing and CAMHS Transformation Partnership Board to assess the needs of children and young people with autism and the support services required both prior to and after diagnosis. A number of expert witnesses consulted by the group had expressed concerns that support for young people with autism and their families was limited, particularly after diagnosis. The group hope that the current review work should address their concerns.
- The introduction of a specialist eating disorder service for children and young people with various types of eating disorder.
- Good performance in respect of waiting times for services. Members were initially concerned that the target waiting time for children and young people is 18 weeks from referral to initial appointment. However, they welcomed information that suggested in reality the majority of young people referred to CAMHS are seen

within four weeks, with emergency cases seen within 48 hours. This compares favourably with lengthier waiting times that the Education Policy Institute identified in other parts of the country in November 2016.

- The introduction of the Kooth online counselling and wellbeing service for the use of Worcestershire based children and young people. Kooth is an established online counselling service in the country which is accessible outside of working hours. Members welcomed the availability of this service to young people in the county, recognising that many children and young people are comfortable using social media to communicate and, in some cases, might feel encouraged to express themselves more openly on this forum than in person.

CAMHS are the principle services provided to support children and young people experiencing mental health and wellbeing problems. In Worcestershire young people aged 0 - 18 can access services from the CAMHS-SPA Monday – Friday from 9 -5pm. There is also an out of hours service, which has access to a specialist CAMHS worker, and is available 24 hours a day.

The CAMHS service is structured in a way that recognises that young people may be experiencing mental ill health difficulties at varying levels of severity. This structure has a tiered model, from Tier 1, at the lowest level, to Tier 4, at the most severe level, as demonstrated by the diagram below:



Assessments of children and young people referred to the SPA are carried out by trained professionals in the CAMHS team. In cases where children and young people are assessed as having mental health needs at Tiers 3 or 4 they will receive support from CAMHS workers. Young people considered to have milder mental health problems, assessed as being at Tiers 1 or 2, receive support within the community. further clarification about the tiers is detailed below:

- Tier 1: These services are provided by practitioners who are not Mental Health specialists including GPs, health visitors, school nurses, teachers, social workers Connecting Families, and staff from VCS organisations. These services are provided to children and young people experiencing the lowest level mental health and wellbeing difficulties. A key focus at this stage is on helping young people to build resilience.
- Tier 2: Specialist CAMHS Officers are building capacity amongst organisations that work directly with children and young people to provide enhanced support to those experiencing slightly more advanced mental health and wellbeing problems who do not meet the criteria for Tier 3.
- Tier 3: Multi-disciplinary teams, including CAMHS, provide support to young people with complex mental health needs including clinical depression and psychosis. There is also a Tier 3+ team working with children and young people with complex needs to help them avoid inpatient admissions to hospital.
- Tier 4: The most severe cases involve admission to hospital where services are provided through acute care, though CAMHS staff remain in contact with the child or young person. Members have been advised that currently there are no specialist psychiatric hospital beds for children and young people in Worcestershire which is not uncommon for a county CAMHS area. Young people admitted to hospital at Tier 4 are often therefore referred over the border to Birmingham or sometimes further away from home.

Local Context – Services for Adults

The focus of the Task Group's review was on services for children and young people. However, Members did also consider arrangements for the delivery of Adult Mental Health Services in Worcestershire (AMHS). This was considered to be important as AMHS services are provided to adults aged from 16 years or older.

The group discovered that AMHS services were also in the process of change. At a primary care level AMHS services have recently been redesigned, resulting in the introduction of the Worcestershire Healthy Minds service in April 2016. The Healthy Minds service provides support to adults experiencing low level stress, anxiety, depression or low moods; it is not used to support people with urgent mental health problems. In order to be eligible to access the service adults must be registered with a GP in Worcestershire. Adults can access the service via the Worcestershire Wellbeing Hub, online or by telephone. Depending on the outcomes of an initial assessment the individual may be signposted to other services or be placed on a waiting list for an appropriate form of intervention.

In 2016 a proposed redesign of secondary care services for AMHS was placed out to consultation. The aim of the re-design was to make services more effective, efficient and able to facilitate better outcomes for service users. Key proposals included changes to: acute inpatient wards, Home Treatment Teams, Community Mental Health Teams and the Recovery Service in south Worcestershire. The outcomes of this re-design remained to be confirmed at the time of writing.

Local Transition Arrangements

In terms of transition arrangements Members have been advised that there are CAMHS workers embedded in AMHS and vice versa to enable a smooth transition for young people between services. Not all young people will be referred to AMHS as their needs may be met during their childhood. However, Members have been advised that when, in

the professional opinion of CAMHS workers, it is considered that a young person will continue to need support in adulthood, handover arrangements are put in place whilst that young person is 17 years old.

Financial situation

The group was advised during the course of the review that in Worcestershire the budget allocated to CAMHS had been maintained rather than reduced as in some parts of the country. Indeed in the Worcestershire Transformation Plan the following was noted:

“The current commissioning budget (2015/16) for specialist CAMHS T2/3/3.5 for the 0-18s population has not been reduced since the last needs assessment in 2011, despite local government and CCG savings being made in other service areas. Worcestershire CAMHS has been protected during and following the 2012 service redesign and has had additional investment both from the LA (local authority) and CCGs.”

The group welcome this direct financial support for CAMHS which they have been advised contrasts favourably with the approach adopted in other parts of the country. However, Members do have some concerns about the impact of financial savings on the rest of the support system for children and young people. During this period the financial situation facing local authorities has become very challenging, with both Redditch Borough Council and Worcestershire County Council experiencing reductions to their Revenue Support Grants from the Government. Unfortunately this has led to cuts to some services utilised by children and young people, most notably the Early Help service which was the subject of budget reductions of over 50 per cent in 2016. VCS organisations have struggled, with sources of funding from the public sector having been reduced in response to Government austerity, creating greater competition in terms of applications for any remaining grant funding. Furthermore, towards the end of the group’s review nationally schools were starting to report financial difficulties which could again in their ability to support their students’ wellbeing.

These services provide much of the support available to young people with lower level mental health and wellbeing problems (at Tier 1 of the system). As further cuts are anticipated Members are concerned that this situation could continue to deteriorate to the detriment of children and young people. In particular, Members are concerned that reduced funding at these levels could impact on the availability of support at the lower level which could in turn lead to greater demand being placed on CAMHS services at Tiers 2, 3 and 3+ in future.

Regional Context:

On 30th January 2017 the Leader, Councillor Bill Hartnett, announced at a meeting of full Council that the local authority had in principle signed up to the WMCA’s Mental Health Concordat for action for the West Midlands. This concordat committed partner organisations from across the region to improving the mental health and wellbeing of people within the region.

Following this announcement the *Thrive West Midlands Action Plan* was published by the WMCA. This details a series of 19 actions that have been identified by partners as a way to improve support for people experiencing mental health and wellbeing difficulties. Members of the group had been advised towards the end of their review that meetings would be held in the spring to explore the Council’s role, as a non-constituent member of

the combined authority, in terms of delivering the actions detailed in the action plan. As such at this stage the group is unable to note the exact implications for Redditch residents or the impact of this plan on local services.

However, Members felt that it was important to note this development due to the potential implications for Redditch. Whilst Redditch residents continue to receive mental health services from Worcestershire CAMHS and AMHS Redditch is in a unique position as the Council is the only local authority in the county to have become a non-constituent member of the WMCA. The group have some concerns that this could potentially create complications in terms of local service delivery. However, Members have welcomed the contents of the action plan and agree that the document contains constructive proposals that could have a positive impact on support services in the region for people experiencing mental ill health.

Redditch Borough Council

The Council's commitment to the WMCA Mental Health Concordat is not the first action taken by the local authority in respect of mental health. Members signed up to the Time to Change pledge at a meeting of Council in December 2014. The Time to Change pledge was a public statement of aspiration that an organisation wanted to tackle mental health stigma and discrimination. Any organisation could sign the pledge and there were no restrictions around the size of that organisation or the sector from which it came. Since this time a number of events and activities have been held at Redditch Town Hall which were designed to enhance the wellbeing of staff. Awareness amongst Council employees of this subject has also been improved, helping to address the stigma associated mental ill health and to build a supportive culture within the organisation.

The Council also provides a number of services which can have a positive impact on people's mental health and wellbeing. In particular the Leisure and Cultural Services team provides and / or secures the sustainability of a range of activities that can enhance a person's sense of wellbeing, including physical activities, the work of the Palace Youth Theatre and cultural events such as Morton Stanley Festival. This has included the Sports Development and Arts and Events teams participating in the local social prescribing model of supporting people who have been referred by their GPs to take part in activities that will have a positive impact on their physical health and mental wellbeing.

CHAPTER 1: EMOTIONAL WELLBEING AND CAMHS PARTNERSHIP BOARD

Recommendations 1	Child and Adolescent Mental Health Services (CAMHS) should not withdraw services from young people who fail to engage during their appointments.
Financial Implications	There would potentially be financial implications, particularly in respect of staff time and administration costs, if CAMHS workers were to persist in arranging to meet with young people who fail to attend their appointments. However, Members note that by removing a young person from the CAMHS system in these circumstances that young person's mental health problems are not addressed and may even deteriorate. In the long-term the group feels that greater persistence by CAMHS would help to reduce the number of subsequent referrals from different organisations of the same young person to CAMHS as well as the overall costs to the wider public sector.
Legal Implications	No legal implications have been identified.

The group was generally very positive about the work that partners had been undertaking in respect of the Worcestershire Transformation Plan, as detailed in the introduction above. Members were also impressed by the dedication and professionalism demonstrated by the CAMHS staff consulted during the course of the review. However, there were some areas where expert witnesses consulted by the group suggested that improvements could be made.

In particular concerns were raised by witnesses from the VCS and statutory sectors who worked directly with young people about the approach adopted by CAMHS to liaising with young people who did not attend appointments with their CAMHS worker. Members were advised anecdotally about examples where children and young people who had failed to attend appointments with CAMHS had subsequently been removed from the team's books. The Task Group appreciates that CAMHS have finite resources and need to ensure that these are used as effectively as possible. However, witnesses who work with young people directly have advised that young people are often less reliable than adults, particularly if they are vulnerable and have had negative experiences when working with representatives of statutory organisations in the past.

The evidence gathered by the group suggested that this approach to working with young people is not unique to Worcestershire. The Education Policy Institute's review, *Children and Young People's Mental Health: Time to Deliver*, reported that there were cases of this occurring across the country:

"We saw examples of thresholds still being in place: "the level of difficulty the child or young person experiences will be significantly interfering with their ability to cope." And of services stating their policy of removing people from the waiting list if they did not attend an appointment (in spite of research indicating that this is a common problem for young people who need the most help)."

Similar concerns were raised in the *Future in Mind* report, published in 2012, which highlighted that it was the most vulnerable young people who were likely to disengage whilst being in particular need of support:

“Some children, young people and families find the formal setting of a clinic off-putting and are unwilling to attend. This can lead to them saying that they do not wish to be referred or not turning up – particularly for some highly vulnerable groups, such as those involved with gangs or those who have been sexually exploited. As a consequence some services experience high rates of children, young people and families not attending appointments. It is important that services monitor attendance and actively follow up families and young people who miss appointments and inform the referrer... It may be necessary to find alternative ways to engage the child, young person or family.”

The group believes that this approach to working with young people is short-sighted. In the long-term Members believe that persevering with young people when they fail to attend appointments would benefit both that young person’s mental health and wellbeing and public sector organisations. Members are concerned that in cases where a young person is removed from the waiting lists in these circumstances they will no longer receive support, though their mental health problems will not have been addressed. In this context Members concur that there is a risk the young person will be referred back to CAMHS at a later date, potentially once they are experiencing more serious mental health problems. Maintaining contact with the young person if they do not attend appointments could also be helpful from a financial perspective. The Worcestershire Transformation Plan reported that in 2014/15 the average cost per admission of a young person to hospital due to urgent need for support with a mental health condition was £55,889.

Therefore the group would urge CAMHS to take note of this proposal and to seek to work with young people in different ways where they fail to attend appointments, rather than remove them from waiting lists. This may require CAMHS, or the members of the Emotional Wellbeing and CAMHS Partnership Board, to spend some time investigating the reasons why young people tend to disengage from the appointments process in Worcestershire. Members would contend that this would represent a good investment of time and resources.

<p>Recommendations 2</p>	<p>A representative of the new Liaison and Diversion Service for Worcestershire should work as a Change Champion in Connecting Families once the service starts to operate in the county.</p>
<p>Financial Implications</p>	<p>No financial implications have been identified though there may be the costs of officer time in terms of arranging for this to take place.</p>
<p>Legal Implications</p>	<p>No legal implications have been identified.</p>

During the course of the review Members were advised about the forthcoming launch of a Liaison and Diversion Service in Worcestershire. Liaison and Diversion services are designed to provide early intervention for vulnerable people as and when they come into

contact with the criminal justice system. This includes providing support to people who are suspected of committing an offence but have not yet been arrested or taken into Police custody. The Liaison and Diversion service is designed to assess and identify whether people have mental health issues, learning disabilities, substance abuse problems or other vulnerabilities as soon as possible once they have come into contact with the criminal justice system. Whilst the service works with all age groups there is a specific Children and Young Persons Care Pathway.

The NHS Standard Contract for the Liaison and Diversion Service highlights a need for the team to understand the local population and demand for services: “...*this is vital to ensure that the right workforce is available for delivering the service specification. Individuals who enter into an L&D (Liaison and Diversion) service are more likely to have multiple and varied health needs and vulnerabilities than the rest of the general population...*” To help develop this local knowledge Members believe it would be helpful for a representative of the service to act as a Change Champion in Connecting Families.

Connecting Families was established in January 2016 as part of a project that was trialed in Redditch though is now being extended into the rest of Worcestershire. The purpose of Connecting Families is to achieve all systems change in terms of the support provided to vulnerable families within the local community, in line with Systems Thinking principles. Representatives from a range of partner organisations, including Redditch Borough Council’s Housing Locality and Financial Inclusion Team Officers, Worcestershire County Council’s Early Help staff, representatives of West Mercia Police and other organisations work in a partnership environment within the local community. A number of organisations have already appointed representatives to act as Change Champions, who promote best practice in particular areas for service provision. This includes a Change Champion from CAMHS.

Representatives of Connecting Families were consulted by the group during the course of the review. It became clear, from the evidence provided, that many of the residents that Connecting Families works with have a range of complex needs for which they require support. In many cases this included people who were experiencing mental health and wellbeing difficulties.

By working directly in the community Connecting Families is developing local knowledge about the needs of local residents and the areas where they place demand on public services. The group believes that a member of the Liaison and Diversion Service, by acting as a Change Champion in Connecting Families, could utilise this opportunity to develop local knowledge that would benefit the service. At the same time this Change Champion could help to enhance knowledge amongst partner organisations participating in Connecting Families of the needs of vulnerable people in the criminal justice system.

The group has been advised that in many parts of the country where a Liaison and Diversion service has already been established links are often created between the service and any CAMHS workers embedded in the youth justice system in order to develop local knowledge. The group would envisage that this would also occur in Worcestershire. Members interviewed representatives of the West Mercia Youth Justice System as part of the review. The group was advised that a significant proportion of young people who come into contact with the Youth Justice system have mental health and wellbeing problems and in many cases this may not have been diagnosed prior to committing their offence. Members were very impressed by the work of the team in Worcestershire, particularly with the re-offending rates for young offenders which were lower, at 28.5 per cent, than other parts of the West Mercia region, at 33.4 per cent, as

well as lower than the national average rate of 37.7 per cent. The group believes that the links between the new Liaison and Diversion service for Worcestershire and a Change Champion in Connecting Families could enhance any working relationships that are developed between the service and the West Mercia Youth Justice system by providing additional local knowledge.

There is already a Liaison and Diversion service operating in the area covered by the Birmingham and Solihull Mental Health NHS Foundation Trust. However, at the time of writing there was no Liaison and Diversion Service in Worcestershire. NHS England, which is responsible for commissioning the service, advertised the contract in late 2016, to cover the period 1st April 2017 to 31st March 2018. At the time of writing the group was therefore uncertain how the service would be delivered in Worcestershire. However, the service is briefly referred to in the latest update to the Worcestershire Transformation Plan and was brought to the attention of the Task Group by representatives of the Emotional Wellbeing and CAMHS Partnership Board. For this reason the group is asking the Board to consider this proposal at this stage and to raise it with members of the Liaison and Diversion service for Worcestershire once the service is in place.

<p>Recommendations 3</p>	<p>Worcestershire County Council's Public Health Department should review the provision of Youth Mental Health First Aid training to determine whether a concessionary rate could be offered to enable staff from smaller Voluntary and Community Sector organisations to participate.</p>
<p>Financial Implications</p>	<p>The group understands that currently organisations can pay a fee of £45 for members of staff to participate in Youth Mental Health First Aid training delivered by Worcestershire County Council. The introduction of a concessionary scheme would therefore have financial implications for the County Council both in terms of loss of revenue and the potential to cover the costs of delivering the training.</p>
<p>Legal Implications</p>	<p>No legal implications have been identified.</p>

During the review Members came to the conclusion that it was essential for effective mental health training to be provided to staff working with children and young people if appropriate support was to be made available when needed. In particular, Members felt that this was crucial for staff working within the community who might be providing non-specialist support to young people with lower level mental health and wellbeing problems (at Tiers 1 and 2 of the CAMHS system).

A number of expert witnesses advised that they had participated in Youth Mental Health First Aid training provided by Worcestershire County Council's Public Health Directorate. The vast majority of expert witnesses praised this training, which they highlighted as providing useful practical guidance to working with young people with mental health difficulties. Participation was subject to the payment of a fee of £45. The group has been advised that the majority of organisations, including larger VCS organisations that work with children and young people, would be able to afford to pay a fee at this level.

However, Members are concerned that smaller VCS organisations that work with children and young people might struggle to pay.

Provision of training to VCS organisations was considered by Members to be an important issue to address. In Worcestershire youth services are no longer delivered directly by the County Council. Instead youth services are commissioned as positive activities for young people. In Redditch these positive activities are primarily provided by VCS groups. By providing these positive activities VCS organisations regularly come into contact with children and young people and may be in a position to identify early signs of mental health or wellbeing problems. As such VCS groups are a key partner in Worcestershire that could help to provide support to young people with low level mental health needs but in order to do so their staff need to be appropriately trained.

In this context Members are suggesting that it would be helpful for Worcestershire County Council's Public Health Department to investigate the potential to introduce a concessionary scheme for participation in Youth Mental Health First Aid training. The group would envisage that only smaller VCS organisations would be eligible, if such a scheme was adopted, which would hopefully help to limit the financial implications for the County Council. The benefits of introducing such a scheme would be to ensure that smaller VCS organisations that work with children and young people are placed in a better position to support children and young people experiencing mental health and wellbeing difficulties.

CHAPTER 2: REDDITCH BOROUGH COUNCIL

Recommendations 4	The Leader of the Council should write to the Secretary of State for Education, the Rt. Hon. Justine Greening, urging her to ensure that Personal, Social, Health and Economic Education (PSHE) Lessons, to include lessons about mental health and wellbeing issues, become a statutory part of the national school curriculum.
Financial Implications	The cost of time producing a letter.
Legal Implications	PSHE is a non-statutory subject, though the Government expects schools to make provision for it.

Throughout the review schools were cited by expert witnesses as a key source of influence over young people. In many cases children and young people may start to exhibit their mental health and wellbeing problems through behavior change and school was the main environment, outside the home, where this might first be identified.

Unfortunately, as detailed in the introduction to this report, the Task Group struggled to engage directly with schools during the course of the review. Whilst Members were disappointed about the limited engagement of local schools with their exercise they discovered that this is not unusual. A number of expert witnesses, from a range of organisations, reported that they also struggled to engage with local schools. There were some exceptions to this. Members welcomed information about Respect – The Community Safety Schools Programme, co-ordinated by the Council’s Community Safety Team. As part of this programme Officers engage with some, though not all schools in the local area. A variety of sessions are provided, ranging from sessions for an entire year and workshop sessions for classes to on-to-one mentoring. A number of issues are covered in these sessions, including healthy relationships, self-harm, anti-social behavior and online safety. Connecting Families had also successfully engaged with a number of schools, though again this did not include every school in the Borough.

The lack of responses from local schools to the group’s survey made it difficult for the Task Group to assess the extent to which schools prioritised their students’ wellbeing or the effectiveness of PSHE Redditch schools. However, Members believe that these lessons, which cover areas such as diversity and equality, relationships, personal financial choices, drugs education and people’s rights and responsibilities, have the potential to have a positive impact on a student’s mental health and wellbeing. Indeed the PSHE Association’s definition of these lessons would suggest that the subject of mental health and wellbeing is relevant in this context: “*The PSHE Association defines personal, social, health and economic education (PSHE) as: ... a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives, now and in the future.*” (House of Commons Briefing, November 2016).

According to a briefing paper produced by the House of Commons Library in respect of PSHE lessons in England (published in November 2016) PSHE is a non-statutory subject, though schools are expected to make provision for it. Attempts have been

made in recent years to make these lessons statutory. The Parliamentary Women and Equalities Committee recommended in September 2016 that PSHE lessons should become statutory and collectively a number of Chairs of Parliamentary Select Committees have called for the lessons to be made statutory. Within Local Government there have also been proposals for PSHE lessons to be placed on a statutory footing; in February 2016 Members from Bristol City Council recommended that PSHE lessons should be made statutory in their *Report of the People Scrutiny Mental Health Working Group*.

Traditionally opposition to making PSHE lessons statutory has been based on concerns about the extent to which this would conflict with parental responsibility. The House of Commons Briefing notes that “*opposition to statutory PSHE often focuses on the issue of parental responsibility and whether it is appropriate for the type of issues covered in PSHE to be taught by teachers rather than parents.*” However, Members believe that statutory PSHE lessons would help the vast majority of children and young people, including in respect of managing their mental health and wellbeing. The group would suggest that if these lessons become statutory parents should have the right to choose to remove their children from lessons.

The group was heartened by the announcement from the Secretary of State for Education, the Rt. Hon. Justine Greening, in March 2017 that Relationships and Sex Education are due to be placed on a statutory footing from September 2019, following consultation. This will require all primary schools in England to teach Relationships Education and all secondary schools to teach Relationships and Sex Education. The parental right of withdrawal from sex education will be retained under these proposals.

The subject of relationships is fairly broad and Members are anticipating that this will require schools to cover a range of subjects, including healthy relationships and domestic violence. The group is particularly keen for lessons in respect of relationships to address safe use of social media. A number of expert witnesses raised concerns that education about use of social media is needed by young people. In part this should help young people to understand acceptable forms of behavior on social media and the risks involved in sharing too much personal information. The group also recognises that unfortunately, due to the behavior of some individuals on social media, support that enables young people to build resilience to cope with negative comments from internet ‘trolls’ might also be helpful.

Members were disappointed to learn, from a House of Commons Library Briefing, *Sex and Relationships Education in Schools (England)* (March 2017) that these statutory requirements do not apply to Academies or free schools. However, Members would urge academy schools in Redditch to adopt these lessons and to comply with the Sex and Relationships Education guidance issued by the Secretary of State when this becomes a statutory part of the National Curriculum.

The announcement in respect of Relationships and Sex Education was accompanied by an announcement from the Secretary of State for Education that she intended to create a power to make PSHE statutory in future, following further work and consultation. The group believes it is urgent that this process is pursued as soon as possible as Members agree that this would have a beneficial impact on the mental health and wellbeing of young people. To demonstrate the strength of feeling locally in respect of this matter Members believe it would be helpful if the Leader of the Council could write a letter outlining the support of the local authority for making PSHE lessons a statutory part of the national curriculum.

Recommendations 5	A new theme should be added to the Council's grants programme which is dedicated to projects which help people experiencing mental health and wellbeing problems.
Financial Implications	<p>The group is not proposing that more funding be allocated to the Grants Programme. They also feel that the Executive Committee, advised by the Council's Grants Panel, should determine the amount of funding from the overall grants pot that should be allocated to this theme.</p> <p>Subject to the Executive Committee agreeing to add this new theme it should be noted that this would not form part of the Council's grants process until 2018/19.</p>
Legal Implications	No legal implications have been identified.

Redditch Borough Council has an established grants programme. Each year opportunities for VCS groups to apply for funding are advertised in the local press and on the Council's website. Larger project grants are allocated in accordance with themes that match the Council's strategic purposes and for each theme a list of relevant subject areas is advertised to enable groups to identify whether their project would be eligible to receive funding. There are also the Stronger Communities grants provided as part of the programme, which are for grants of up to £500 for grassroots community events and projects.

In the Council's current grants programme VCS organisations theoretically can apply for funding in any theme to support residents with mental health and wellbeing problems. Furthermore, the Investing Grants theme, which provides organisations with an opportunity to apply for grants valued at up to £6,000, specifically includes reference to delivery of projects that support "*residents with low/medium level mental health/wellbeing issues*" and "*Dementia/Alzheimer's support projects.*" However, these topics are listed alongside nine other wide-ranging areas, including projects that support health and fitness, digital inclusion, local community clubs, intergenerational and cross-cultural initiatives and employment support.

The Task Group has been advised that in 2016/17 a number of projects that provided support to people with mental ill health were funded through the Council's grants programme. This included a grant to enable the Redditch Mental Health Action Group (MHAG) to provide life coaching and mentoring services, a grant to Redditch Community Amateur Boxing Club to support young people with low self-esteem and a low sense of aspiration and funding for the Men in Sheds initiative to help older people to develop new skills and improve their mental health and wellbeing. Members have also been advised that in 2016/17 50 per cent of the projects awarded funding supported young people.

Despite this the group believes that more could be done through the Council's grants programme to provide support to people of all ages who are experiencing mental health and wellbeing problems. Members had some concerns that, due to the wide range of areas encompassed within the Investing Grants theme, there was the potential that

specific projects that help people experiencing mental ill health could miss out on funding. There is also no guarantee that every year VCS groups would apply for funding for mental health and wellbeing support projects as they might instead choose to focus on other aspects of the theme.

Providing a specific mental health and wellbeing theme would help to demonstrate the Council's commitment to addressing mental health problems within the community, in line with the local authority's signing of the Time to Change pledge and WMCA Mental Health Concordat. Members would suggest that if this recommendation is approved consideration should be given to enabling VCS organisations to apply for funding within this theme to support training costs that will enable VCS staff to best meet the needs of people experiencing mental health and wellbeing problems.

The group is aware that the Executive Committee receives a report every summer outlining proposed new themes for the Council's Grants Programme in the following financial year. Subject to the Executive Committee agreeing to introduce a new theme to support projects that help people experiencing mental ill health it should be noted that this would only form part of the Council's Grants Programme from 2018/19 onwards. Members are not proposing the amount of funding that should be allocated to this theme as they feel that this should be determined by the Executive Committee, following advice from the Council's Grants Panel.

<p>Recommendations 6</p>	<p>Senior officers, following consultation with the Portfolio Holders for Corporate Management and Housing respectively, should review the implications for Council Services of the following actions detailed in the West Midlands Combined Authority Mental Health Commission's <i>Thrive West Midlands Action Plan</i>:</p> <p>a) Action 4: the proposal to evaluate a financial incentive to encourage companies to demonstrate their commitment to mental health and wellbeing.</p> <p>b) Action 5: the proposal to help people to gain housing and work (including potentially supported accommodation).</p> <p>The outcomes of this work should be reported for the consideration of the Executive Committee.</p>
<p>Financial Implications</p>	<p>There would be the cost of officer time in terms of undertaking this review. However, the group believes that this would be a useful investment of time if it enables the Council to appreciate the potential resource implications for the local authority of implementing these actions.</p>
<p>Legal Implications</p>	<p>No legal implications have been identified.</p>

Towards the end of their review Members did consider the contents of the *Thrive West Midlands Action Plan*. This document details the 19 actions that the WMCA's Mental Health Commission identified as necessary to improve support for people living and

working in the West Midlands region who experience mental ill health. Members agreed that it was important to consider the contents of this document as Redditch Borough Council is a non-constituent member of the WMCA and has signed up to the WMCA's Mental Health Concordat. The group also noted that as a signatory of the concordat the Council had a responsibility to help deliver these actions, as detailed in the *Thrive West Midlands Action Plan*:

"To ensure that all key organisations in the WMCA play their part, we decided to seek an agreement whereby organisations commit to action – a concordat for Action for the West Midlands. This is a significant statement of commitment and common purpose that has been shared, agreed and signed by senior representatives in the partner organisations. These organisations have subsequently agreed to implement the Action Plan."

The group unanimously welcomed the report and noted that the actions detailed within the document are constructive. However, Members agreed that two of the actions could have particular implications for the Council which they felt merited further investigation, as to the implications for Council resources, at the local level.

The first of these is Action 4; 'evaluating a financial incentive to encourage employers'. The focus of this action is on working with the Government to trial a 'Wellbeing Premium', or tax incentive that rewards employers that can demonstrate commitment to the mental health and wellbeing of their staff. According to the action plan this trial could include offering "...companies a financial incentive, which might include a discount on their business rates, in return for action to improve the wellbeing of their workforce." The action plan notes that the Wellbeing Premium could be offered to those companies for a period of two to three years. Members recognise that there is no guarantee that Redditch Borough Council would be participating in the trial. However, the group was mindful of the challenging economic circumstances facing local government and the contribution made by business rates to the Council's finances. In this context The Task Group is contending that it would be prudent, following consultation with the Portfolio Holder for Corporate Management, for Officers to investigate the possible implications of Action 4 for the Council's finances and any potential contingency plans that might need to be put in place if this initiative is implemented in Redditch in the future.

The second area that Members felt required further investigation was Action 5; 'helping people to gain housing and work'. This action details further work that could be undertaken on a scheme to offer a Housing First service, involving intensive mental health support. The Action Plan describes Housing First in the following terms:

"...a form of supported housing which works on the principle that getting someone into a secure home immediately with the right level of support, without needing to go through a series of stages to attain 'housing readiness' helps them address mental ill health, substance misuse and alcohol issues more effectively...the housing provided is permanent with a secure tenure, and the offer of housing is not conditional on receiving treatment although support can be offered on a long term basis if required."

The group recognised that this scheme could enable some of the most vulnerable people experiencing mental ill health to access accommodation. The scheme would also help to address one of the concerns raised by some expert witnesses about the need for supported accommodation to be made available to people who have experienced severe mental health problems and are recovering in the community.

The group did consult with representatives of the Council's Housing team during the course of the review and were advised that under the Housing Act 1996 the local authority must ensure housing is made available to those who are homeless or in priority need. Section 189 (1) of the Housing Act 1996 defines priority need as "*a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reasons or with whom such a person resides or might reasonably be expected to reside.*" Members have been advised that mental health is already taken into account by Officers when considering whether to prioritise an individual for housing.

The group agrees it is important to clarify whether the potential introduction of a Housing First scheme in the Borough could impact on who is prioritised for housing, the type of housing that needs to be made available and the work of the Housing Locality and Housing Options teams. In this context Members are suggesting that it would be helpful for Officers, following consultation with the Portfolio Holder for Housing, to investigate the potential implications to the Council of Action 5 of the *Thrive West Midlands Action Plan* further.

CHAPTER 3: FURTHER SCRUTINY

Recommendations 7	<p>The Mental Health Services for Young People Task Group should be reconvened in 12 months' time to receive monitoring updates from officers about progress in the Borough with the implementation of:</p> <p>a) the actions detailed in the <i>Worcestershire Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health</i>;</p> <p>b) the West Midlands Combined Authority Mental Health Commission's <i>Thrive West Midlands: An Action Plan to Drive Better Health and Wellbeing in the West Midlands</i>; and</p> <p>c) the Suicide Prevention Plan for Redditch.</p>
Financial Implications	There would be the costs of Officer and elected Members' time in terms of reconvening the group to hold an additional meeting to monitor progress with these matters.
Legal Implications	No legal implications have been identified.

At the end of most scrutiny reviews once Members' recommendations have been considered and a decision has been taken by the Executive Committee, or relevant partner organisations, the Task Group is disbanded. Implementation of the recommendations is then monitored by the Overview and Scrutiny Committee until all actions have been completed. However, for this review Members are suggesting that it would be appropriate to reconvene the Mental Health Services for Young People Task Group in 12 months' time.

To some extent the group found during the course of the review that because the Worcestershire Transformation Plan was still in the process of being implemented it was not always possible for Members to assess the impact that actions detailed in the plan were having in the Borough. Once 12 months have elapsed many of these actions should have become embedded in local services, which should make it easier for Members to assess their impact.

The *Thrive West Midlands* Action Plan is in an even earlier stage of implementation, as the document was only published on 31st January 2017. The group is anticipating that the Council, as a non-constituent member of the WMCA, will play a role in helping to implement the actions in this plan. Members feel that it should be possible to assess progress with this in 12 months' time. To avoid duplicating the work of the WMCA Overview and Scrutiny Committee the group is suggesting that the update in respect of this matter should only focus on action taken by Redditch Borough Council through interviews with Council Officers.

Towards the end of the review Members were informed that work would be starting on producing a Suicide Prevention Plan for Redditch. This work, which will be coordinated

by the Redditch Partnership, will focus on practical steps that can be taken to prevent people taking their own lives through an ambitious zero suicide approach. Redditch was selected as a pilot area in Worcestershire to develop a Suicide Prevention Plan due to the relatively high suicide rates in the Borough (compared to the national average). The group has been advised that the findings from work on this plan will help to inform a refresh of the existing Worcestershire Mental Wellbeing and Suicide Prevention Plan. The Task Group commends partners for taking action to produce a Suicide Prevention Plan for Redditch. Due to the potential significance of this plan to the local community Members believe it would be helpful for the Task Group to be provided with an opportunity to pre-scrutinise the content of the proposed plan.

The Overview and Scrutiny Committee is asked to note that if the decision is taken to reconvene this group their terms of reference will need to be focused entirely on monitoring local progress in respect of these three plans. It would not be appropriate for the group to relaunch an overarching review of mental health services for young people at this stage as this would represent duplication and would not be the best use of resources. To ensure that relevant knowledge is retained it is suggested that Councillors Fry, Hopkins, Thain, Wheeler and Wood-Ford should be reappointed to the Task Group if it is reconvened.

CHAPTER 4: ITEMS FOR NOTING

There were a number of additional areas which, whilst not forming the basis of recommendations, Members wished to highlight in their final report. These are outlined in detail in this chapter.

a) CAMHS Information Sessions

The criteria for referrals from CAMHS have changed since the early 2000s. In the past organisations could refer young people to CAMHS when they were experiencing a wide range of mental health and behavioural problems. However, by 2016/17 the role of CAMHS had changed. CAMHS is not a counselling or behaviour management service, and does not assess young people for neurodevelopmental disorders such as autism or attention deficit hyperactivity disorder (ADHD). These cases can be referred by CAMHS to the Umbrella Service in Worcestershire, which is the diagnostic pathway for neurodevelopmental disorders. Members have been advised that the decision had been taken to limit the referral criteria in order to enable CAMHS to concentrate on young people with mental health problems and to prioritise the most urgent cases. This has helped to reduce waiting times for CAMHS services amongst young people. However, there were some expert witnesses interviewed by the group who did not appear to be aware of the change in the eligibility criteria since the early 2000s and / or the reasons for this change.

Alongside representatives from a range of partner organisations Councillors Thain and Wheeler attended a free information session on the subject of Worcestershire CAMHS, which was delivered by members of that team, in September 2016. This was a really informative session that helped to clarify the role of the service, eligibility criteria for CAMHS and the support available to children and young people locally. To address any remaining confusion amongst partner organisations the group would encourage Worcestershire CAMHS to deliver more of these sessions in the near future and would suggest that any organisations involved in supporting children and young people arrange for representatives of their teams to attend.

b) CAMHS Age Range

The group was interested to learn during the review about flexible arrangements in place in other parts of the country, in terms of the age range of young people served by CAMHS, and how this facilitated a smooth transition from CAMHS to AMHS. In Birmingham, for example, young people can receive support from CAMHS up to the age of 25 years. In Worcestershire the age range of 0 – 18 year olds for CAMHS and 16 years or older for AMHS does entail some cross-over which may benefit both the young person and staff in terms of continuous care provision. However, many of the expert witnesses that the group consulted referred to young people as those aged into their early 20s. In some cases Members feel that this may have created some confusion outside of CAMHS in terms of the support available to young people. For example some representatives of VCS organisations raised anecdotal reports of young people being subject to lengthy waiting lists, even though the CAMHS team has evidence that all referrals made to the service are being met within the local 18 weeks target (though usually before this point).

Given this situation the group suspects that some of the young people that have been referred to in this manner were actually being treated by AMHS rather than CAMHS. The group is not suggesting that a long waiting list for AMHS services is acceptable and this is something that health practitioners may want to address as part of the current review of AMHS secondary care services. However, whilst no evidence can be provided to prove this without taking into account specific cases this may indicate that there is a need for further information to be provided to organisations not just about CAMHS services but also about AMHS. The group would suggest that any such information sharing should replicate the model adopted for the CAMHS Information Sessions.

c) Early Help

The Task Group's review coincided with a period of significant change to Worcestershire Early Help services. In 2016 funding for Early Help was reduced by over 50 per cent in order to focus on children and families considered to be most in need of support. This resulted in a reduction in the size of the Early Help team during the year. Members were concerned about the loss of experienced, trained staff from this team and the potential impact that this might have on the quality of services available to children and young people with low level mental health problems. The group also worried that this reduction in staff could have a negative impact on the effectiveness of early intervention work.

Members have noted that concerns about Early Help were also identified by Ofsted in January 2017 in their inspection report into services for children in care, in need of protection or who are leaving the care system in Worcestershire. This report rated Worcestershire's Children's Services as inadequate and within the report Ofsted noted the following:

"...through the redesign of commissioned services, to ensure a focus on supporting the children and families who need it most, significant reductions are planned across Early Help services, including Children's Centres, these planned reductions have led to anxiety across the partnership and a lack of understanding regarding ownership of, and pathways to, early help."

The group welcomes Worcestershire County Council's announcement that £3.5 million will be allocated to looking after children in the county from April 2017 and that action will be taken with partners to address the concerns raised in the inspection report. As part of this process Members urge Worcestershire County Council and relevant partner organisations to consider and address the potential impact of changes to Early Help on support for children and young people with low level mental health and wellbeing problems.

d) GP Practices

During the course of the review Members learned that in south Worcestershire there has been for some time a system of 'Gateway Workers' in every GP Practice. Gateway workers are qualified mental health practitioners, usually a mental health nurse, social worker, occupational therapist or clinical psychologist, experienced in the assessment and treatment of mental health problems. The group has been advised that this practice was extended to North Worcestershire in the autumn of 2016.

Members are keen to urge partners to ensure these specialists do work in GPs practices, particularly as a number of the witnesses they consulted suggested that GPs were often the first point of contact when a young person was initially referred for support with mental health and wellbeing problems. To obtain assurance that this is being provided in 2017/18 Members would appreciate information about the impact of this scheme as part of the update on the Worcestershire Transformation Plan, if the group's seventh recommendation is approved.

e) Knowledge Bank

One concern raised with the group by a number of expert witnesses, particularly representatives of VCS organisations, was that there was a lack of information about services available locally to support people with specific needs. This could create difficulties for some service providers in respect of identifying the most appropriate organisations to refer children and young people on to for support. Members were advised that a directory of services would help organisations to better meet young people's needs in these circumstances.

Consequently the group was impressed to learn about the work of Council Officers to develop the Knowledge Bank. The Knowledge Bank will contain information about local support services and should help to raise awareness of those services. The Knowledge Bank will be made available to the public to access on the Council's website and officers will work to ensure that the details are updated as and when necessary. Members are in agreement that once the Knowledge Bank has been launched the availability of this resource should be advertised for the consideration of partner organisations.

f) Mindfulness

The group did receive information about techniques that could be used to enhance people's mental wellbeing. In particular Mindfulness was highlighted by a number of expert witnesses as a technique that could be utilised to help build resilience amongst young people. The NHS Choices website refers to Mindfulness in the following terms:

"Paying more attention to the present moment – to your own thoughts and feelings, and to the world around you – can improve your mental wellbeing. Some people call this awareness "mindfulness". Mindfulness can help us enjoy life more and understand ourselves better. You can take steps to develop it in your own life".

Mindfulness is also recommended by the National Institute for Health and Care Excellence (NICE) as a way to prevent depression in people who have had three or more bouts of depression.

Members noted that mindfulness techniques could be utilised in Redditch to help children and young people. Increasingly books are available in high street retailers on the subject of Mindfulness and parents could purchase these to help support their children. At school Mindfulness could be addressed as part of PSHE lessons, in assemblies and during after school club activities, though schools should use their discretion to determine the most appropriate method for their pupils.

g) Parental Guidance

During the review Members learned a lot about how CAMHS and other related services operate in Worcestershire. As part of their activities the group did find examples of guidance for parents and other carers online. However, Members were concerned about the extent to which parents (and other guardians) would know where to find this information. Members also noted that some people, particularly those on low incomes, would not have access to a computer or might lack confidence when using online resources. Under these circumstances the group urges CAMHS, the Worcestershire Health and Care Trust and other partner organisations to consider distributing paper copies of written guidance in public buildings around the county for the use of parents.

h) WMCA Mental Health Select Committee

In January 2017 the WMCA Overview and Scrutiny Committee established a Select Committee to review the findings of the WMCA Mental Health Commission. Due to her experience as a member of the Mental Health Services for Young People Task Group Councillor Wheeler, the Council's representative on the WMCA Overview and Scrutiny Committee, volunteered to be a member of the Mental Health Select Committee. At the agreement of Members Councillor Wheeler was appointed Vice Chair of this Select Committee.

The group welcomes the introduction of the Mental Health Select Committee and Councillor Wheeler's involvement in this work. By participating in the Select Committee Councillor Wheeler should also be in a position to ensure that if the group's seventh recommendation is approved work undertaken by scrutiny Members at a regional level is not duplicated when the Mental Health Services for Young People Task Group is reconvened.

CONCLUSION

The Mental Health Services for Young People Task Group has conducted a lengthy and detailed review. The group has taken into account evidence from a wide range of sources which has helped to inform their conclusions.

Members have found this to be an illuminating time to review Mental Health services. The ongoing work of partners on the Worcestershire Transformation Plan, *Thrive West Midlands* Action Plan and Suicide Prevention Plan for Redditch demonstrate that there is a lot of work being undertaken at the local and regional levels to improve mental health services for residents.

However, the Task Group is not complacent and Members recognise that further improvements can always be made. The recommendations Members are proposing have focused on actions the group feels could make a constructive difference to the services that are provided to children and young people.

APPENDIX 1

Scrutiny Proposal Form

(This form should be completed by sponsoring Member(s), Officers and / or members of the public when proposing an item for Scrutiny).

Note: The matters detailed below have not yet received any detailed consideration. The Overview and Scrutiny Committee reserves the right to reject suggestions for scrutiny that fall outside the Borough Council's remit.

Proposer's name and designation	Councillor Nina Wood-Ford	Date of referral	05/07/16
Proposed topic title	Mental Health Services for Young People Task Group		
Link to local priorities including the strategic purposes	<ul style="list-style-type: none">• Redditch Borough Council strategic purpose – help me to live my life independently (including health and activity).• Redditch Partnership priority to address health inequalities (including mental health).		
Background to the issue	<p>On 31st May I attended Overview and Scrutiny training alongside nine other Councillors. During this training we considered potential topics for scrutiny. One topic that was considered by members was the support available to people with 'milder' mental health problems, comprising individuals whose mental health difficulties are not considered sufficient to be referred directly for support from mental health services. This topic had also recently been identified by the Council's Corporate Management Team (CMT) as a subject that scrutiny could helpfully investigate in further detail. There is clearly therefore concern about the support available to people in this position.</p> <p>Concerns about support for people with mental health problems have also recently received significant press coverage both locally and nationally. In Redditch a lot of work has been undertaken to try to help people with mental health problems by bodies such as the Mental Health Action Group (MHAG) and the Redditch Partnership. However, this does not mean that we should become complacent and a review of this subject could help these existing groups to further develop the support available.</p> <p>I am mindful of the need to ensure that scrutiny activities are focused in order to achieve constructive outcomes. There is a risk that a review of all mental health services for every</p>		

	<p>group in society would be overwhelming. I am therefore proposing that this review should focus on the support available to young people. Young people, if assisted effectively, may be helped to establish key areas of support that will help them to live constructive and fulfilling lives. In some cases additional support for young people may also help to prevent more serious problems from arising in their future.</p> <p>At the end of a review of this subject ideally young people and their families will be aware that support is available if they need it. I would hope that this review will help to inform both those young people at risk of developing mental health problems and people who may support them about the help that is available locally. I would also like to think that this review will help to challenge the stigma that unfortunately continues to be attached to issues surrounding mental health to the benefit of future generations.</p>
<p>Key Objectives Please keep to SMART objectives (Specific, Measurable, Achievable, Relevant and Timely)</p>	<ol style="list-style-type: none"> 1) To clarify the roles of different agencies in supporting (and referring) young people with 'milder' mental health problems. This could take into account the roles of the following: <ul style="list-style-type: none"> • Different branches of the NHS, including GP practices. • Voluntary and Community Sector organisations, including the mental health action group. • The criminal justice system, including the police. • The Redditch Partnership. 2) To consider current arrangements in the provision of child and adolescent mental health services, including any local strategies which shape services. 3) To investigate current preventative action undertaken to support young people vulnerable to developing mental health problems and to identify ways in which this could be improved. 4) To consider the impact on Council services of demand from young people with 'milder' mental health problems. This could involve consulting with Officers from frontline services. 5) To clarify at what point a young person's mental health is considered serious enough to merit direct intervention from mental health services. 6) To explore best practice in other parts of the country in terms of supporting young people with 'milder' mental health problems and the potential to replicate this in the Borough of Redditch.

<p>How long do you think is needed to complete this exercise? (Where possible please estimate the number of weeks, months and meetings required)</p>	<p>In order to complete a thorough and constructive review of this subject I am proposing that a Task Group exercise should be undertaken over a period of six to nine months.</p>
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Please return this form to: Jess Bayley or Amanda Scarce, Democratic Services Officers, Redditch Borough Council, Town Hall, Walter Stranz Square, Redditch, B98 8AH

Email: jess.bayley@bromsgroveandredditch.gov.uk / a.scarce@bromsgroveandredditch.gov.uk

APPENDIX 2 **Acknowledgements**

The group would like to thank the following people for providing evidence during the course of their review:

Catherine Aldridge (Sports Development Manager)
Stephanie Andrews (CAMHS Manager – North)
Keith Barham (West Mercia Youth Justice System)
Dr Gordon Bates (Psychiatrist)
Jayne Baylis (Housing Services Manager)
Helen Broughton (Redditch Partnership Manager)
Councillor Juliet Brunner (Chair of the Positive Activities Sub-Group)
Hayley Capper (Arrow Vale)
Philippa Coleman (Worcestershire Health and Care NHS Trust)
Michele Conway (Connecting Families)
Jenny Dalloway (Redditch and Bromsgrove Clinical Commissioning Group)
Jennifer Delorenzo (Assistant Customer Support Manager)
Kevin Dicks (Chief Executive)
Jessica Glenn (Worcestershire County Council)
Elaine Grant (formerly in the Early Help team and a member of the Redditch Mental Health Action Group)
Ray Groves (RYCE)
Sue Harris (Worcestershire Health and Care NHS Trust)
Maureen Hayden (What's Your Point?)
Alec Henderson (CAMHS Worker, West Mercia Youth Justice System)
Cat Illingworth (Young Solutions)
Shona Knight (Assistant Financial Support Services Manager)
Sarah McIntosh (Community Safety Project Officer)
Lee McKenzie (Sandycroft)
Claire Mitchell (Health Improvement Co-Ordinator for Redditch)
Huw Moseley (Arts Development and Events Officer)
Colin Tipton (Batchley Support Group)
Hayley Turner (St Basils – Redditch Branch)
Gomez Vincent (Sports Development Officer)
Richard Waterhouse (The Ditch)
Charlotte Williams (Connecting Families)
Tina Williams (Swanswell)
Judith Willis (Head of Community Services)
Claire Wilson (CAMHS Tier 2 Senior Clinician)
Paul Woolcock (Batchley Support Group)
Lauryna Zebrauskyte (CAMHS Tier 2 Senior Clinician)

Members would also like to thank the four schools in Redditch that completed their survey.

APPENDIX 3
Timeline of Activities

Date	Task Group Activity
26/07/16	Considering the group's terms of reference and key lines of enquiry.
02/08/16	Initial analysis of <i>Worcestershire's Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health</i> and consideration of the Community Mental Health profile for Worcestershire.
15/08/16	Interview with the Redditch Partnership Manager and Health Improvement Co-ordinator for Redditch.
25/08/16	Interview with the CAMHS Manager for North Worcestershire.
12/09/16	Considering written information received from Worcestershire County Council and the content of <i>Worcestershire's Mental Wellbeing and Suicide Prevention Plan 2014-2017</i> .
20/09/16	Councillor Thain attended a meeting of the Positive Activities Sub-Group to discuss mental health services with representatives of VCS organisations.
21/09/16	Councillors Thain and Wheeler attended a CAMHS Information Session at Redditch Town Hall.
26/09/16	Interview with the Community Safety Project Officer that leads the Respect Community Safety Schools Programme.
07/10/16	Interview with a former member of the Early Help team, who sits on the Redditch Mental Health Action Group.
20/10/16	Interview with the Operational Manager for Connecting Families and considering information about Youth First Aid Mental Health training.
31/10/16	Considering feedback received from schools in completed surveys, reviewing the feedback received by Worcestershire Healthwatch to a survey and considering the contents of the recently updated Worcestershire Transformation Plan.
15/11/16	Considering the contents of the <i>Future in Mind</i> and <i>The Five Year Forward View for Mental Health</i> reports.
24/11/16	Councillor Wood-Ford interviewed representatives of the Redditch and Bromsgrove Clinical Commissioning Group and Worcestershire County Council.
29/11/16	Considering scrutiny reviews conducted by other local authorities on the subject of mental health services and the Worcestershire Youth Cabinet's mental health survey.
05/12/16	Focus Group to discuss the impact of supporting young people with mental health problems on Council services.

06/12/16	Interview with representatives of Worcestershire Health and Care Trust and CAMHS to discuss local mental health services for young people.
14/12/16	Interview with the Head of Community Services about the Council's grants programme, considering further information about the Mental Health Challenge for local government and scrutinising the content of the draft schools toolkit.
09/01/17	Considering the content of the NHS Standard contract for Liaison and Diversion Services, assessing information about the Family Front Door, Worcestershire University's Suicide Safer Project and considering the Redditch Health Profiles for 2015 and 2016 as well as extracts from the Joint Strategic Needs Assessment Intelligence Update for Worcestershire.
18/01/17	Interview with representatives of the West Mercia Youth Justice Service and consideration of information about Adult Mental Health Services (AMHS).
26/01/17	Interview with the manager of the Redditch branch of St Basils, considering the content of the Education Policy Institute's <i>Children and Young People's Mental Health: Time to Deliver</i> report, reviewing the House of Commons Briefing Paper <i>Personal, Social, Health and Economic Education in Schools (England)</i> , considering information received from Swanswell and assessing the Council's policy in respect of prioritising people for housing.
14/02/17	Reviewing the content of the <i>Thrive West Midlands</i> Action Plan, considering information about the shared society, discussing information about action to produce a Suicide Prevention Plan for Redditch and identifying draft recommendations.
01/03/17	Reviewing feedback received from Officers and finalising the group's recommendations.
13/03/17	Agreeing the contents of the group's final report.

APPENDIX 4:
Glossary

ADHD – Attention Deficit Hyperactivity Disorder

AMHS – Adult Mental Health Services

BAME – Black and Minority Ethnic

CAMHS – Child and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

CMT – Corporate Management Team

HOSC – Health Overview and Scrutiny Committee

LGB&T – Lesbian, Gay, Bisexual and Transgender.

MHAG – Mental Health Action Group (Redditch)

SPA – Single Point of Access for CAMHS services.

SRE – Sex and Relationships Education

PSHE – Personal, Social, Health and Economic Education lessons.

VCS – Voluntary and Community Sector

WAHT – Worcestershire Acute Hospitals NHS Trust

WMCA – West Midlands Combined Authority