

## EPPING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

**Committee:** Overview and Scrutiny Committee      **Date:** Monday, 23 March 2015

**Place:** Council Chamber, Civic Offices, High Street, Epping      **Time:** 7.30 - 9.55 pm

**Members Present:** Councillors R Morgan (Chairman) K Angold-Stephens (Vice-Chairman) G Chambers, K Chana, T Church, D Dorrell, J Lea, A Mitchell MBE, S Murray, B Rolfe, Mrs M Sartin, B Surtees, A Watts and D Wixley

**Other Councillors:** Councillors R Bassett, Mrs H Kane, H Kauffman, J Philip, Ms S Stavrou, H Ulkun, G Waller, Mrs J H Whitehouse and J M Whitehouse

**Apologies:** Councillors L Girling, P Keska and Mrs G Shiel

**Officers Present:** D Macnab (Deputy Chief Executive and Director of Neighbourhoods), S G Hill (Assistant Director (Governance & Performance Management)), S Tautz (Democratic Services Manager), T Carne (Public Relations and Marketing Officer), A Hendry (Democratic Services Officer) and M Jenkins (Democratic Services Assistant)

**By Invitation:** C Martin (Essex County Council) and C Pace (Essex County Council)

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### 60. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

### 61. SUBSTITUTE MEMBERS

There were no substitute members for this meeting.

### 62. MINUTES

#### RESOLVED:

That the minutes of the meeting held on 10 February 2015 be signed by the Chairman as a correct record.

### 63. DECLARATIONS OF INTEREST

There were no declarations of interest made pursuant to the Member's Code of Conduct.

### 64. PRESENTATION FROM THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Chairman welcomed Chris Martin (Integrated Commissioning Director (West)) and Christina Pace (Commissioning Lead, Essex County Council) to the meeting.

They were representing the Child and Adolescent Mental Health Services (CAMHS) and were there to give a presentation on the joint re-commissioning of emotional well being and mental health services for Children and Young People in Southend, Essex and Thurrock.

The Committee noted that the current services were delivered by a range of different organisations operating under multiple contracts, causing issues about access and consistency.

Now with national government plans to put in more funding, their new service model will be based on needs assessment and feedback from consultation with service users and partners. This highlighted the need for more integration and clearer access routes to services, especially for vulnerable people and for the consistency of the quality of service.

They were jointly commissioning one integrated service for the whole county for targeted and specialist mental health services. Any specialist services were to be integrated with this one service in order to meet demand and to support this universal service. There would be a single point of access for all referrals to the service, including self referrals. The services would be community based and available in each area. They would focus on identifying and treating young people who need CAMHS services as early and effectively as possible.

There would be a focus on outcomes, the new service to demonstrate how young people's outcomes would be improved and to enable young people to set their own goals for improvement. Young people would be engaged each step of the way, in developing models, evaluating bids, in feedback on their experiences of treatment and in influencing service development.

There would be a single point of access with a single contact number. There would be better and clearer pathways into the services needed; a more holistic support service. There would be 24/7 access to the crisis services and a community based intervention service. There would also be consistent advice and training for all their partners.

The new style services provided should provide improved emotional wellbeing, and resilience and self-esteem for children and young people, their families and carers. It would provide easier access to services with a timely response. Families and carers would be appropriately supported; and there would be reduced inappropriate use of A&E to access mental health services.

They hoped to evaluate the final bids by the end of May and identify the successful bidder. From June to November they would be working with the successful bidder of the new service, the commissioners and the stakeholders to plan the transition to the new service. By November 2015 they would be 'going live' with the new service.

It was noted that a new national taskforce had recently made recommendations on improving mental health for children and families and nationally, an additional £1.25 billion investment over a five year period was set out in the budget. CAMHS were uncertain how any future government would respond, but this was an opportunity to build on their new service model.

The meeting was then opened out to questions from members. Councillor Surtees said he had experienced long delays in getting services to children, but once there the progress was fast and effective. Would this become better with the new service? He was told that they were sorry for the delays he had

experienced; the new service model had clear expectations on time and the services provided.

Councillor Murray thanked them for their presentation. He noted that a recent joint BBC and Community Care Journal investigation into mental health trusts found real cuts in budgets. How was your new scheme affected by these cuts? He was told that the study was referring to all mental health services and they could not comment on the affect on the adult mental health services. Although there was no extra money available they would not be taking out any money from our services. They were now also using what they have more effectively and were designing a more flexible and responsive services led by what the young people told us about what they want. Councillor Murray commented that he had listened to the comments about the additional funding, but you had to be very careful about this. Mental Health has gone up the political agenda, but what had been announced may not be what was delivered.

Councillor Watts said that he had no idea who their bidders were. Were they public or private bodies, and what would they be providing? Also what ages do you cover, and what happens when a young person gets to old? Ms Pace said that they covered young people from 0 to 18 years old and up to 25 for people with special needs and disabilities. They would then facilitate a transition up to the adult mental health services. When they were moved would depend on their status, such as if they were looked after children, then the clinical commissioning groups here would retain responsibility for commissioning services for those children and to make sure they get proper support from the local services. They expected a good standard of care on transfer. She was limited in what she could say about who the bidders were as they were in the middle of a procurement process. However, there were three foundation trusts bidding to provide their services, all with long experience of providing child and adolescent mental health services. Councillor Watts was not satisfied with the answer and asked if they ensured what processes were in place. He was told that the processes for a youth that was moving depended on their individual circumstances. They could reassure him that any mental health trust working with young people would have a robust process in place for the transfer of care. Transition was one of the areas where they could have a richer dialogue with providers asking them what their expectations were. This would also inform their decision on who the best bidder would be.

Councillor Janet Whitehouse asked if the speakers could provide a few examples of how this all worked, bring it down to the experience of an individual child. It has been mentioned about having antiquated systems. Could you give examples of a young person who referrers themselves, what would happen on the way and what the outcome would be? She was given an example of a young person who had anxiety but did not need urgent treatment. Now, they could be referred by schools or parents or a GP. In the future they could refer themselves via the website or call and speak to someone. Now they would have to wait to be assessed and spend time on a waiting list. But in the future they hoped their initial case would be screened more quickly and they would get better, clearer information back, more quickly, about what would be offered to them, such as what support or counselling that could be accessed at school or at a GP surgery. When they get that support they can say what they wanted from it. They could have a conversation with their counsellor about their concerns and needs. At the end of every session they could then feedback on how it was working for them. They could do this confidentially as there would be different ways to do this. Councillor Whitehouse then asked if there would be a greater number of counsellors to be able to get this quick response. And who would these counsellors be and where would they come from. She was told that they would be trained clinicians from different backgrounds, some from our own staff transferring to

the successful bidder and staff from existing mental health trusts. The successful bidder would be using the existing workforce but offering them existing training opportunities and different ways of using that workforce to provide that support.

Councillor Chambers asked how they would integrate services for young people with disabilities. Ms Pace replied that they wanted good joint working to provide integrated support and to use integrated planning methods, but were still testing this out.

Councillor Sartin asked about the existing staff who were currently employed by them and the NHS, where would they be working from. Essex was a large geographical area and there would be a need to have the right staff in the right places. How could you ensure that? You also referred to new training for the likes of teachers etc. who would provide that relevant training? She was told that they required in their specifications, good coverage in all areas, but that was a big ask as they covered Essex, Southend and Thurrock. This covered 7 clinical commissioning group areas. They were asking for community based teams to be available in the 7 clinical commissioning group areas. They asked for community based outreach focus within these areas and expected them to provide good outreach services. As for training they have asked for the new service to provide better training, advice and consultations to a range of partners as we felt this was important; enabling other partners to work better with children, young people and their emotional needs. Bidders are to tell us the details of how they would deliver this. They would expect them to cover identification (of needs), provide low level safe support and how to refer effectively for high level support. This bidder would be providing just one service across the 10 partners. That would, by its nature deliver more flexibility around how we covered the patch. This would be one provider across that patch as opposed to the several as it was now. Also the difference would be that the young people would be at the heart of the service we provided. One of the key elements was that it was based on feedback.

Councillor Wixley asked how many children and adolescents required help and what was the number employed to carry out these services. Ms Pace said that in terms of need, it was a difficult area to quantify. Nationally, in the 1990's about 10% of young people were in need, in Essex that would be about 40,000 young people. As part of our bidding process we asked each bidder to provide figures so we could evaluate them.

Councillor Jon Whitehouse asked about the waiting time for services and the criteria for referral. At least one local primary school had expressed concerns that the criteria published by CAMHS for referrals were not being kept to and in practice a higher threshold was being applied. Therefore leaving the school to commission their own services (without the expertise that CAMHS has). Six months could be a long time for a child and would your new criteria change this. He was told that the criteria for the future would stay the same and would be applied consistently, targeting a range of mental health concerns. This would be as published in the Essex gateway criteria.

Councillor Kane asked which body would collate the information and assess the success rate of the model. She was told that the new provider would provide the statistics to the West Essex Commissioning Group and each partner would be monitoring the outcome of the new providers.

The Chairman thanked Ms Pace and Mr Martin for their informative and interesting presentation and useful answers to the questions asked of them.

## **65. CABINET KEY OBJECTIVES 2014/15 - QUARTER 3 PROGRESS**

The Committee reviewed the Cabinet's progress in relation to their key objectives for the third quarter of 2014/15. They noted that the Corporate Plan was the Council's key strategic planning document, setting out its priorities over a four year period from 2011/12 to 2014/15. Updates of the Corporate Plan were published annually, to reflect objectives for each year of the plan period against the achievement of objectives for previous years.

They noted that a range of key objectives for 2014/15 was adopted by the Cabinet in April 2014. Progress in relation to individual actions and deliverables was reviewed by the Cabinet and the Overview and Scrutiny Committee on a quarterly and outturn basis. And, at the end of the third quarter of the year it was noted that:

- (a) 47 (87%) of the individual deliverables or actions supporting the key objectives had either been completed or achieved, or are anticipated to be completed/achieved in accordance with in-year targets.
- (b) 5 (9%) may not be completed or achieved by year-end, and
- (c) 2 (4%) are currently on-hold as a result of external factors.

Councillor Sartin asked about undertaking a consultation on gypsy and traveller site licences; would this create any problems with the traveller community. She was told that the director of communities would get back to her about this.

Councillor Sartin also wanted to know if the problems had been resolved on the outsourcing of the Out of Hours Call Handling Service. The Director of Neighbourhoods, Mr Macnab, said that they were in an ongoing dialogue with the provider. He noted that there had been significant improvement lately and would check with communities for an update.

Councillor Chambers asked about the new strategy of the Clinical Commissioning Group, adopted in April. Was this still on track? Mr Macnab said that it was still on track and should be published soon.

Councillor Wixley asked about the reference made to the Pyrles Lane Nursery Site. It was of interest as it was in his ward. Was there an update on this? He was told that there were still ongoing discussions around the points of concern that were raised around the original application, such as the density in car parking and outstanding issues around access. This was still being worked on. When we have a definite resubmission we would let the ward members know.

#### **RESOLVED:**

That the progress in relation to the Key Objectives for 2014/15 for the third quarter of the year be noted.

#### **66. REVIEW OF OPERATION OF PLANNING COMMITTEES AND TERMS OF REFERENCE**

The Chairman of the Constitution and Member Services Scrutiny Panel, Councillor Sartin, introduced their report on the review of the operation of the Planning Committees and their Terms of Reference. This had originated from a PICK form that initially went to the Planning Services Scrutiny Panel and then on to the Constitution Scrutiny Panel, when they looked at the following matters:

- (a) The operation of the speaking arrangements and deadlines for submission of material to planning sub-committees; and
- (b) The terms of reference of the Planning Sub-committees and the District Development Control Committee.

The Committee noted that the arrangements had not been substantively reviewed since 2006.

This revised Article sets out the membership of the committees, responsibility for functions, terms of reference and participation and site visits rules. In particular it sought to draw a clear line between the main bulk of applications dealt with at area level and those which would be considered, either directly, or by reference, by the District Development Management Committee (renamed as part of these proposals).

The changes would also bring clarity to the role of the Chairman in controlling the business at the meeting, particularly for speakers. It was considered by the Panels that these rules should be implemented in advance of the completion of the Constitution Review to allow a period of operational experience to be undertaken with a check in 2016 to make sure that they were still appropriate.

The Committee debated the merit of having such a dogmatic statement as “Councillors may not retract a signed notice or seek to join the Subcommittee by signing a notice until the next Annual Council Meeting”. Would this be too constraining for members? They noted that this would not stop a new councillor, elected at a by-election from taking up their place on a sub-committee and would really only affect Area Plans South members. If a Councillor did not sign up to be a member on a planning sub-committee at the beginning of the year and then wanted to join half way through, would this be because of a specific application? It was all a matter of perception. Members accepted that it was a simple clearer system especially for the residents, and it had been in operation for a number of years and had not caused any problems.

The Committee discussed the proposal that ‘major’ applications (as defined by DCLG guidance), where the council was the landowner, should go to the District Development Management Committee (DDMC). Councillor Angold-Stephens said that in principle all applications should go to the appropriate sub-committee and could see no reason it should go directly to the DDMC. Councillor Philip noted that DDMC was covered by pro-rata rules and was properly represented. It showed the seriousness that applications like this were to be treated. Councillor Murray wondered if major applications should not be seen to be treated differently from other applications, especially if the council was the landowner.

Councillor Wixley wondered what the significance was in the change of name to the District Development Management Committee; what the DCLG guidelines referred to were; and if the mention of site visits were about the sub-committee visiting as a whole or were they about the individual visits undertaken by sub-committee members for their own information. The wording needed clarification. Councillor Sartin replied that by adding the word ‘formal’ at the start of the sentence it would signify that these procedures were for the formal site visits undertaken by the sub-committee as a whole. As for the DCLG guidance, they contained a lot of statistics and because of this were liable to be changed on a regular basis and so were not reproduced but were available on the web. Councillor Philip added that it was now called Development Management within the council structure.

Councillor Dorrell asked what was the difference between a large scale application and a major one. He was told that for the Council as the landowner, a large scale application was for 200 plus properties and a major one was 10 plus properties.

The Chairman noted that a member of the public had wanted to make a comment on this item and asked that they did so at this point. The resident said that she felt

strongly that major applications should not have gone to the DDCC. She knew her local area well and would like to keep the decisions local. This rule did not sit right with her. Why was it just for EFDC land, any decisions made should be kept local. Not many of the DDCC councillors were from Loughton and therefore did not know the area.

Councillor Sartin noted that as members of the Council they were there to represent the district as a whole

Councillor Murray added that the Loughton people believed that decisions should be kept local. Their view was that a recent decision made about the Burton Road development would not have been made anywhere else in the district.

Councillor Surtees expressed concern about decisions going against officers recommendations at a sub-committee and then going up to DDCC if they were liable to give rise to claims for compensation. Councillor Wixley commented that almost any decision made could end up at the claims stage.

Councillor Chambers noted that applications would still go to the relevant local parish or town council for comment.

Councillor Philips would not like the DCLG figures to be included as this was to go into the Constitution, but maybe officers could include indicative figures for information. As for the decision not happening anywhere else in the district, he disagreed. Any decision that did not go the way residents wanted could be said that this would not happen anywhere else. As for DDCC not having many Loughton representatives on it, they had the more Loughton councillors than any other area represented on it.

The recommendations were then take to the vote and were passed. Councillor Murray wanted his vote against 4,(i) (c) to be recorded in the minutes.

#### **RESOLVED:**

That a report be made to Council recommending:

- (1) The adoption of the revised draft Article on the operation of and arrangements for planning committees including the proposals for the renaming of the District Development Management Committee;
- (2) The inclusion of the provisions within the Council's Constitution with immediate effect subject to a review during 2016; and
- (3) The approval of consequential amendments to the constitution by the Monitoring Officer including the removal of old provisions and areas of duplication.

#### **67. AMENDMENTS TO THE COUNCIL'S COMPLAINTS SCHEME**

The Chairman of the Constitution and Member Services Scrutiny Panel, Councillor Sartin, introduced their report on the review of the Council's complaints scheme. It was noted that council current scheme had four stages. The investigation of a complaint at each stage was undertaken by the following:

**Step 1** - Manager of the service area concerned.

For example: Benefits Manager; Housing Options Manager, Principal Planning Officer, Waste Manager.

**Step 2** - Director, or more usually, an Asst. Director.

**Step 3** - Complaints Officer on behalf of the Director of Governance (responsible for the Compliments and Complaints scheme) and the Chief Executive.

**Step 4** - Member Complaints Panel

The Local Government Ombudsman has previously expressed surprise that EFDC had a four stage complaints procedure. No other Councils in Essex, and virtually no other Councils across the country, have as many stages or offer a final review by Members.

However, the last step 4 review was some years ago and over time had been rarely used.

In 2006, the Local Government Ombudsman introduced what has become known as the *12 week rule*.

The Ombudsman takes the view that Councils should be able to complete **every** stage in their own complaints procedure within 12 weeks of their first receipt of the complaint. If a Council was unable to do so, the complainant has the right to bypass any remaining stages in the Council's complaints procedure and instead take their complaint to the Ombudsman.

However, the current design of EFDC's complaints procedure made it impossible to complete all four stages within 12 weeks for the following reasons.

Investigations at Steps 1, 2 and 3 usually each take around 3 - 4 weeks to complete. So, by the time a Step 3 review has been completed, the 12 week time limit was already fast approaching. But if a complainant remains dissatisfied and requests a further review, it takes a further 7 - 8 weeks to organise a meeting of the Step 4 Member Complaints Panel.

It has therefore become routine that complainants have to be advised that, because it will not be possible to offer them a Step 4 review within the 12 week time limit, they now have the right to bypass Step 4 and instead take their complaint to the Ombudsman.

If members agree to the removal of the Step 4 Panel, consequential amendments will be required of the Constitution. It was therefore appropriate that this was reported to full Council at its April 2015 meeting in order that changes can be taken into account by the Appointments Panel in May 2015.

Councillor Murray noted that another option would be not to change the procedure as he thought that complainants should have a choice to either go to the ombudsman or to a member panel. This would look like we were taking their rights away.

Councillor Wixley noted that he had chaired a Complaints Panel in 2010 and Mr Hill noted that there had been one other in 2012. The last Complaints Panel meeting before 2010 had been held in 2007.

Councillor Murray said that some residents put a lot of faith in their local councillors and a Complaint Panel would seem to be fair. Councillor Surtees did not agree with



Councillor Murray. It was officers who dealt with stages 1, 2 and 3, dealing with this for the Council and as part of the Council. If a resident wanted to take it further then it would be better to take it to an independent body and not just a further stage in the Council's process.

Councillor Philips noted that at stage 3 there would be a lot of interaction with the residents by the complaints officer, who would make the complainant feel that they had been listened to and this was a positive.

Councillor Sartin had sympathy with Councillor Murray's point of view, but the ombudsman had set these time limits and she stood by the recommendations put forward.

**RESOLVED:**

That a report be made to Council recommending:

(1) That Step 4 reviews of complaints by the Member Complaints Panel be discontinued; and that:

(i) The provisions relating to the Complaints Panel contained within the Constitution be removed; and

(ii) The Appointments Panel be advised that nominations to the Complaints Panel will no longer be required.

**68. TERMS OF REFERENCE FOR THE GRANT AID REVIEW TASK AND FINISH PANEL**

The Committee noted the draft Terms of Reference of the newly established Grant Aid Review Task and Finish Panel and that this new Panel would not finish their work in this municipal year but would continue on into the new year.

**RESOLVED:**

That the Terms of Reference for the Grant Aid Review Task and Finish Panel be agreed.

**69. WORK PROGRAMME MONITORING**

**Overview and Scrutiny Committee**

The Committee noted their work programme to date and that the North Essex Parking Partnership was due to attend their next meeting.

The Committee discussed the recent problems faced by the Barts Health NHS Trust and whether it would be appropriate to ask them to an Overview and Scrutiny meeting to explain the new procedures they have put in place to remedy their situation. They agreed that the Chairman should write to the Director of the Barts Trust and invite them to the June meeting of the Overview and Scrutiny Committee and if possible to have an interim report at their April meeting.

**Scrutiny Panels**

### **Housing Scrutiny Panel**

The Chairman of the Housing Scrutiny Panel noted that they had their last meeting of the year tomorrow night.

### **Constitution and Member Services Scrutiny Panel**

The Chairman of this Panel noted that they were continuing to work through their review of the constitution and that they would continue this work in the new municipal year as a working group.

### **Safer Cleaner Greener Scrutiny Panel**

The Chairman of the Safer Cleaner Greener Panel noted that they would have their last meeting on 28 April when they should have Thames Water in attendance.

At their last meeting they had received a presentation on drainage and flooding in our district from the Council's Drainage Team who were doing a really good job for our district.

### **Planning Services Scrutiny Panel**

The Chairman of the Planning Services Panel noted that next year, in their new guise, they would hope to have more on the Local Plan.

### **Finance and Performance Management Scrutiny Panel**

The Chairman of the Finance Panel noted that they have held their last meeting on 10 March and had finished the majority of their work programme. They had noted that sickness absences had increased and would be monitored regularly from now on. He also noted that commercial rents were behind their set target. There had been numerous successful IT projects carried out in the last year such as the new telephone system and the introduction of mobile working.

### **Task and Finish Panels**

#### **Scrutiny Panels Review Task and Finish Panel**

This was now completed and had reported to the last meeting of this committee.

#### **Grant Aid Review Task and Finish Panel**

This had now begun their meetings and their Terms of Reference were at this meeting for agreement by this committee. This Panel will now carry over into the new municipal year when they would look at the CAB and the VAEF.

#### **Youth Engagement Task and Finish Panel**

This had now got six members and two Youth Councillors, and would be holding its first meeting at the end of April.

## **70. REVIEW OF CABINET FORWARD PLAN**

The Committee noted the Cabinet's Forward Plan for March 2015. They had no specific items that they wanted to consider.



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# Update on joint re-commissioning of emotional well being and mental health services for Children and Young People in Southend, Essex and Thurrock

Christina Pace  
CAMHS Commissioning lead, Essex County Council

# Background

Children's mental health services in Thurrock, Southend and Essex are currently contracted by 10 different organisations

Current services are also delivered by a range of different organisations operating under multiple contracts, causing issues about access, consistency and understanding of pathways.

New service model is based on needs assessment and feedback from consultation with service users and partners: this highlighted the need for more integration, clearer access routes to services to meet demand, a more family-focused approach and more consistent support, advice and training for partners.

# Our response

- Integration: We are jointly commissioning one integrated service for the whole county for targeted and specialist mental health services.
- Access and meeting demand: There will be a single point of access for all referrals to the service, including self-referrals. Services will be community based and available in each area. Support offer will be evidence based: identifying and treating young people who need CAMHS services as early and effectively as possible, providing consultation and support to other agencies working with those with lower level, emerging needs to stop concerns escalating.
- Meeting demand across services: There will be a clear support offer for partners working with children and young people to improve emotional wellbeing and mental health: training, consultation, joint working, information and advice



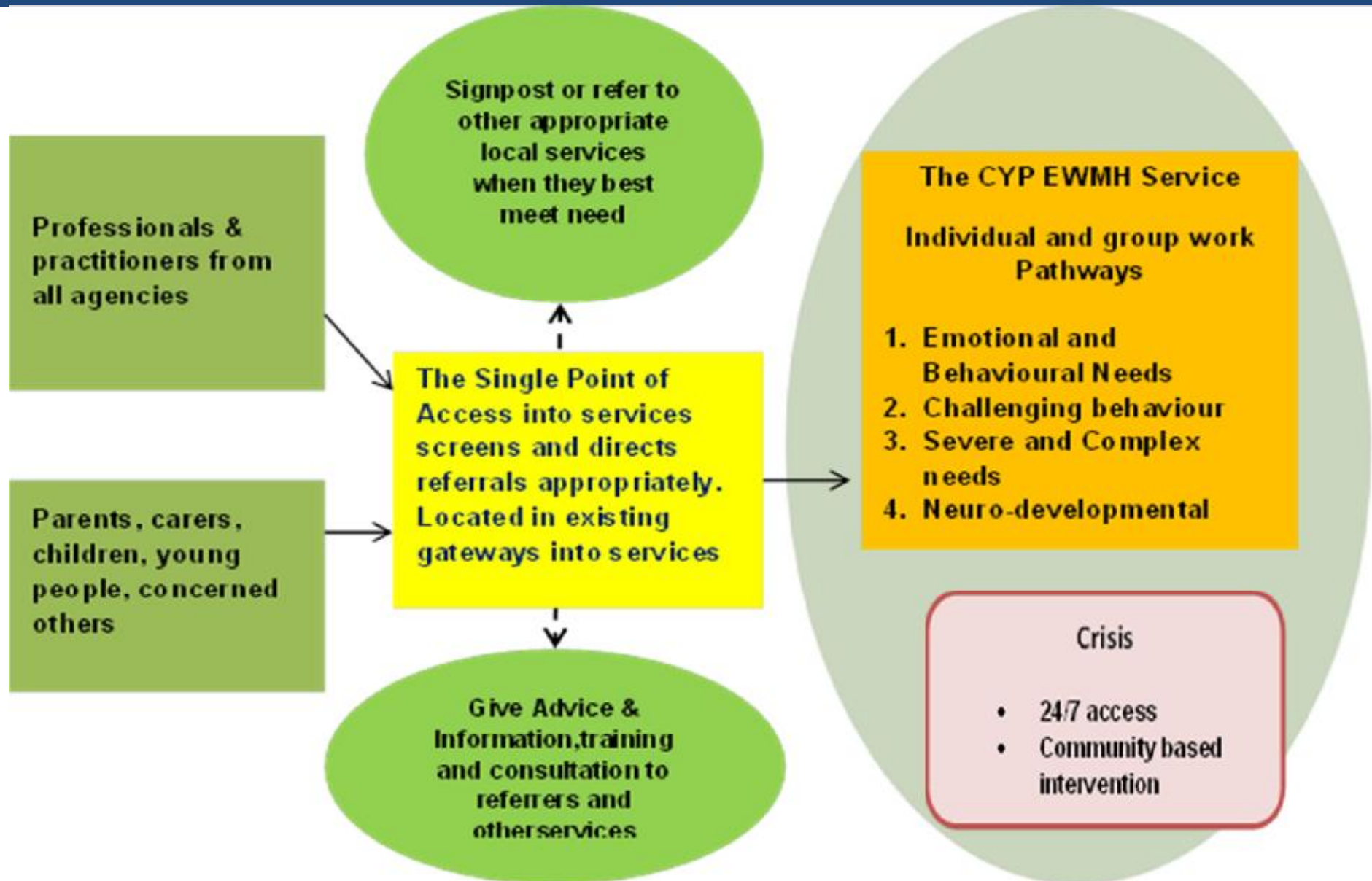
# Our response

- Outcomes focus : Principles for new service is to demonstrate how young people's outcomes will be improved and enable young people to set their own goals for improvement: using clinically-approved tools such as those agreed by CYP-IAPT (Integrated Access to Psychological Therapies)
- Engagement of children and young people: young people engaged each step of the way: in developing the model, evaluating bids, in feeding back on their experience of treatment, in influencing service development.
- Family focus and prioritising need: All young people with mental health needs should access the service as appropriate: including young people with SEND, consultation to parents and family/group sessions offered where appropriate. Vulnerable young people and those with higher level concerns prioritised for assessment.





# The model



# What would change look like?

Improved emotional wellbeing, emotional intelligence, resilience and self-esteem for children, young people, their families and carers

Children, young people, their families and carers with emotional wellbeing and mental health needs receive easier access to services with a timely response

Children, young people and their families and carers are appropriately supported within other services (for their emotional wellbeing and mental health needs)

Reduced inappropriate use of A&E to access mental health services

Vulnerable groups and their families and carers are well supported

Young people aged 14-25 and their families and carers receive the right mental health support at the right time and experience a smooth transition to adult mental health services

Children, young people and their families and carers experience integrated service provision without discriminatory, professional, organisation or location barriers getting in the way

# Next steps



- Jan – March: commercial dialogue with bidders: to test delivery and commercial proposals and finalise specification.
- April – May: finalise procurement and identify successful bidder
- June – November: mobilisation: commissioners and provider of the new service work with stakeholders to plan transition to the new service
- 01 November 2015: 'Go live'

*June onwards opportunity for partners to engage with new service provider on service planning and preparation*

# Opportunities from the national taskforce

A national task force has recently made recommendations on improving mental health for children and families and nationally, an additional £1.25bn investment over 5 years was set out in the budget. We do not know how any future government will respond, but it is an opportunity to build on our new service model:

- Better early intervention and prevention and more ante-natal and post-natal support
- Building resilience through national anti-stigma campaign and more online and digital support for young people and families
- Better access to support through one stop shops, single points of access, named mental health leads in schools and named contacts in mental health services for schools
- Better support for the most vulnerable: strengthening the lead professional approach, joined up support across youth justice, health, education, social care
- Workforce development, including new training on attachment and development for teachers