



Health and Social Care O&S Committee: Terms of Reference for Children and Young People's Mental Health Inquiry

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Recommendation

- 1.1 The Committee agree the Terms of Reference for the Children and Young People Mental Health Inquiry attached as Appendix 1.

2 Background

- 2.1 The Inquiry proposed by the Health and Adult Care Overview and Scrutiny Committee was agreed as one of the 4 Inquiries to be carried out during 2022/23. Following discussions with the Chair and key officers the draft terms of reference were considered by the Task and Finish Group on the 7 October 2022.

3 Terms of Reference

- 3.1 The Terms of Reference for the Children and Young People Mental Health Inquiry are attached as Appendix 1.
- 3.2 The aim is to complete the inquiry and report to City Council in June 2023. In line with the Scrutiny Framework Procedure Notes the final report will be considered by the Task and Finish Group including representatives of the 3 main political parties and the report will be signed off by the Chair of the Task and Finish Group.

4 Legal Implications

- 4.1 There are no immediate legal implications arising from this report. However, the final inquiry report will include legal implications relating to any recommendations that are put forward for consideration by City Council.



5 Financial Implications

- 5.1 There are no immediate financial implications arising from this report. However, the final inquiry report will include financial implications relating to any recommendations that are put forward for consideration by City Council.

6 Public Sector Equality Duty

- 6.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 6.2 The Task and Finish Group should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.
- 6.3 The Task and Finish Group should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.
- 6.4 The Task and Finish Group considered the equalities when agreeing the Terms of Reference and identified organisations that can provide evidence relating to groups with protected characteristics. The Task and Finish Group will continue to consider equalities as the review progresses and an equality impact assessment will be carried out on the inquiry recommendations.

7 Use of Appendices

- 7.1 Appendix 1: Terms of Reference for Children and Young People Mental Health Scrutiny Inquiry.



Contact Officers

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Work Outline and Terms of Reference

Children and Young People's Mental Health

Health and Social Care Overview and Scrutiny Committee (Lead) / Education and Children Social Care Overview and Scrutiny Committee Task and Finish Group

Our key question:	How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?
1. How is O&S adding value through this work?	<p>"There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city." (from Children and Young People 2019 Joint Strategic Needs Assessment p.28)</p> <p>"The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children age 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old*. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%). In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%)</p> <p>Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age" (from Children and Young People 2019 Joint Strategic Needs Assessment p. 34/35)</p> <p>The data above refers to the period prior to the COVID-19 pandemic. The information below highlights the impact the pandemic has had on CYP mental health at a national level.</p>



Mental Health Survey for Children and Young People, 2021 (MHCYP 2021), wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key finding from the survey were:

- Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021
- 10.6% of 6 to 16 year olds missed more than 15 days of school during 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%)
- 39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 - to 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.

Information published by the Health Foundation in February 2022 set out:

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
- In 2021, 24% more patients were in contact with CYPMHS compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYPMHS may be struggling to meet demand **
- Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.
- There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.

Key points from the Health Foundation's Networked Data Lab about Children and Young People's mental health highlighted three key areas:

- Rapid increases in mental health prescribing and support by GPs.
- The prevalence of mental health issues among adolescent girls and young women
- Stark socioeconomic inequalities across the UK

Taking a systems approach across health, children's social care, education and third sector providers the Inquiry will scrutinise the services and planning of partners to ensure the resources for mental health across the system are used effectively and efficiently to meet the needs of young people with mental health needs.

*During the Inquiry clarification will be sought on the different prevalence rates reported.

**The Inquiry will seek to understand how services in Birmingham meet demand.



	<p>Grand Challenges addressed:</p> <ul style="list-style-type: none">• Health and well being• Opportunities for children and young people <p>Corporate Plan Priorities:</p> <ul style="list-style-type: none">• A city that is Healthy and Inclusive
2. What needs to be done?	<p>Key questions:</p> <ul style="list-style-type: none">• What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users?• What is the known demand for CYP mental health support and what has been the impact of Covid on mental health of children and young people in Birmingham? Which mental health issues / service have seen the greatest increase in demand over the last 4 years?• What funding is available for mental health services and how does this compare to other areas e.g. core cities?• What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition?• What are the expectations of children and young people and their parents and carers in relation to their mental health need?• What support and advice is available to parents / carers?• How are the mental health needs of children and young people in care and care leavers being met?• How well are the needs of children and young people with high end acute mental health met? What are the implications of responding to CYP in crisis on the capacity in the mental health system?• How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (consider case studies / patient stories)• What can we learn from other areas? Examples of best practice• Work force planning to enable continuity of care – NHS, Social Care, Education and third sector. <p>Equalities Impact This will be considered at the first meeting of the Task and Finish Group monitored throughout the course of the inquiry.</p> <p>Evidence to be requested from: All Members Cabinet Members Public Call for evidence Birmingham Women's and Children's NHS Foundation Trust / Provider Collaborative (Commissioner of Tier 4 beds) Forward Thinking Birmingham (FTB) (HASC Committee October) Integrated Care System</p>



Children and Young People's Mental Health

	<p>Primary Care / GPs / Primary Care Networks Birmingham City Council Education and Children's Services Birmingham Children's Trust (Education and Children Social Care Overview and Scrutiny Committee 30/11/22) Acute Trust – UHB University Hospitals Birmingham NHS Foundation Trust Schools (including NHSE Mental Health Support Team Pilots in Bham schools) Birmingham Safeguarding Children's Partnership (Quality Assurance Group) (Independent Chair attending Education and Children's Social Care Overview and Scrutiny Committee 30/11/22) Third Sector Providers Mentally Healthy City Forum Lived Experience / views of YP – Census / Healthwatch Report / Fit for Brum (FTB) Previous consultation / engagement Public health Birmingham Community Health Trusts Samaritans MIND Papyrus LGBT Switch Birmingham LGBT Black Mental Health Foundation – Young Black Minds Women's Aid West Midlands Police West Midlands Ambulance Service Research from Universities / National Mental Health organisations.</p> <p>Committee Meetings planned in work programmes: Forward Thinking Birmingham attending Health and Social Care OSC 18.10.22 Birmingham Children's Trust and Birmingham Safeguarding Children's Partnership attending Education and CSC OSC October 22</p>
3. What timescale do we propose to do this in? (TBC)	<p>Report to City Council in June 2023.</p> <p>The Task and Finish Group will review the terms of Reference mid way through the evidence gathering process to decide if the scope should be changes to focus on specific issues based on the initial evidence received.</p>
4. What outcomes are we looking to achieve?	<p>Develop recommendations to Cabinet and ICS that will:</p> <p>Improve access and ensure clear multi-agency pathways / referral routes for CPY with mental health needs.</p> <p>Ensure effective and efficient use of resources across the mental health system and develop the capacity of the mental health system to respond to need and consider work force planning.</p>

*During the Inquiry clarification will be sought on the different prevalence rates reported.

**The Inquiry will seek to understand how services in Birmingham meet demand.



5. What is the best way to achieve these outcomes and what routes will we use?	To ensure that there is involvement of members from the Health and Social Care OSC and the Education and Children's Social Care OSC a task and finish group has been established to undertake this inquiry. The Inquiry will gather evidence through reports to Committee meetings (all members of the Task and Finish Group will be invited for this item) and Task and Finish Group meetings
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Member / Officer Leads

Lead Member:	Cllr. Brown Chair of Task and Finish Group Cllr. Tilsley, Deputy Chair of Task and Finish Group
Membership of Task and Finish Group	Cllrs: Brown, Hartley, Moore, Tilsley, Bermingham, Pritchard, Morrall
Lead Officer:	Fiona Bottrill