

HEALTH SCRUTINY COMMITTEE
16 JANUARY 2020
YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To receive an update on the progress of the young people's mental health and wellbeing services.

2 Action required

- 2.1 To consider the information provided and use it to inform questioning, and make recommendations, where appropriate.

3 Background information

- 3.1 At its meeting on 13 December 2018, the Committee heard from Charlotte Reading and Lucy Anderson, both from the Greater Nottinghamshire Clinical Commissioning Partnership, Catherine Pope and Richard Glover, both from Nottinghamshire Healthcare NHS Foundation Trust, and Aileen Wilson, Head of Early Help Services on young people's mental health, and the following information was provided:
- (a) all services should be working together towards a tierless and seamless system with a single point of access. Screening and assessment may identify the need for behavioural support, parenting issues, or occasionally child protection or physical health issues. There may need to be challenging but necessary conversations;
 - (b) following the initial assessment which usually took place within a week of referral, the length of waiting times for children and young people to receive treatment/support particularly following a mental health episode or suicide attempt would ideally be shortened. Work continued to address this, but initial contact by mental health colleagues was made within 24 hours of referral. Once the initial risk was considered to have passed, parents could be supported through a short parenting group where they were taught what indicators to look for and possible appropriate reactions. It was vital that parents didn't feel that they were on their own and they knew that support was available and that they could learn to trust their children. Advice was also now provided in hospitals;
 - (c) young people needed to be able to manage their own risks and challenge their perceptions. It was important that young people and their parents/carers understood and could apply coping strategies;
 - (d) the majority of young people entering the service were aged between 12 and 16 years old. Whilst the transition of children to adult services had been historically awkward in some areas, it should be noted that support in the form of a transition champion

- was available but that the majority of young people suffering mental health difficulties did not go on to access adult services;
- (e) there were local challenges in that there were different service providers in the City and the County, but there was good evidence of partnership working with the organisations working together well;
 - (f) there had been a lot of work with schools on prevention but also to ensure that young people could access information, help and support with mental health issues and can be referred to specialist services when needed. There had been resistance in some schools which were reluctant to escalate pupil's mental health support, but work was continuing to encourage improved engagement;
 - (g) although a lot of work had been done to improve young people's independent access to information and services with a web based presence, it was recognised that there could be further potential to use modern technology, including apps and social media;
 - (h) there remained issues around recruitment and retention of specialist staff and it was a concern that fewer people were studying mental health. However, now that adult apprenticeships had been launched, this provided alternative career paths and routes for training and gaining formal qualifications for becoming registered professionals. Careful consideration was taking place as to how career progression could be offered across services and partners to make the offer an attractive career;
 - (i) a pilot scheme of having a paediatric mental health specialist available to both Kings Mill and QMC hospitals to support emergency presentations proved so successful that it was proposed to continue but it hadn't been confirmed;
 - (j) feedback from young people and their families regarding the changes to services was being collected by each service. Focus groups had been held and young people had welcomed consistency in being able to see the same worker each time, feel uncomfortable about being reassessed at 6 weeks as this was perceived as a pressure to have recovered by then, welcome friendly environments, and responded that 94% would recommend services to friend. It was vital that young people had confidence in the services and this included consistent and quality interaction with workers, which in turn meant that workers could not be allocated too heavy a workload as they would be overstretched and quality would be affected;
 - (k) Hopewood opened in June 2017 and although there were a few initial teething problems, the facility was generally operating very well. The onsite school was the same as operates for patients of Nottingham University Hospitals and works to the national curriculum.

3.2 At the meeting the Committee agreed to review progress of the services in 12 months time.

3.3 Colleagues from the relevant services will be in attendance at the meeting to present the information and answer questions.

4 List of attached information

4.1 Detailed report from the relevant services.

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None.

6 Published documents referred to in compiling this report

6.1 Health Scrutiny Committee report and minutes dated 13 December 2018.

7 Wards affected

7.1 All.

8 Contact information

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