

Health and Wellbeing Board 18th January 2018

MENTAL HEALTH PARTNERSHIP BOARD BRIEFING TO THE HEALTH AND WELLBEING BOARD

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1.0 Summary

This is the regular update briefing commissioned by the Health and Wellbeing Board from the Shropshire Mental Health Partnership Board (MHPB). The briefings will provide regular assurance to the Health and Wellbeing Board on the work of the MHPB and highlight areas for closer consideration by the H&WBB.

2.0 Recommendations

The Health and Wellbeing Board is recommended to:

- a) Note the information in the report
- b) Consider the government proposals for children and young people's mental health (Appendix B) and agree a collective response from the H&WB to the government consultation.

REPORT

3.0 Risk Assessment and Opportunities Appraisal

The Mental Health Partnership Board through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

4.0 Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions. However any financial decisions will be taken through the appropriate governing bodies and not within the MHPB itself.

5.0 Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Mental Health Partnership Board concerning the partnership approach to promoting and supporting the mental health and emotional wellbeing of the people of Shropshire.

6.0 Mental Health Partnership Board (MHPB) - update

"Shropshire is a place where mental health is everyone's business, positive emotional wellbeing is promoted and services and communities work together to provide appropriate support when our people need it."

The work of the Mental Health Partnership Board since our last update includes:

6.1 Mental Health Needs Assessment

Progress continues to be made on the development of a mental health needs assessment for Shropshire. With a planned final report in March 2018.

The focus for the next few months is about seeking the views and thoughts of those people with lived experience. Whether that experience is gained as a service user, a relative, a carer or a professional, surveys are being undertaken with focus groups being planned for the spring 2018. The findings of the needs assessment and the valuable insight gained will shape the development of the Shropshire Mental Health Strategy.

6.2 Shropshire Suicide Prevention Action Group

The Shropshire Suicide Prevention Action Group met on the 5th December 2017. The group is made up of a range of stakeholders from across health, social care, VCS, emergency services, criminal justice and transport and has been established to prioritise local actions for how Shropshire will achieve the ambitions set within the Suicide Prevention Strategy. To take actions forward the Group have agreed to develop 6 workstreams:

- Communications, Campaigns and Media
- Access to support, Prevention and Care Plans
- Using Information and Data
- Self-Harm
- Engaging post Suicide
- Training

The detail around the workstreams is included in the 'plan on a page' at appendix A.

6.3 Improving care for people with co-occurring mental health and alcohol/drug conditions

At the MHPB held in November 2017 a report was presented on the Public Health England guidance for co-occurring mental health and substance misuse.

National research has found the majority of people in drug and alcohol community services (70% of drug users and 86% of alcohol users) experience mental health problems. Despite this, many people in drug and alcohol services do not get their mental health needs sufficiently responded to, reducing their opportunities of recovery.

It was agreed at the Board the guidance would support the development of the local strategy to improve services for people with both mental health and substance use conditions. In order to take this forward partners are participating in a survey to review services. Once completed the responses will be collated and a workshop will be held in the early spring to unpick the findings and develop a shared strategy to respond to the needs of this client group.

6.4 Being outdoors is good for you - Outdoor Partnerships health initiatives

A presentation from Clare Fildes of the Outdoor Partnership Team gave the MHPB a valuable insight into the mental and physical health benefits of being outdoors.

The Outdoor Partnerships Team are the part of the Council that look after the third largest Rights of Way network in the county (5,600km; from Shrewsbury to New York!) and 24 Country Parks and Heritage Sites across the county.

The team work with 1,200 volunteers, who are involved with a number of active volunteering opportunities:

- Parish Paths Partnerships- ROW maintenance
- Volunteer Rangers- Parks and Sites
- Walking for Health- Volunteer-led walking groups
- Shropshire Wild Teams- Conservation volunteering

The Shropshire Wild Teams are groups of conservation volunteers who are using mental health services, primarily secondary services, as well as people with learning disabilities.

50 adults were involved in 2016/17 all with different support needs including:

Schizophrenia	Autism	Anxiety
Depression	Suicidal Ideation	Drug & Alcohol Misuse
Bi-Polar	Isolation	ADHD
Self Harm		

Achievements 2016/17

Mental health professionals and supporting agencies reporting that the Wild Teams are making a difference to the bigger picture of the costs involved in the prevention of relapses, hospital admissions, multiple weekly home visits and increased medication.

- Two Service Users have been discharged entirely from the Community Mental Health Team service
- At least six volunteers moved into work
- Some have been assessed to be ready to be referred onto employment agencies such as Enable.
- Reduced weekly staff visits.
- Service Users engage in the Wild Teams for a longer period than any other group previously tried.
- One Service User used drinking as a daily coping strategy but now abstains the day before and on the day he goes out to volunteer.
- Some have decided to try to give up smoking or begin a healthier diet.
- Withdrawn individuals become more relaxed in the Wild Teams, engaging in conversation again.

All these schemes are currently funded by Public Health in recognition of the improvements they bring to participant's physical and mental health however the removal of the ring-fence for Public Health funding means that this will not be available in the future. The MHPB recognised the value of the schemes and agreed to look for innovative ways to find funding that may support the work continuing.

6.5 0 – 25 Emotional Health and Wellbeing Service

Young people's emotional health and wellbeing should form the bedrock of any approach to mental health services and the MHPB welcomes the inclusion of a report from the 0 – 25 Emotional Health and Wellbeing Service on the H&WB agenda for January 2018

6.6 Government proposals on children and young people's mental health – consultation

The government has published proposals to improve mental health support for children and young people in England. Over £300 million has been made available to fund them.

The government is asking people for their views on the planned measures, which are set out in a green paper. The measures include:

- encouraging every school and college to have a 'designated senior mental health lead'
- setting up mental health support teams working with schools, to give children and young people earlier access to services
- piloting a 4-week waiting time for NHS children and young people's mental health services

Other proposals in the green paper include:

- a new working group to look at mental health support for 16 to 25-year-olds
- a report by the Chief Medical Officer on the impact that technology has on children and young people's mental health, to be produced in 2018

The Mental Health Partnership Board and the Children's Trust will be considering the proposals at their meetings in January 2018. The Health & Wellbeing Board is recommended to discuss a collective response to the government consultation. The green paper is attached as Appendix B to this report.

7.0 Summary

This report highlights some key areas of work for the MHPB and as you can see the work continues to be varied. In order to develop a seamless all age approach to mental health support in Shropshire this wide remit is challenging but essential.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Lee Chapman
Local Member All
Appendices APPENDIX A Shropshire Suicide Prevention Action Group Plan on a page APPENDIX B Transforming children and young people's mental health provision – green paper

Suicide Prevention Network

Co-Chairs: Gordon Kochane, Shropshire and Clare Harland, Telford & Wrekin

Meets Annually

Shropshire Community Action Group

Chairs of work streams meet to plan and co-ordinate activity across work-streams, update progress and hold the group to account

Meets Quarterly

Cross Cutting Theme: To achieve the Suicide Safer Communities Designation for Shropshire

Work-streams	Members	Purpose
Communications, Campaigns and Media	TBD	<p>To develop and implement a Communications Strategy for the Shropshire Action Plan in order to raise awareness across the county and encourage participation with the agenda.</p> <p>To work with the media to reduce stigma, reduce the risk of imitation following a suicide death and information as to how to access local support services if writing a related story.</p>
Access to support, Prevention and Care Plans	TBD	<p>To reduce the risk of suicide in high risk groups through the use of targeted programmes.</p> <p>To identify and promote the access points/services that can provide support for people who self-harm/are at risk of suicide/are in crisis or bereaved by suicide.</p> <p>To ensure clear pathways exist and are communicated between different agencies (including education, primary care, probation etc).</p> <p>To ensure continuity for access to appropriate support is built into other care pathways (such as depression) following discharge.</p> <p>To establish pathways that monitor parity of care between mental, physical health and long term conditions.</p> <p>To review support available and communication pathways for Carers of vulnerable people that are at risk of suicide.</p> <p>To ensure Care Plans are used and provided for people identified at risk in an appropriately timed manner for the situation (e.g. immediate plans for those presenting in crisis). Specific links to be made with perinatal mental health and older people.</p>
Using Information and Data	TBD	<p>To identify what types of data will best inform impact of activity and how the partnership group can share relevant information.</p> <p>To consider whether the group can influence the collection of information that may better inform our actions (e.g. coding systems for deliberate self-harm in A&E).</p>
Self-Harm	TBD	<p>To identify how we can best work with partners to identify people who deliberately self harm, appropriate sharing of information and how to ensure they can access support.</p>
Engaging post Suicide	TBD	<p>To provide a package of care for people who have been affected by a suicide death which establishes a consistent message as to the different types of support available, what will be happening as part of the post suicide process and can provide a link into/between these services.</p>

	Training	TBD	<p>To provide suicide awareness and self harm training for all staff with a public facing role in order to identify warning signs and understand how to refer to appropriate support agencies.</p> <p>Suicide post-vention training to be provided to all people who are most likely to interact with bereaved people following a suicide death.</p> <p>To promote good emotional wellbeing and mental health first aid within workplaces and organisations across Shropshire.</p>
Work-Stream:	<p>The work-streams are time limited Task and Finish groups. Progress on actions will be monitored through the Suicide Prevention Community Action Group on a quarterly basis.</p>		
Work-Stream Chairs:	<p>Lead the multi-agency work-stream to deliver actions. Provides regular update to the Suicide Prevention Community Action Group on delivery of actions Works with other work-stream Chairs to co-ordinate activity and establish relevant links.</p>		
Work-Stream Members:	<p>Participate in delivery of the work-stream actions and objectives. Ensure partner views are represented. Do not have to all be members of the Suicide Prevention Community Action Group.</p>		