

ABERDEEN CITY COUNCIL

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| COMMITTEE | Education and Children's Services Committee |
| DATE | 8th November 2022 |
| EXEMPT | No |
| CONFIDENTIAL | No |
| REPORT TITLE | Mental Health and Wellbeing Summit |
| REPORT NUMBER | OPE/22/249 |
| DIRECTOR | Angela Scott (Chief Executive) |
| CHIEF OFFICER | Eleanor Sheppard |
| REPORT AUTHOR | Gael Simpson |
| TERMS OF REFERENCE | 1.1.1 |

1. PURPOSE OF REPORT

- 1.1 In September the Education Operational Delivery Committee instructed the Chief Education Officer to consider the data shared in Committee Report OPE/22/159 and plan next steps by holding a multi-agency Health & Wellbeing Summit. The Committee instructed that the outcome of the health and Wellbeing Summit be reported to Committee as soon as reasonably practicable thereafter and this report aims to satisfy that instruction.

2. RECOMMENDATIONS

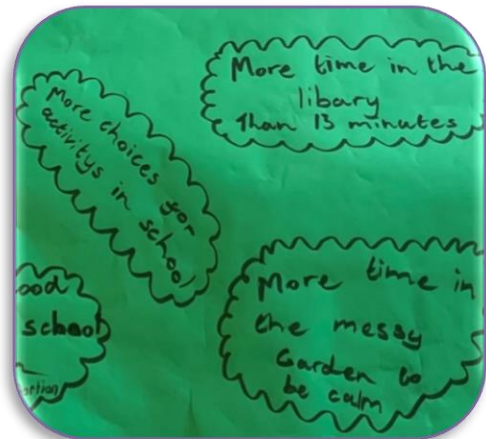
That the Committee:-

- 2.1 notes the approach taken to delivery of the Health and Wellbeing Summit held on the 14th October 2022;
- 2.2 instructs the Chief Education Officer to establish a Mental Health Collaborative to focus on positive mental health from birth to end of life;
- 2.3 instructs the Chief Education Officer to establish an aligned Youth Taskforce to inform the work of the Mental Health Collaborative; and
- 2.4 instructs the Chief Education Officer to report on progress within one calendar year.

3. CURRENT SITUATION

- 3.1 A Health and Wellbeing Summit was held on 14th October in the Town and County Hall. The Summit enabled around 60 decision makers to come together and explore the data outlined in Committee report OPE/22/159 both personally and collectively. The event also provided an opportunity for attendees to hear directly from the children and young people of Aberdeen and consider how best to respond to health and wellbeing needs together.

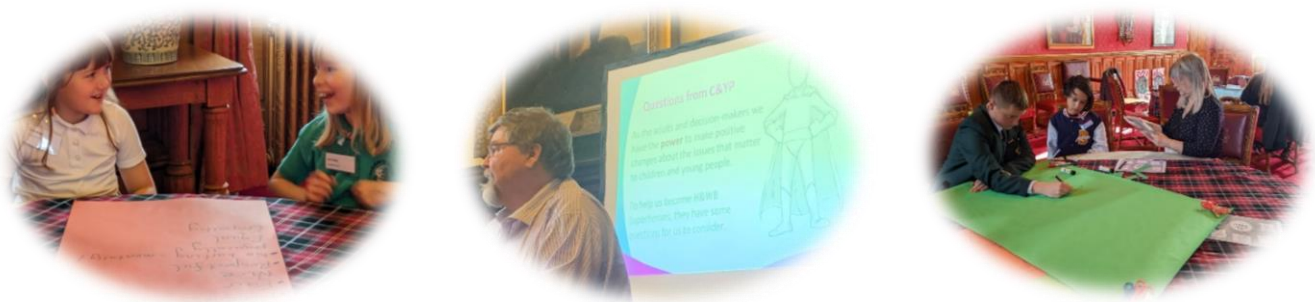
- 3.2 Attendees included local decision makers from the Community Planning partners including Elected Members, Public Health, the Third Sector as well as representatives from Scottish Government and their agencies. Children and young people worked in parallel to this event, directing key questions and comments to delegates through various creative approaches and through direct dialogue. All attendees benefited from the wide range of perspectives shared on the day and all showed a commitment to work in collaboration and with greater integration.
- 3.3 There was clear agreement from partners to establish robust governance arrangements across agencies, to focus on mental health and wellbeing from pre-birth to end of life through the proposed development of a Mental Health Collaborative. This thematic approach across all citizens takes account of the high number of young people who are impacted by compromised parental mental health and emerging trends suggesting that separated parents and young parents require additional consideration.
- 3.4 This Collaborative will take lead responsibility for considering a number of key improvement outcomes identified through the summit, ongoing review of work and support engagement of agreed actions required to enable sustainable and evidence-based impact. This on-going review is thought critical given the changing needs of children and families. Attendees at the Summit agreed that a follow up Summit should be held before the end of this school session.



3.5 Key themes that have already been identified for the Collaborative to consider are:

- On-going review of qualitative and quantitative data, considering improved data alignment, for sharing and using data and a focus on trying to reduce the number of times a family must retell their story
- Coordinated and integrated resource planning as part of a collaborative approach to responding to the emerging trends within a shared data structure
- A need for proactive, preventative services for children and families which should in turn lead to fewer referrals for specialist support
- Improved accessibility of information to support preventions, self-referral an earlier intervention
- Ensuring the lived experiences and voices of children and young people and their families is central to the design of services
- Improved understanding of adolescent brain development across services
- Reducing the impact of poverty on the 6 identified groups most at risk
- Reduce demand on tier 3 services by improving the accessibility of tier 2 services
- Better connect children's and adults services to address family wellbeing and build resilience of all

The agreed workplan of the collaborative will be shared with Members through a service update and relevant actions should be reflected and considered through the work of the LOIP and refreshed Children's Services Plan.



3.6 A Terms of Reference for the Mental Health Collaborative will be agreed before the end of 2022 and shared with Members through a Service update.

3.7 The work of the group will be supported through the introduction of a Mental Health Youth Group, to ensure the voices of children and young people are listened to, understood, and responded to. It is expected that the Terms of Reference for the Mental Health Collaborative will make explicit reference to how the Youth Group will directly inform decision making.

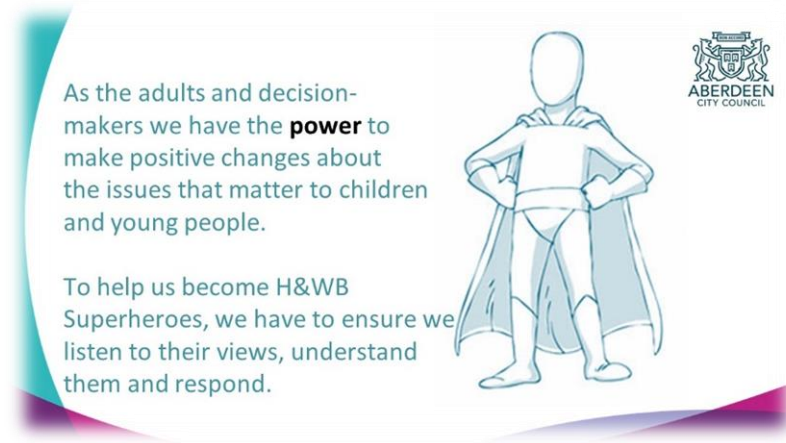
3.8 In addition to the establishment of these collaboratives, some actions were identified for completion within the next 6 months. These include:

- Engagement with 'The One Good Adult' Resource developed in partnership with Scottish Government, Children In Scotland and NHS Education for Scotland
- The development of materials to support an improved, collective understanding of adolescent brain development to ensure that our young

people, parents and carers and professionals understand how brain development can impact self-perception.

- Consideration of which further services could be accessed through Fit Like Aberdeen to enhance the strong offer of support that is already in place.

3.9 It is proposed that an update on progress be provided within one calendar year.



4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report and any funding requirements linked to recommendations raised by the Mental Health Collaborative will come from existing funding streams or seek further action if required.

5. LEGAL IMPLICATIONS

5.1 The Children and Young People (Scotland) Act 2014 provides that children's services should be provided in a way which best safeguards, supports or promotes the wellbeing of children; ensures that any action to meet needs is taken at the earliest Page 199 appropriate time and that, where appropriate, action is taken to prevent needs arising; is most integrated from the point of view of the recipients; and constitutes the best use of available resources.

5.2 The Standards in Scotland's Schools etc. Act 2000 places a duty on Education Authorities to secure that education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential and in carrying out this duty to have due regard to the views of children and young people.

5.3 The Education (Additional Support for Learning) (Scotland) Act 2004 places a duty on the Authority to make adequate and efficient provision for supporting children and young people with additional support needs.

5.4 The Equality Act 2010 places a duty on the Authority to Advance equality of opportunity between people who share a relevant protected characteristic and

those who do not and to take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.

- 5.5 The ingathering of data from the surveys undertaken and the proposed steps to address the findings of these surveys will assist the Authority to implement these duties more effectively.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 Only positive environmental impacts have been identified. On-going promotion of pupil voice and their participation in decision making will help develop citizens who consider environmental implications in later life.

7. RISK

| Category | Risks | Primary Controls/Control Actions to achieve Target Risk Level | *Target Risk Level (L, M or H) *taking into account controls/control actions | *Does Target Risk Level Match Appetite Set? |
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| Strategic Risk | Risk of not improving outcomes for learners | Working with multi-agency partners to address health and wellbeing needs helps maximise the use of resource and helps collectively reduce the risk. | L | Yes |
| Compliance | Risk of not complying with the ASL Act as amended | Establishing a multi-agency plan will help mitigate this risk and ensure a proactive response by all key partners given the interdependence in this area. | L | Yes |
| Operational | Staff are overwhelmed, which leads to low morale as staff feel unable to meet the educational and well-being needs of young people. | Staff wellbeing surveys are undertaken which help us to understand their needs and respond with an ongoing commitment to delivering support | L | Yes |

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| | | and high-quality professional learning for all. | | |
| Financial | Risk of not having sufficient resource. | Ongoing consideration of a multi-agency approach to service delivery and resource, ensures the right support from the right place is timely and we have a more joined up process for children and families. | L | Yes |
| Reputational | Where single agency support is in place for children and young people to meet their physical and mental wellbeing needs we are unlikely to meet these, causing a reputational risk to the organisation. | Data scrutiny, reporting and strong partnerships enable us to enhance the Council's reputation for strong collaborative and solution focused working. | L | Yes |
| Environment / Climate | No risks identified | | | |

8. OUTCOMES

| <u>COUNCIL DELIVERY PLAN</u> | |
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| | Impact of Report |
| <p>Aberdeen City Council Policy Statement UNICEF Child Friendly accreditation.</p> <p>Commit to closing the attainment gap in education while working with partners across the city.</p> | <p>The proposals within this report support the delivery of Child Friendly City accreditation as independent inspectors will have made judgements on the extent to which children's rights inform the work of our schools.</p> <p>External scrutiny provides helpful assurance that there is sufficient focus on helping young people recover from the pandemic and that the school self-evaluation and improvement plan is well positioned to support a closing of the poverty related attainment gap.</p> |
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[Aberdeen City Local Outcome Improvement Plan](#)

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| <p>Prosperous People -children and young people</p> | <p>The detail within this report supports the delivery of Children & Young People Stretch Outcomes 4 to 9 in the refreshed LOIP. This includes the following projects:</p> <ul style="list-style-type: none"> • Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022. • 100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022. • The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023. • Increase by 80% the use of digital wellbeing resources for children and young people’s mental health and wellbeing by 2022. • 100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022 • Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023 • Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023. • Increase % of people who walk as one mode of travel by 10% by 2023. Increase % of people who cycle as one mode of travel by 2% by 2023. • Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023. |
| <p>Prosperous Place</p> | |
| <p>Regional and City Strategies Regional Cultural Strategy Prevention Strategy Children’s Services Plan</p> | <p>The universal provision of education is fully aligned to the Prevention Strategy and a key partner to the Children’s Services Plan</p> |

9. IMPACT ASSESSMENTS

| Assessment | Outcome |
|-----------------------------------|--------------|
| Integrated Impact Assessment | |
| Data Protection Impact Assessment | Not required |
| Other | None |

10. BACKGROUND PAPERS

None

11. APPENDICES

12. REPORT AUTHOR CONTACT DETAILS

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