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| People Select Committee |
| Review of Mental Health and Wellbeing including Suicide and Self Harm |
| Outline Scope |

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| Which of our strategic corporate objectives does this topic address? | |
| <p>The review will contribute to the following Council Plan 2016-19 Themes and Objectives:</p> <p>Children and Young People - Ensure children and young people are safe and feel safe</p> <p>Health and Wellbeing - Address ill health prevention</p> | |
| What are the main issues and overall aim of this review? | |
| <p>Mental wellbeing is the foundation for positive health and effective functioning for individuals and communities. Evidence from the last few years states that the foundations for good mental health are laid down from an early age and indeed during pregnancy.</p> <p>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. 22.8% of burden of disease in UK is due to mental disorder and self-reported injury compared to 15.9% for cancer and 16.2% for cardiovascular disease (<i>WHO 2008</i>).</p> <p>The overall picture for the Borough shows that mental health needs in Stockton-on-Tees are higher than the national average (<i>Joint Strategic Needs Assessment – Stockton, January 2016</i>).</p> <p>The rates of suicide and self-harm in Stockton-On-Tees, and child admissions for mental health related conditions is also 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 the child's lifestyles (CYP Mental Health Needs Assessment 2015).</p> <p>In 2015, the total suicide rate for Stockton-on-Tees (<u>all ages</u>) was 13.6 persons per 100,000 people. This placed the area at 136 out of 147 Local Authorities, with the 147th area</p> | |

(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.

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).

Bereavement 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.

There are a range of key risk factors which are correlated with a higher incidence of self-harm and / or suicide in young people and young adults e.g. parental separation, bereavement, self-harm by someone close to them, low self-esteem. These factors also impact on broader outcomes such as educational attainment.

This review will focus on the age group 14-25 and check 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 which may manifest themselves in this age group and in later life.

The Committee will undertake the following key lines of enquiry:

In relation to promoting good mental health and preventing mental ill-health through a focus on reducing and mitigating the impact of the key risk factors for self-harm and suicide:

What are the key issues in Stockton-on-Tees? What is the identified need?

What is the wider policy context and what is the potential impact of the Government announcements in January 2017?

What local plans are already in place (e.g. Tees Suicide Prevention Strategy)?

What are the roles and responsibilities of the Council and NHS partners?

What work is undertaken across this age group to a) promote good mental health and b) prevent ill-health?

What work do local, universal service providers (e.g. schools and colleges) undertake to promote good mental and emotional health in young people/young adults?

What support is in place for young people affected by issues such as suicide and bereavement?

Who will the Committee be trying to influence as part of its work?

Cabinet, local NHS, local partners in service delivery.

Expected duration of review and key milestones:

6 months

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Schools Health Education Unit (Exeter Uni.) Survey - Stockton Schools Results
- Relevant aspects of:
 - Future in Mind (2015)
 - CYP Mental Health Local Transformation Plan (Refreshed version 2016)
 - CYP Mental Health Needs Assessment (2015)
 - Adults Mental Health Needs Assessment – Emerging Findings
 - Promoting children and young people’s emotional health and wellbeing: a whole school and college approach (Public Health England)
- Mapping of local services
- Results of local Self Harm Research (SBC Public Health)
- Teeswide Suicide Prevention Strategy

New information:

- Information from local service providers and the views of local people.

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

What specific areas do we want them to cover when they give evidence?

SBC Public Health

- Overview of the mental health profile for Stockton Borough
- Information on Public Health’s role and responsibilities in this area

SBC Children’s Services

- Information on Children’s Services’ role and responsibilities in this area
- Key issues facing Children’s Services in this area

SBC Adult Social Care

- Information on Adult Social Care’s role and responsibilities in this area
- Key issues facing Adult Social Care in this area

Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

- Role and responsibilities
- Key issues/challenges in commissioning services

GP Representatives

- Role, feedback on issues/challenges in service delivery

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| Secondary School Providers/Representatives | - Role and responsibilities - Key challenges - Level of engagement with this agenda |
| Voluntary Sector Providers (inc. Samaritans) | - Role in service delivery - Role in representation/engagement |
| North Tees and Hartlepool NHS Foundation Trust | - Role and responsibilities - Key issues/challenges in service delivery |
| Tees, Esk and Wear Valleys NHS Foundation Trust | - Role and responsibilities - Key issues/challenges in service delivery |
| Representation from Teeswide Suicide Prevention Taskforce | - Information on role and progress to date |
| LSCB/TSAB | - Role and responsibilities |

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, evidence sessions, site visits (tbc), engagement work (tbc)

How will key partners and the public be involved in the review?

Engagement with young people; including the CCG-trained peer researchers at Hardwick Hype aged 15-18 (set up through Future in Mind). To identify the key issues affecting young people, for example bullying and bereavement.

Review of existing feedback (e.g. as contained in the CYP and Adults Needs Assessments).

How will the review help the Council meet the Public Sector Equality Duty?

The Equality Act 2010 protects everyone from discrimination on grounds of nine Protected Characteristics, including Disability. Long term mental health needs are classed as a disability.

Public bodies when exercising functions must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

The review will aim to contribute to the following strands of the Joint Health and Wellbeing Strategy 2012-18:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Strengthen the role and impact of ill-health prevention

A Children and Young People’s Mental Health Needs Assessment was completed in 2015 and will be used to inform the review. The Adults Mental Health Needs Assessment is in development and the emerging issues will be shared with Committee.

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

The review will consider the scope and effectiveness of current services, and make recommendations for improvement.

Project Plan

| Key Task | Details/Activities | Date | Responsibility |
|----------------------------|--|---|---|
| Scoping of Review | Information gathering | Prior to 31 January | Scrutiny Officer Link Officer |
| Tri-Partite Meeting | Meeting to discuss aims and objectives of review | 31.01.17 | Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer |
| Agree Project Plan | Scope and Project Plan agreed by Committee | 16.01.17 (Briefing) POSTPONED 20.11.17 | Select Committee |
| Publicity of Review | Determine whether Communications Plan needed | | Chair, Link Officer, Press Officer, Scrutiny Officer |

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| Obtaining Evidence | Background Briefing – Mental Health & Wellbeing | 20.11.17 | Select Committee |
| | SBC Public Health Secondary School Reps Teeswide Suicide Prevention Taskforce | 22.01.18 | |
| | SBC Adult Social Care NTHFT TEWV | 19.02.18 | |
| | SBC Children’s Services LSCB TSAB | 19.03.18 | |
| | Voluntary Sector | 16.04.18 | |
| | CCG GP Reps Health & Wellbeing Board | 23.04.18 | |
| Members decide recommendations and findings | Review summary of findings and formulate draft recommendations | 21.05.18 | Select Committee |
| Circulate Draft Report to Stakeholders | Circulation of Report | June 2018 | Scrutiny Officer |
| Tri-Partite Meeting | Meeting to discuss findings of review and draft recommendations | TBC | Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer |
| Final Agreement of Report | Approval of final report by Committee | 18.06.18 | Select Committee, Cabinet Member, Director |
| Consideration of Report by Executive Scrutiny Committee | Consideration of report | [17.07.18] | Executive Scrutiny Committee |
| Report to Cabinet/Approving Body | Presentation of final report with recommendations for approval to Cabinet | 12.07.18 | Cabinet/Approving Body |