

Overview and Scrutiny Committee

Scrutiny Sub-Committee to Promote Strong Healthy and Safe Communities



7 June 2004

“Minding the Gap” Report of the Mental Health Scrutiny Working Group

Report of Head of Overview and Scrutiny

Purpose of Report

1. To update members about the “Minding the Gap” Conference held at the County Hall, Durham on 11 May 2004.

Background

2. Members will recall that one of the recommendations contained in the “Minding the Gap” report (which examined support and services for 16-25 year olds with mental health problems and their carers) was that a Conference be held to raise awareness of the issues and to serve as a catalyst for change.
3. The Conference was held on 11 May 2004 at the County Hall, Durham and was attended by over 80 delegates drawn from social care, health, education and the voluntary sector. A copy of the programme is attached at Appendix 1. The event was funded by the Social Care and Health Service and organised by staff from Corporate Services. The opportunity was also taken at the event to launch the “Stressed Out” website for young people and a resource directory for carers and professional staff engaging with Looked After Children. Treatment Foster Care, a new way of working with challenging looked after young people, which the County Council is piloting, was also highlighted.
4. Part of the Conference included a Workshop Session, which looked in detail at the recommendations in “Minding the Gap”, and how these might be taken forward. A copy of feedback from those sessions is attached at Appendix 2. This has been passed to colleagues in the Social Care and Health Service and will be fed into discussions with our partners in the health economy, hopefully to inform responses from those who will lead on implementation.
5. Delegates who attended the Conference were asked to complete an evaluation of the event and 41 forms were returned. The responses to the two main questions asked are set out below:

**Overall, how would you rate the
conference on a scale of 1-6, with
1=poor and 6=excellent**

Scores: 6 (32%)
5 (44%)
4 (24%)

**Will the issues you heard about at the
conference make a difference to how
you work with young people?**

90% of delegates gave a
positive response

The one area commented upon, where delegates would have liked to have spent more time, was in the Workshop Sessions.

Recommendation

6. You are recommended to note the outcome of the Conference and feedback from the Workshop Sessions.

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“MINDING THE GAP” CONFERENCE PROGRAMME

11 MAY 2004

- 8.45 a.m. Registration (tea and coffee on arrival)
- 9.30 a.m. Welcome from Councillor Edna Hunter
- 9.35 a.m. Mental Health Services that meet the Needs of Young People – Presentation by Dr Joe McDonald, Consultant Psychiatrist, South of Tyne and Wearside NHS Mental Health Trust
- 10.00 a.m. What Young People Want – Presentation by Young People
- 10.20 a.m. Dual Diagnosis Young People and the Youth Engagement Service – Presentation by Gill Eshelby, County Durham Youth Engagement Service
- 10.40 a.m. Delivering Services to Young People in a One Stop Shop Setting: the Durham End House Young People’s Project – Presentation by Angela Fenwick, Durham Young People’s Project
- 11.00 a.m. Break - Tea and Coffee
- 11.25 a.m. “Minding the Gap”: Findings of the Scrutiny Project – Presentation by Councillor Edna Hunter and Tom Bolton, Durham County Council
- 11.45 a.m. “Minding the Gap”: Response from the County Durham and Darlington Priority Services NHS Trust – Harry Cronin
- 12.00 noon “Minding the Gap → Making the Difference” Workshop Sessions
- 12.30 p.m. Lunch
- 1.30 p.m. “Minding the Gap → Making the Difference” - Feedback from Workshops and Discussion (for all delegates)
- 2.00 p.m. Looked After Children: Launch of Website and Resource Directory – Presentation by Penny Rowntree, Social Care and Health, Durham County Council
- 2.30 p.m. STEPS: Who we are and what we do – Presentation by Steven Tait, STEPS Therapeutic Team, Social Care and Health, Durham County Council
- 2.45 p.m. Treatment Foster Care – A New Way of Working with Challenging Young People in the Looked After System – Presentation by Louise Dare and Anne Haigh, Social Care and Health, Durham County Council
- 3.15 p.m. End of Conference – closing remarks (Councillor Edna Hunter)
- 3.20 p.m. Tea and Coffee

WORKSHOP SESSIONS

Recommendation	Comments
2 (Raised awareness amongst teaching staff about early intervention and pathways to care)	Raise awareness through schools – both teachers and governors – promote opportunities for further awareness raising.
2 (Raised awareness amongst teaching staff about early intervention and pathways to care)	A good start in life. The Sure Start Education agenda should include parenting, emotional well-being delivered through integrated services.
3 (Promotion of mental health agenda in all Sure Start Programmes)	Early intervention/prevention.
4 (Support for an early intervention service for first episode psychosis)	Early diagnosis and intervention to be supported (first episode psychosis).
5 (Extension of CAMHS provision to 18 year olds)	Already being implemented – will involve children and young people to ‘build’ the service.
7 (Continuity of staff dealing with young people)	To secure continuity of staff dealing with individual young people.
8 (Befriending schemes for young people with mental health problems to be further developed)	New Priorities: Inclusion in a range of social and recreational facilities appropriate to young people with mental health problems. Some structured supported, targeted opportunities, eg promotion of health. Access to services/waiting times.
9 (In-patient facilities to have leisure recreation provision for young people; CAMHS/CMHT waiting rooms to be young people friendly)	Some waiting rooms already modified/others being repainted.
11 (Review of existing day centre provision to determine young people’s needs)	Quick win- ? lead, accountability, trust ??
12 (CAMHS/CMHT services outside normal office hours)	Important – may take some time for existing services to build into transitional services.

13 (Provision of services in holistic one-stop shop settings)	Important – 1 x PCT via LSP – children/holistic not just CAMHS. Link to other initiatives.
14 (Greater opportunities for young people who YES engages with to see mental health professionals)	Being progressed – via CAMHS strategy – build into new transitions service development.
15 (Up to date website for young people with mental health problems)	Actioned.
16 (Clear understandable guidance for users of mental health services)	? being progressed/actioned via website.
17 (Checklist of information for inclusion in leaflets, publicity etc.)	See 15 and 16
18 (Young services users to have opportunities to shape development of information)	As 15/16/17
19 (Involvement of young people in service provision)	Review of IIC involvement and contract – improve level of engagement especially re new developments - ? sign off for all proposals by Y.P., other YP groups?, ED based YP Groups. NB Ensure that YES and Education held as responsible.
20 (Standing group of young people for consultation)	Actioned – but similar points to 19. Also involve YP with an interest. Involvement of younger YP and children. Support for Group.
21 (Young people are customers first – customer care)	Crucial to involve young people (all of them) – recommendation. Involve young people in Scrutiny? How do we engage 19-25 year olds in process? Need to think more creatively re how we engage with young people Groups need to be representative of all young people. 'Giving a voice to young people' - complex - very important - giving guidance/balance consultation - how? - how can you develop systems/structures in response to young people' views? - balance

Recommendation	Comments
<p>21-25 (Customer care; choice; raised awareness; Education in Community to promote mental health issues; role of Colleges)</p>	<p>Consistency of staff Consistency of service Sustainability of care</p>
<p>23/24/26 (Raised awareness via school curriculum; Education in the Community Service; joint working re “Open Up” campaign)</p>	<p>Massive implications for training</p>
<p>25 (Support for colleges/sharing information/pathways to care)</p>	<p>Build on existing good practice</p>
<p>27/28 (Capacity of STEPS; Promotion of the role of STEPS)</p>	<p>Sustainability for this age group is crucial. How do you get all the key players re funding together and agree priorities for the most vulnerable children and young people? Social inclusion – need to engage with wider communities/agencies. Less inaction/fewer meetings – more action!</p>
<p>29 (Conference – and related issues?)</p>	<ul style="list-style-type: none"> • Conference • Extend terms of reference of existing groups to include up to 25 year olds • Ensure agencies field the right people to the right meetings, partnerships at senior level – and ensure agenda is disseminated in all agencies. • Mental health is everyone’s responsibility. • Remove stigma of mental health • Make better connections with partners outside mental health field • Actions (not words) – targets. • Who’s going to do what? And reporting mechanisms/accountability. • Remove ‘mental health’ label – ‘emotional well-being’ is less stigmatising.
<p>31/32 (Overarching co-ordination re providers, LSP’s)</p>	<p>Feed into LSPs</p>
<p>33 (Colleges to be asked to consider establishment of joint forum to share best practice)</p>	<p>Engagement of Learning in Schools Council</p>

<p>34 (Joint funding and appointment of pilot link worker to strengthen links and co-ordinate voluntary and statutory provision and identify funding streams)</p>	<p>Baseline audit of what is already happening re joint working and statutory/non-statutory funding arrangements.</p> <p>Review models of good practice re statutory/non-statutory providers and joint working.</p> <p>Feed into Strategic Health Authority review of children's services.</p>
<p>35/36/38 (Training – joint, involving young people, and elements of customer care; mandatory training for voluntary workers in the Education in the Community Service; basic benefits training for key workers)</p>	<p>Training (work already underway re CAMH strategy)</p> <p>Involvement of young people – need more.</p> <p>Personal engagement of people</p>
	<p>WORK UNDERTAKEN</p> <p>Training – need to spread good practice</p> <p>LSPs</p>

GROUP A

Additional feedback not covered in formal process

<p>1/2 (Schools counselling and raising awareness amongst teaching staff)</p>	<p>View that teaching staff are not aware of the link workers (health) who are in post to do initial assessment and recommend most appropriate service for children.</p> <p>Maybe more school counselling services.</p>
<p>3 (Better use of Sure Start to promote young people's mental health issues)</p>	<p>NB Group did not stress the educational aspect particularly.</p> <p>SureStart's focus is twofold:</p> <ol style="list-style-type: none"> 1. Mental Health of parents 2. Early identification of difficulties in young children – health emotional development can assist in prevention of later mental health issues.
<p>8 (Befriending schemes)</p>	<p>Also, the group prioritised the befriending scheme – ie young people helping young people</p> <p>Group discussed the need for more group work to provide peer support while young people were waiting for appointments for services.</p>
<p>9 (Provision of appropriate facilities for young people, both in-patient and in CAMHS/CMHT waiting rooms)</p>	<p>Need to get leisure services on board, GPs can and do make referrals to leisure sessions free of charge for physical needs. Suggestion that the same provision be available for mental health needs given the link between exercise and mental health.</p> <p>Young people with mental health needs accessing leisure services would need support from either peers or staff.</p> <p>May need specific leisure programmes to be developed to meet the needs of different age groups.</p>

