

HEALTH & WELLBEING BOARD

Subject Head	ing:	Mental Health of Children and Young People in Havering - Options paper for a new governance structure
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	natter of this report deals w ellbeing Strategy	ith the following priorities of the
	Priority 1: Early help for vulnerable people	
	Priority 2: Improved identification and support for people with dementia	
	Priority 3: Earlier detection of cancer	
	Priority 4: Tackling obesity	
	Priority 5: Better integrated care for the 'frail elderly' population	
✓ 🗌	Priority 6: Better integrated care for vulnerable children	
	Priority 7: Reducing avoidable hospital admissions	
	Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be	

SUMMARY

The Local Authority, CCG and voluntary sector provide a range of universal and targeted services for the mental health of children and young people (CYP) in Havering. Historically services have been commissioned by each organisation and there is now a desire to develop a strategy across the partnership to inform commissioning and ensure maximum benefit for the Havering population.

The Mental Health Partnership Board focuses on Adult mental health and there is currently no similar forum to strategically support children's mental health in the borough.

Health and Wellbeing Board, 19 August 2015

Scope

Mental health and wellbeing prevention, support and treatment services from Antenatal to 19 years old (25 years for SEND)

Key deliverables

- 1. Develop and oversee implementation of a CYP Mental Health strategy across the partnership
- 2. Inform the development the Local Transformation Plan
- 3. Provide commissioning recommendations to LA and CCG
- 4. Provide forum for relevant ad-hoc work e.g. CAMHS / Schools Link bid

This paper provides 3 options for the governance arrangements for the Mental Health of Child and Young People Havering.

RECOMMENDATIONS

For decision – The Health and Wellbeing Board is asked to make a decision on the governance arrangements according to the Options listed below.

REPORT DETAIL

1.0 Option 1

- 1.1 Incorporate Children and Young People into the Terms of Reference of the Adults MH Partnership Board. Establish subsets of the MH Partnership Board to act as 'Task and Finish' groups to carry out the key deliverables. The MHPB reports directly to the Health and Wellbeing Board and has 'dotted line' advisory relationship with Joint Commissioning Board established by HCCG and LBH.
- 1.2 Benefits the key benefit is that a single board allows for a whole system approach to providing mental health promotion and services across the borough. A single board could aid transition arrangements and support primary prevention opportunities. There is a lot of crossover with antenatal provision, perinatal services and the children's agenda including young carers of adults with mental health conditions. The governance structure is already in place with appropriate stakeholders.
- **1.3 Challenges** likely to be a very unwieldy long agenda particularly at present when there is a large amount of work to do in the Children's area to even establish what is currently being delivered across all parties before

further work can begin. Key partners e.g. Health, schools, PVI sector will need to be represented to allow a meeting which is relevant and these partners in particular and other members may prefer the board to have an adults or children's focus depending on their background.

2.0 **Option 2**

- 2.1 Establish a separate CYP Mental Health Partnership Board with similar Terms of Reference to the Adult-MHPB. Establish subsets of the CYP MH Partnership Board to act as 'Task and Finish' groups to carry out the key deliverables. The group reports directly to the Health and Wellbeing Board and has 'dotted line' relationships with (adult) MHPB and with Joint Commissioning Board established by HCCG and LBH.
- 2.2 **Benefits -** The CYP MH PB Mental Health Partnership Board would be a single place for all Children's Mental Health issues to be addressed across the wide partnership.
- 2.3 **Challenges** Would need to have strong links with the Mental Health Partnership Board to support appropriate planning for transitions and to ensure a consistent pathway for service users. Would need to establish a new board before implementation.

3.0 **Option 3**

- 3.1 Establish a stand-alone Children's and Young People Mental Health Working Group in the first instance that reports directly to the Joint Commissioning Board with recommendations and advice on commissioning. This would have membership from the LA and the CCG only. There would need to be a separate service user / carer and provider forum that would feed into this working group
- **3.2** Benefits a tight working group with focus exclusions in the first instance with key deliverables might be able to deliver to short deadlines.
- **3.3** Challenges Would need to establish 2 new groups as there is no service user / provider forum in current existence. Labour and resource intensive to manage.

4.0 Option 4 (Option 2 – Option 1) – Preferred Option

- 4.1 To establish a Children's MH Partnership board in the first instance to undertake key tasks related to children's mental health which would merge with the Adults Board in the Medium Term. With a view that the two groups merge together once significant work has been undertaken
- **4.2 Benefits** Board would have appropriate representation across all partners including the education sector, YOS etc. It can focus on the very

considerable areas of work needed to create a strong vision for children and young people.

4.3 Challenges – Ensure appropriate dialogue is maintained in the Adults MH board. (This could be addressed by the Chair of Children's MH Board attending Adults MHPB). Providing admin support for a new group

IMPLICATIONS AND RISKS

None. Decisions will be made within the agreed governance arrangements taking into account financial, legal, HR and equalities implications and risks.

Financial implications and risks:

Legal implications and risks:

Human Resources implications and risks:

Equalities implications and risks:

BACKGROUND PAPERS

None