

AGENDA ITEM

REPORT TO CABINET

12 JULY 2018

**REPORT OF PEOPLE
SELECT COMMITTEE**

CABINET DECISION

Lead Cabinet Member – Adult Social Care & Health – Councillor Jim Beall

SCRUTINY REVIEW OF MENTAL HEALTH AND WELLBEING INCLUDING SUICIDE AND SELF-HARM

1. Summary

The attached report presents the outcomes of the People Select Committee's review of Mental Health and Wellbeing including Suicide and Self-Harm.

2. Recommendations

The Committee recommend that:

The Council will:

- 1) Lobby government for increased mental health funding as a percentage of the total NHS budget, with more targeted towards universal services and lower-level support.
- 2) Adopt the Prevention Concordat for Better Mental Health, and encourage other local stakeholder organisations to also commit to this.
- 3) Ensure that existing service directories contain up-to-date and accurate information on local and national sources of support and the promotion of good mental health.
- 4) Arrange for the recommendations from this scrutiny review report to be shared with the Adult Social Care and Health Select Committee.

Health and Wellbeing

- 5) HaST CCG, Public Health and Catalyst (the strategic infrastructure organisation for the Borough committed to providing an effective voice, representation and support for the voluntary, community and social enterprise sector) work together to facilitate co-operation between Voluntary Sector providers of mental health services.
- 6) HaST CCG and Public Health use existing communication channels (e.g. Time Out sessions) to increase GP practice staff awareness of local mental health services in addition to those offered by TEWV CAMHS.

- 7) HaST CCG provide an update to the People Select Committee on the progress, and any subsequent outcomes, of the CAMHS service review to enable the impact on wider children and young people's services to be understood.
- 8) The development of a panel to plan for the transition of children and young people from CAMHS to Adult Mental Health Services be endorsed, and the People Select Committee receive an update from TEWV following initial roll-out.

Education

- 9) Every local school and college be strongly encouraged to have a designated lead in mental health in advance of the government target of 2025.
- 10) Further work be undertaken to understand the level of spend by schools on counselling and therapeutic services, as part of the Future in Mind transformation programme.
- 11) Good practice on mental health promotion and support be shared across and between educational establishments, including the learning from the recent secondary school emotional health and wellbeing pilot programme.
- 12) Results of the ongoing Safeguarding Pupil Survey 2018 be fed back to the People Select Committee, including comparisons to the 2016 survey results.

3. Reasons for the Recommendation(s)/Decision(s)

The report presents the findings of the scrutiny review of Mental Health and Wellbeing including Suicide and Self-Harm which began as part of the 2017-2018 scrutiny work programme, and continued into 2018-2019.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code).

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code).

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DETAIL

1. Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. A growing evidence base reinforces that the foundations for good mental health are laid during pregnancy and the first years of a child's life, the impact of which can last across the life-course.
2. Mental ill-health is common, with a significant impact on individuals, their families and the whole population. One in four people will experience mental health problems at some point during their life, and one in ten children aged 1 to 15 years have a mental health problem. 22.8% of the burden of disease in the UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (WHO, 2008).
3. The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (Joint Strategic Needs Assessment (JSNA) – Stockton, January 2016).
4. Self-harm is increasing nationally, and suicide is the leading cause of death among young people aged 20-34 years in the UK, with nearly four times as many men dying as a result of suicide compared to women. The rates of suicide and self-harm in Stockton-on-Tees are statistically higher than the national average. Services have described more incidents of poor mental health in children and young people, and also described the increased complexity of children and family lifestyles (CYP Mental Health Needs Assessment, 2015).
5. In 2015, the total suicide rate for Stockton-on-Tees (all ages) was 13.6 persons per 100,000 people. This placed the area at 136 out of 147 Local Authorities, with the 147th area (Middlesbrough) having the highest rate (PHE). Deaths under the age of 15 are never officially designated as suicide due to possibility of accident, and the numbers in young females are too low to provide estimates / comparisons. In relation to males aged 15-34 for the period 2010-2014, Stockton was 10th out of 12 North East areas, with 12th being the lowest.
6. The causes of mental illness are extremely complex – physical, social, environmental and psychological causes all play their part. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established (JSNA).

7. Bereavement and loss has been identified by Children's Services as driving behaviour and potential issues within families. The impact of an incidence of suicide on other young people has also been identified as an issue.
8. This review focused on the age group 14-25 and checked how good mental health is being promoted and ill-health prevented, with a particular focus on preventing and mitigating the key risk factors for suicide and self-harm (e.g. parental separation, bereavement, self-harm by someone close to them, low self-esteem) which may manifest themselves in this age group and in later life.
9. The Committee took evidence from:
 - Health and Wellbeing Board
 - Local Authority
 - Public Health
 - Children's Services
 - Adult Social Care
 - Health
 - Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG)
 - North Tees and Hartlepool NHS Foundation Trust (NTHFT)
 - Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)
 - Secondary Schools
 - Voluntary Sector
 - Middlesbrough and Stockton Mind
 - Samaritans
 - Eastern Ravens
 - Men Tell Health
 - Tees Suicide Prevention Taskforce
 - Safeguarding Board
 - Stockton-on-Tees Local Safeguarding Children Board (SLSCB)
 - Teeswide Safeguarding Adults Board (TSAB)
10. Committee reviewed existing feedback from a number of sources including the Children and Young People and Adults Mental Health Needs Assessments, CCG-trained Peer Researchers findings on the use of Digital Technology for the Emotional Wellbeing and Mental Health of Young People, and the Safeguarding Pupil Survey 2016.

COMMUNITY IMPACT IMPLICATIONS

11. This report is not subject to an Impact Assessment.

FINANCIAL IMPLICATIONS

12. Any future initiatives will need to be carried out from existing budgets.

LEGAL IMPLICATIONS

13. None.

RISK ASSESSMENT

14. This review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES

15. The review contributes to the following Council Plan 2018-21 themes and objectives:

Children and Young People

- Giving children the best start in life
- Delivering effective early help – supporting families
- Safeguarding and protecting vulnerable children, backed by outstanding social work practice

Health and Wellbeing

- Give every child the best start in life
- Address ill health prevention

CORPORATE PARENTING IMPLICATIONS

16. There are no direct implications in the report.

CONSULTATION INCLUDING WARD/COUNCILLORS

17. The Committee have received evidence as set out in the final report of the People Select Committee.

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Education related?: Yes

Background Papers: None

Ward(s) and Ward Councillors: n/a

Property: n/a