



WORTHING BOROUGH
COUNCIL

Council
15 December 2020
Agenda Item 13

Ward(s) Affected: All

Motion on Notice

Report by the Director for Communities

Executive Summary

1. Purpose

- 1.1. The report before Council sets out a motion received from Councillor Carl Walker which has been seconded by Councillor Sally Smith.
- 1.2. Council is asked to deal with the motion under provisions set out in paragraph 14 of the Council Procedure Rules (under part 4 of the Council Constitution - Rules of Procedure).

2. Recommendations

- 2.1. That the motion, upon being moved and seconded, be noted by Council and referred without debate to the Joint Strategic Committee.

3. Context

- 3.1 A motion on notice has been received from Councillor Carl Walker, (attached as Annex A).
- 3.2 The content of the motion is relevant to a matter in relation to which the Council has powers or duties and which affects the Borough.
- 3.3 The motion before Council contains a subject matter that is within the remit of Joint Strategic Committee, as defined in para 14.4.1 of the Council's Procedure Rules. Therefore, it shall be moved and seconded, immediately noted by the Council and referred without debate to the Joint Strategic Committee for consideration and determination.
- 3.4 If a motion on the agenda at Full Council is to be referred automatically to the Executive, a Regulatory Committee or another Council Committee, in accordance with Council Procedure Rule 14.4, the proposer of the motion will confirm to the Chairperson their proposal of the motion as set out in the report before Council **without** a speech.
- 3.5 Where a motion has been referred by Full Council to the Joint Strategic Committee, the mover, or the seconder in the absence of the mover, shall be entitled to attend the relevant meeting and explain the motion.

4. Issues for consideration

- 4.1 Motions considered by Full Council are done so under part 14 of the Council's Procedure Rules.

5. Financial Implications

- 5.1 The motion has subject matter that comes within the remit of the Joint Strategic Committee and should the Joint Strategic Committee determine that the motion be accepted there may be financial implications in the future.

6. Legal Implications

- 6.1 Rules concerning motions are set out in the Council's Constitution under paragraph 14 of the Council's Procedure Rules.

Background Papers

None.

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This council notes

- The recent LGA report showing that 11.2 per cent of the 5 to 15 population has a mental health condition – up from 9.6 per cent in 2004 – with referrals to Child and Adolescent Mental Health services (CAMHS) having increased by around 26 per cent in 5 years
- The LGA report suggesting factors contributing to this rise in prevalence include increasing levels of poverty among children and young people; the growth in Special Education Needs; rising levels of family dysfunction possibly associated with pressures on housing, employment and other societal factors; and pressures on young people which contribute to anxiety including social media and an increasingly academic and examinations-oriented curriculum.
- Children’s mental health remains significantly underfunded compared with either children’s physical health or adults’ mental health. A CQC report suggests that in recent years there has been a marked reduction in funding for children and young people’s mental health services.
- That according to the recent LGA report, children are being driven into NHS services that treat mental illness because the system and funding prioritise treatment rather than the early support and preventative services that help children have mentally healthy childhoods.
- The Children and Young People’s Mental Health Coalition developed a policy and practice manifesto to improve children and young people’s mental health and emphasised the need to develop innovative preventative policies and practices that reduce inequalities in mental health support and improve emotional literacy.
- The Mental Health Foundation has recently recognised the need to identify communities and individuals at greatest risk, develop coproduction with communities, and develop local programmes that promote improved mental health literacy within communities and to enable access to peer support and self-management.
- A recent Health Profile of Worthing by Public Health England has identified improving community approaches to mental health as a local priority. Hospital stays for CYP self-harm are worse than the national average.
- Evidence compiled by the Children’s Commissioner, the Education Policy Institute and others on levels of unmet need that is compelling. Beyond underfunding, three key systemic challenges are the complexity and fragmentation of the system contributing to a lack of clear national direction, the capacity of those delivering mental health support, reflecting both staff shortages in key professions such as educational psychology and the reduced capacity of staff in universal services such as schools or health visiting, and finally the lack of focus on early intervention.

This council agrees

- That to turn this around needs concerted and coordinated action at a national level to shift away from treating children once they are diagnosed with a

mental illness towards helping them and their families cope with challenges before they escalate.

- To join the LGA in their call for the Government to provide long-term investment in essential early support and prevention services so councils can help more children to avoid reaching crisis point in the first place
- Specifically, this council will write to the government as a matter of urgency to request that they
 - Set clear targets for the whole system which incentivise the investment in earlier support and prevention and focus on achieving better mental health outcomes for all children and young people.
 - Develop a consistent outcomes-focused dataset, to be used across local government and CCGs to measure progress against the targets.
 - Set clearer expectations around strategic cooperation between CCGs and local government for children's mental health and give greater leverage to health and wellbeing boards to ensure that this is acted upon.
 - Move away from pilot funding and ring-fenced grants to recurrent funding, giving more flexibility to local partnerships to develop solutions that build on their local context.
 - Develop clearer specifications for the effective commissioning of universal mental health provision.
 - Create stronger expectations of joined up planning, commissioning and delivery between children and adults' mental health, with a core focus on supporting families holistically and managing transition for young people between adults' and children's services.
 - Review the sufficiency of the national workforce for children's psychology (EPs, CAMHS, and others) and create opportunities for joint professional training between educational psychologists and CAMHS clinicians.
 - Consider how the national curriculum and school accountability system might be geared to encourage more secure development of good mental health and to minimise the current rise in anxiety-related issues.
 - Research and promote best practice in working with the cohort of very hard to place adolescents and those with the most complex needs being supported in their communities, including developing a best practice offer of training and support for foster carers.

Proposed by Carl Walker
Seconded by Sally Smith