

REPORT TO: Cabinet

14 September 2017

LEAD OFFICER: Head of Sustainable Communities & Wellbeing

**'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 the recommendations to take forward.
3. This is not a key decision.

Recommendations

4. It is recommended that Cabinet:
 - (a) agrees, with or without amendments, the recommendations set out at paragraphs 17 to 21, and
 - (b) reviews progress against any agreed recommendations in 12 months.

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. 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.
10. 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
11. The Committee concluded its investigations on 21 April and has subsequently spent time working up its recommendations.

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 14¹. In Cambridgeshire approximately one in ten children aged between five and 16 years have a diagnosable mental health disorder, which equates to 8,000 children and young people². In South Cambridgeshire, the estimated number is 2,100, second only to Huntingdonshire with an estimated 2,300 children and young people with a mental disorder. By comparison it is estimated that Cambridge City, East Cambridgeshire and Fenland each have an estimated 1,100 to 1,200 children and young people with a mental disorder².
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 drugs³, 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 World Health Organization states that "about half of mental health disorders begin before the age of 14"⁴. The Mental Health of Children and Young People in Cambridgeshire Joint Strategic Needs Assessment (2013) also goes on to state that this "continues to have a detrimental effect on an individual and their family for many years" (p.6).
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 (linked to **Recommendation 5** below).

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

² The Mental Health of Children and Young People in Cambridgeshire 2013, Joint Strategic Needs Assessment, p24.

³ The Mental Health of Children and Young People in Cambridgeshire 2013, Joint Strategic Needs Assessment, p4.

⁴ http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/

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 working 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.

The Committee held a very positive meeting between key partners who are all working with young people experiencing poor mental health. It became clear that 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 the Combined Authority Devolution 2 discussions, 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 care 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 Combined Authority, 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 Alliance 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 an initial business case, including sign-up from local schools and identification of funding sources (linked to **Recommendation 1** above), for consideration by Cabinet.

Reason for Recommendation: The aim of the Alliance 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 Alliance are:

- Barrington Primary School
- Bassingbourn Primary School
- Fowlmere Primary School
- Foxton Primary School

- Gamlingay First School
- Gamlingay Village College
- Guilden Morden Church of England Primary School
- Harston & Newton Community Primary School
- Hauxton Primary School
- Melbourn Primary School
- Meldreth Primary School
- Petersfield Church of England Primary School
- Steeple Morden Church of England Primary School
- Thriplow Church of England Primary School

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. Cabinet 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.

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, Partnership Review 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://scambs.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>

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