

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**DATE: 06 JUNE 2018****MENTAL HEALTH STRATEGY & SUICIDE PREVENTION UPDATE****REPORT OF: STEPH WAIN - TELFORD & WREKIN COUNCIL, FRANCES SUTHERLAND - NHS TELFORD & WREKIN CCG, HELEN ONIONS – TELFORD & WREKIN COUNCIL****LEAD CABINET MEMBER – CLLR P R WATLING & CLLR A R H ENGLAND****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

This report provides an update of the work being undertaken across Telford and Wrekin to improve and support the mental health of local residents.

The Mental Health Strategy 2016-2019 (approved in early 2016) includes a wide range of priorities. The Health and Wellbeing Strategy places “Improving mental wellbeing” as one of its priorities, therefore the 2 are closely linked.

The following report is therefore divided into two sections-:

- Update on Mental Health Strategy – including 0-25 emotional health and wellbeing service and support for survivors of Child Sexual Exploitation / Abuse (CSE/CSA).
- Update on Suicide Prevention

2. RECOMMENDATIONS

To note the updates provided on both programmes of work.

3. IMPACT OF ACTION

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a poor emotional health, mental health problems, or at risk of suicide.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improving Mental Health</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Plan to :</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities. <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
Yes	<p>The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.</p> <p>This will include children and adults.</p>	
TARGET COMPLETION/DELIVERY DATE	Various targets / milestones contained within the plans.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>For the Council, the actions detailed in this report are expected to be achieved in line with the approved budget strategy and therefore in line with approved budgets. Not all the initiatives in this report have recurrent funding e.g. Mental Health Hubs were funded for the first time in 2017/18 from one off resources. Continuation for a further year would also have to be supported from temporary resources and is being discussed at present.</p> <p>Where further initiatives under the strategy ensue the expectation is that these will be delivered from within existing resources. RP 24/5/18</p>
LEGAL ISSUES	Yes	The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983) and under the revised statutory Code of

		<p>Practice under the MHA 1983, which came into force on 1 April 2015 and last updated on 31st October 2017.</p> <p>Section 2B of the National Health Service Act 2006 (as amended) places a duty upon local authorities to take appropriate steps to improve the health of local people in its area.</p> <p>The Public Health, NHS and Adult Social Care Outcomes Frameworks all contain outcomes in respect of the mental health and wellbeing of adults and children, which the Council and NHS bodies are required to meet.</p> <p>The HWBB has a role in co-ordinating and encouraging integrated partnership working.</p> <p>Accordingly, work undertaken by the HWBB to identify and investigate mental health and suicide prevention issues assists the Council in undertaking its statutory responsibilities. KF 29 May 2018</p>
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	The mental health strategy, and suicide prevention strategy was developed following significant engagement. A stakeholder group of volunteers, service users and third sector groups now oversee the implementation.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The Mental Health Strategy and Health and Improving Mental Health priority has many interdependencies with other strategies such as: Commissioning Strategies on drugs and alcohol, autism, dementia, Children in Care and Care Leavers. The aim is that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 The Mental Health Strategy 2016-2019 for Telford & Wrekin (approved in early 2016) includes a range of priorities and actions. The Health and Wellbeing Strategy places “Improving mental wellbeing” as one of its priorities, therefore the 2 are closely linked.

The following report is therefore divided into two sections-:

- Update on mental health Strategy
- Update on suicide prevention priority

Section One: Mental Health Strategy

The following describes some of the key pieces of work that are currently being addressed:

- Branches the mental health hub has been running for one year now. Based at Strickland House in Wellington, but with an increasing number of outreach sessions from a range of locations, Branches offers a range of services including: drop in, listening service, structured activities, and telephone support. The night service offering a safe place is going well and has received positive feedback from partners.

A community event Branches in the Park took place on 6th May to raise awareness of mental health and the local support services that exist. The event was blessed with good weather and it is estimated that between 4000 – 5000 people attended. The event was supported by staff from Mental Health Commissioning and the Public Health Team in the Council. Feedback is being collated from partners but so far suggests a considerable number of people engaged in conversations about the support on offer with regard to a member of their family. The impact will be evaluated further.

- A mental health forum meets on a regular basis. Together they share best practice, develop new partnerships and solutions. There are over 20 organisations represented on this group.
- Orchard Place, a dedicated mental health supported living scheme has been open for nearly 12 months now. A tender is out now for the ongoing care provider, having tested the model for the first year.
- Commissioners have facilitated a number of sessions with the Third Sector to develop a local model for people who have experienced Emotional Trauma. This is an unmet need locally. Most recently this work has focused specifically on the support needs of those who have experienced child sexual exploitation / abuse (CSE/ CSA).

Commissioners are currently developing a model which is hoped will offer psychological interventions to help people to cope with their trauma, and practical support to help them to build a better future. Commissioners hope to invite the local providers and wider Third Sector to bid for funds in order to deliver the practical support.

- The Emotional Wellbeing service (IAPT) provided support to 19% of the population who are depressed or anxious; The service provided a 60% recovery rate; 90% seen and commence treatment within 6 weeks and 97% seen and commence treatment within 18 weeks. In 2018/19 19% access has been commissioned with this rising to 25% by 2020/21.
- The service also provides an integrated service to support individuals with physical health issues. The main focus has been on Diabetes and respiratory conditions with the service now working more closely with Musculo skeletal conditions. In addition the service also provides clinics in the DWP office and Job box.
- The Early Intervention psychosis service is failing its target of 50% at this time and a performance notice has been issued to the trust. A remedial action plan is in place and it is anticipated that issues have been solved and the service will meet the target in the next 2 months.
- DTOC – improved systems are in place between Health and social care to ensure delayed transfers are prevented, and where incurred, reduced. Commissioners are able to report an improved position in relation to DTOC.
- Since the last report, both mental health commissioners have taken on responsibility for children’s mental health services. Both commissioners attend regular meeting with the provider to address the remedial action plan. Key issues / progress to note:
 - The service is called BeeU - a name developed and agreed by children and young people.
 - The service has continued to recruit staff to fill vacancies. The Looked After Children post has now been recruited to. All access team members have been recruited with the last person to start in June. A second substantive consultant is now in post. Clinical leads are in place for each pathway.
 - A proposal to support Out of Area looked After Children has been sent to the trust. A reply is anticipated by the end of May 2018

- The trust has started reporting details of the numbers of children accessing their services. In April 152 referrals went into Core CAMHS; 90 new referrals for Kooth; 26 for healios ;281 drop ins for BEAM.
- Waiting times continue to be an issue but this is improving and plans are in place to reduce these over the next 3 months.

- **Improving Emotional Health and Wellbeing in Schools: Future in Mind**

Future in Mind Telford & Wrekin is a joint project between Public Health, the Severn Teaching Alliance delivers and other key stakeholders involved in supporting the emotional health and wellbeing (EHWB) of local children and young people.

This multi-agency approach supports early identification and support for emotional health and wellbeing. Each organisation nominates an EHWB lead who attends the termly Continuing Professional Development (CPD) and networking sessions. Leads then deliver the learning in their own setting using the resources provided and working with their colleagues. In this way all professionals can work together to support a young person with EHWB needs with the same intervention. Through local delivery of this programme we aim to achieve constancy of provision in every setting through:

- A shared definition of mental health
- The ability to train and educate the school and partner workforce
- Having a good understanding of the value of inter-agency working and the benefits this brings to the child, family and society
- The ability to promote good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- Taking early action to prevent mental health problems from arising with those children, young people and their families who may be at greater risk
- Developing the skills of our workforce to identify swiftly that a child, young person or their family need early help
- Evidencing how the programme is contributing to early help identification in universal settings including school, community and primary care.

Feedback about the CPD and networking has been positive, with the vast majority of participants feeling the learning supported their role back in their setting and it has allowed them to put support in place for children with EHWB needs.

CPD topics cover local and national priorities, identified using information from the 0-25 year's service, alongside the School Health Watch survey completed in summer 2016. Since its launch in December 2016, the following topics covered have included: identifying mental health issues; dealing with loss, grief and separation; online safety

and the impact on EHWB; eating disorders; LGBT; healthy living and RSE. The theme for the summer term in 2018 is self-harm.

Partners in the new 0-25 EHWB service have attended network sessions to talk about their offer and how children and families can access this. Much of this is accessible to young people online.

1.2 Section Two: Suicide Prevention Update

Suicide Prevention Update

As a key part of the implementation of the mental health strategy, a suicide prevention strategy and action plan has been developed and continues to be implemented overseen by the Suicide Prevention Network (Shropshire & Telford & Wrekin wide). The local area action group is now chaired by Lyn Stepanian, Public Health Practitioner, and the key areas of action are:

- Accessibility – better signposting and easier access to appointments, specialised services in the community and tailored care
- Education & Training – improve the skills of the workforce and empower people to talk about mental health, self-harm and suicide
- Sensitivity – Ensure that front line staff are able to assist people in crisis to get the support they need and break down barriers
- Information – improve the way that information is shared between different agencies and get the right information to those that need it at the right time
- Network approach – get groups and organisations working collaboratively to prevent the preventable

Two successful developments delivered by the local action group, are the development of a Suicide Intervention Policy for schools, and the high uptake of the “Save a life” online training, which has proved an excellent resource

The annual joint event, bringing together a wide range of stakeholders and service users across both Shropshire and Telford and Wrekin, is again being planned for September 2018. This will provide the opportunity to review local suicide prevention activities and prioritise activities going forward. It is hoped this year to share learning from individuals affected by loss with service providers.

Key facts and figures for Telford & Wrekin:

- There were an average of 15 deaths by suicide per year over the 3-year period 2014-2016.
- There is a relationship between A&E self-harm attendance and social deprivation.

- Female self-harm exceeds male self-harm, which is contrary to suicide rates. This could be because females and males tend to use different means of attempting suicide, and that consequently females are more likely to be saved.
- Police leads are sharing hotspot data with group to enable signage by the Samaritans.
- Further profiling of local available data is being undertaken to support targeting of those at most risk.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

3. PREVIOUS MINUTES

9th March 2016 – Mental Health Strategy Report by Steph Wain & Frances Sutherland.

September 2016 – Mental Health Strategy Report by Steph Wain & Frances Sutherland

June 2017 – Mental Health Strategy Report by Steph Wain & Frances Sutherland

4. BACKGROUND PAPERS

None

Report prepared by

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