

COUNCIL SEMINAR
5th April, 2016

Present:- Councillor Roche (in the Chair); Councillors Atkin, Beaumont, Councillor Maggi Clark, Currie, Elliot, Ellis, Mallinder, McNeely, Pickering, Pitchley, Reeder, Rose, Russell, Sansome, Sims, Wyatt and Yasseen.

Apologies for absence were received from Councillors Cowles, Cutts, Godfrey, Hamilton, Jepson, Price and Roddison.

MENTAL HEALTH

Councillor Roche, Cabinet Member for Adult Social Care and Health, introduced Teresa Roche, Director for Public Health, and Ruth Fletcher-Brown, Public Health Specialist, to the seminar. The Officers had prepared a presentation on mental health issues to increase members' knowledge of mental health/ill health, increase their understanding of commissioning and providers of the service, the Council's role and provide guidance and assistance to signpost people to help and support.

Mental Health definition referred to all people: -

"A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." World Health Organisation, 2014.

- One in four people each year suffered from a mental health problem in the course of a year;
- Half of all life-time cases of mental illness began by the age of 14;
- Suicide was the single biggest cause of death in men aged 20-45 in the UK;
- Mental illnesses accounted for 23% of ill health in England – the largest proportion;
- One in ten children between the ages of one and fifteen had a mental health problem;
- People living with mental illness today had the same health and life expectancy as the general population in the 1950s;
- People in Rotherham self-reported less favourable well-being scores compared to other areas of England;
- However, Rotherham had lower than average hospital admissions than the England average;
- **Commissioners** – Lead commissioner was the Rotherham Clinical Commissioning Group (some adult and child services were commissioned by RMBC);
- **Main providers** - RDaSH, GPs and The Rotherham Foundation Trust;

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- Public Health's role in mental health: -
 - Mental health promotion;
 - Mental illness prevention and suicide prevention;
 - Improving lives, supporting recovery and inclusion;
- There was strong evidence to focus on mental health: -
 - Improved physical health and life expectancy;
 - Better educational achievement;
 - Increased skills;
 - Reduced health risk behaviours such as smoking and alcohol misuse;
 - Reduced risk of mental health problems and suicide;
 - Improved employment rates and productivity;
 - Reduced anti-social behaviour and criminality.
 - Higher levels of social interaction and participation.
- Local government's role in public health was brought in by Section 2B of the National Health Service Act, 2006, as amended by Section 12 of the Health and Social Care Act, 2012). Local councils were expected to take appropriate steps to improve the health of people living in their area.

Rotherham activities in relation to mental health: -

- CAMHS transformation;
- Rotherham Youth Cabinet Manifesto;
- My Mind Matters website – support for young people;
- Metal Health First Aid and Suicide Prevention Training;
- Workplace Wellbeing Charter;
- Dementia Friendly Communities;
- Suicide prevention;
- Supporting those bereaved by suicide;
- Supporting Children and Young People who Self-Harm – Rotherham Self-Harm Practice Guidance.

Care Guidelines for universal workers on suicide prevention: -

Concern
Ask
Respond
Explain

Future activity: -

- Delivery of Local CAMHS Transformation Plan including whole school pilots;
- Suicide prevention social marketing campaign;
- Rotherham Mental Health Prevention Plan;
- Roll-out of Dementia Friendly Communities;
- Health and Wellbeing Strategy – mental health workshop.

Questions followed the presentation: -

Councillor Currie asked whether all schools had taken up the programme of suicide prevention activities? Is CAMHS' waiting list reducing? What efforts were taking place to ensure it was being reduced?

Ruth responded that she had presented to all safeguarding leads on the Suicide Community Response Plan. A Headteachers' meeting was planned for later in the month to advise them of the Plan. The Plan had been activated as a case study in some schools, including working with adults in a school community. All schools that Ruth had worked with were very positive and welcoming.

Ruth believed that targets were quite tight for CAMHS and that they were improving.

Councillor Roche asked Governors to encourage their headteachers to attend.

Councillor McNeely asked what in-depth involvement GPs had? She was concerned that this could lead people to jump from £50 unemployment benefit to £110 sick pay.

Ruth explained that GP's were the first point of contact and all agencies relied on their clinical expertise.

Councillor McNeely asked whether a review could be undertaken on the provision of sick notes for mental health issues.

Terri agreed to ask NHS England as the Commissioner, this could not be done locally as do not have access to clinical notes. It was important to believe and trust the individual in the first instance.

Councillor Mallinder asked whether there were any differences between maintained and academy schools in terms of interaction?

Ruth had found all schools willing to work with her; one was reluctant initially but was now on board. The Educational Psychology Service was well thought of by schools, including bereavements and sudden bereavements within school communities.

Council Ellis asked whether training for front line staff was sufficient. School staff often felt isolated and unable to spot signs. Where was responsibility for this held within schools? There was the possibility that things could not be given sufficient status if not held in the high Senior Leadership Team. Parents of children who had committed suicide had been positive about their contribution to developing the service – they had added thoughtful contributions and Councillor Ellis would like them to be represented on the Boards for this work. They had an insight into these issues, they should have an input equal to professionals.

Ruth explained the suicide training package called Safe Talk, which took 3.5 hours through an external provider. Assist – applied suicide training – was open to schools to attend. Some schools had requested bespoke training on suicide identification and high risk individuals. RDASH and CAMHS were re-launching their service model for locality workers. Agencies were due to identify training needs and report back to CAMHS as holders of the training budget to deliver training to schools. Workforce Development Strategy had found that training was piecemeal across the agencies and a questionnaire was going out, including to schools, asking what they had had and what they needed for the future.

Six schools were signed up to the Suicide Response Plan and whole-school approach with CAMHS transformation money where the headteacher or assistant headteacher was leading. Ruth was reassured that all of the safeguarding leads in schools were aware as the meeting/presentation had generated several phone calls for additional help. Services were keen to involve families who had been through this and invitations to join had been circulated.

It was suggested that the Health Select Commission look at the outcomes of the pilot.

Councillor Atkin was aware of an example where CAMHS had signed-off a GP referral without speaking to the child, this was a poor outcome.

Ruth was aware of these sorts of situations and thought that closer working between CAMHS and Schools, including a shared appreciation of one another's roles and priorities, would work for a better outcome for children and young people. There was a CAMHS issue log for things like this example, which was reported to the CCG to raise it as part of their regular meetings.

Councillor Sansome referred to prevention work in schools and lessons learned in previous schemes. He asked what private sector employment were doing? The council and health service often had to pick the tab up when people needed support.

Ruth explained that there was a five-year lottery funded project called 'Mind Your Own Business'.

Councillor Yasseen asked about equalities and prevention. Who did targeted prevention work? Service users tended to be women, not men. Within BME communities suicide had been very rare and now seemed to be increasing in an abnormal way.

Ruth explained the workings of the Suicide Audit Group who looked for trends and patterns. Work was developing a method, means, access to a GP and mental health services and getting the message out to people using information cards. A campaign to men would go to the different venues that men may access.

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Councillor Roche thanked the Officers for their informative presentation and contribution to the discussion.

Resolved: - That the information shared be noted.