

**North Yorkshire County Council  
Scrutiny of Health Committee**

**Mental health services – developing a checklist**  
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**Purpose of report**

To outline an early view of what a set of criteria or checklist for mental health services could look like, based upon the discussions at the closed session of the committee on 23 February 2018.

Members are asked to review the report and:

1. identify any areas for amendment and/or any additions
2. comment on the proposed next steps.

**Background**

The committee held a closed session on 23 February 2018 to gather evidence from a range of sources about the type of mental health services that are currently provided in North Yorkshire and also what types of services could reasonably be expected to be in place, when compared to neighbouring areas.

This then would help inform scrutiny by the committee of the reconfiguration of mental health services in North Yorkshire.

There were a number of actions agreed at the closed session, including:

1. Develop a set of criteria or a checklist for the Scrutiny of Health committee to use when scrutinising mental health service reconfiguration. This could be drafted for discussion at the next meeting of the committee on 16 March 2018. Once complete this could then be taken to: NYCC Executive; NYCC Full Council in May 2018; the proposed North Yorkshire mental health summit
2. Undertake follow-up discussions with the CCGs and also with the voluntary and community sector
3. Consider commissioning an independent piece of work on what mental health services should look like in North Yorkshire.

This report begins to develop the criteria or checklist referred to in 1).

**Five Year Forward View**

The Five Year Forward View for Mental Health (2016) set out a series of priority actions for the NHS to make progress on by 2020/21. It specifies 57 recommendations. It is these actions and recommendations that the commissioners and providers of mental health services in the county are working towards. It is likely, however, that a number of these will not be achieved due to historical under-investment in mental health services in the county over the past 30 years.

The progress with the implementation of the actions and recommendations are monitored by NHS England through a performance dashboard that has 35 technical performance indicators. The dashboard also identifies funding for mental health services.

The Five Year Forward View is a national policy document that does not necessarily take into account issues particular to North Yorkshire. Whilst the committee will monitor progress with the implementation of the plan, the development of a local set of criteria or a checklist provides an opportunity for the committee to establish a local baseline against which the commissioning and provision of mental health services can be judged. It also creates an opportunity for the committee to influence policy development and the reconfiguration of mental health services in the county.

A copy of the report is available via the following link - <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

### **Criteria or checklist**

The following are drawn from the discussions at the closed session of the committee on 23 February 2018. They are intended to be questions that elicit a YES/NO response and so help members assess proposals for the reconfiguration of mental health services in the county:

- Transitions of care - are all transitions of care managed effectively with continuity of care between children's and adult mental health services and in-patient and community-based services?
- Talking therapies – is there a full range of talking therapies available and accessible in a timely way to people who need them, including specialist psychotherapy?
- Specialist mental health services – is there timely access to specialist mental health services in the county for those people who need them, including: perinatal mental health services; early intervention in psychosis services; community forensic and court diversion services; personality disorder services; neuropsychology and neuropsychiatry services; ASD/ADHD treatment services for adults; community-based eating disorder services; self-harm services; and specialist organic care home liaison services?
- Primary care – are mental health services and interventions available in primary care and are GPs supported in the identification and referral of people with mental health problems?
- Crisis care and intervention – is community-based crisis care available across the county so that people do not have to go to in-patient facilities by default?
- Prevention and early intervention – are a broad range of service commissioners, providers and the voluntary and community sector involved in the development of prevention and early intervention services?
- Resources – is health and social care funding for mental health services allocated according to need and according to historical agreements?
- Recovery – is there a commitment to provide long term support for people with mental health problems and not to discharge people from support who have long term mental health conditions?

- Mentoring and support – is there sufficient support for community-based resources and drop-ins for people with mental health problems that will assist with recovery and prevention and early intervention?
- Holistic approach – is a person presenting with mental health problems treated as a whole person and not just the medical condition that they have. As such, is there sufficient focus upon physical health, employment and housing?
- Transport and access – can community based services be accessed by public or community transport?
- Waiting lists – are there waiting lists for access to treatment, including talking therapies? If so, then do the waiting times have a negative impact upon service user health outcomes?

There is a 20-30 year legacy of under-investment in mental health services in the county. It is acknowledged that this is not the sole responsibility of the Clinical Commissioning Groups (CCG) and that it will take time to close the funding gap that has emerged. It is important, however, that the funding gap is closed. As such, there may be value in developing a plan that will enable the NHS expenditure on mental health services as a proportion of the overall spend on NHS services in the county (9%) to increase in line with the average for similar areas (12%).

### **Next steps**

Once members of the committee have been able to review the draft criteria or checklist, we will seek input from the Clinical Commissioning Groups that commission mental health services for the people of North Yorkshire, Healthwatch North Yorkshire and representatives from voluntary and community groups that support people with mental health problems. This would then enable the committee to assure itself that the draft set of criteria or checklist is realistic, evidence-based and reflects commissioner, provider and service user views and perspectives.

Thereafter, the finalised version could be taken to the Council's Executive and County Council meetings as part of the Council's policy development process.

The finalised version could also be input into the countywide summit on mental health services that is likely to take place in late spring or early summer.

### **Recommendation**

Members are asked to review the report and:

1. identify any areas for amendment and/or any additions
2. comment on the proposed next steps.

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