

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

What is the Leadership doing in making sure that the issue of mental health is prioritised in the next 12 months so that there is real sign of improvement in services and reduction of those needing mental health support services across the generations?

Response

As the mental health champion for the council And the Cabinet Member for Adult Social Care and Public Health, I am pleased to confirm that this council and my own portfolio are, indeed, prioritising the issue of mental health. Actions speak louder than words, and I believe in putting portflio resources towards priorities, so I will start my response to this important question by giving some information on spend.

As many of us are aware, one in four people is estimated to suffer from poor mental health at some point in their lives. So I am pleased to confirm that over 27% of the total £45.8M 2018/19 ASC budget will be spent on supporting people with mental health issues (be they of adult working age or elderly). In other words, over this current financial year, ASC is spending £12.4 millions pounds on supporting people with poor mental health. Of this total £12.4M, £4.77millions will be spent on people eligible for s117 care and support (ie aftercare). So I hope that you will agree with me when I say that if directing resources to an issue is one way to evidence that priority is being accorded to an issue, my portfolio in ASC is doing exactly that.

I am also pleased to inform this Cabinet that ASC (and not because we “had to” but because it was the RIGHT thing to do) has very recently taken receipt of an idependent review of the quality of mental health practice within adult social care. This was commisioned by the DASS last year. The DASS and the Assistant Director, together with the independent reviewer, met with the mental health social work to consider the results earlier this week – and to work together on the action plan. The results reveal that good outcomes ARE achieved for individual people using ASC mental health services because of the hard work, diligence and skill of the social worker concerned, but that we have important gaps in services, especially community based alternatives to residential care. Mental health social workers, of course, work very predominantly with those people whose mental health needs are significant and complex. So the review has also confirmed that we need to put new pathways into place so that people with lower level mental health needs can be properly signposted and provided with early help. The review is, frankly, challenging about how ASC mental health services are not yet using recovery principles consistently in our social work practice – and so we need to improve. And whilst this was not identified by the independent reviw, the DASS has informed me that during her meeting with the mental health social work team this week, they stressed how homelessness is increasing amongst the people they work with who have severe

mental health needs. We need to address homelessness and mental health in more joined up ways across this council and Cllr Abraham and myself are working closely together in this area and I am also pleased to inform Cabinet that we have created a new Housing for Vulnerable People Board – so that we can begin to look at how we work as one council, not separate departments, in meeting the housing needs for local people with very specific housing and care needs.

Another way of evidencing that priority is being accorded to an issue is to look at who is involved in making things happen. Last week, the Leader of this council facilitated a key suicide prevention workshop – bringing together from across the Council (officers as well as elected members) as well as from other agencies in addressing what we need to do to support those people who are in such despair that they are at risk of taking their own lives. Equally, the Leader has also ensured that routine progress reports on mental health services and outcomes are reported to the Health and Wellbeing Board – and I would like to pay tribute to my colleagues in the Health and Adult Social Care Overview and Scrutiny Committee who also routinely question senior managers from the Trust and the CCG about progress and performance. And whilst I do not know when CQC will publish findings from its January 2018 inspection of the Trust's mental health services, the CQC report will be dissected and discussed in great detail at the Local Care Board – that I sit on with the Council's Chief Executive and DASS (alongside the Chief Executive, Chair and Medical Director of the Trust, and the Accountable Officer, Chair and Director of Partnerships of the CCG). I also expect the CQC report to be presented to the health and wellbeing Board and the Health and ASC Overview and Scrutiny Committee. So there are some very senior people charged with making things happen in terms of ensuring that progress is prompted, prodded and performance managed.

So, in terms of this council according priority to improving the mental health of local people and reducing needs over the generations, I hope that my response has provided the necessary assurance that, under my watch, and that of the Leader's watch, we will be suitably inquisitive, assertive and tenacious in driving progress in improving local mental health services.

MQ 02/18

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

What are the social and financial implications in regard to the implications and indications that the number of children and adults with severe mental health issues is possibly rising and does the council and its strategic partners have the capacity and funding in place to make meaningful reductions especially in light of the reality of further cuts to services in 2019/20?

Response

I have already provided in my first response the level of resources that adult social care is devoting to meeting the mental health needs of local people – so I will deal first here with the mental health needs of children and young people.

The leadership of the Council recognise the needs of children and young people with regards to mental health and wellbeing and the Isle of Wight Council is an active partner on the children and young people's emotional wellbeing group, which feeds into the Children and Young People's Trust. Children and young people's emotional wellbeing and mental health is part of the Children and Young People's Plan.

Locally Child and Adolescent Mental Health Services (CAMHS) do report an increase in demand as the number of referrals has continued to rise. And although the Isle of Wight Council does not directly commission mental health services for children and young people it does support the wider mental health and wellbeing agenda in the following ways;

- Through the delivery of Family Centres,
- Evidence based parenting programmes (0-19 years),
- Delivery of the Frankie worker counselling service, through Family Centres- specifically targeted at children and young people who have experienced sexual abuse,
- Personal Social and Health Education (PSHE) support to schools through Public Health
- Personal advisors for all care leavers
- Family Intervention workers (adult mental health and substance misuse workers based within Children's Services)
- Resilience Around Families Team (RAFT), delivering intensive interventions to support children and families
- Hosting of the Youth Offending Team mental health nurse
- Public Health commissioning of substance misuse services for young people through IRIS
- Therapeutic interventions for children in care at residential provisions

In addition, the Isle of Wight Clinical Commissioning Group (CCG) currently commissions a number of mental health services for children through CAMHS and a two voluntary youth organisations (Barnardos and Isle of Wight Youth Trust). The CCG also commissions mental health services for young people aged 18-25 years. These include the Improved Access to Psychological Therapies (Primary Care Mental Health Team), who accept self-referrals and referrals from GPs from age 17 onwards. They offer a number of choices to individuals about where and when they can be seen and provide a full range of evidence based NICE therapies.

Finally here with regards to children and young people with mental health needs, the 'Children and Young People Local Transformation Plan' has been co-produced with partner agencies and clearly sets out the aspirations for our Island children and young people going forward.

Moving back to meeting the mental health needs of adults and elders, the recently published “Talking Mental Health” draft blueprint asks that we “join the conversation”. This Council’s logo is on the draft Blueprint and I take that invitation, as mental health champion, very seriously indeed.

The blueprint has seven key ambitions: I have brought copies of this draft blueprint this evening and so I will not slavishly read all seven aims out. But between them, the aims spell out that we MUST: first, help people maintain good mental health and PREVENT mental ill health from occurring wherever we can; second, be much more proactive about how we adopt and promote recovery principles in professional practice (as it is NOT inevitable that once someone is eligible for aftercare services under the Mental Health Act that they will continue to need this for the rest of their lives); and, third, improve the quality of our mental health services, as being “inadequate” is neither good enough for those we serve nor for the hardworking staff in mental health services, some of whom we know have been voicing concerns for some time.

As mental health champion, I honestly believe that this blueprint provides us with an opportunity to have an open and transparent discussion with people who use mental health services – as well as with staff who work at the frontline (which is, of course, where most difference is made to the lives of those we serve).

The Local Care Board has made improving outcomes for people with mental health needs one of its 6 top priorities – and the blueprint is the culmination of work that it has led in setting out a clear and cogent vision for the future and set of priorities that now need to be turned into reality by detailed action plans.

But the question asks directly about resources – funding pressures facing children and adult services, and implicitly the local NHS, in the light of rising levels of needs. In the immediate past year, during which this administration has been in post for all but one of the 12 months, ASC has achieved something that has been unusual, to say the least, in the history of this portfolio: our outturn for 17/18 is a mere £367 overspend AND we delivered our £3.4M savings target. So it is possible to make the savings needed – and simultaneously transform outcomes for those we serve for the better.

But adult social care, here on the island, and nationally, faces unprecedented funding pressures – and so too, does children’s services. And finding the savings needed this year will be a lot more difficult this year for the DASS and her colleagues. As I know it will be also for our DCS and his colleagues.

Adult social care needs a sustainable, fair and evidence based funding solutions. And those companies and organisations providing adult social care need to provide quality – and value for money. So a vital part of how do we make sure that scarce resources are used to best effect is that we commission well. So over the past year, we have invested to deliver commissioning capacity and capability – and to both support and challenge providers to improve the quality of care. We have also invested in the voluntary and community sector – by an additional £660k in 17/18 – to deliver our innovative “Living Well” Service. This service brings the voluntary and

community sector together – and provides early help to those people whose needs have not yet escalated to the point that they are eligible under the Care Act. Investing in prevention is not only the morally right thing to do – it also makes good financial sense – and the Living Well Service is working superbly well because of the skill and expertise it is offering to people with low level needs – which, without their assured help and support – will quickly escalate to high level needs or worse, crisis.

I think that my role as Cabinet member is also to ensure that the needs of our island and our communities, and the excellent work that we are doing, are promoted at the highest levels of government. So earlier this week I attended a summit at the House of Commons about the future funding of adult social care. The summit had a very international focus and examined at how adult social care is funded elsewhere. I was especially struck by the Japanese model of funding – which provides a mixture of hypothecated taxation and compulsory contribution – but I digress. This summer, we expect it to be late July, will see the publication of a Green Paper on the future of social care for elderly people – how it is funded and delivered. We can expect to see integration with health writ large – and we can expect to see a range of proposals around future funding. I want to use the Green Paper as an opportunity to have a series of “Big Conversations” with local people about how adult social care should be organised, delivered and funded. I want our response to the Green Paper to be based, and with the greatest respect to our DASS, Chief Executive and s151 officer, not only on professional expertise but principally on the voices, experiences and views of those I serve: people who need and use adult social care and their carers.

MQ 03/18

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

How will the IW Council mitigate the effects to the uncontrollable budget (statutory responsibilities) for children and adults with severe needs that the Council has a duty of care whatever the cost maybe?

Response

There is no “alchemy” to how children and adult services deliver good outcomes whilst also effectively managing acute budget pressures. Rather, there is very careful, calibrated and considered strategy and plans that, at their core, do four things: manage demand; contain costs; invest to save; and raise revenue when appropriate and possible. And if you look at the budget papers for children and adult services considered at Full Council in February, you will see examples of all four across children and adult services.

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

Is stress and subsequent depression and anxiety a major issue amongst IW Council employees and is this a major reason for sickness at work? What is the Council doing to mitigate against this?

Response

The council undertakes regular monitoring of its sickness absence data to ensure that any remedial or preventative action can be undertaken for any type of absence or patterns and trends of absence that are of concern. Over the last twelve months, the top reason for the occurrence of sickness absence was infections, accounting for 31% of all absences recorded at year end (31 March 2018) while absence attributed to mental ill health stood at 8%. However, whilst in percentage terms, the occurrence of such absences is significantly lower, data shows that the average number of working days lost is much higher than for any other type of absence (32% of all working days lost).

While the council has yet to formally submit its proposed action plan as part of the time to change employer mental health pledge, there is much that has already been put in place to as a means to both reduce the occurrence of mental ill health as well as to provide access to support mechanisms when it is experienced by staff. Such interventions are available to staff irrespective of whether mental ill health is work related or due to other factors or life events outside of the workplace that can affect an individual's wellbeing. Our support mechanisms include:

- 24/7/365 access to a counselling helpline free of charge to staff and their families
- Engagement with the Remploy support programme designed to assist staff remain in work whilst dealing with mental ill health
- Provision of training for managers in absence management
- Training for managers and staff in building personal resilience
- A dedicated resource page on the internal intranet for staff, containing a wealth of information on wellbeing
- Early referral to occupational health services to seek professional advice and enable return to work as soon as is feasibly possible (which will also include phased returns to work where necessary)
- The training of staff to become mental health first aiders to provide dedicated contact points for staff and to enable signposting to appropriate services where help can be obtained.

- A mental health working group consisting of HR, legal, health and safety professionals and trade union representatives who oversee the monitoring of absence patterns and trends and assist in the provision of advice and guidance on specific matters
- The provision of lunchtime sessions for staff such as Pilates (a small charge applies)
- Dedicated sessions to raise awareness of mental ill health and the support available have also been delivered as part of the chief executive's BIG conferences with staff and other leadership forum events.

The proposed "time to change" action plan, intended to be submitted this month, has been developed with staff in mind, having taken into account the views of those staff who that volunteered to share with us their experiences for the benefit of understanding what will help most in tackling the issues faced by people with a mental health condition.

MQ 05/18

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

What is the current position of this policy/strategy (in relation to the £100m investment)?

Response

The Property Investment Strategy remains intact.

The Council has acquired 2 properties amounting to £19.5m, one in Salford and one in Aylesford, Kent. The 2 properties are currently generating an annual equivalent surplus of £0.7m per annum after borrowing costs.

The Government has produced Statutory Guidance relating to Local Government Investments and Borrowing. It is clear that the opportunities for Property Acquisitions made purely for a profit making purpose will be more difficult but we are awaiting more clarity. In the meantime, we will continue to consider further acquisitions but mindful of the statutory guidance.

MQ 06/18

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

Has the Council borrowed and/or made any investments in the last 12 months strategy (in relation to the £100m investment)?

Response

Yes the Council has borrowed over the last 12 months but for all of its purposes. Loans taken out are not specifically tied to individual investments or capital projects but are taken to manage the overall cash position of the Council. The type and duration of any loan will have regard to the forecast for cash requirements, future interest rates and the maturity of existing loans.

MQ 07/18

Cabinet - Thursday, 10 May 2018

Written question from Councillor Michael Lilley of Ryde to the Leader of the Council

What is the current plan in regard to this investment strategy (in relation to the £100m investment)?

Response

We will continue to consider further acquisitions but mindful of the statutory guidance.