



## Mental Health Provision for Young Men Scrutiny Review Final Report

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## 1.0 Foreword

- 1.1 The mental health of young men aged 16 – 25 in Blackpool is a subject of significant concern. Research has demonstrated that young men in this age group can be the last to talk about their worries and seek help. They can often keep their thoughts to themselves until it is too late, when opening up and talking could help them in no end of ways.
- 1.2 This topic is very dear to a number of members and we want to see the care of these young men improved in order to ensure a brighter future for them and their families. In addition to improved care for mental health problems once they have been raised and help has been sought we also want the ways in which prevention work and identification of those with problems improved. Data suggests that the majority of young men who died by suicide were not known to services and did not seek help. We would like to question what more can be done to identify and encourage young men with poor mental health to seek support before it is too late.
- 1.3 I would like to thank the Members for their contribution to this review and all the officers involved for their time and efforts in presenting a large amount of information to us in a short space of time.

Councillor Andrew Stansfield  
Chairman, Mental Health Provision for Young Men

## 2.0 Summary of Recommendations

	<b>Timescale</b>
<p><b>Recommendation 1</b></p> <p>That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.</p>	June 2023
<p><b>Recommendation 2</b></p> <p>That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.</p>	June 2023
<p><b>Recommendation 3</b></p> <p>That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.</p>	June 2023
<p><b>Recommendation 4</b></p> <p>That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.</p>	June 2023

### 3.0 Background Information

- 3.1 At its meeting on 9 December 2021, the Children and Young People's Scrutiny Committee during consideration of a report on Educational Diversity noted that during the transition of young people from Children's to Adult Services that access to Child and Adolescent Mental Health Services (CAMHS) ceased at age 16. Officers at the meeting acknowledged the difficulties and frustrations experienced by young people and their families in accessing appropriate services and recognised that services needed to be commissioned in a different way in order to meet the needs of this group of vulnerable young people. NB. Prior to the commencement of the review the age range from CAMHS was extended to 19 years.
- 3.2 In addition, a joint informal meeting between the Adults Social Care and Health Scrutiny Committee and the Children and Young People's Scrutiny Committee had been held on 22 November 2021 to consider the proposed redevelopment of Child and Adolescent Mental Health Services, at which a number of key issues were identified. During this meeting, it was agreed that the mental health of young men aged 16-25 and suicide prevention in particular was of concern in Blackpool and required a review.
- 3.3 Due to the cross cutting nature of this topic, the review was established as a joint scrutiny review with Members from both the Adult Social Care and Health Scrutiny Committee and Children and Young People's Scrutiny Committee taking part.
- 3.4 The Scrutiny Review Panel comprised of Councillors O'Hara, Burdess, Critchley, R Scott, Stansfield, Walsh, M Scott, D Scott, Mitchell, Hunter and Wilshaw. Gemma Clayton and Mike Coole, Co-opted Members of the Children and Young People's Scrutiny Committee also contributed to the review.
- 3.5 A large amount of preparatory work was undertaken to identify the following key areas for consideration in the review:
- The transition from children's to adult services.
  - The duties of the Council and other organisations.
  - The Elliot's House project and other relevant projects specifically for this age group.
  - The links between self-harm and suicide rates.
  - Work undertaken to prevent suicide.
- 3.6 This review related to the following priority of the Council:
- Communities - Creating stronger communities and increasing resilience

## 4.0 Methodology

### 4.1 Details of the meetings held are as follows:

Date	Attendees	Purpose
11 July 2022	<p>Councillors O’Hara, Burdess, Critchley, R Scott, Stansfield, Walsh, M Scott, D Scott, Mitchell and Hunter</p> <p>Gemma Clayton, Mike Coole, CYP Co-opted Members</p> <p>Sara McCartan, Head of Adolescent Services, Blackpool Council</p> <p>Paul Turner, Assistant Director of Children’s Services (School Improvement and Special Educational Needs), Blackpool Council</p> <p>Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council</p> <p>Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council</p> <p>Chris Coyle, Assistant Director of Children’s Services (Children’s Social Care and Tis), Blackpool Council</p> <p>Sharon Davis, Scrutiny Manager, Blackpool Council</p>	<p>To have an in depth look at the scope of the review, discuss how the information can be gathered and confirm details of who the review wishes to speak to and what information it requires in order to carry out the review.</p> <p>To also receive any additional background information from the officers in attendance about current work to support young men aged 16-25 years and any work carried out on suicide prevention.</p>
5 September 2022	<p>Councillors Stansfield, Critchley, Wilshaw, O’Hara, D Scott, Burdess and Walsh</p> <p>Gemma Clayton, CYP Co-opted Member</p> <p>Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council</p> <p>Elaine Walker, Place/Integration and THRIVE Support, Families and Integrated Community Care Division, Blackpool Teaching Hospitals NHS Foundation Trust</p> <p>Linzi Cason, Senior Manager, Empowerment Charity</p> <p>Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council</p> <p>Chris Coyle, Assistant Director of Children’s</p>	<p>To consider two case studies that demonstrated the journey of two young people through mental health services.</p> <p>To consider data relating to suicide in Blackpool, mental health support and prevention work targeted at young men age 16-25 to also explore the links between self harm and suicide and how to ascertain the level of uptake of services by this specific cohort.</p>

	<p>Services (Children's Social Care and Tis), Blackpool Council          Rachel Orwin, Schools Early Intervention and Safeguarding Officer, Blackpool Council          Sara McCartan, Head of Adolescent Services, Blackpool Council          Carolyn Watkins, Adult Mental Health Commissioning, Lancashire and South Cumbria Integrated Care Board          Lesley Tiffen, Programme Lead, All age Mental Health, NHS Lancashire and South Cumbria Integrated Care Board          Nicki Turner, Children and Young People's Emotional Health and Wellbeing Programme Manager, Blackpool Teaching Hospitals NHS Foundation Trust          Paul Turner, Assistant Director of Children's Services (School Improvement and Special Educational Needs), Blackpool Council          Sharon Davis, Scrutiny Manager, Blackpool Council</p>	
<p>16 November 2022</p>	<p>Councillors O'Hara, M Scott, Critchley, R Scott and Burdess</p> <p>Mike Crowther, CEO, Empowerment Charity          Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council          Linzi Cason, Senior Manager, Empowerment Charity          Elaine Walker, Place/Integration and THRIVE Support, Families and Integrated Community Care Division, Blackpool Teaching Hospitals NHS Foundation Trust          Sara McCartan, Head of Adolescent Services, Blackpool Council          Nicki Turner, Children and Young People's Emotional Health and Wellbeing Programme Manager, Blackpool Teaching Hospitals NHS Foundation Trust          Lesley Tiffen, Programme Lead, All age Mental Health, NHS Lancashire and South Cumbria Integrated Care Board          Carolyn Watkins, Adult Mental Health Commissioning, Lancashire and South Cumbria Integrated Care Board          Paul Turner, Assistant Director of Children's Services (School Improvement and Special</p>	<p>To consider the feedback already available on services from Healthwatch.</p> <p>To consider recent learning and changes to the transition between children's and adult services.</p> <p>To receive an overview of the input of service users into the process of service redesign.</p> <p>To receive information on the future audit of suicides.</p> <p>To consider detail of the transformation plans for mental health services.</p>

	Educational Needs), Blackpool Council Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council Sharon Davis, Scrutiny Manager, Blackpool Council	
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## 5.0 Detailed Findings and Recommendations

### 5.1 Introduction and Case Studies

- 5.1.1 During the course of the first meeting of the review panel, the scope of the review was considered in detail and it was agreed that as a start point, Members would receive two real life case studies that demonstrated the full journey of two young people through mental health services. The case studies and discussion with partners highlighted what was working well and perhaps where improvements were still required.
- 5.1.2 Considered to be working well were the monthly operational meetings amongst partners which reduced barriers enabling people to access what they needed and the work ongoing to upskill practitioners in key areas such as adverse childhood experiences and suicide prevention. Despite these positives it was considered that there remained fragmentation in bridging the gap between children's and adults services, that pathways could be disjointed and data sharing was not always being carried out effectively.
- 5.1.3 Other specific concerns raised through consideration of the case studies included self-discharge and repeated discharge and readmission in a short space of time. It was acknowledged that a person aged over 18 who was deemed to have capacity could take that decision, however, more options were available to practitioners if the patient was under 18.
- 5.1.4 Emphasis was placed on considering what the Council's statutory duties in support young men aged 16-25 were and it was noted that many of the duties ceased at age 16 or when the young person left education. Depending on the needs of the individual it could be that adult social care then had responsibility for some aspects of care and support. There was a high level of support in schools for young people, however, concern was expressed for those that had recently left or were about to leave school and how they could access the same support outside of school.
- 5.1.5 The Panel also received initial data around suicide and self-harm. It was noted that each individual circumstance was complex. Not all those that died by suicide were previously known to services whilst others had accessed a wide range of services including crisis intervention services. Deaths by suicide are more common in males and locally, there have been more deaths in young men than young women aged 16-25, which was one of the reasons that had prompted this review. It was also reported that there had been difficulty in acquiring data from other organisations where suspected deaths by suicide had occurred (i.e. whether they were known to mental health services).

#### **Recommendation One**

That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.

## **5.2 Redesign of NHS funded children and young people's emotional wellbeing and mental health services across Lancashire and South Cumbria**

5.2.1 The Panel was particularly interested to hear about the input of service users into the redesign of NHS funded children and young people's emotional wellbeing and mental health services across Lancashire and South Cumbria. Through a series of consultation events the following key points were raised by the young people to ensure they had a voice:

- We need greater awareness of mental health amongst all staff in schools – training for all
- Can we have meetings outside of clinical settings? Somewhere more informal – even outside
- We would use websites that we know are trusted and reliable and if they have a messaging/chat facility that could be accessed 24/7 that would be great
- We'd want training for our family on mental health and for them to access information and support groups
- Appointment times need to be flexible around us not around the professionals
- Definition of crisis is too rigid
- We don't want to go to adult services at 16
- We would want the option of being able to create a joint care plan
- We want someone who can relate to us, listens to us and is someone we can trust – and stays with us on our journey
- We don't want to have to explain ourselves to too many people – the key worker could brief the other professionals
- Waiting times are a problem – need support whilst on a waiting list too.

5.2.2 In response to the comments raised by the young people, various amendments to the way in which services were provided were identified. These included the extension of CAMHS to age 19, holding meetings in a 'safe' place and the introduction of 'health passports' to ensure that children and young people did not need to tell their story more than once. Following the redesign, young people were then asked whether they felt the changes had addressed their key concerns to which they answered yes.

5.2.3 It was noted that the transformation of NHS funded children and young people's emotional wellbeing and mental health services was much further along than the transformation of adult services and that large amounts of work had been carried out in schools to break down the stigma and encourage young people to seek help. Support workers were being provided through schools as well as colleges and the improvement in services for young people was tangible with positive feedback received from schools. An aim was to ensure a support worker was provided to all schools.

5.2.4 The Panel was also informed of the drop in sessions provided around the town that young people could access whilst on a waiting list for psychological therapies, the youth therapy service and the uptake of online services such as Togetherall (formerly Big White Wall) amongst the 18-25 cohort. Additional funding had created new posts with focus placed on both recruitment and also upskilling 'own grown' teams.

5.2.5 Members highlighted the obvious importance to young people of telling their story once and the potential trauma for some in retelling their story on a number of occasions and sought assurance that removing the barriers to information sharing previously highlighted would be prioritised to enable this. The Panel also wished to receive future reporting on the topic to ensure improvement.

### **5.3 Transformation of Adult Mental Health Services**

5.3.1 The development of the adults community transformation programme was at a less advanced stage to the NHS funded children and young people's emotional wellbeing and mental health services redesign. Increased funding had been received for both children's and adults mental health services and the ambition both nationally and locally was to meet a four week wait time moving forward.

5.3.2 The NHS Long Term Plan (2019) set out that all areas should be commissioning a comprehensive offer for 0-25 year olds that reaches across mental health and physical health services for children, young people and young adults by the end of 2023/24. The Mental Health Implementation Plan (2019) further set out that the delivery of an integrated approach across health, social care, education and the third sector, bringing together physical and mental health services with wider local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services and that systems should design and implement models of care that are person-centred and holistic, are delivered closer to home and are age appropriate, with transition to adult services based on need not age.

5.3.3 Members were informed that the ambition for Lancashire and South Cumbria was to provide a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults in all Integrated Care Systems by 2023/24. The expectation is that by 2023/24 there will be no age based thresholds in operation (no young person should be asked to transition automatically at 18) and that all services would be adapted to better meet the needs of 18-25 year old as part of a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

5.3.4 The Panel was provided with an overview of the high level plan and the nine deliverables and it was noted that engagement was ongoing with key stakeholders. An initial steering group had been established which was to oversee the plan delivery and report progress to the Transformation Board.

5.3.5 During discussion of the transformation of adult services, consideration was given to the aspects of the NHS funded children and young people's emotional wellbeing and mental health services redesign that had proved particularly helpful to young people and it was noted that the provision of a key worker for the under 18 cohort had proved very successful in providing tailored, specific support, with a recommendation identified to replicate the support for the 18-25 cohort in the hope that it would particularly benefit young men and improve preventative work.

**Recommendation Two**

That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.

**5.4 Transition between Children's and Adult Services**

- 5.4.1 The transition of young people from Children's to Adult mental health services had been identified as a key consideration for the Panel and as previously noted that the Child and Adolescent Mental Health Services (CAMHS) was much further into its transformation programme than the programme already described for adults. Part of the transformation work for CAMHS had focussed on this transition and ensuring that young people were not left without support during the transition.
- 5.4.2 As part of the review, representatives from Blackpool Teaching Hospitals NHS Foundation Trust looked at four young people who were at the point of transition in real time rather than historical examples and provided this information to the review. Of these, two positive examples of transition were provided and demonstrated good examples of handover and communication. However, it was noted that these examples were of a transition to specific adult services such as the adult eating disorder service rather than generic services. The other two examples were less positive and were of a transition from CAMHS to the generic adult mental health services where there was a more substantial level of system pressure. Consideration was being given to how the service could be flexible and whether young people could remain with CAMHS until a safe transfer to adult services could be ensured.
- 5.4.3 It was reported that key changes made during the transformation which were still having an impact included increasing the length of the transition process which now commenced six months prior to a person's 19<sup>th</sup> birthday. Procedures had also been introduced around transition which referred to information sharing around safeguarding and consent with a policy outlining resolution and arbitration if required.

**5.5 Suicide Data and Prevention**

- 5.5.1 Consideration of the available data on suspected suicides (not confirmed by inquest) from the real-time surveillance system suggested that the number of deaths by suicide had reduced over the previous years. However, the official published figures (shown as a three year rolling rate) had not yet been updated. The suspected deaths by suicide locally for young people aged 16-25 were all male, though a third were of people not residing in Blackpool.
- 5.5.2 Members examined the potential reasons for the suggested decrease in number and it was noted that there had been a number of public health campaigns in place and increased levels of suicide prevention training, however officers advised that it was difficult to pinpoint why there may be a reduction and what had caused it as cases were very individual. There had been a campaign to promote the five ways to wellbeing with increased training in schools with emphasis placed on early intervention. The previous

issues raised in relation to finding out whether people were known to mental health services were highlighted again.

- 5.5.3 The Panel discussed potential correlations between young males and substance misuse and whether that was a particular contributing factor to suicide in this demographic. It was noted that no specific data to Blackpool was available, however, cases of substance misuse came up frequently in discussions and national evidence suggested to a link to substance misuse and poor mental health. Work was ongoing to highlight the problems that could be caused by substance and alcohol misuse both locally and nationally.
- 5.5.4 In relation to the deaths of young males aged 16-25, Members queried whether more data could be provided regarding the potential factors involved, relationships, causation to obtain a more thorough idea of anything that could be done to address this. It was noted that if a child under the age of 18 died a Child Death Overview Panel would be held to look at potential learning from around the death but this did not happen for those aged over 18. It was also reported that a suicide adult had been carried out previously, although look at suicide as a whole rather than this particular age cohort. It was suggested that a future audit could focus on this age group and trying to gather more detail around their history and potential contributing factors in order to focus resources. The audit when completed would form part of the future reporting to the Adult Social Care and Health and Children and Young People's Scrutiny Committees.
- 5.5.5 Specific reference was made to Elliot's Place as a key service for young men and it was reported that that had been improvements made in encouraging young men to talk about mental health more, however, much more was required with Blackpool having one of the highest levels of suicide amongst young men in the UK. There were serious mental health issues which were being made worse by the current environment. Elliot's Place had been inspired by the memory of Elliot Taylor who had died by suicide agenda 24 in 2020, whose family had not wanted anyone else to suffer in the same way. Elliott's Place aimed to offer community peer support for young men to get together and share concerns with no stigma attached. On offer was access to walks, gardening, opportunities to gather with peers and empower communities to support each other.
- 5.5.6 Young men aged 16-25 continued to find it difficult to access services and talk about their feelings. At Elliot's Place young men found other young men to talk to - Elliot's Mates. Covert advertising of the service took place to ensure that young men could find out about Elliot's Place without having to go out of their way. Members commended the peer support on offer and highlighted its importance whilst raising concerns that third sector organisations were not always offered recurrent funding in a sustainable way. It was highlighted that in order to continue high levels of service provision, organisations must be able to plan with funding built into the overall budget of the relevant funding organisation which in this case was identified as the Lancashire and South Cumbria Integrated Care Board.

**Recommendation Three**

That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.

**Recommendation 4**

That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.

## **6.0 Financial and Legal Considerations**

### **6.1 Financial**

#### **6.1.1 Public Health funds the following:**

- Mental health provision for complex young people (18-25) through the homeless mental health team – posts have been funded to add capacity to the team and a contribution towards a psychologist post totalling: £178,600, the rest of it is will be funded through the ICB. Funding is for this year, with the intention to fund next year.
- Young ADDER/CASHER post - £52k, funded for three years, ending in March 2023 as we move towards picking up complex CYP through the homeless mental health team and part-funding the post with the Adolescent service.
- Community suicide prevention service which will include provision of individual and peer support for 18-25 year olds bereaved by suicide. The total is £75k, our contribution is £37,800 and the rest is funded through the ICB Funding for 12 months initially, starting in January 2023. The impact/outcomes will need to be assessed as it's a new project.

Public Health is also looking at contributing towards a mental health practitioner post to work with the Adolescent Service. This will be £24,965, the rest of the post will be funded through the ICB. It's likely we'll fund it for 12 months and will gather data on effectiveness as part of a business case for future years funding.

### **6.2 Legal**

- #### **6.2.1**
- There are no specific legal implications, however, consideration would need to be given to GDPR and Data protection should the data sharing element of the recommendations be progressed. There is also the cross over in respect of Adults and Children and the statutory obligations that each have to observe from their respective statutory roles.

<p><b>Recommendation 1</b> That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.</p>	<p>The Cabinet Member supports the recommendation.</p>		<p>12 months</p>	<p><b>CE, Blackpool Council, CEO, BTH, Blackpool Lead, ICB</b></p>		
<p><b>Recommendation 2</b> That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.</p>	<p>The Cabinet Member supports the recommendation.</p>		<p>12 months</p>	<p><b>Director of Public Health and BTH CEO</b></p>		



<p><b>Recommendation 3</b> That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board’s plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.</p>	<p>The Cabinet Member supports the recommendation.</p>		<p>12 months</p>	<p><b>Director of Public Health and ICB Lead</b></p>		
<p><b>Recommendation 4</b> That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children’s and Young People’s Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.</p>	<p>The Cabinet Member supports the recommendation.</p>		<p>12 months</p>	<p><b>Scrutiny Manager</b></p>		