Committee:	**Children and Young People Overview and Scrutiny Panel**
Date:	**9 October 2018**
Wards:	All
Subject:	Children's mental health – initial scoping
Lead officer:	Stella Akintan, Scrutiny Officer
Lead member:	Councillor Natasha Irons, chair of the task group
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Recommendations:

A.   That the Children and Young People Overview and Scrutiny Panel discuss, comment on and approve the initial scoping of the task group as set out in paragraphs 2.1 to 2.11 below

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1   To present the initial scoping of the children's mental health task group to the Children and Young People Overview and Scrutiny Panel for its comment and approval.

2.   DETAILS

2.1   The members of the Children and Young People (CYP) Overview and Scrutiny Panel resolved that they wish to undertake a task and finish group looking at the mental health of children in Merton.

2.2   The Panel initially indicated it wished to focus on what can be done to support prevention/engender resilience. Whilst this remains a focus, the Panel has been keen to look more widely initially and is yet to finalise its terms of reference. This paper therefore seeks to provide the Panel with an update on activity and to share its initial scoping for comment with the final terms of reference to be finessed over the coming weeks.

2.3   To date the task group has determined that it aims to promote good mental health and wellbeing for all children and young people in Merton. The task group has identified that it will do this by examining:

2.3.1.   the causes of poor mental health and whether these are being addressed effectively;

2.3.2.   prevention, especially that focused on younger children and provided through schools;

2.3.3.   the effectiveness of referral pathways in Merton;

2.3.4.   the effectiveness of CAMHs services including support to schools;

2.3.5.   self-referrals by children and young people, whether these come via schools or another pathway;

2.3.6.   the support offered where assessment determines a referral isn't warranted; and

2.3.7. the charities that are supporting the mental health offer in Merton.

2.4 The task group has already held an initial meeting with colleagues from the Merton Clinical Commissioning Group and the Children, Schools and Families Department who are responsible for child and adolescent mental health service commissioning. This has established:

2.4.1. Prevalence in Merton is lower than the averages for the rest of London and England. This is assumed to reflect socio-economic factors and the relatively higher rates of affluence in the borough;

2.4.2. Conduct disorders are most prevalent in children and young people in Merton, followed by emotional disorders, hyperkinetic disorders (ie: ADHD) and then a group labelled less common disorders. There is a strong gender bias in terms of need; boys tend to be more prevalent in demonstrating conduct disorders and girls emotional disorders;

2.4.3. The average distance from home for in-house treatment is 73 miles with the resulting negative impact on resilience and recovery noted; and

2.4.4. The percentage of young people referred to the ASD/ADHD service seen within the 12-week target is 54.2% against a target of 90%. From the data presented, this appears to be the service that is performing least well against target and reflects the discussion had a CYP.

2.5 As a result of this initial consultation with the CCG, the task group has determined its next steps to be:

2.5.1. Gain clarity on the role of the Council in terms of commissioning services;

2.5.2. Seek clarification from the CCG on how it assesses what is successful and not of existing provision;

2.5.3. Understand how the service is viewed by users. Groups highlighted to meet/visit are: GPs, young people themselves (through the Youth Parliament) and schools (through a visit);

2.5.4. Look at the community initiatives of other boroughs;

2.5.5. Look at the revised CAHMs transformation plan when it becomes available (19 September 2018);

2.5.6. Look at the Health and Wellbeing Strategy (here) which highlights improving the Tier 3 CAHMs pathway and an integrated mental health pathway as key targets; and

2.5.7. Allowing the scrutiny officer to do some additional research to suggest a list of possible witnesses for the next phase of evidence gathering.

2.6 Support will be provided by the Scrutiny Officer.

3. ALTERNATIVE OPTIONS

3.1 The Children and Young People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

4. CONSULTATION UNDERTAKEN OR PROPOSED

There has been preliminary consultation with officers from the Public Health, Children, Schools and Families Department and the Clinical Commissioning Group for Merton.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1 None for the purposes of this covering report. Any resource implications will need to be taken into account when drawing up and approving specific review recommendations

6. LEGAL AND STATUTORY IMPLICATIONS

6.1 There are none specific to this report.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1 There are none specific to this report.

8. CRIME AND DISORDER IMPLICATIONS

8.1 There are none specific to this report.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1 There are none specific to this report.

10. APPENDICES

10.1 None

11. BACKGROUND PAPERS

11.1 Best start in life: Promoting good emotional wellbeing and mental health for children and young people (Local Government Association). This is an accessible initial briefing document;

11.2 Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing. This is the government's task group that reported in 2015; and

11.3 Prevention and Access Task and Finish Group Report - Children and Young People's Mental Health and Wellbeing Task Group. This is part of the Future in Mind work which was specifically focused on prevention and access

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