



Havering

L O N D O N B O R O U G H

HEALTH & WELLBEING BOARD AGENDA

1.00 pm	Wednesday 13 March 2019	Committee Room 2, Town Hall
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Members: 16, Quorum: 6

BOARD MEMBERS:

Elected Members: Cllr Jason Frost (Chairman)
Cllr Damian White
Cllr Robert Benham
Cllr Gillian Ford

Officers of the Council: Andrew Blake-Herbert, Chief Executive
Tim Aldridge, Director of Children's Services
Barbara Nicholls, Director of Adult Services
Mark Ansell, Director of Public Health

Havering Clinical
Commissioning Group: Dr Atul Aggarwal, Chair, Havering Clinical
Commissioning Group (CCG)
Dr Gurdev Saini, Board Member Havering CCG
Ceri Jacob, BHR CCG
Steve Rubery, BHR CCG

Other Organisations: Anne-Marie Dean, Healthwatch Havering
Jacqui Van Rossum, NELFT
Christopher Bown, BHRUT
Danny Batten, NHS England

For information about the meeting please contact:

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What is the Health and Wellbeing Board?

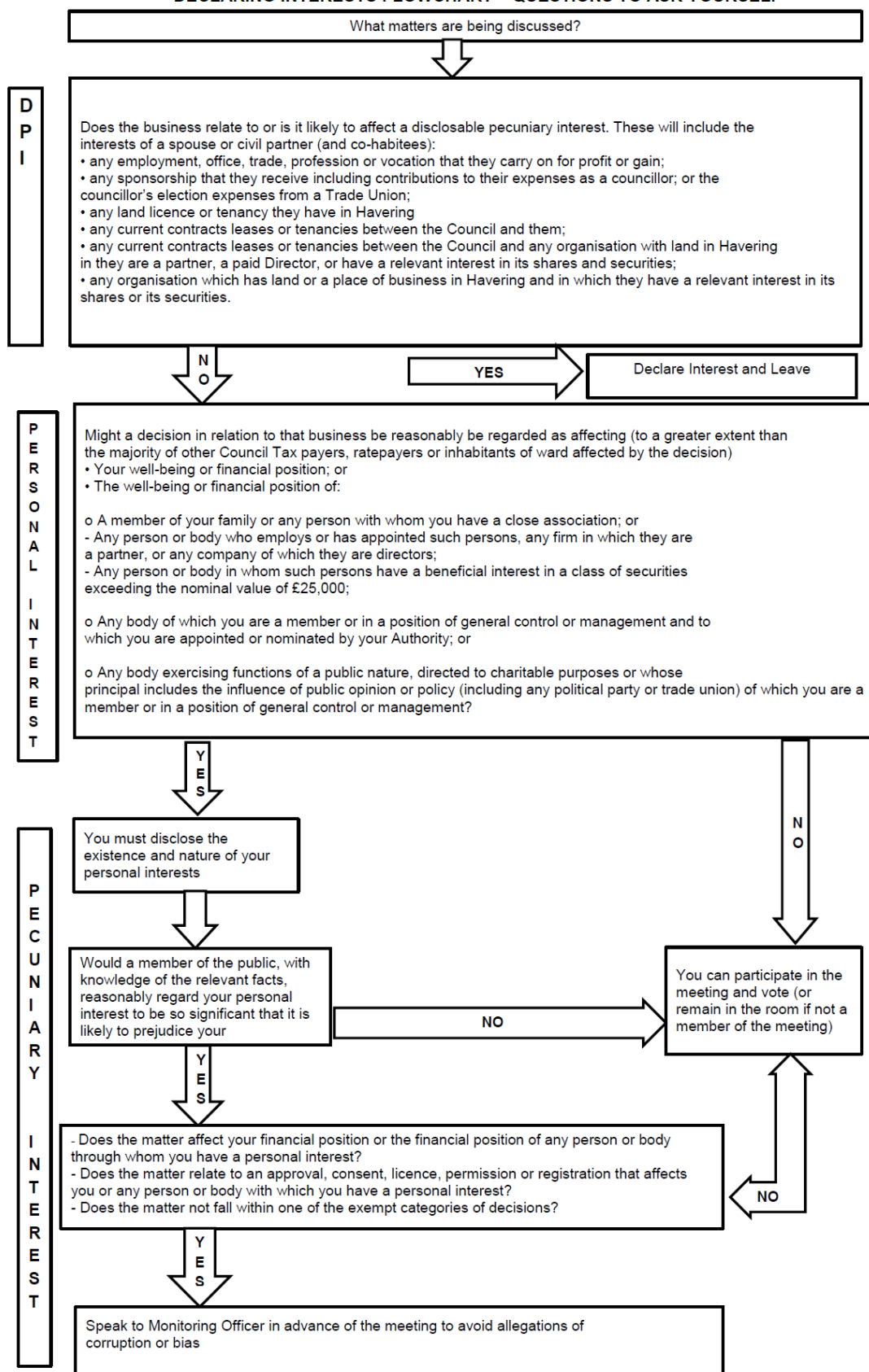
Havering's Health and Wellbeing Board (HWB) is a Committee of the Council on which both the Council and local NHS and other bodies are represented. The Board works towards ensuring people in Havering have services of the highest quality which promote their health and wellbeing and to narrow inequalities and improve outcomes for local residents. It will achieve this by coordinating the local NHS, social care, children's services and public health to develop greater integrated working to make the best use of resources collectively available.

What does the Health and Wellbeing Board do?

As of April 2013, Havering's HWB is responsible for the following key functions:

- Championing the local vision for health improvement, prevention / early intervention, integration and system reform
- Tackling health inequalities
- Using the Joint Strategic Needs Assessment (JSNA) and other evidence to determine priorities
- Developing a Joint Health and Wellbeing Strategy (JHWS)
- Ensuring patients, service users and the public are engaged in improving health and wellbeing
- Monitoring the impact of its work on the local community by considering annual reports and performance information

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 FORWARD PLAN

3 APOLOGIES FOR ABSENCE

(If any) – receive

4 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any of the items on the agenda at this point of the meeting.

Members may still disclose any interest in any item at any time prior to the consideration of the matter.

5 MINUTES, ACTION LOG AND INDICATOR SET (Pages 1 - 14)

To approve as a correct record the minutes of the Committee held on 16 January 2019 and to authorise the Chairman to sign them.

6 MATTERS ARISING

To consider the Board's Action Log

7 CHILDREN AND ADOLESCENT MENTAL HEALTH (Pages 15 - 22)

8 AUTISM STRATEGY (Pages 23 - 28)

9 BHR MENTAL HEALTH TRANSFORMATION PROGRAMME (Pages 29 - 44)

10 SUICIDE PREVENTION (Pages 45 - 60)

11 FUTURE MEETING DATES

Andrew Beesley
Head of Democratic Services

**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
16 January 2019 (1.00pm – 3.30pm)**

Present:

Elected Members: Councillors Jason Frost (Chairman) and Robert Benham.

Officers of the Council: Mark Ansell, Interim Director of Public Health; and Barbara Nicholls, Director of Adult Services.

Havering Clinical Commissioning Group: Dr Atul Aggarwal, Chair Havering Clinical Commissioning Group; Dr Gurdev Saini, Board Member, Havering Clinical Commissioning Group and Sharon Morrow, Barking, Havering & Redbridge Clinical Commissioning Group (substitute for Steve Rubery).

Other Organisations: Aleksandra Hammerton, Deputy Chief Operating Officer for Emergency Care, Barking, Havering and Redbridge University Trust (substitute for Christopher Bown); Anne-Marie Dean, Executive Chairman, Healthwatch Havering; and Carole White, North East London NHS Foundation Trust (substitute for Jacqui Van Rossum).

Also Present: Elaine Greenway, Public Health Consultant; Karen Starkey, Programme Manager, London Borough of Havering; and John Green, Head of Joint Commissioning Unit, London Borough of Havering.

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event that may require the evacuation of the meeting room or building.

2 APOLOGIES FOR ABSENCE

Apologies were received from:

Tim Aldridge, Director of Children's Services, London Borough of Havering
Danny Batten, NHS England
Andrew Blake-Herbert, Chief Executive, London Borough of Havering
Christopher Bown, Barking, Havering and Redbridge University Trust
Councillor Gillian Ford, London Borough of Havering
Steve Rubery, Barking, Havering and Redbridge Clinical Commissioning Group
Jacqui Van Rossum, North East London Foundation Trust
Councillor Damian White, London Borough of Havering

An apology for absence was also received from Philippa Robinson, Transformation Lead, Havering Collaborative.

3 DISCLOSURE OF INTERESTS

There were no declarations of interest made in items on the agenda.

4 MINUTES, ACTION LOG AND INDICATOR SET

The minutes of the meeting held on the 12 September 2018 were agreed as a correct record and signed by the Chairman.

The following items were noted in respect of the action log:

- 17.27 – In terms of safeguarding, it was noted that information pertaining to safeguarding cases referred to courts was publicly available.
- 18.2 - All secondary schools in Havering had confirmed that they operated a closed gate policy to some degree.
- 6 – Agenda Item. 6 refers.
- 7 – An update on the SEND Action Plan and the Therapy Review – Options Appraisal, showing a timetable to the end of October 2018, would be circulated to members.

Members received the Health and Wellbeing Board indicator set which provided an overview of the health of residents and the quality of care services available to them.

Members received a verbal update from the Interim Director of Public Health regarding the provision of Long Acting Reversible Contraception (LARC) excluding injections. Overall, the position had worsened and increased provision of LARC remained a priority. Following completion of re-procurement, discussions would be had with the provider of specialist Sexual Health Services as to how they could lead efforts to increase LARC provision as part of the wider refreshed teen pregnancy plan.

Referral to treatment continued to be a concern, with performance declining. The improvement plan continued to be monitored through the Steering Group and an update would be presented at the next meeting of the Board.

5 POPULATION HEALTH

Members received the King's Fund paper 'A vision for population health, towards a healthier future' which set out the health and wellbeing challenges faced nationally and where efforts were best placed to achieve improvement. The paper provided a useful context and possible framework to help members consider how work at borough level might further the aims of the Board as expressed in any future strategy.

Although there had been great improvements in health over the past decade due to improvements in sanitation, medicines and healthcare, underpinned by economic growth, improved living standards and the establishment of the welfare state, the rate of progress had stalled in England alongside an increasing burden on health services.

Studies into determinants of health, had identified socio-economic determinants, lifestyle and care as contributors. The most optimistic estimate suggested that health care could contribute more than 40% of the overall health status of the population, if every effective intervention was provided at the right time to every patient who would benefit. Other studies put the estimates at under 25%, which lead the authors of the paper to suggest that improving the health of the population and the future sustainability of high quality health and social care was dependent on decisions makers at all levels recognising the importance of other factors.

The Kings Fund report introduced the concept of four pillars of population health and explored the evidence as to how each might affect health, directly or indirectly, alone or in concert with other factors; the strength of that evidence, and the scale and speed of the impact that might be expected on health and health inequalities.

The Kings Fund report suggested a balanced approach to four underpinning pillars, each of which were a core business of one or more statutory partners:

- Pillar 1 – Wider determinants of health
- Pillar 2 – Health behaviours and lifestyles
- Pillar 3 – The places and communities we live in
- Pillar 4 – An integrated health and care system

It was suggested that the Board adopt and champion the population health approach, which would be a significant development in the direction of the Board and frame future plans; and would encourage partners to look at the areas of overlap or joint responsibility that might otherwise be overlooked. The Board sought clarification on the accountabilities between the Local Authority, Clinical Commissioning Groups, the Sustainability and Transformation Plan and Integrated Care System.

Members indicated their commitment to achieving a set of explicit time limited goals relevant to the four pillars and the development of a programme of work that would be actively managed. Furthermore, Members felt that there should be a more balanced approach and for an increased focus on individuals placing more onus on their own health.

During discussion, concern was raised regarding the number of children in families classified as homeless. There were issues locally regarding accountability, and the importance of engagement of Health and Social Care across the three boroughs was paramount.

It was accepted that assistance into work was a crucial element in recovery from illness and mitigated risk of long term unemployment which was risk for further ill health. As the biggest employers, Councils and the NHS had huge buying power and the opportunity to develop skills and income of local residents.

Members noted the importance of involving the community in design and commissioning of services to enable the community to improve their own health and supported that a buy in from local businesses be sought, as these were anchor institutions within the community.

Looking long term, the borough's ambitious regeneration programme including the improvement of wider determinants such as the improvement of footpaths and the creation and recreation of communities, and the local authority would welcome the Board's input in making sure that Havering localities were fit for purpose.

RESOLVED:

That the Kings Fund report, be noted and that the 4 pillars approach be used as a starting point for discussions regarding the new joint health and wellbeing strategy.

6 HEALTH IMPROVEMENT REPORT 2018

Members received the Health Improvement Report which illustrated how the Council had broadened its preventative approach to tackle the wider determinants of health, health behaviours and lifestyles.

The eighteen separate programmes of work summarised in the report, when taken together, responded to the greatest health challenges of today, those of non-communicable diseases such as diabetes, health inequality and increasing health and social care costs.

Public Health and Planning had worked together on a health impact assessment of the Local Plan, and this showed that it was possible to take a very practical approach to health in all policies, and this led to further interest in assessing other strategies and policies for their impact on health.

During discussion, Members noted that the inclusion of Health and Wellbeing impact statements in key decisions was to be piloted; that the Equality and Health Impact Assessment was being evaluated; and that further training needs in understanding health and wellbeing impacts would be considered.

The Health and Wellbeing in Schools service had supported schools to achieve Healthy Schools London awards, and had delivered training to school staff on a range of health and wellbeing topics. The service was supporting schools to prepare for new curriculum content on Sex and Relationship education. Havering was one of six London boroughs to

participate in the Healthy Early Years London pilot, with eight awards achieved during the pilot phase. A Healthier Catering Committee was planned to be introduced in 2019, focusing on supporting restaurants and cafes to take action to prompt customers to opt for healthier choices.

Air quality was the largest environmental risk to the public's health and contributed to cardiovascular disease, lung cancer, and respiratory diseases, and increased the chances of hospital admissions and visits to emergency departments. Although poor air quality affected everyone, it had a disproportionate impact on the young, old, sick and the poor. The Public Protection Service was leading a piece of work on an agreed air quality action plan.

Local authorities were mandated to provide NHS health checks free of charge to local residents aged 40 to 74 who had not already been diagnosed with a Cardio Vascular Condition (CVD). The check identified those who have CVD who then had their conditions clinically managed, as well as those who were at high risk of CVD, and these residents were given lifestyle advice.

The Clinical Commissioning Group had decommissioned Health Analytics, a database which collected information on a range of health activities, including NHS Health Checks, following new General Data Protection Regulations. This had subsequently had a negative impact on the flow of information between the Clinical Commissioning Groups and other agencies, including activity related to NHS Health Checks. This was a concern to Members as this could endanger accurate reporting against this mandated service. It was agreed that the Chair of Havering Clinical Commission Group would escalate the matter in order to resolve the issue, and that he would liaise with the Interim Director of Public Health and also provide an update on progress to the next Health and Wellbeing Board meeting.

The Health Improvement Plan contained some top line information on sexual health, including strengthened commissioning arrangements; drug and alcohol harm reduction and health visiting and school nursing. Health visiting and school nursing services, provided by the North East London NHS Foundation Trust (NELFT), had improved and would be re-procured in 2020.

Since the cessation of the smoking service, which was decommissioned 18 months previously, Havering had contributed to the London-wide telephone and internet based stop smoking counselling service. There was also a focus on discouraging smoking in the first instance. Illicit tobacco, also referred to as cheap cigarettes, made it more affordable for children to start smoking and others to continue smoking. A Tobacco Harm Reduction workshop held in 2018 had highlighted that vaping caused less harm than smoking tobacco. It was suggested that social marketing and advertising of smoking cessation services be promoted on health and GP websites and in the Living Magazine, all of which could be easily accessed by residents. The

Local Authority would work with the Havering Clinical Commissioning Group on an App as a joint initiative. During discussion, it was suggested that consideration be given to the creation of general information resources to be made available at GP surgeries, libraries, children's centres and young providers.

Volunteer health champions were committed to health improvement and received accredited training. It was felt that there could be more opportunity to engage volunteers and it was suggested that Patient Group volunteers be targeted and offered the necessary training to become health champions, with the offer to be extended to include coverage in day care centres and libraries.

Employment was a major determinant for health. The Local Authority had introduced the Health and Wellbeing Workplace initiative and wider health improvement campaigns, and recognised the opportunity to widen the determinants by working across departments.

Members would welcome recognition of GP's continued training and development in mental health support, in order to provide residents with added confidence in the system, and noted that GP's agreed their own Continuous Professional Development dependent on their requirements.

During discussion regarding air quality, Members requested that consideration be given to engine idling, in particular in areas surrounding educational establishments. A London wide anti-idling campaign was due to commence in April and a funding application had been submitted to the GLA. Local schools would be encouraged to promote a cultural change against engine idling, however the policing and enforceability of engine idling would prove difficult.

The report set out the EPEC pilot project which had since been further developed. The Early Help team had developed a universal plus offer that built on the localities work, offering a similar approach across the borough.

RESOLVED:

That the Board considered and commented on the report in the context of the Kings Fund Report.

7 LOCALITIES UPDATE

The Board received an update on how the focus on developing 'Localities' collectively contributed to the aspirations set out in the Kings Fund report, in respect of pillar 3: The places and communities we live in.

The wider transformation programme of the Council, together with Localities development would contribute to the role that places and communities play in health (including mental health) including the impact of social relationships and community. The programme would produce a new locality

model which would focus on prevention; build social capital; provide holistic wrap around care and support for individuals and create a broader coherent range of services, networks and pathways in defined areas of the borough.

The Local Authority were looking at community hubs in town centres, following the benefits experienced in Thurrock; closer working with Housing to create opportunities for vulnerable people to remain in Havering; to follow the Better Living model which had been piloted since February 2018; to have a joined up approach to early help in order to create a cohesive service for families and integrating its commissioning.

RESOLVED:

That the Board considered the Localities Update and sought clarification on the localities/transformation programme.

8 TRANSFORMATION OF SERVICES

The Board received a presentation which summarised how health and social care partners across BHR plan to accelerate improved health and wellbeing outcomes of the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services. The presentation covered the BHR Integrated Care Partnership and its vision, the local system recovery plan, key service transformation areas and the new, clinically led, transformation boards.

The key issues faced were:

- BHR: System deficit of £25m in 2014/15 growing to £75m by the end of 2017/18 alongside the need to improve outcomes for local people and address local workforce gaps, placing strain on the ability of the system to deliver its constitutional standards and has driven an insufficient focus on transformational change, meaning that the improvement in overall patient outcomes had not been achieved.
- BHR CCGs and BHRUT are required to deliver joint financial recovery but it was recognised that this could not be achieved without partnership work with NELFT and the BHR GP Federations.

Going forward it was proposed that the following issues be addressed:

- The overall efficiency of the system to eliminate historic and in-year deficits.
- To move activity out of hospital and closer to home by 2020/21, to create a sustainable financial model going forward.
- The overall direction of travel for the health and care system in BHR to take into account the Integrated Care System.
- To establish a NHS Recovery Board to ensure a co-ordinated approach and to provide a forum for senior leaders; and the establishment of a

number of clinically led Transformation Boards to target the key population and coordinate transformational change across the system.

The Board would receive an in depth update on the transformation of services and the progress of individual programmes at a future meeting.

RESOLVED:

That the Board noted the presentation.

9 WORK OF INTEGRATED CARE PARTNERSHIP

The Board received a report that detailed the work of the Integrated Care Partnership.

During discussion, clarification was sought on the relationship between the Integrated Care Partnership Board and the Health and Wellbeing Board. It was highlighted that the Health and Wellbeing Board was not included in the governance arrangements for the Integrated Care Partnership Board and that similar approaches were unlikely to be adopted across each of the boroughs. The Integrated Care Partnership Board recognised the need to understand the issues that each borough was experiencing and welcomed opportunities through joint commissioning.

Consideration would be given to a proposal of incorporating the Health and Wellbeing Board in the governance arrangements of the Integrated Care Partnership Board, with particular oversight on Havering Localities and that recommendations would be presented to Members at the next development session.

RESOLVED:

That the Board:

- I. Noted the contents of the report, where it detailed the governance and current direction of travel of the Integrated Care Partnership, including the issues that arose from its recent consideration of the programme so far.**
- II. Noted the proposals around locality boards and any considerations around how this might be established.**
- III. Provide any comment back to the Integrated Care Partnership Board on the work that it is undertaking, and how the Health and Wellbeing Board can be more meaningfully involved in the future.**
- IV. Agreed the proposal that a further report comes back which outlines the ways in which the ICPB work programmes will support delivery of the new Health and Wellbeing Strategy for Havering.**

- V. **Noted the presentation on the NHS Financial Recovery Programme and discussed the key areas of focus and any areas of concern raised by the proposed approach; and**
- VI. **Agreed how the HWBB would like to receive the final version of the Recovery Plan when it had been updated following Regulator feedback.**

10 BETTER CARE FUND 2017-19

The Board received a report which provided an update on the way in which the Better Care Fund (BCF) was being utilised during 2018/19 and how it was delivering against the plan. The report also sought to set out further details about the proposed plans for the next year.

RESOLVED:

That the report, be noted.

11 FORWARD PLAN

The Board agreed the forward plan as circulated in the agenda, subject to progress on the development sessions.

12 FUTURE MEETING DATES

Members noted that the next meeting was scheduled to be held on the 13 March 2019, commencing at 1.00pm, at Havering Town Hall.

Chairman

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Health and Wellbeing Board Action Log (following January 2019 Board meeting)

No.	Date Raised	Board Member Action Owner	Non-Board Member Action Owner	Action	Date for completion	RAG rating	Comments
7	12.09.018	Tim Aldridge	Caroline Penfold	<p>An update on the SEND Action Plan and the Therapy Review – Options Appraisal, showing a timescale to the end of October 2018, be presented to the next meeting of the Board.</p> <p>Update 16/01/19 – A timetable to be circulated to members.</p>			Verbal update to be provided.
4	16.01.19	Steve Rubery		An update on the referral to treatment.			<p>Update on RTT:</p> <ul style="list-style-type: none"> • There is currently a recovery trajectory in place for BHRUT in relation to RTT performance, along with a monthly assurance process which is attended by both BHR CCGs and BHRUT representatives. • After meeting the trajectory in October and November, performance dipped in December. January validated performance was at 82.4% and 8 patients waiting more than 52 weeks. • The overall RTT (Incompletes) Waiting List is currently 39,014 (as at 26/02/19) • The Trust are running additional outpatient and theatre lists in key specialties to increase throughput. • Additional capacity for orthopaedics, ophthalmology, ENT and Gynaecology via Independent Sector providers have been

							<p>secured, however delays in commencing outsourcing have impacted on the recovery trajectory. Both BHRUT and BHR CCGs are working collaboratively to resolve these issues and to extend these arrangements.</p> <ul style="list-style-type: none"> • Patient Choice impacted on performance in December and January to a greater level than anticipated and there were also some staffing issues within the Rheumatology team which have now been resolved.
8	16.01.19	Atul Aggarwal		The CCG had decommissioned Health Analytics and this had subsequently had a negative impact on the flow of information between the CCG and other agencies. An update to be provided on the progress of escalating the matter in order to resolve the issue.			See Appendix A.

Havering Health and Wellbeing Board

Action from January 2019 meeting

The CCG had decommissioned Health Analytics and this had subsequently had a negative impact on the flow of information between the CCG and other agencies. An update to be provided on the progress of escalating the matter in order to resolve the issue.

Action update

The Health Analytics replacement service, Discovery data service, went live in September 2018 as planned. The technical aspects of the service were operational from 1 September 2018 but the CCGs were unable to establish Data sharing contracts with the member practices meaning the system could not be utilised as originally envisaged. The General Practice concerns over data sharing contracts has resulted in a delay to information sharing for Health Checks, Child Immunisations Diabetic Retinopathy and Child Health checks.

The CCG has established a working group to help resolve the issues. The group consists of representatives from all interested parties: Local Authorities, North East London Foundation Trust, General Practices from each borough and Data protection Officers. In addition to the working group external legal advisors have been consulted along with Practice representatives and the Local Medical Council to address the concerns.

Practices are now starting to sign the Data sharing agreements and associated documentation. As at 4/3/2019, 19 Barking and Dagenham (B&D) practices had signed, 21 Havering Practices have signed and 6 Redbridge Practices have signed. The remaining Redbridge practices are expected to sign during the week commencing Monday 10 March. No known issues exist for the B&D practices and the outstanding data sharing agreements are being chased. In Havering the CCG presented the data sharing documentation to the Havering Federation, who expressed concerns and asked for more information, until the additional is provided the Federation will not be recommending that Havering practices signed up to the agreements.

Each CCG is talking to its member practices on a one to one basis to understand any concerns and to encourage the practices to sign the data sharing agreements. No steps are required in respect to the technical solution which is functioning as per its agreed specification.

4 March 2019

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HEALTH & WELLBEING BOARD

Subject Heading:	Children and Young People's Mental Health
Board Lead:	Steve Rubery/ Tim Aldridge
Report Author and contact details:	<p>Doug Tanner (Children's and Maternity Commissioning Lead, BHR CCGs) d.tanner@nhs.net</p> <p>Claire Alp (Senior Public Health Specialist, LBH) Claire.Alp@haverling.gov.uk</p>

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

The attached presentation provides an update on children and young people's mental health and emotional wellbeing projects and programmes in Havering as requested by the Health and Wellbeing Board.



RECOMMENDATIONS

The Board is asked to: -

- Acknowledge the value of the multiagency approach being taken to support children and young people's mental health and emotional wellbeing in Havering and across the BHR footprint.
- Discuss the information provided in the presentation and provide feedback or pose questions as appropriate.
- Propose when the next update should be provided to the Health and Wellbeing Board.

REPORT DETAIL

The presentation outlines work implemented locally to support children and young people's mental health, in line with national policy direction and investment since the publication of the Government's vision document 'Future in Mind' in 2015.

It covers both BHR-wide and Havering-specific work.

It highlights expected future direction in line with the recently published NHS Long Term Plan and identified local need.



Children and Young People's Mental Health and Wellbeing

Doug Tanner (Children's and Maternity Commissioning
Lead, BHR CCGs)

Claire Alp (Senior Public Health Specialist, LBH)



Current picture

- Future in Mind (2015) – government vision
 - Promoting resilience, prevention and early intervention
 - Improving access to effective support – system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- Local Transformation Plans – 5 year funding
- Five Year Forward View for MH (2016)



Future direction

- NHS Long Term Plan (2019)
 - Continue to expand access to services
 - Increase investment in eating disorder services
 - Improve access to timely, age-appropriate crisis support incl. SPA through NHS 111
 - Embed MH support in schools and colleges
 - In selected areas – develop new services for children with complex needs that are not currently being met
 - New approach to young adult (18-25) MH services to support transition



BHR

- NELFT CAMHS
 - iThrive model and STAR Workers (Wellbeing Hub)
 - Schools Links
 - Eating disorders
- Vanguard Pilot - Interact
- Digital support -Kooth
- Health and justice links
- CSA Hub



Havering

- Multiagency Children and Young People Mental Health Transformation Implementation Group
- 2018/19 LTP-funded work
 - Early Help Service - Butterflies perinatal MH support
 - CAD 0-5 - Five to Thrive
 - CAD 5-19 - ELSA
 - Youth Services/ Participation team – Go Girls and Delay
 - Havering Mind – Parent MH awareness sessions
 - AddUp - Parent sessions
 - Children's Services – Adolescent Safeguarding Hub



Havering

- Wider work
 - MHFA training
 - Promoting Positive Mental Health in the Classroom training
 - Suicide Prevention training
 - Summary of all available training can be downloaded from www.havering.gov.uk/fsh > Professionals Gateway > Training > Mental health training and support for Havering schools
 - School Counselling Services
- MH in Schools Green Paper
 - MH Support Teams
 - Designated leads
 - (Test approaches to achieving 4-week waiting times)

HEALTH & WELLBEING BOARD

Subject Heading:	Autism Update
Board Lead:	Barbara Nicholls Director of Adult Social Care and Health Tim Aldridge Director of Children Services
Report Author and contact details:	Gerry Flanagan Interim Commissioning Programme Manager gerry.flanagan@havering.gov.uk 01708 433441

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- x Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- x Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- x Theme 3: Provide the right health and social care/advice in the right place at the right time
- x Theme 4: Quality of services and user experience

SUMMARY

This report provides the Board with an update relating to Autism.

It revisits a report considered by the Board late in 2017 regarding the production of an Autism Strategy, details some of the key issues emerging from the bi-annual Autism Self-Assessment carried out late in 2018 and details progress on and key themes emerging from the development of an all age Autism Strategy.

The report also advises the Board of some key issues regarding autism that are contained within the NHS 10 year plan and other national developments

RECOMMENDATIONS

That Members of the Health and Wellbeing Board note the contents of this report

REPORT DETAIL

The Board was informed late in 2017 that work was progressing on the development of an Autism strategy for Havering. The strategy was completed late in 2017 and was based on priorities outlined in national policy and statutory guidelines together with local needs.

The three main areas highlighted in national guidelines were:

- Building communities that are more aware of and accessible to the needs of people with autism.
- Promoting innovative local ideas, services and projects which can help people in their communities. This included a time-limited Autism Innovation Fund which made one-off grant funding available for specific projects.
- A focus on gathering comprehensive data on local numbers and needs to inform planning and joining up advice and information on available services.

The local strategy focused on adults with High Functioning Autism (HFA) who have average or above average intelligence (i.e. not those people who have both learning disability and autism) including those with Asperger's Syndrome. This is because there are already services in Havering for people who have autism and a learning disability.

National and statutory policy and guidelines (i.e. The Autism Act 2009, National Autism Strategy for Adults, Fulfilling and Rewarding Lives, and its update Think Autism 2014) concentrated predominantly on the needs of adults. Whilst the local strategy acknowledges the need for adult services to work in partnership with children's services to learn from the work they have already done and to smooth the path of people in transition from children's to adult's services it was influenced in the main by the National and statutory guidelines emphasis on adult services.

Since completion of the local strategy, there has been recognition that the needs of children and young people with Autism should be prioritised alongside those of adults and work is now underway to develop an all age strategy for Havering.

Havering's position in this respect mirrors that of other areas and also national policy. Late in December 2018, as part of the Government's review of the National



Autism Strategy, plans were announced to introduce an updated national autism strategy, which will cover people of all ages in England. Ministers had acknowledged that far too many children on the autism spectrum are currently held back from achieving their potential. They have accepted that a national approach is needed to improve the support that is offered to children and their families. It is currently expected that the new national strategy will be published in the Autumn 2019

A first draft of the local revised strategy will be considered by key stakeholders for example in the Council and the NHS, as well as the Autism Partnership Board at the end of March 2019; and then it will require wider consultation with families and children and young people and adults with autism over coming months and reference will undoubtedly need to be made to the emerging national picture and issues highlighted within a national all age strategy. Early indications of the Government's review are that it will be looking at the following areas:

- joining up health, care and education services to address autistic children's needs holistically
- developing diagnostic services to diagnose autism earlier, in line with clinical guidance
- improving the transition between children and adult services so that young people with Autism are supported to reach their full potential as young adults, and ending inappropriate reliance on inpatient hospital care
- improving understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)

The NHS has, in recent months, published its 10 year plan. Supporting people on the autism spectrum or with learning disabilities is one of the 4 clinical priority areas identified in the NHS long-term plan. Other specific issues in the 10 year plan relating to autism are:

- Renewed focus on reducing waiting times for diagnostic and specialist services for CYP
- By 2023/2024 a 'digital flag' will exist in the NHS patient record for all people with a known LD or autism
- LD and autism awareness training will be mandatory for all NHS staff

A national consultation is also underway to consider how it can be ensured that staff working in health and social care have the right training to understand the needs of people with a learning disability and/or autism and the skills to provide the most effective care and support. The consultation closes mid-April, Havering will contribute to this, as will the Autism Partnership Board and information regarding the consultation has been sent to providers and other groups.

A self-assessment (SAF) on Havering's progress in respect of the National Autism Strategy was carried out late in 2018; this concentrated mainly on adults and services for them, with some limited reference to carers and young people (mainly transition). This identified some positive areas in Havering:



- Havering's Partnership Board and involvement of adults with autism (but need to appoint a person with autism as co-chair)
- Post diagnostic support for people with learning disabilities (but not for adults more generally)
- Some data is kept and used for planning
- Some good preventative and low level support for people who don't meet eligibility under the Care Act 2014
- Good examples of work done within acute hospitals
- Some positive local innovations
 - Development of shared lives model of support
 - Development of a framework to ensure sufficient Supported Housing for vulnerable young people and adults. Some emerging evidence of cross borough work
 - The Havering Autism Hub
 - Funding for NELFT linked to Transforming Care Programme (TCP) work to avoid admission of people to hospital with autism
 - The education service had dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements
 - The High Needs Review and Strategy (2017) identifies children with autism as a priority area and a new Primary Additional Resourced Provision for ASD is opening in 2019 with a further 2 more in primary and 1 in secondary planned for 2020. There is also a new Special Free school being planned for 2021.

The work in producing preparing the SAF also identified a number of areas which required further attention and improvement:

- A need for more consistent recording of data in Havering
- The need for more consideration in public services to be made regarding reasonable adjustments
- Transition processes and clearer pathways for young people moving into adulthood
- Planning for specific populations in Havering
- Better recording of hate crime
- Lack of an overall Havering wide training plan, uptake of training by certain groups and awareness of autism
- Pathways for diagnosis not widely known and in some cases long waits for diagnosis
- Post diagnostic support for people/signposting for those not meeting eligibility under the Care Act 2014
- Carers needs and accessible information
- Difficulty to engage all stakeholders in Havering – autism still seen as an issue for social care and education and specialist health
- Some employment initiatives evident but at a very early stage
- Inconsistent reference to employment in EHCP plans
- Families feeling excluded from planning

- Access to housing and housing advice

Whilst not specific areas picked up by the SAF, other issues felt locally by people and families to need further attention are:

- Community Safety, anti -bullying work and teaching people life skills to avoid being intimidated and becoming victims of coercion and control
- Transport issues – partially linked to safety but also linked to life skills and increased independence

There are a number of other considerations in moving forward in developing a new all age autism strategy:

- a) Development and implementation of an all age strategy may be led by social care but will require sign up across the Council and other public sector bodies in order for the strategy to be implemented
- b) Some national initiatives are linking Autism and Learning Disability. Whilst the reasons for this are understandable, people with autism are anxious that the work done in recent years to separate the two may be in danger of being eroded
- c) The work on the TCP programme has led to better links between commissioners across the 3 boroughs and CCG; this potentially could provide a good foundation for developing the autism agenda across the wider footprint

Clearly the areas identified for improvement locally are not at odds with either the issues identified by Government as part of its review and those picked up by the SAF; these are themes that will form part of the revised all age strategy. Once consultation (including equalities impact assessment) is complete, it is intended that the revised all age strategy is signed up to by key statutory partners including the Council's Cabinet, towards the end of Summer 2019.

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HEALTH & WELLBEING BOARD

Subject Heading:	BHR Mental Health Transformation Programme
Board Lead:	Dr A Aggarwal
Report Author and contact details:	Sharon Morrow, Director of Transformation and Delivery (Unplanned Care and Mental Health) BHR CCGs Sharon.morrow2@ns.net

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☐ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☐ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☐ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

This paper presents an update on the BHR Mental Health Transformation programme which was established in October 2018.

Mental health transformation is a national priority with the overarching strategy and trajectories for improvement set out on the NHS Forward View and more recently the NHS Long Term Plan (January 2019). Key deliverables are embedded in NHS Operating Plan requirements. There is a London wide Transformation Programme Board and a NEL STP programme in place to co-ordinate change across London and North East London.

The direction of travel for the NHS is for localised / population level approaches to transformation and delivery. Local areas are expected to have 1-year 'transitional' operational plan in place for 2019/20 by April 2019, based on the 2019/20 Planning Guidance and a National Implementation Framework will be published in Spring 2019 to



support local areas to develop a comprehensive 5-year plan coming into effect in Autumn 2019.

The 2019/20 operational plan focuses on the Five Year Forward View deliverables which include IAPT, dementia diagnosis, children and young people's mental health, early intervention in psychosis, reducing our of area placements, increasing the proportion of physical healthchecks in people with severe mental illness.

A BHR stakeholder workshop held on 28 February 2019 considered how we use can better use data to inform planning and measure improvement against outcomes. There was also discussion on local priority areas that would make a difference to local service users and staff with recognition to the wider determinants of health that impact on mental health and wellbeing.

RECOMMENDATIONS

The Board is asked to:

- comment on the plan on a page and direction of travel
- discuss the proposed approach to prevention

BHR Mental Health Transformation Programme

Sharon Morrow

Director of Transformation and Delivery (Unplanned Care and Mental Health) BHR CCGs

13 March 2019



Introduction

BHR partners are working together to move forward their shared integration aspirations and address system wide issues through the BHR Integrated Care Partnership (ICP). The ICP vision is to accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable high quality health and wellbeing services.

A number of clinically led transformation boards have been established to coordinate transformational change across the system that will drive down costs whilst improving both quality and outcomes. The Mental Health Transformation Programme was established in June 2018 to co-ordinate transformational change across mental health services.

Mental health transformation is a national priority with the overarching strategy and trajectories for improvement set out on the NHS Forward View and more recently the NHS Long Term Plan (January 2019). Key deliverables are embedded in NHS Operating Plan requirements. There is a London wide Transformation Programme Board and a NEL STP programme across in place to co-ordinate change across London.



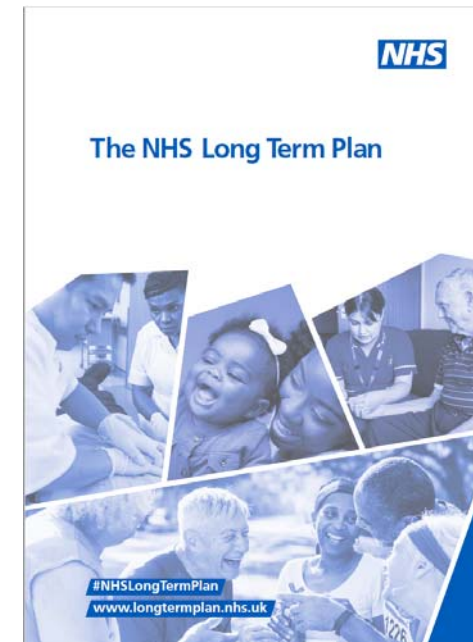
Mental health in the Long Term Plan

An Overview

The headline ambition is to deliver ‘world-class’ mental health care, when and where children, adults and older people need it.

The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates **a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24**. Further, the NHS made **a new commitment that funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending**. This will support, among other things:

- Significantly **more children and young people from** 0 to 25 years old to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- People with **moderate to severe mental illness** will access better quality care across primary and community teams, have **greater choice and control** over the care they receive, and be supported to lead fulfilling lives.
- We will **expand perinatal mental health care** for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, age-appropriate, **universal mental health crisis care** for everyone, accessible via NHS 111.



NHS Long Term Planning

The direction of travel for the NHS is for localised / population level approaches to transformation and delivery. It is expected that all STPs will move to ICS status by 2020/21.

- Local areas are expected to have **1-year 'transitional' operational plan** in place for 2019/20 by April 2019, based on the 2019/20 Planning Guidance.
- A **National Implementation Framework** will be published in Spring 2019 to support local areas to develop a comprehensive 5-year plan coming into effect in Autumn 2019.
- This will feed into the **'national implementation programme'**, being published in the autumn, which will also take into account decisions from the government spending review on workforce, social care, public health and capital investments.

LTP for MH at A Glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

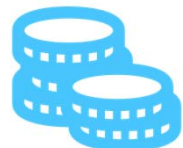
Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

2019/20 Transitional Year Planning Guidance Overview

Mental Health Investment Standard (MHIS):



For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20

STP/ICS leaders, including a nominated lead mental health provider, will **review each CCG's investment plan** underpinning the MHIS to ensure it covers all of the priority areas for the programme and **the related workforce requirements**.

Funding is **for transformation and expansion of services**, as outlined in Implementing the Mental Health Forward View.



CCGs must, in association with STPs and ICSs, commission services that deliver improved services **set out in the plan** such as **community mental health teams for people with Severe Mental Illness (SMI)**

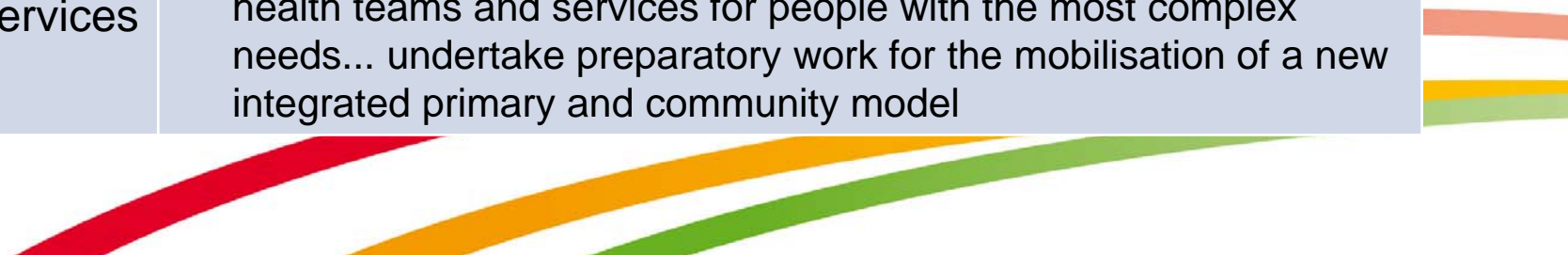
Assurance will be requested from NHS England / NHS Improvement Regional Directors that systems are partnering Provider Collaboratives to manage care for patients from the area needing specialised services.

National “must dos” 19/20

Domain	Standard (March 2021)
IAPT	<ul style="list-style-type: none"> • Provide timely access to treatment for at least 22% of those who could benefit • At least 50% of people who complete IAPT treatment should recover • At least 75% of people should begin treatment within 6 weeks • At least 95% of people should begin treatment within 18 weeks • Nationally, 3,000 mental health therapists should be co-located in primary care by 2020/21 to support the increase in access to be delivered through IAPT-Long Term Conditions services
Dementia	<ul style="list-style-type: none"> • At least two thirds (66.7%) of people with dementia, aged 65 and over, should receive a formal diagnosis
Psychosis	<ul style="list-style-type: none"> • At least 56% of people aged 14-65 experiencing their first episode of psychosis should start treatment within two weeks
Acute MH	<ul style="list-style-type: none"> • At least 60% people with a severe mental illness should receive a full annual physical health check • Continued reduction in out of area placements for acute mental health care for adults, in line with agreed trajectories

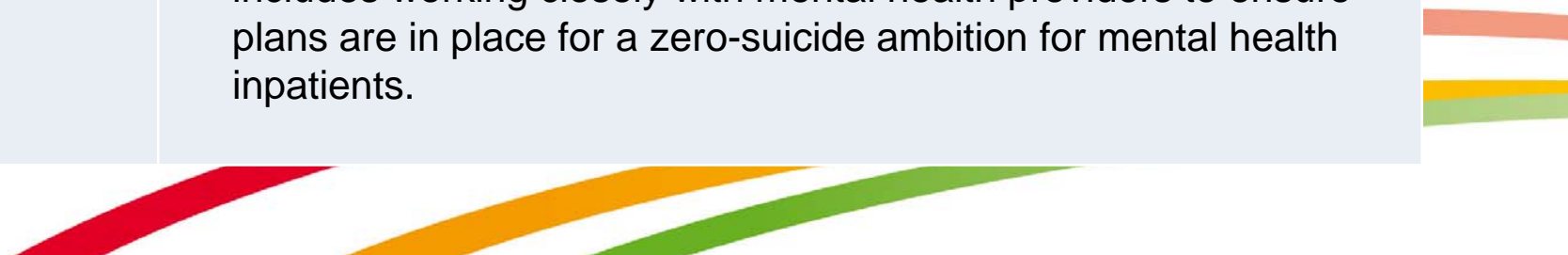
National “must dos” 19/20

Domain	Standard (March 2021)
CYP	<ul style="list-style-type: none"> • At least 34% of children and young people with a diagnosable mental health condition should receive treatment from an NHS-funded community mental health service, • At least 95% of children and young people with an eating disorder should be seen within one week of an urgent referral • At least 95% of children and young people with an eating disorder should be seen within four weeks of a routine referral
Perinatal	<ul style="list-style-type: none"> • Each CCG... should ensure increased access to NICE concordant community-based specialist perinatal mental health services (in secondary care settings) for at least 4.5% of their population birth rate.
Community MH services	<ul style="list-style-type: none"> • Stabilise and bolster core adult and older adult community mental health teams and services for people with the most complex needs... undertake preparatory work for the mobilisation of a new integrated primary and community model



National “must dos” 19/20

Domain	Standard (March 2021)
SMI	<ul style="list-style-type: none"> • Develop plans to establish baselines and track access to psychological therapies for people with severe mental illness • Ensure adults and older people have access to Crisis Resolution Home Treatment Teams (CRHTTs) that meet minimum functions • 50% of acute hospitals to deliver Corer 24 liaison mental health services by 2020/21. • Ensure there is a crisis response service that meets the needs of under 18 year olds • Ensure 60% national increase in access to Individual Placement and Support (IPS) services in 2019/20.
Suicide prevention	<ul style="list-style-type: none"> • Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21. This includes working closely with mental health providers to ensure plans are in place for a zero-suicide ambition for mental health inpatients.



BHR Plan on a Page

Mental health transformation plan

By 2020/21 will we deliver:

1. NHS constitutional standards for mental health access.
2. Enhanced capacity in clinical services to match demand.
3. Procurements for IPS and dementia support.
4. An improved interface between primary and secondary mental health services.
5. Improved urgent and emergency care pathway for mental health patients.

2018/19 objectives:

Improve mental health and wellbeing, including self-care and prevention.	Improve access to, and the quality of, mental health services.	Manage additional demand for mental health services.	Ensure mental health is at the heart of new models of integrated care.
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Key initiatives:

MENTAL HEALTH& WELLBEING	PRIMARY CARE	CLINICAL SERVICES	CRISIS
<p>Deliver a strategy to reduce avoidable suicides. In progress</p> <p>Commission a new service for Individual Placement Support (IPS). In progress</p> <p>Commission additional capacity in specialist perinatal mental health. In progress</p> <p>Keep more people with low to moderate mental health needs out of secondary care. In progress</p>	<p>Improve access to IAPT and recovery rates. BHR off track (Havering CCG on track)</p> <p>Improve dementia diagnosis rates. On track</p> <p>Improve the quality and uptake of LD health checks. In progress</p> <p>Commission a new model for dementia post diagnosis support (Havering). In progress</p> <p>Streamline primary care referrals into NELFT services. In progress</p> <p>Develop a primary care model for mental health. Not started</p>	<p>Enhance capacity in CAMHS services. In progress</p> <p>Enhance capacity in community recovery, psychology and assessment teams. In progress</p> <p>Increase the number of people with SMI having a physical health check. In progress</p> <p>Develop new model for IAPT, with increased capacity for 2019/20. In progress</p>	<p>Improve access to early intervention on psychosis. Complete</p> <p>Implement changes to S136 pathway. In progress</p> <p>Review psychiatric liaison service against core standards. Not started</p> <p>Improve children and young people's crisis pathway. Not started</p>

Progress to date

IAPT

	Q1	Q2	Q3
Access rate - standard	3.75%	4.0%	4.25%
Access rate - actual	4.04%	3.79%	4.41%
Recovery rate - standard	50%	50%	50%
Recovery rate - actual	60.22%	61.74%	40.98%

- IAPT task and finish group established and meeting every 2 weeks to increase in-year access to IAPT services, improve recovery rates and develop a new model for 2019/20

Dementia diagnosis

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
%	57.88	58.11	59.66	59.65	59.53	60.12	62.15	62.88	62.78	-	-	-

- Improvement plan in place to achieve the 67% dementia diagnosis standard in place

Children and Young People

- Havering CCG is expected to achieve the 32% access target for 2018/19

18/19 Investment

Havering CCG has invested in the NELFT older people's mental health team, access and assessment team, community recovery team, secondary care psychology, IAPT and CAMHS.

Engagement

A BHR stakeholder workshop was held on 28 February 2019 to help shape the BHR programme plan to deliver the long term plan requirements and needs of local service users.

Approach to prevention

Approach to prevention

- Develop and maintain a BHR-wide needs assessment to guide future planning, and evidence progress overtime with population level outcomes
- Work with both health and non-health partners to address the determinants of mental ill-health, including identifying people with debt / employment problems
- Use social prescribing to ensure that individuals get access to help and support (linking to local area coordination)
- Promote good mental health by tackling stigma, through system leadership, and as part of discharge arrangements
- Prevent poor physical health among people with mental ill-health through MECC
- Improve services for people with co-existing substance misuse and mental health problems
- Own and champion a coordinated comprehensive approach to suicide prevention across BHR



Next steps

- Review the outputs of the stakeholder event held on 28 February 2019.
- Refine the plan on a page to reflect the 19/20 transitional year
- Progress planning for delivery of long-term term plan
- Agree a dashboard of outputs and outcomes



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HEALTH & WELLBEING BOARD

Subject Heading:	BHR Suicide Prevention Strategy Annual Update (2018-19)
Board Lead:	Mark Ansell Director of Public Health
Report Author and contact details:	Elaine Greenway Elaine.greenway@haverling.gov.uk

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☐ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☐ Theme 4: Quality of services and user experience

SUMMARY

London Borough of Havering and London Borough of Barking and Dagenham joint Suicide Prevention strategy was developed and approved by the respective Health and Wellbeing Boards in December 2017 and January 2018. In March 2018 London Borough of Redbridge also agreed to participate in a three borough arrangement.

In the year since the strategy was agreed there has been progress on all priority actions that were scheduled to be taken forward, which are summarised in the attached presentation. In addition there have been developments on suicide prevention at STP, London and national level. .

In addition to the BHR actions, the following also took place locally:

- LBH Safeguarding training schedule includes suicide prevention
- LBH Workplace Wellbeing includes mental health first aid training
- Up to three staff from every secondary school in the borough have attended mental health first aid training



- Training for schools and information portal include suicide prevention as part of a whole school approach to mental health and emotional wellbeing
- Living article on mental health included information for residents about help and advice during times of emergency
- Suicide prevention training for schools delivered by Papyrus
- LBH amplified national campaigns, including during national suicide prevention week to raise awareness of the issue of suicide, how to talk about / prevent suicide, and opportunities for training
- Health champion training schedule includes a module on mental health

RECOMMENDATIONS

The Board is asked to consider the content of the attached presentation and raise

REPORT DETAIL

As attached

IMPLICATIONS AND RISKS

None to report

BACKGROUND PAPERS

None

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Havering

LONDON BOROUGH

BHR Suicide Prevention Strategy Annual Update for 2018-19

Mark Ansell

Director of Public Health, London Borough of Havering &
Chair BHR Suicide Prevention Steering Group

Dr Raj Kumar

Clinical Lead for Mental Health, BHR Clinical Commissioning Groups &
Vice-Chair BHR Suicide Prevention Steering Group

Contents

1. Summary
2. Progress on priority actions
3. Overview of system changes
4. Proposed priorities for 19-20

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London Borough of Havering
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1. Summary

Background

- LBH & LBBD Suicide Prevention strategy was developed and approved Dec 17 – Jan 18. LBR also agreed to participate in a three borough arrangement Mar 18
- The BHR Steering Group that was originally formed to develop a strategy was revised. with representation from three local authorities public health teams, BHR CCG and NELFT; collectively responsible for progressing and delivering strategic actions
- In the year since the strategy was agreed there has been progress on all priority actions scheduled to be taken forward
- There have also been developments on suicide prevention at STP, London and national level
- A BHR Mental Health Transformation Board has been established; leading on strategies that make a direct contribution to suicide prevention

Summary of actions taken 2018-19

- Dissemination of information to relevant organisations in response to coroner inquests
- Suicide prevention training options collated and published, a range of BHR organisations have attended Health England Education training
- Postvention support for people bereaved/affected by support has been collated and published
- London arrangements for health-based place of safety have been revised – baseline information being gathered by NELFT
- Discharge from inpatient setting: audit of care plans undertaken
- BHR Mental Health Transformation Board established a Task and Finish Group to focus on improvements to Talking Therapy Services (increase referrals among people with LTCs, increasing capacity, increasing referrals, providing a digital option)

1. Summary - cont

Summary of actions taken 2018-19 cont

- Strengthening of system-wide approaches to suicide prevention (National / regional and STP): addressing social media content, NHS long term plan content, Good Thinking, CEPN training, Real Time Surveillance System, Samaritans support and resources for schools, commissioning of Papyrus to delivery training to schools across London

Priorities for 2019-20

Suicide Prevention Steering Group to

- strengthen governance through the Mental Health Transformation Group, whilst maintaining local reporting arrangements to Health and Wellbeing Boards as required
- hold an annual BHR summit/workshop to disseminate lessons learned (anticipated July 2019), including from 2 yrs worth of suicide tracker coroner information which will be analysed summer 2019, and themes /topics arising from published Regulation 28 reports, CDOP reports, NELFT audit on serious incidents
- update BHR stakeholders on new developments / initiatives
- engage in regional initiatives, such as the Real Time Suicide Prevention System
- promote training on suicide prevention: health and non-health professionals, and the public
- raise awareness of bereavement support
- ensure that the issue of self-harm is taken forward
- raise awareness of the impact of social media on vulnerable groups (those at risk of suicide and those bereaved by suicide); e.g. web pages / tribute pages

BHR Mental Health Transformation Board to

- widen access to Talking Therapies

2. Progress

Action 1: We will seek to learn lessons from suicides and attempted suicides in our boroughs and put in place measures that reduce the likelihood of such circumstances reoccurring. We will establish processes, so that information from various sources e.g. the coroner, reviews conducted by the NHS Serious Incident processes, Metropolitan Police, London Ambulance Service, safeguarding, Child-Death Overview Panel (CDOP) etc is collated and analysed to improve our collective insight about suicide locally.

What has been done:

- Continuing dissemination of information to relevant organisations in response to coroner inquests (including Regulation 28 reports)
- Local authorities continue to disseminate learning through their own established processes, including CDOP, and serious case reviews

Next steps

Learning workshop scheduled for 2019 to which will focus on key issues from:

- 2 yrs worth of suicide tracker coroner information which will be analysed summer 2019
- Themes /topics arising from
 - published Regulation 28 reports
 - CDOP reports
 - NELFT audit on Serious Incidents

2. Progress:

Action 2: We will work to ensure that the local workforce understands the risks of suicide and their potential contribution regarding prevention. This will include elected members and officers in the local authorities, and staff and management in health organisations, schools, colleges, etc. As a first step, working with partners, we will collate information on the training available and seek to embed suicide awareness training in local statutory agencies' staff training programmes. Staff working with residents affected by debt, social isolation, homelessness and unemployment will be prioritised. In addition, we will provide information and education to local residents, so that they know what to do if they are concerned about someone who is at risk. We will seek to raise awareness of suicide prevention among local employers.

What has been done:

- Information about available training has been collated and is published on LBR website. Training options including free online training. LBR will continue to maintain this and keep up to date. LBH and LBBD webpages link to the resource.
- Training funded by Health Education England and set up by Tower Hamlets CCG has been promoted to organisations and agencies across BHR

Next steps

- Distribute widely the resource that collates training opportunities, including to local employers and voluntary and community sector

3. Progress - cont

Action 3 We will work towards developing a central resource that will help to direct people bereaved or affected by suicide to appropriate support.

What has been done:

- Information about available sources of support has been collated and is published on LBBD website. LBBD will continue to maintain this and keep up to date. LBH and LBR webpages link to the resource. This is in addition to the national publication available via NHS Choices *Help is at Hand*

Next steps

- Distribute as appropriate the resource that collates details of available support
- The NHS Long Term Plan sets out the need for support for people bereaved by suicide. Further work to be done to understand where the local offer might be improved.

Action 4: We will strengthen the support that is available to individuals who are in crisis and identified at immediate risk of suicide, including the effectiveness of the place of safety arrangements, and the ongoing support that is subsequently provided.

What has been done:

- London arrangements for health-based place of safety have been revised – NELFT gathering baseline information on what this means for BHR residents
- NELFT conducting an audit of care plans to support discharge from inpatient setting

Next steps

- Health-based place of safety arrangements are being monitored by NELFT to understand whether new arrangements meet needs of BHR residents
- Findings from the NELFT audit being presented to steering group (including recommendations being made as a result)

2. Progress

Action 5: We will review the care of patients that self-harm. This will commence once Action 4 is completed/sufficiently progressed.

What has been done:

- Action not yet commenced

Next steps

- It has been proposed that this work would be best tackled either through STP Steering Group, or through the BHR Mental Health Transformation Board.

Action 6: We will work to ensure that effective assessment of suicide risk is incorporated into the routine care by GPs of patients known to be at increased risk of suicide e.g. patients with significant long term health problems, depression etc.

What has been done:

- Engagement with GPs re frequent attenders at A&E
- BHR Mental Health Transformation Board has established a Task and Finish Group to focus on improvements to Talking Therapy Service. So far:
 - A pilot programme has been commenced to increase referrals among people with long term conditions to Talking Therapies. The pilot is commencing in Havering and initially focusing on diabetes and COPD.ption
 - BHR CCGs and NELFT working together on a programme to increase capacity
 - Promote Talking Therapies widely
 - Commission a digital option (in addition to traditional Talking Therapy services)

2. Progress – Overview of system changes

There has been an increased focus on suicide prevention nationally and regionally:

- Government / social media action on removing content re suicide
- NHS long term plan – prevention of mental ill-health / social prescribing / bereavement support
- STP Steering Group established
- London initiatives
 - Good Thinking
 - CEPN training
 - Real Time Surveillance System (as per following slide)

Thrive LDN co-ordinating real time surveillance system

- “Real-time suicide surveillance is a system that enables consideration of interventions required after a death has occurred where the circumstances suggest suicide in advance of the coroners conclusion.” (PHE 2016)
- Be responsive to a potential suicide or contagion
- Enable those affected and bereaved by suicide to receive support in a timely manner
- RTSS have been established elsewhere in the country
- Complement the role of other strategic safeguarding boards
- Agencies: Police, Ambulance, Safeguarding, Children’s Services, Mental Health Services, GPs

Where this has been in place elsewhere:

- High level multi-agency commitment
- Universal services have increase understanding about the effects and aftermath of suicide
- Support provided to bereaved families
- Organisations such as Samaritans, and services such as Educational Psychology have provided additional support
- Knowing when to act and who to involve

Limitations

- unlikely to be informed about deaths of local residents when they occur outside London
- appreciating that the coroner makes the ultimate decision re evidence of intent – so some suspected suicides may result in an open, accidental verdict, or misadventure

4. Priorities for 19-20

- Suicide Prevention Steering Group to
 - strengthen governance through the Mental Health Transformation Group, whilst maintaining local reporting arrangements to Health and Wellbeing Boards as required
 - hold an annual BHR summit/workshop to disseminate lessons learned (anticipated July 2019), including from 2 yrs worth of suicide tracker coroner information which will be analysed summer 2019, and themes /topics arising from published Regulation 28 reports, CDOP reports, NELFT audit on serious incidents
 - update BHR stakeholders on new developments / initiatives
 - engage in regional initiatives, such as the Real Time Suicide Prevention System
 - promote training on suicide prevention: health and non-health professionals, and the public
 - raise awareness of the impact of social media on vulnerable groups (those at risk of suicide and those bereaved by suicide); e.g. web pages / tribute pages
 - raise awareness of bereavement support
 - ensure that the issue of self-harm is taken forward
- BHR Mental Health Transformation Board to
 - widen access to Talking Therapies