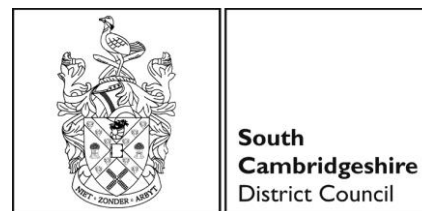


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20 July 2017

To: Chairman – Councillor Ben Shelton  
Vice-Chairman – Councillor Bunty Waters  
Members of the Partnerships Review Committee – Councillors David Bard,  
Henry Batchelor, Andrew Fraser, Janet Lockwood, Ray Manning, Tony Orgee  
and Ingrid Tregoeing

Quorum: 5

Dear Councillor

You are invited to attend the next meeting of **Partnerships Review Committee**, which will be held in the **Monkfield Room, First Floor** on **Friday, 28 July 2017** at **10.00 a.m.**

Members are respectfully reminded that when substituting on committees, subcommittees, and outside or joint bodies, Democratic Services must be advised of the substitution ***in advance of*** the meeting. It is not possible to accept a substitute once the meeting has started. Council Standing Order 4.3 refers.

Yours faithfully  
**Beverly Agass**  
Chief Executive

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<b>AGENDA</b>		<b>PAGES</b>
<b>1. Apologies</b> To receive apologies for absence from committee members.		
<b>2. Declarations of Interest</b>		
<b>3. Minutes of the Previous Meeting</b> To authorise the Chairman to sign the Minutes of the meeting held on 21 <sup>st</sup> April 2017 as a correct record.		<b>1 - 4</b>
<b>4. Public Questions</b>		
<b>5. 'Mind the Gap' in support and provision between schools and mental health services</b> For the committee to consider and agree recommendations to be		<b>5 - 12</b>

forwarded to Cabinet for their consideration.

### **STANDING ITEMS**

- 6. Updates from Members representing the Council on outside bodies**  
No updates have been received.
- 7. Work Programme**  
For the committee to consider its next topic for scrutiny.

## **EXCLUSION OF PRESS AND PUBLIC**

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"I propose that the Press and public be excluded from the meeting during the consideration of the following item number(s) ..... in accordance with Section 100(A) (4) of the Local Government Act 1972 on the grounds that, if present, there would be disclosure to them of exempt information as defined in paragraph(s) ..... of Part 1 of Schedule 12A of the Act."

If exempt (confidential) information has been provided as part of the agenda, the Press and public will not be able to view it. There will be an explanation on the website however as to why the information is exempt.

## **OUR LONG-TERM VISION**

South Cambridgeshire will continue to be the best place to live, work and study in the country. Our district will demonstrate impressive and sustainable economic growth. Our residents will have a superb quality of life in an exceptionally beautiful, rural and green environment.

## **OUR VALUES**

We will demonstrate our corporate values in all our actions. These are:

- Working Together
- Integrity
- Dynamism
- Innovation

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# Agenda Item 3

## SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

Minutes of a meeting of the Partnerships Review Committee held on  
Friday, 21 April 2017 at 10.00 a.m.

PRESENT: Councillor Ben Shelton – Chairman  
Councillor Bunty Waters – Vice-Chairman

Councillors: David Bard Kevin Cuffley  
Janet Lockwood Ray Manning  
Ingrid Tregoing

Officers: Gemma Barron Head of Sustainable Communities and Wellbeing  
Mike Hill Health and Environmental Services Director

### 1. APOLOGIES

There were no apologies for absence.

### 2. DECLARATIONS OF INTEREST

Clr Ingrid Tregoing declared a non-pecuniary interest as a Special Educational Needs Co-ordinator (SENCo).

### 3. MINUTES OF THE PREVIOUS MEETING

The Committee authorised the Chairman to sign, as a correct record, the Minutes of the meeting held on 20 January 2017.

### 4. PUBLIC QUESTIONS

There were no public questions.

### 5. 'MIND THE GAP' IN SUPPORT AND PROVISION BETWEEN SCHOOLS AND CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

The following external attendees were present at the meeting:

- Jacki Parris - Deputy Principal, Swavesey Village College
- Al Mistrano - Head Teacher at Bar Hill Primary
- Emma Neagle - Assistant Principal at Cambourne Village College
- Lee Miller - Head of Transformation and Commissioning (Children and Maternity) at the Cambridgeshire NHS Clinical Commissioning Group (CCG)
- Dr Becky Jones - South Cambs General Practitioner and the CCG's clinical lead for children's mental health
- Ann Jones – Allyance

Jacki Parris delivered a short PowerPoint presentation about The Hub at Swavesey Village College featuring

- A mental health statistics quiz
- An overview of the implications of funding cuts on the locality team, and the

- pressure on both CAMHS and Circle 33
- A description of the work undertaken by The Hub, namely
  - In-School Counselling
  - Special Educational Needs services
  - Mindfulness and Relaxation Techniques
  - Behaviour Support
  - Attendance and Medical Needs Support
  - Restorative Conference Referral
- The process for making a referral
- An explanation of what happens after a referral is made
- A 'Wise Up' Petition

The external attendees took the opportunity to discuss among themselves how their specific expertise could most effectively be brought together in order to enhance the provision of mental healthcare for young people.

Councillor Ingrid Tregoiing stressed the importance of the volunteer sector in dealing with mental health issues. The ultimate aim was one of prevention rather than cure.

For Allyance, operating in Melbourn, Bassingbourn and Gamlingay First Schools, the crucial message was that every child matters. Committee members noted how Allyance was funded, through school subscription, and that its main function was to deal with referrals. Allyance worked both with parents and with South Cambridgeshire District Council through a variety of areas, including music therapy and mental health conferences.

The Vice-Chairman said that the core problem was one of stigma. It was important to create an atmosphere in which children felt at ease discussing issues among themselves.

Councillor Tregoiing welcomed the good working relationship between Allyance and locality teams. GPs were getting better at addressing the logistical challenge posed by the demands of mental health referrals.

The Chairman thanked the external attendees for their invaluable contribution to the meeting. The external attendees then left.

Introducing the Committee debate, the Chairman highlighted the urgent need for prompt intervention, and the importance of bonding with peers, as had happened earlier in the meeting. Funding of this resource-intensive area was a significant challenge. He referred to the funding available through the NHS.

Moving forward, it would be important to provide information points, and make it easier for people to access the kind of advice they needed. The Director for Health and Environmental Services said that a good starting point would be for officers to visit schools to ascertain whether or not sufficient resources were in place to consider the expansion of the kind of facility currently offered by Allyance. The Chairman agreed that this would help formulate a report to Cabinet relating to best practice and the need for a resource package.

The Committee agreed the following Actions:

1. To initiate discussion with other stakeholders with a view to identifying appropriate funding streams, and allocate other resources.



2. To position South Cambridgeshire District Council as a kind of directory, streamlining the process and making it easier for people to access the information they needed, either directly from the Council or from organisations to which the Council refers them. The aim should be to avoid duplication of effort.
3. To examine the pros and cons of establishing several small groups providing mental health advice in specific localities, or one large group serving the whole of the South Cambridgeshire district.

**6. UPDATE FROM MEMBERS REPRESENTING THE COUNCIL ON OUTSIDE BODIES**

The Committee received and noted a report fro Councillor Hazel Smith, South Cambridgeshire District Council's representative on Emmaus Cambridge.

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**The Meeting ended at 12.10 p.m.**

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# Agenda Item 5



**REPORT TO:** Partnerships Review Committee  
**LEAD OFFICER:** Director, Health and Environmental Services

28 July 2017

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## **'Mind the Gap' in support and provision between schools and mental health services**

### **Purpose**

1. To outline the findings of the Partnerships Review Committee with regard to children and adolescent mental health services.
2. To consider and agree recommendations to be forwarded to Cabinet for their consideration.
3. This is not a key decision.

### **Recommendations**

4. It is recommended that the Committee:
  - (a) agrees, with or without amendments, the recommendations set out at paragraphs 17 to 21, and
  - (b) recommends their agreement by Cabinet.

### **Reasons for Recommendations**

5. Mental ill-health affects many children and young people in the district. If affected children and young people are not supported early on, poor mental health can become entrenched and affect their whole lives.
6. Whilst the District Council is not responsible for providing education or mental health services, residents with poor mental health increasingly access District Council services and the Council's position means that it is able to influence local and national decision-making as well as take direct action to support its residents.
7. The Council's Corporate Plan includes an action of "proactive intervention to improve mental health and wellbeing for all" (Living Well).

## Background

8. At its meeting on 16 September 2016 the Partnerships Review Committee decided that it would like to look at mental health service provision in the district. Between this meeting and its next meeting the Committee members carried out investigations in their own localities, primarily talking to GPs and schools to understand if there were any perceived issues.
9. The Committee concluded its investigations on 21 April and has subsequently spent time working up its recommendations.
10. On 20 January the Partnerships Review Committee gathered together its findings and agreed to focus its review on the theme of “Mind the Gap” in support and provision between schools and Child and Adolescent Mental Health Services. Early findings included that:
  - (a) mental health issues often formally present between the ages of 13 and 15, however, they could be identified earlier i.e. at primary school age.
  - (b) there is growing evidence to support earlier intervention at primary school age.
  - (c) the lack of funding for education locally is resulting in schools being unable to provide therapists and counsellors.
  - (d) there are long delays accessing crisis services.
  - (e) referral pathways are not clear to schools.
  - (f) there are some local initiatives that are supporting communities and schools to address the issues.
11. On 21 April the Committee hosted a number of expert witnesses who were able to set out the issues as they perceive them, share specific case studies and challenge each other. The witnesses included:
  - Jacki Parris - Deputy Principal, Swavesey Village College
  - Al Mistrano - Head Teacher at Bar Hill Primary
  - Emma Neagle - Assistant Principal at Cambourne Village College
  - Lee Miller - Head of Transformation and Commissioning (Children and Maternity) at the Cambridgeshire NHS Clinical Commissioning Group (CCG)
  - Dr Becky Jones - South Cambs General Practitioner and the CCG's clinical lead for children's mental health
  - Ann Jones and Jenny Jones – Allyance

## Considerations

12. Nationally three in ten children have a diagnosable mental health disorder (roughly three children in every classroom) and half of all mental health problems manifest by the age of 14<sup>1</sup>.

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<sup>1</sup> <https://youngminds.org.uk/about-us/media-centre/mental-health-stats/>

13. There are a number of factors that can affect a child's mental wellbeing or mental ill-health. These factors include: parenting, diet and exercise, their schooling and education, experimentation with drink and drugs<sup>2</sup>, and social media for example.
14. If left untreated, mental illness can become entrenched and affect children and young people's lives into adulthood. The Mental Health of Children and Young People in Cambridgeshire Joint Strategic Needs Assessment (2013) states that "Around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years".
15. The Institute for Public Policy Research states that, if funded, schools are best placed to be 'mental health hubs' for young people.

### **Recommendations**

16. Each recommendation includes an explanation as to why the Committee feels it is necessary and an estimation as to the level of Council resource that would be required.
17. **Recommendation 1** - That the Council pro-actively uses its networks and facilitation skills to enable appropriately timed meetings between key partners to:
  - help develop relationships and trust between professionals working to support children and young people who are experiencing poor mental health, and
  - enable strong partnerships resulting in a better support offer for children and young people within a school setting.

**Resources required:** Additional staff time would need to be found or existing priorities dropped or delayed. It is estimated that to do this work well it would require half a day per week at Grade 6, which equates to between £4,290 and £5,096 per annum.

**Reason for Recommendation:** Schools currently do not have the levels of funding required to work on their own to support low-level mental health.

It is not appropriate for GPs to prescribe medication in most situations relating to children and young people who are experiencing poor mental health. Where cases meet specified thresholds they are referred onto Child and Adolescent Mental Health Services (CAMHS).

Support is available for children and young people via CAMHS, however, schools do not want to wait until pupils meet the thresholds for CAMHS before offering support, or waiting until pupils are seen by the service. Some schools in the area already work together to provide support, however, this is not the case across the district and those schools not included in this partnership continue to struggle alone.

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<sup>2</sup> The Mental Health of Children and Young People in Cambridgeshire 2013, Joint Strategic Needs Assessment.

The Committee held a very positive meeting between key partners who are all working with young people experiencing poor mental health. It became clear at the meeting that there was some lack of understanding about each others remit, general frustrations about feeling unable to fully support children and young people and some excellent models of delivery that could be shared more widely.

18. **Recommendation 2** - That the Council:

(a) writes to NHS England expressing concern in relation to the targets they set for mental health crisis care, which results in local budgets being spent once a crisis has occurred rather than preventing the crisis in the first place, and

(b) instructs officers to actively pursue, through Devolution 2, a freedom and flexibility to agree locally the split between spend on preventative care and crisis care in relation to mental health.

**Resources required:** None. To be carried out within existing resources.

**Reason for Recommendation:** During the course of its investigations it was made clear to the Committee that the amount of funding spent on children and young people's mental health is heavily weighted towards crisis prevention and that NHS England measures spend on crisis care, which means that it is not possible to move this funding upstream to target low-level mental health at a point where it can be used to prevent crisis.

19. **Recommendation 3** - That the Council uses its position with the Mayor, local Members of Parliament and on key local partnerships to influence decisions that affect local and national spend on mental health services so that more is done to support children and young people who are experiencing poor mental health so that they hopefully do not reach crisis.

**Resources required:** None. To be carried out within existing resources.

**Reason for Recommendation:** Whilst the District Council is not responsible for commissioning mental health services, it has strong relationships with the commissioning bodies and is involved in key partnerships that set priorities for health related spend in the area. The Committee believes that supporting children and young people so that they can fully engage at school and in their communities is essential if we are to ensure that South Cambridgeshire will continue to be the best place to live, work and study in the country. Reaching young people early in life should ensure that they can better progress through education and into work, and avoid the need for expensive crisis interventions.

20. **Recommendation 4** - That the Council, through the Corporate Plan, prioritises supporting young people who are experiencing poor mental health, especially during times of crisis.

**Resources required:** Dependant upon actions to be agreed (suggestions below).

**Reason for Recommendation:** There are a number of positive actions that the Council could take forward e.g.

(i) The Council could commit to reviewing its policies to ensure that children and young people are sufficiently supported at times of crisis. A number of case studies were shared with the Committee, which demonstrated how small changes to Council policies could really make a difference to the lives of children and young people's mental health e.g. do housing policies sufficiently enable young people to remain in their home after the death of a carer?

(ii) Realignment of the Council's Service Support Grant priorities, to include children and young people's mental health, when they are reviewed during 2018/19 in preparation for new three-year agreements beginning in 2019/20.

21. **Recommendation 5** - That Cabinet notes the success of the Allyance model in the South-West of the district and explores the rollout of this, or a similar model, across all South Cambridgeshire schools.

**Resources required:** Estimate £6,000 to develop a business case, including sign-up from local schools and identification of funding sources.

**Reason for Recommendation:** The aim of the Allyance project is to provide in-school counselling and therapeutic help to children who are struggling due to circumstances outside their control. A fully trained counsellor is able to listen and support children as they express their thoughts and feelings in a safe and non-judgemental environment. Through listening and providing creative play the children are offered strategies that help them to overcome their worries and cope with difficult situations.

The schools that are currently involved with Allyance are:

- Barrington
- Bassingbourn
- Fowlmere
- Foxton
- Gamlingay First
- Gamlingay Colleges
- Guilden Morden
- Harston & Newton
- Hauxton
- Melbourn
- Meldreth
- Petersfield
- Steeple Morden
- Thriplow Primary

The Committee was impressed by Allyance and the way in which it works across primary and secondary schools. Secondary schools are funding Allyance to work with children and young people of primary school age so that strategies are developed at the earliest opportunity rather than waiting until crisis.

Other schools, especially secondary schools, in South Cambridgeshire are starting to develop alternative models, however, many schools feel unable to cope with the number of children that require support and a collaborative model seems to offer the most cost effective and supportive approach especially for the smallest of schools.

### **Options**

22. The Committee can:
- (a) agree, with or without amendments, the recommendations set out at paragraphs 17 to 21, or
  - (b) defer a decision on the recommendations at paragraphs 17 to 21, or
  - (c) reject the recommendations set out at paragraphs 17 to 21.

Should the Committee agree the recommendations, with or without amendments, it can:

- (d) recommend their agreement by Cabinet.
- (e) refuse to recommend their agreement by Cabinet.

### **Implications**

23. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

#### ***Financial and Staffing***

24. Should Cabinet agree the recommendations, in part or in full, there could be financial implications to the Council. The estimated financial and staffing implications of each recommendation is set out in the report and should be considered by Cabinet.

### **Consultation responses**

25. Paragraph 11 lists those who were interviewed as expert witnesses. In addition, Committee members also discussed the issues with local GPs and schools prior to embarking upon this review.

### **Effect on Strategic Aims**

#### **Aim 1 – Living Well**

26. The recommendations suggested following the review directly support the Council's desire to support its communities to remain in good health through proactive intervention to improve mental health and emotional wellbeing for all.



## Background Papers

Minutes of Partnerships Review Committee, 20 January 2017:

<http://scams.moderngov.co.uk/documents/g6986/Printed%20minutes%20Friday%2020-Jan-2017%2010.00%20Partnerships%20Review%20Committee.pdf?T=1>

Minutes of Partnerships Review Committee, 21 April 2017:

<http://moderngov/documents/g7048/Printed%20minutes%20Friday%2021-Apr-2017%2010.00%20Partnerships%20Review%20Committee.pdf?T=1>

**Report Author:** Gemma Barron – Head of Sustainable Communities and Wellbeing  
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