

	<b>Health Overview &amp; Scrutiny Sub Committee – 3<sup>rd</sup> July 2018</b>	<b>Agenda Item No. 6</b>
<b>Title:</b> Promoting Health and Wellbeing in the wider district : Focus on Mental Health		
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<b>Wards of the District directly affected</b>	All	
<b>Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?</b>	No	
<b>Date and meeting when issue was last considered and relevant minute number</b>		
<b>Background Papers</b>	Nil	

<b>Contrary to the policy framework:</b>	No
<b>Contrary to the budgetary framework:</b>	No
<b>Key Decision?</b>	No
<b>Included within the Forward Plan? (If yes include reference number)</b>	No
<b>Equality and Sustainability Impact Assessment Undertaken</b>	Yes

<b>Officer/Councillor Approval</b>		
<b>Officer Approval</b>	<b>Date</b>	<b>Name</b>
Chief Executive/Deputy Chief Executive	21.6.18	Andrew Jones
Head of Service		Marianne Rolfe
CMT	21.6.18	Andrew Jones
Section 151 Officer		
Monitoring Officer		
Finance		Mike Snow

Portfolio Holder(s)		Councillor Andrew Thompson
<b>Consultation &amp; Community Engagement</b>		
<b>Final Decision?</b>		No
<b>Suggested next steps (if not final decision please set out below)</b>		

## **1. SUMMARY**

The report outlines the work of the Council and its partners to empower our communities to tackle mental health issues, suicide rates and social isolation.

## **2. RECOMMENDATION**

- 2.1 That the committee notes the work that the Council and partners are undertaking in empowering communities to tackle mental health issues, suicide rates and social isolation.
- 2.2 Note the intension of the Council to sign up as partner of the Warwickshire Health and Wellbeing Board to the Public Health England Prevention Concordat for Better Mental Health (in appendix 1).

## **3. REASONS FOR THE RECOMMENDATION**

- 3.1 The District Council's action plan linked to the Strategic approach to Health and Wellbeing identified an action around 'empowering communities to deliver support to tackle mental health, suicide rates and social isolation.
- 3.2 This report outlines what the Council and its partners are doing to support communities to tackle the impact these issues have in the local population.
- 3.3 The Public Health England, Prevention Concordat for Better Health is to evidence the commitment of the Council in promoting mental health and wellbeing within Warwick District.

## **4. POLICY FRAMEWORK**

### **4.1 Fit for the Future (FFF)**

The Council's FFF Strategy is designed to deliver the Vision for the District of making it a Great Place to Live, Work and Visit.

The FFF Strategy has 3 strands – People, Services and Money and each has an external and internal element to it. The table below illustrates the impact of this proposal if any in relation to the Council's FFF Strategy.

FFF Strands		
People	Services	Money
<b>External</b>		
<b>Health, Homes, Communities</b>	<b>Green, Clean, Safe</b>	<b>Infrastructure, Enterprise, Employment</b>
<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• Improved health for all</li> <li>• Housing needs for all met</li> <li>• Impressive cultural and sports activities</li> <li>• Cohesive and active communities</li> </ul>	<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• Area has well looked after public spaces</li> <li>• All communities have access to decent open space</li> <li>• Improved air quality</li> <li>• Low levels of crime and ASB</li> </ul>	<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• Dynamic and diverse local economy</li> <li>• Vibrant town centres</li> <li>• Improved performance/ productivity of local economy</li> <li>• Increased employment and income levels</li> </ul>
<b>Impacts of Proposal</b>		
The report provides details on the interventions being delivered by the council towards the Council's Health and Wellbeing approach.	Elements of cross over in this objective in the delivery of the Council's Health and Wellbeing approach	None
<b>Internal</b>		
<b>Effective Staff</b>	<b>Maintain or Improve Services</b>	<b>Firm Financial Footing over the Longer Term</b>
<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• All staff are properly trained</li> </ul>	<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• Focusing on our customers' needs</li> </ul>	<u>Intended outcomes:</u> <ul style="list-style-type: none"> <li>• Better return/use of</li> </ul>

<ul style="list-style-type: none"> <li>• All staff have the appropriate tools</li> <li>• All staff are engaged, empowered and supported</li> <li>• The right people are in the right job with the right skills and right behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• Continuously improve our processes</li> <li>• Increase the digital provision of services</li> </ul>	<ul style="list-style-type: none"> <li>• our assets</li> <li>• Full Cost accounting</li> <li>• Continued cost management</li> <li>• Maximise income earning opportunities</li> <li>• Seek best value for money</li> </ul>
<b>Impacts of Proposal</b>		
Ensuring that Staff Health and Wellbeing is provided for	Ensuring that the Health and wellbeing interventions are built into service delivery	None

4.2 Supporting Strategies: Each strand of the FFF Strategy has several supporting strategies and the relevant ones for this proposal are the Health and Wellbeing Approach. This report demonstrates the interventions being undertaken across the council to deliver the councils approach.

4.3 Changes to Existing Policies: There are no proposed changes to existing policies proposed by this report.

## **5. BUDGETARY FRAMEWORK**

5.1 There are no specific budgetary requirements

## **6. RISKS**

6.1 There are no risks proposed in this report

## **7. ALTERNATIVE OPTIONS CONSIDERED**

7.1 None

## **8. BACKGROUND**

8.1 The Health and Wellbeing Approach details the Council's three priorities

- To embed HWB at a strategic level

- To promote HWB to the wider community (Warwickshire Health and Wellbeing Strategy priorities as sub-headings to this priority)
  - To address the HWB of our own staff
- 8.2 In January the Committee approved of the Health and Wellbeing Strategic approach and action plan in appendix 2
- 8.3 **What do we mean by mental health?**  
 A mental health problem is a problem with someone's mind that makes it difficult for them to live a normal life. Mental health problems may be small problems or more serious problems. They may last for a short time or a long time.  
 (Source: Public Health England)
- 8.4 **What do we mean by social isolation?**  
 Social Isolation relates to imposed isolation by individual from normal social networks. This can lead to loneliness and can be caused by loss or mobility or deteriorating health (including mental health). The terms 'loneliness' and 'social isolation' are often used interchangeably, and whilst there are clear links between the two experiences they are distinct concepts. People can be socially isolated without feeling lonely, or feel lonely whilst being amongst others. Although the terms have slightly different meanings, the experience of both is generally negative and resulting impacts are undesirable at the individual and community level  
 (Source: Research into Loneliness and Social Isolation, Public Health Warwickshire)
- 8.5 Mental ill health represents up to 23% of the total burden of ill health in health in the UK – the largest single cause of disability. At least 1 in 4 people will experience a mental health problem at some point in their lives and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. For Warwickshire people aged between 16 and 74 living in Warwickshire, the rate of common mental health conditions is 121 per 1000 population. This means an estimated 46,000 people aged between 16 and 74 in Warwickshire have a common mental health problem. Warwickshire (9.3 per 100,000 population) was slightly higher than both the equivalent national and regional rates (8.8 and 8.3 respectively) during 2011-13. Males in Warwickshire have a considerably higher rate of suicide than females; 15.7 per 100,000 compared with 3.3 per population.
- 8.6 As our population ages, loneliness and isolation in older age (and amongst other groups) is becoming a growing public health challenge. Research shows that loneliness and social isolation can be as harmful as smoking 15 cigarettes a day and increased the risk of conditions including dementia, high blood pressures and depression. Nationally and locally, a challenge has been in identifying those most at risk in order to better target resources. Nationally, 51% of Health and Wellbeing Boards are tackling loneliness and social isolation as a priority, highlighting the scale of the issue across the UK. Unlike other physical or mental health conditions, data on the prevalence and incidence of loneliness and social isolation are

not routinely collected. Therefore identifying individuals who are lonely or socially isolated, or are at risk of being so, is a challenge.

- 8.7 The most recent figures for suicides nationally were publicised by the Office for National Statistics and the figures given are by sex, age, area of usual residence of the deceased and suicide method. The definition of suicide has been extended to include deaths from intentional self-harm in 10-14 year old children in addition to people aged 15 and over. The suicide figures in Warwickshire broadly mirror those in England. Over the same period there were 105 deaths recorded as death by suicide by Warwickshire Coroner in 2013 and 2014. The Coroner's records of the 105 deaths were sought from the County Records office to enable a detailed audit to be carried out. The figures showed a significant increase in the suicide rates in Warwick District compared with the average in England since 2011. This is borne out by the findings of the Warwickshire Coroners' Office records suicide audit. The audit also found from the 105 suicides, the following information:

- Gender breakdown 80 males, 19 females, 1 transgender and 5 records could not be obtained.
- The highest age group was 35-64
- Even spread between married or living with partner, divorced or separated or single
- Over half were employed at the time of death
- Most common method of suicide was hanging

- 8.8 Improved mental health and wellbeing is associated with a range of better outcomes for all people and all ages and backgrounds. These include improved physical health & life expectancy, better educational achievement, increased skills, and reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide and people less socially isolated.

## **9. What activity is happening to empower communities to tackle these issues?**

### **9.1 Warwickshire Health and Wellbeing Board**

The Director of Public Health's report 2017 uses the term 'vulnerability' as a term to apply to those who are considered to be at increased risk of harm. These groups include individuals with a physical and or learning disability or those with mental health problems or are socially isolated are a risk of various harms.

The Warwickshire Health and Wellbeing Board to be effective in its duty want to be assured that delivery against priorities is happening. Therefore it has agreed to focus on a number of specific areas which support the wider priorities of the partnership. One of the key areas of work that the

partnership is focusing is around 'making prevention everybody's business (including Out of hospital, Public Health and Community Capacity elements)'. The Warwickshire Health and Wellbeing Board have recently contacted partners to gain support for signing up to Public Health England's Prevention Concordat for Better Mental Health (appendix 1)

Mental Health is important to us all. The Council wants people to be healthy in their minds as well as their bodies. Mental Health can affect anyone, any where and people with mental health problems face difficulties such as:

- they may have fewer qualifications
- find it harder to find a job and keep it
- may earn less money
- more likely to be homeless
- are more likely to be unwell;
- and more likely to eat healthily and be overweight

Therefore the Council can play a key role in promoting positive mental health and support for mental health problems through the services it offers and its contracts with the voluntary and community sector.

## 9.2 **Warwick District Council**

Appendix 3 details what services areas within the Council are doing to empower communities to tackle issues around mental health, suicide rates and social isolation.

## 9.3 **Warwick District Council contracts with the Voluntary and Community Sector**

The Council has a longstanding commitment to help its most vulnerable residents to improve their lives and circumstances. Over the last three years a number of voluntary and community sector organisations have been commissioned by the Council to deliver a range of services in the 4 targeted geographical areas of Brunswick, Lillington, Sydenham and Warwick West. Appendix 4 outlines the range of work they are delivering to the most vulnerable residents.

## 9.4 **Wider voluntary and Community Sector**

In the wider voluntary and community sector there are a number of forums and networks that exist with the sole aim of developing partnership and collaborative working aimed at supporting and empowering communities. The following is a list of some of the partnership that operates in the District:

- Communities Together Network
- Warwick District Poverty Forum
- Lillington Community Action Forum
- Warwick Community Hubs Forum
- Warwick District Faiths Forum

## **10. How are we going to measure impact ?**

10.1 It is important that we measure the impact the interventions are having in terms of improving the lives of our most vulnerable members of the community. The activities detailed in appendix 3 and 4 are aimed at achieving better outcomes for our most vulnerable communities.

10.2 The following are our measures of success:

- Early mental health diagnosis and referrals
- An increase in community resilience and assets to tackle mental health issues
- Successful sustainable community projects
- Trained and knowledgeable staff

The actions detailed in appendix 3 and 4 will be monitored through the the Health and Wellbeing Officers Group and voluntary and community sector contracts. The actions will be reviewed over the next 12 months and a further report will be presented to Health Scrutiny Sub-Committee on the impact of the activity plan.