



Rutland
County Council

**ADULTS & HEALTH AND CHILDREN & YOUNG
PEOPLE SCRUTINY PANELS**

A report on Mental Health from the Joint Task and
Finish Group

February 2019

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1. INTRODUCTION

Following a presentation on mental health care in Rutland at its meeting on 14 September 2017, the Adults and Health Scrutiny Panel recommended that a combined Task and Finish Group with the Children's and Young People's Scrutiny Panel be established to look at the provision of mental health service in Rutland.

The Scrutiny Commission agreed that this Task and Finish Group should be set up at the beginning of 2018 and last for a period of approximately 12 months with a final report with recommendations to be presented back to the Committee on completion.

The Adults and Health Scrutiny Panel agreed the terms of reference at a meeting in February 2018 and nominations for the group were sought.

The Joint Task and Finish Group was comprised of the following Members:

Councillor Gary Conde (Chairman)

Councillor Rachel Burkitt

Councillor William Cross

Councillor June Fox

Councillor Gale Waller

Until July 2018: Councillor Lucy Stephenson
(departure due to appointment as a Cabinet Member)

Until February 2018: Councillor Nick Begy
(departure due to appointment as a Cabinet Member)

Officers supporting the Task and Finish Group were:

John Morley	Deputy Director - Adult Services
Karen Kibblewhite	Head of Commissioning
Joanna Morley	Governance Officer

Chairman's Foreword

On behalf of the Task and Finish Group, I would like to take this opportunity to thank all those who have contributed to this review; those working in education, healthcare, front line services and local charities, who kindly gave up their time to be interviewed and share their views, and Council officers who provided information and gave their considered views.

TERMS OF REFERENCE

1.1 Objectives

- 1.1.1 To review access to mental health services in order to identify ways in which the patient experience may be improved in terms of early identification; timely and appropriate treatment; success of outcomes; costs and availability of information.
- 1.1.2 To make recommendations to appropriate organisations and partners in order to improve support for those with mental health conditions.

1.2 Background

Adults and Health and Children's Scrutiny panels have noted that mental health has become a focus at both a national and a local level. It has frequently been a topic of discussion for both our panels and as a result of this it was decided to form a task and finish group to explore access to mental health services.

The 2017 Primary Care Survey report carried out by Healthwatch Rutland made the following conclusion in relation to Mental Health Services in Rutland *"A theme of considerable concern on the part of those experiencing the service runs through replies to questions about mental health services. These concerns need to be addressed."*

1.3 Scope/Purpose

- 1.3.1 Review of the existing provision of Mental Health Services in Rutland, access to these services and outcomes for users including:
 - Demand for mental health services
 - Availability of information
 - Thresholds for service
 - Waiting times
 - Assessment
 - Length of time for treatment to start
 - Success of treatment in each service
 - Rutland specific needs assessments
- 1.3.2 Consultation with commissioners; providers; relevant organisations and service users in order to collate relevant evidence;
- 1.3.3 To collate a body of research evidence and data to inform the outcomes of the review. This will be facilitated by the provisions of Regulation 26 Local Authority

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requiring ‘responsible persons’ to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions.

- 1.3.4 Investigation into models which may be effective in prevention, timely identification and early intervention;
- 1.3.5 Evaluation of costs in relation to outcomes; and
- 1.3.6 Monitoring provision of service for those patients that choose to go outside of the Rutland area for geographical reasons.

1.4 Roles and Responsibilities

- 1.4.1 The membership of the Task and Finish Group will be Councillors Lucy Stephenson, Nick Begy, June Fox, Rachel Burkitt, Gary Conde, William Cross and Gale Waller. **During the process Councillors Stephenson and Begy both resigned from the group when they took up Cabinet positions*
- 1.4.2 The Chair of the Task and Finish Group will be Councillor Lucy Stephenson* (Chair of Adults and Health Scrutiny Panel). ** Councillor Gary Conde took over from Councillor Stephenson following her appointment as a Cabinet Member*
- 1.4.3 The Governance team will provide administration support when required.
- 1.4.4 Mark Andrews (Director for People) will be kept informed on the process of the Group’s progress and will coordinate with the Chair the officer support and information the Group will require.

1.5 Key Milestones

Activity	Provisional Dates
Agreement of Terms of Reference	8 February 2018 (Adults and Health Scrutiny Panel)
Information gathering	February to September 2018
Development of Recommendations	September – December 2018
Report to Scrutiny	February 2019
Report to Council (If applicable)	February 2019

2. PROCESS AND METHODOLOGY USED FOR THE INVESTIGATION

2.1 Methodology

- Questioning of key stakeholders
- Desktop research – national and local.
- Schools questionnaire
- Information requested and questions posed of relevant officers/ Public Health / CCG / NHS England
- Advice and guidance from RCC Officers

The following items were provided:

- Children and Young People's Mental Health and Emotional Wellbeing Services: "The Rutland Offer" – August 2018
- Mental Health STP Chapter - November 2017
- Presentation on Creating a Local Mental Health Strategy
- Mental Health Services: Referrers Information
- Public Health answers to questions on the School Nurse service
- Mental Health First Aid Training Options and Grant Considerations
- The Education and Health Select Committee report on the Government's green paper on transforming children and young people's mental health
- NSPCC website article on school referrals for mental health
- CCG Response to Feedback from the Rutland Mental Health Forum to the Board of Healthwatch Rutland regarding Public Opinion on Rutland Mental Health Services
- Material on the Heads Together charity
- Children & Young People's Emotional, Mental Health & Wellbeing Transformation Plan 2018-2020

2.2 Process

The timetable of events leading to the production of the report are set out below:

Meeting date	Items discussed/ Guests Attending
11 Dec 2017	Scoping meeting and agreement of terms of reference
28 Feb 2018	Review of Mental Health Strategy provided by the CCG
15 March 2018	Review of information provided by the Leicestershire Partnership NHS Trust. Identification of potential stakeholders
1 May 2018	Interviewing of Key Stakeholders. Participants included representatives from: Catmose College Kendrew Barracks Whissendine Primary Rutland Disabled Youth Forum Healthwatch Rutland Catmose Primary Neighbourhood Policing Sergeant Rutland Citizens Advice Public Health Resilient Rutland
15 May 2018	Discussion of the four key themes that arose from stakeholders that warranted further investigation; Community, Schools, Communication and Commissioning. School Survey to be sent out.
27 June 2018	Feedback and updates on research
8 Aug 2018	Confirmation of new Chairman. Discussion of potential report recommendations
12 Sep 2018	Meeting with representatives from the Oakham Medical Practice.
17 Oct 2018	Review of evidence and information supplied.
15 Nov 2018	Meeting with the Communications Manager to discuss a coordinated promotion campaign.
18 Dec 2018	Review of feedback from Communications and HR departments. Agreed actions
8 Jan 2019	Presentation and Q & A session with Resilient Rutland

It became clear to the Task and Finish Group members as they heard evidence that, although the initial scope included the provision of specialist services, thresholds and access to clinical treatment, the issues of identification of mental health issues and accessibility to early support were key. Consequently, the review refocused to explore in more detail prevention and early identification of support and services. It is recognized that addressing these will still have an impact on access to, and need for, more specialist treatment services.

3. BACKGROUND

It is widely acknowledged that nationally there is an ever increasing demand for mental health services both from adults and children and young people, and that existing services are hugely oversubscribed. Pressing issues include the need for early intervention services, improved education about mental health and wellbeing in schools, and reduced waiting times for services.

In the Government's report No Health Without Mental Health, which looked at achieving parity of esteem between mental and physical health, good mental health is recognised as central to an individual's quality of life and as having a knock-on effect on society affecting education, employment and economic success. The report notes the following statistics:

- At least one 1 in 4 people will experience a mental health problem at some point in their lives
- One in six adults has a mental health problem at any given time
- One in 10 children aged 5-15 has a mental health problem and half of all people with lifelong mental health problems have developed them by the age of 14.

Since this first report, increased and sustained focus on Mental Health by charities such as Mind and Heads Together along with endorsement by high profile figures such as Princes William and Harry to highlight the issue have meant that the Government, NHS and other national service providers have been reviewing existing provision and processes and currently undergoing great change to try and meet demand.

In addition to service providers, other organisations such as schools and businesses are trying to lessen the perceived stigma of having a mental health issue and therefore seeking help by educating their staff and students

Within organisations, research carried out by the mental health Charity Mind showed that only two in five women (38%) felt that the culture in their organisation made it possible to speak openly about their mental ill health and nearly one in three men said the same (31%). The research also showed that 24% of people felt less alone after hearing people in the public eye discuss mental health. By extension more people talking about mental health within an organisation would go a long way to normalising the issue and people therefore seeking help.

Talking about mental health issues in schools is, on one level, even more pressing as, as was quoted earlier, one in 10 children aged 5-15 has a mental health problem and half of all people with lifelong mental health problems have developed them by the age of 14. It is evident that children and young people today face an unparalleled level of scrutiny because of the ever increasing, pervasive reach and use of social media. A doctor interviewed by the group felt that excessive use of sites such as Facebook and Instagram had led to 'destructive expectation' and that there was a direct correlation with the overuse of social media and an increase in mental health issues in the young.

Against this national backdrop of a growing crisis in mental health, a reluctance by all age groups to talk about personal mental health and seek help whether it be because of an organisation/school culture, or a knowledge of where to go to for help, and the emergence of a multitude and often confusing array of new services and service providers, the Task and Finish group undertook their investigation in Rutland. This report summarises our findings and outlines our subsequent recommendations.

4. FINDINGS AND CONCLUSIONS

In the course of their investigation, the Task and Finish Group spoke to different individuals and organisations about their experiences of mental health issues and how they accessed or referred to mental health services.

Generally it was recognised that for all ages there was a stigma about talking about mental health issues and confusion over where to go to get help. All sectors felt that there needed to be better co-ordination of the provision of services for low level issues and better signposting to them.

SCHOOLS

Overwhelmingly, schools and those involved with children who were interviewed spoke about an increase in lower level issues such as anxiety and depression, regularly perceived as a consequence of the increased use of social media and the social pressure it brought about. There seemed to be a constant fear of being left out, not included in things, or of not measuring up. There was frustration that there were not enough resource to help address these issues and prevent them escalating into a more significant mental health problem.

Responses to the group's Schools Survey highlighted the issue of students who did not meet the thresholds for a CAMHS appointment and so were pushed back to the community or school arena. Even when a successful referral to CAMHS was made, there were waiting lists of 6 months or more which added to the difficulties of a young person already in a fragile state due to mental health problems. Additionally it seemed to schools that parents of these children had little support to help them cope with their child's situation/illness and teachers did not know where to signpost them to.

Primary schools reported that their pupils could be in need of help and support because of low self-esteem or because they had been affected by a house move or a new baby as well as bigger issues such as parents splitting up or a bereavement that triggers a crisis. Discussions with parents took place and they were advised to seek support through their GP but if problems escalated then staff made referrals to the School Nursing Service. Schools reported that regular training for named members of staff to provide a support network within school was essential.

Schools were driving their own internal initiatives to deal with issues and develop resilience in their pupils by, for example, holding mental health weeks in school and by measuring progress and success with dealing with a mental health issue by using action plans and provision maps.

SCHOOL NURSING SERVICE

Schools, both primary and secondary, registered their concern with the delays and reductions in the number of school nurse appointments which led to many children needing to be directed to and referred elsewhere. The School Nursing Service previously sat with the CCG but in 2016, under the 0-19 Healthy Child programme, it came over to the Council under the transfer of Public Health responsibilities and is now funded by the Public Health Grant. The remit of the service is set by national guidelines. It should be noted that the shortage of school nurses and ongoing recruitment issues are a national issue and not specific to Rutland.

The School Nursing Service is no longer a visible daily presence in schools which can monitor and observe changes in children's behaviour. Instead, school nurses have set times doing weekly clinics in schools. The changes to the School Nursing Service mean that they now offer services such as preventative work to promote resilience, a text messaging chat service for secondary school pupils, contributions to PHSE lessons and Health and Wellbeing reviews in years 7, 9 and 11. Students needed to engage with and use these services more to increase their impact.

KEY STAKEHOLDERS

In the wider Rutland community, outside of the school arena, the group heard from representatives from the Police, GPs, Armed Forces, Citizen's Advice Rutland, the Rutland Youth Forum and RCC's Public Health Team. These key stakeholders provided the group with information on how their organisations dealt with mental health issues, the approaches they took and the problems they experienced. A summary of this is outlined in the sections below.

Armed Forces

The Group heard from armed forces personnel who felt that as an institution, the armed forces had been behind the curve in dealing with mental health issues but that the situation had got much better recently with more staff being instructed about mental health and how to identify it. Once a mental health issue was identified there was a referral to their own mental health services and an individual was seen immediately. After leaving the service or retiring, veterans' welfare was available so that if a mental health issue developed later on services could be accessed through them. However because of the perceived stigma of mental health, many veterans would not always declare that they were a veteran.

GP Surgeries

GP surgeries, the first port of call for many, felt the pressure of not only the increasing demand of those with a mental health issue but also the fact that appointments for

these patients by their very nature, tended to be time consuming and often led to clinic backlogs and therefore pressures in other areas.

Feedback from the Rutland Mental Health Forum to Healthwatch showed that GP referrals to mental health services were lower than expected but there was conflicting advice about access routes. Some surgeries felt that self-referral was a better option because it meant patients took ownership of their problems and attended follow up appointments whereas others felt that there were those who really struggled and needed support throughout. Doctors reported that they felt that there were too many smaller services on offer that could be overwhelming to children or adults looking for help. The amount of services offered meant that there was too much opportunity for duplication and confusion and also often the initiatives in place were short-lived so just at the point where GPs were used to and actively referring to a scheme, it then finished.

Citizen's Advice

Citizen's Advice Rutland were interviewed as lead provider for the Community Wellbeing Service and reported that there was not enough resource to deal with mental health issues, both in terms of the amount of advisers that Citizen's Advice had and the resources of other agencies, particularly to deal with low level issues. One of the main issues they dealt with was debt and they recognised that there was a high correlation between debt and mental health issues but there was debate about which came first, the debt or the stress and anxiety. More resource was also needed to support community involvement in preventing mental health issues, such as Good Neighbourhood Schemes, to reduce loneliness and depression.

They echoed the findings of the Rutland Health and Wellbeing Board whose previous investigations into mental health had found that there needed to be better coordination of the provision around low level issues and much better collaboration between services.

Police

The Police were another organisation that gave evidence to the group. Police officers now all received training on how to identify mental health issues. Previously a black and white approach was taken and it was just a question of whether a crime had been committed without consideration of an individual's mental state, whereas now the attitudes and the approach taken was much more developed, with a mental health triage system in place. In addition there was a mental health car comprising of one specialist police officer and a mental health nurse which worked the hours 10pm -3am and covered the whole of the LLR area. They were based at a station in Leicester and could triage incidents as they came in. They did not always attend the incident but could advise on a course of action.

The use of Section 136 powers which meant that individuals could be detained under suspicion that they were mentally unstable and posed a threat to themselves or others, had declined dramatically. Section 136s used to be in double figures every week whereas in the last year for LLR it just reached double figures for the whole year. Using a Section 136 was a very ineffective use of police time as police officers would have to stay with the individual while they had the assessment which could take up hours of their time.

New officers coming through were now well equipped to deal with mental health issues and had access to mental health first aid training. It was expected that the training levels of PCSOs in Rutland would also be raised to include mental health awareness training so that they could contact and signpost people to available services. If officers felt that someone had mental health issues which posed a safeguarding threat then a report would be submitted to the adult and children safeguarding teams.

Disabled Youth Forum

The Task and Finish Group also heard evidence from a member of the Rutland Disabled Youth Forum who felt that young disabled people were unaware of the services available and if they did know of them, wary of how they could access them in terms of what to expect and potential physical access problems. Online services were preferable to phone line services as it was a lot less threatening to type rather than to speak. Also people with hearing problems didn't want to use the phone as when they did so they often used the loudspeaker function and in this instance they wouldn't want others to hear their issues. Ideally the Disabled Youth Forum would like to see much more use of social media to enable them to find out about services, and interaction by text would be welcomed.

Public Health

Public Health spoke about collaboration, highlighting that there was a mental health stream in the Better Care Together programme to try and address the issues of fragmentation and co-ordination of services. Additionally, the Prevention Concordat was a call to arms to all services to register what work they were doing.

The most common mental health problems recorded within Public Health data were anxiety and depression and the vast majority of interventions took place in primary care with either medication (in Rutland the second most widely prescribed medication was an anti-depressant) or Cognitive Behavioural Therapy being offered. If individuals felt they needed something more, then patients could be referred to the IAPT (Improving Access to Psychological Therapies) programme. IAPT was previously GP referral only, but there was a big attrition rate, and it was now found that those who made their own appointments were more likely to attend.

Public Health estimate that between 15 and 20% of patients would have some sort of psychological problem and would need to access treatment. This was not being

achieved in Leicester, Leicestershire and Rutland (LLR) at the moment and additional funding had been put in place to increase self-referral rates, make sure that GPs were referring to the right place and to increase the overall percentage of patients in treatment to 20%.

Public Health's emphasis and perspective was on prevention: noting that the five elements to psychological well-being: Socializing and connectivity; Exercise and activity; Mindfulness; Learning; and Volunteering and Giving; should be considered when planning services. This would result in more preventative work such as social prescribing (non-medical intervention such as exercise or debt management) and greater rethinking of day services and youth services so that there was more social interaction, particularly as Rutland was a rural, relatively isolated county.

RCC Officers

The Council's Human Resources Department provided information on staff absenteeism due to mental health issues and reported that in the last quarter 199 sickness days had been taken which accounted for 20% of the total and was the second biggest reason for absence, after surgery at 23%. In the previous quarter the figure had been higher at 29% of the total and was by far the biggest cause of absence. This rate was similar to other organisations but as a snapshot, showed the impact of mental health issues such as stress, anxiety and depression. In surveying staff through its Workplace Health Staff survey, the Council found that 82% of RCC employees had trouble sleeping and that it was this factor that was their biggest concern linked to mental health. Tackling the issue of lack of sleep or sleep quality could therefore help to reduce stress and potentially absence rates and prove to be an effective preventative measure.

Recently the Government have announced many new national measures to tackle mental health. These include as part of the NHS 10 year plan, new waiting time targets for mental health treatment and stronger support for young adults with difficulties, as well as an extra £2.3 billion to pay for talking therapies for an additional 350,000 young people and 380,000 adults over the next five years. In Rutland there are also many new initiatives and programmes that are taking place which will help to address some of the problems outlined in the previous paragraphs and these include:

- The introduction of a children and young people's Improving Access to Psychological Therapies (CYP IAPT) wellbeing practitioner.
- A self-assessment tool that pulls together Public Health England's best practice and themes in order to ensure a whole school ethos that builds on the good practice already in schools and highlights future areas of development.
- Suicide and self-harm training for school and Council staff.
- Introduction to Cognitive Behavioural Therapy with children and adolescents workshop.

- An emotional and wellbeing nurse employed by the Council who supports those young children who have emotional needs, but who don't meet the CAMHS thresholds.
- A mapping of all mental health services available in Rutland by Adult Social Care officers working in partnership with GPs.
- The Children and Young People Emotional, Mental Health and Wellbeing Transformation Plan 2018-2020 for LLR which states that CAMHS will develop and commission a Triage and Navigation Service with partners, which will improve children & young people's access to services by getting them to the right service to meet their needs much quicker. It is anticipated that this service will free up clinician time so that their attention can remain focussed on delivering the right care and the specialist interventions needed.

Resilient Rutland

The Resilient Rutland project work will start this year. Rutland First CiC have set up the Resilient Rutland project to respond to need expressed by Rutland young people for help in early intervention addressing mental health and wellbeing in schools. Rutland First bid for, and received, funding from the Big Lottery Fund of £484,700 to spend over the next three years in Rutland schools. The funding will provide for 1:1 sessions with practitioners (equivalent to a Band 6 Mental Health Nurse) who will also act as a triage service and signpost to other services. The practitioners will be part time and initially be in each of the four secondary schools. They will be available to all pupils who attend Rutland schools, not just those who live in Rutland, and will be accompanied by supporting work on resilience, mindfulness, young people's peer support, mapping and signposting of services, and work with parents. The project group are liaising with Council officers to ensure their work is in conjunction with local health services and the project complements and does not duplicate other initiatives. The Joint Task and Finish Group would like to see this tie-in with the Council extended throughout the lifespan of the project as sustainability of the work after the lottery funding ceases in 2022 is a concern. Sharing of data that the project group collects on the prevalence of mental health issues in Rutland schools and the impact of the work being done will lead to greater collaboration on this issue.

In summary, prevention and early intervention were key themes running through the information supplied by stakeholders. All felt these could be achieved by better co-ordination of services, more awareness and therefore identification of mental health issues, and better signposting and promotion of services. This is consistent with the Primary Care Survey conducted by East Leicestershire and Rutland CCG and Healthwatch in 2017 which had also identified these themes reporting that people felt that within mental health services, in addition to recruiting more staff, communication could be improved, more mental health training should be provided for GPs and other

healthcare professionals, improvements could be made to create more joined up working between practitioners and as we have found, more emphasis should be placed on prevention and early intervention for mental health issues.

RECOMMENDATIONS

Throughout the meetings there were a number of recurring and interlinked themes:

- Prevention – both of poor mental health and to reduce risk of poor mental health escalating
- Stigma attached to poor mental health and asking for help
- The need for better awareness of services, coordination and collaboration, in particular for children and young people
- The need to support communities and individuals to improve their own mental health.

The Group have made the following recommendations, which it feels may support in addressing these.

Recommendation 1

Work is undertaken to make available a map of the referral routes and access criteria for mental health services available to adults and children in Rutland.

Both professionals and the public would then be able to access clear information on where they can seek help. Better signposting and promotion of services would lead to earlier interventions, a main concern identified by residents and survey responders. This is key to ensure that individuals seeking help are not simply signposted between services. The mapping once completed should be available in a clear easy to follow format, with separate maps for children and young people's services and for adults' services.

Recommendation 2

The Council raises awareness of the mental health services available in Rutland by supporting campaigns that promote the existing provision of mental health services.

This awareness raising should be approached in partnership with local health partners as part of a behaviour change campaign and Rutland County Council's Communications Team should engage with the communications leads from local health partners to help to tailor their campaigns to Rutland's needs. Once partner plans have been identified, the Council's Communications Team should seek to support this campaign activity and promote information on how to gain support locally. Such campaigns will raise awareness and thereby reduce the stigma of poor mental health.

Recommendation 3

Public Health promote the Leicester, Leicestershire and Rutland 'Start A Conversation' suicide campaign in Rutland.

This campaign raises awareness of suicide and suicide prevention and is linked to a national Samaritans campaign. By working with Adult Social Care, the Community Safety Team, and partners such as GPs, awareness can be raised across Rutland and would signpost those in need to help and support. The Council's Communications Team should support the distribution of promotional material across Rutland, enabling better promotion of this campaign in well-sited areas such as shops, pubs, the back of toilet doors etc.

Recommendation 4

Mental health awareness training be a requirement for all Council staff.

There are experienced council staff who could provide mental health awareness training for staff. It is envisaged that courses would be organised through Human Resources with staff being booked onto courses in much the same way as they currently are for corporate training sessions.

Training of all staff would not only positively affect the Council work environment but also help to identify colleagues, friends and family in the wider community who may be struggling with mental health issues and so lead to earlier interventions. This links back to Recommendation 1 ensuring that services are mapped so that individuals know how and where to seek support.

Recommendation 5

The RCC Staff Health and Wellbeing Group should focus efforts and resources on addressing the issue of poor sleep because of its effect on mental health.

A recent staff survey identified that poor sleep was a clear driver to poorer mental health. As part of a 'Fit for February' campaign to carry on January lifestyle resolutions, the Council would encourage employees to sign up for a 'Sleep Week' which would involve activities such as exercise, routine and cutting down on caffeine and screen time to promote better sleep. Again, it is anticipated that this would not only positively affect Council staff but the learning could be shared with family and friends in the wider community, and if successful the scheme could be promoted to other organisations as an effective preventative measure.

Recommendation 6

All schools in Rutland are encouraged to have a nominated trained Mental Health First Aider.

Should schools need financial support to achieve this, one-off monies in the Public Health reserves are currently available which could be used towards the training of more staff (including support staff as well as teachers) to reduce the risk of gaps in provision caused when staff move on. This would support the earlier identification of poor mental health and support children and young people to access *appropriate* services. RCC could assist in promoting the value of this training within schools.

Recommendation 7

Rutland First's Resilient Rutland Team be asked to report to a future meeting of the Children and Young People Scrutiny Panel, to which the Adults and Health Scrutiny Panel Members would be invited.

The Resilient Rutland project will collate a large amount of data within their work on the extent of mental health issues in Rutland schools compared with national levels and on the impact that their project has. Sharing data with partners will support the continued development of services and also identify potential gaps which need to be addressed.

Recommendation 8

RCC Officers be asked to report in a year's time to the Adults and Health Scrutiny Panel (to which the members of the Children's Scrutiny panel are invited) on the state of mental health in Rutland, reflecting on the recommendations in this report.

5. LIST OF BACKGROUND PAPERS USED DURING THE INVESTIGATION

- The Education and Health Select Committee report on the Government's green paper on transforming children and young people's mental health
<https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/news/green-paper-on-mental-health-report-published-17-19/>
- Government response to the report of the Education and Health and Social Care committees on the green paper 'Transforming children and young people's mental health provision'
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728902/HESC_Print_3.pdf
- Government Report : No Health Without Mental Health 2011
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
- Government press release: Prime Minister unveils plans to transform mental health support 9 January 2017
<https://www.gov.uk/government/news/prime-minister-unveils-plans-to-transform-mental-health-support>
- Public Health England: Prevention Concordat for Better Mental Health
<https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>
- CYP emotional, mental health and wellbeing transformation Plan 2018-2020
<http://www.healthandcareleicestershire.co.uk/wp-content/uploads/2018/11/Future-in-Mind-LLR-CYPs-emotional-mental-health-and-wellbeing-transformation-plan-2018-20.pdf>