

TOWER HAMLETS HEALTH AND WELLBEING BOARD

Monday, 8 October 2018 at 5.00 p.m.

Aberfeldy Neighbourhood Centre, London, E14 0NU

SUPPLEMENTAL AGENDA – TABLED PRESENTATION SLIDES

This meeting is open to the public to attend.

Contact for further enquiries:

Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 5554
E-mail: rushena.miah@towerhamlets.gov.uk
Web: <http://www.towerhamlets.gov.uk/committee>

Scan this code for
an electronic
agenda:



For further information including the Membership of this body and public information, see the main agenda.

2. MENTAL HEALTH IN TOWER HAMLETS, 2019-2024

3 - 14

Presented by Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning.

This will be an extended session covering the foundations of mental health, headline indicators for Tower Hamlets, the spectrum of mental health conditions, current plans and approach to new strategy/plan. The Board is asked to discuss their thoughts on priorities for the strategy/plan.

5.10-6.00pm (50 mins)

5. SUICIDE PREVENTION STRATEGY

15 - 20

Presented by Somen Banerjee, Associate Director of Public Health.

This report provides an update on progress in implementing the Tower Hamlets Suicide Prevention Plan, adopted by the Health and Wellbeing Board on 20 December 2017.

6.40-6.50pm (10 mins)

Towards a 2019/24 Mental Health Strategy for Tower Hamlets

What is mental health?

Page 4

- Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (WHO)
- Mental illness refers to diagnosable mental disorders involving
 - significant changes in thinking, emotion, and or behaviour
 - distress and/or problems functioning in social, work or family activities
- Mental health problems include depression, anxiety, sleep disorders, eating disorders, personality disorders, mania, bipolar conditions, psychosis, schizophrenia
- A **mild** mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life.
- A **moderate** mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual.
- A **severe** mental health problem is when a person has many symptoms that can make their daily life extremely difficult.
- A person may experience different levels at different times.

Mental health in Tower Hamlets Headlines and determinants

Page 5

Life circumstances

- Poverty
- Adversity and vulnerability in childhood
- Crime
- Violence
- Substance misuse
- Housing conditions
- Overcrowding
- Unemployment
- Job insecurity
- Social isolation
- Migration

Impact on mental wellbeing

- Foundations of mental wellbeing relate to core needs around**
- Safety**
- Satisfaction**
- Connection**
- The high prevalence of life circumstances that impact on the extent to which these needs are met are linked to the higher levels of mental health issues experienced by people in the borough**

Estimated prevalence of mental health conditions*

- Prevalence of wellbeing? (9% report low happiness)**
- 650 to 1,300 with mental health problems in pregnancy
- 4,300 of 5-16 year olds with mental health disorders (1st)**
- 31,000 with common mental health disorders
- 16% of practice population report depression and anxiety (1st)**
- 6.4% report long term mental health problems (4th)**
- 4,200 recorded as having severe mental illness (7th)
- High incidence of new cases of psychosis (3rd but data old)
- 1100 with dementia

Service , issues, activity and outcomes*

- Under diagnosis
- Mental health conditions in children**
- Common mental health disorders**
- Severe mental illness
- Stigma
- IAPT
- Levels of anxiety and depression at start of treatment amongst highest
- Physical health of people with SMI (eg 43% smoke)
- 6th highest admissions for mental health
- Employment of people with mental health issues amongst lowest**
- Evidence good diagnosis rate dementia (2nd highest observed to expected)

* = compared to London



The Headlines - Mental Health Need in Tower Hamlets

- ❖ Tower Hamlets has a **high level of prevalence** of both common mental illness and severe mental illness:
 - Highest levels of self-reported depression and anxiety in London
 - 6th highest proportion of people with severe mental illness on our GP registers in London.
 - 3rd highest incidence of first episode psychosis across London
- ❖ Tower Hamlets has a disproportionately young population and high levels of mental health problems indicating **future increase in need**
 - Highest in London for estimated prevalence of mental health disorders in population age 5-16
 - Amongst highest in London for school pupils with social, emotional and mental health needs
- ❖ High levels of mortality for people with SMI
- ❖ Amongst highest levels of secondary mental health service use for adults in the country, high number of emergency admissions

2014/19 Mental Health Strategy Outcomes : A life course approach to mental health and wellbeing

The last Tower Hamlets Mental Strategy took a life course approach to mental health and wellbeing :

- ❖ A whole person approach.
- ❖ Mental is everybody's business.
- ❖ Focus on quality.
- ❖ Commissioning with commitment.
- ❖ Building resilience: mental health and wellbeing for all
- ❖ High quality Treatment and Support.
- ❖ Improving access

2014/19 Mental Health Strategy Outcomes : A life course approach to mental health and well-being

Page 8

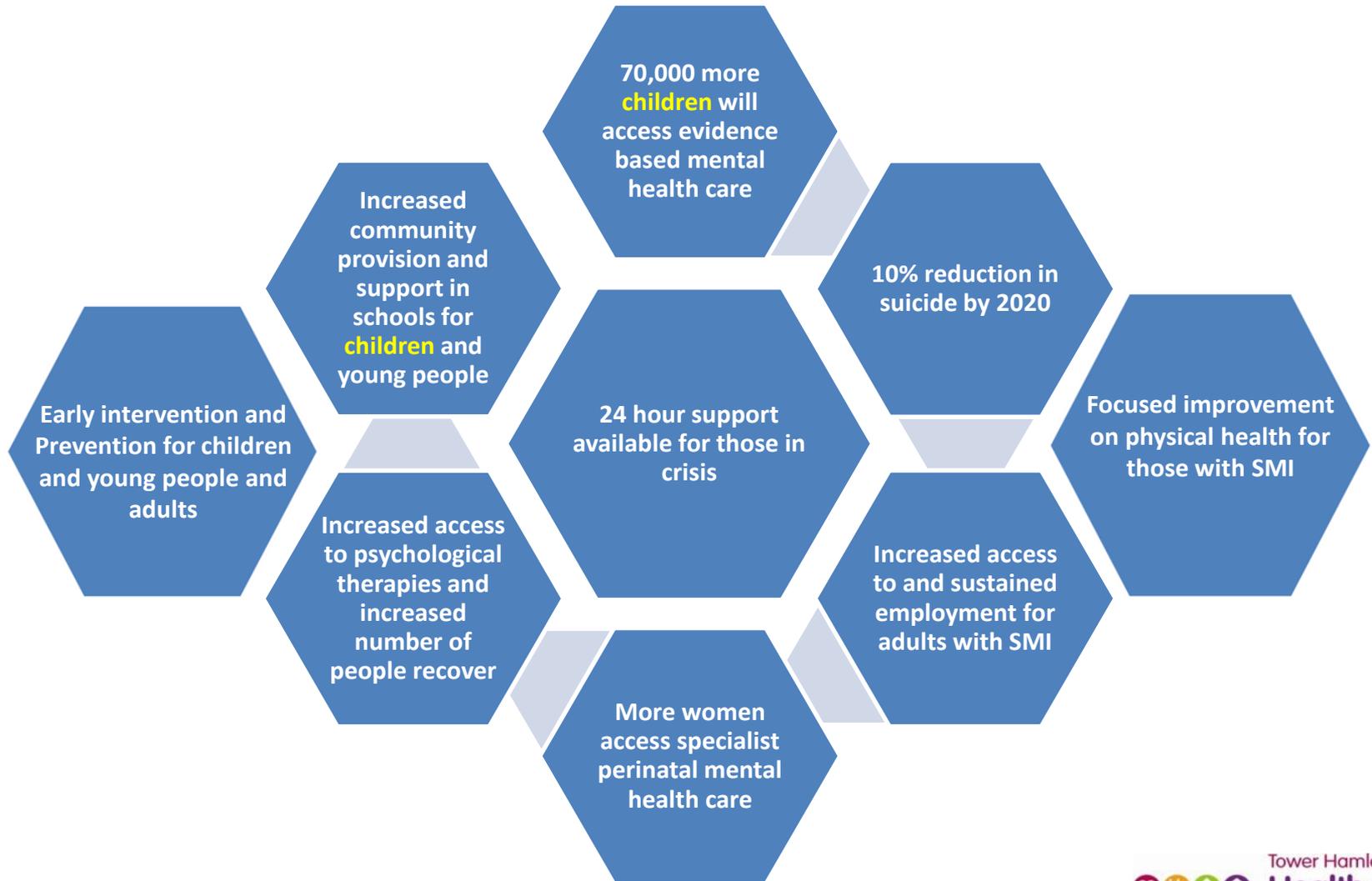
Building resilience: mental health and wellbeing for all	High Quality Treatment & Support	Living well with a mental health problem
Fewer people will experience stigma and discrimination	People in general settings like schools and hospitals will have access to mental health support	People will feel that mental health services treat them with dignity and respect, and inspire hope and confidence
People will have access to improved information on what services are available	People will have access to high quality mental health support in primary care, including GP practices and primary care psychology	People will have access to support from peers and service user led services
Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve	People will receive a diagnosis and appropriate support as early as possible	People will be able to make choices about their care, including through personal budgets
People will have access to a range of preventative and health promotion services	People will have timely access to specialist mental health services	People will feel supported to develop relationships and connections to mainstream community support
Families and carers will feel more supported	People will be able to access timely crisis resolution, close to home	People will have access to support to find employment, training or education
People will experience smooth transitions between services	When they need to access multiple services, people will feel that they are joined up	People will have access to accommodation that meets their needs, in the borough
At risk communities will have access to targeted preventative support	People with a mental health problem will have high quality support with their physical health	
Shared values: a whole person approach		
Mental health is everybody's business		
Focus on quality improvement		
Commissioning with commitment		

Key Achievements and developments over the last 5 years

- ❖ Accommodation resettlement and rehabilitation pathways
- ❖ Est London Foundation Trust rated as Outstanding
- ❖ Recovery and Wellbeing model and Recovery College
- ❖ Crisis Pathways and Crisis House
- ❖ Dementia pathways, dementia cafes and diagnosis rates top 3 in London
- ❖ Primary Care mental Health Services
- ❖ Increased peer support offer and coproduction
- ❖ Improved Children's Mental Health and services, training for schools, new crisis response for CYP and CYP Eating disorders service.
- ❖ New Adults Eating Disorders Service
- ❖ Reduced waiting times
- ❖ Challenging Stigma and increasing awareness –time to change
- ❖ Increased access to perinatal services
- ❖ Increased access to talking therapies

Developing a new Plan – The Must Do's

Page 10



What people with lived experience have told us is important to them over the coming 2 years.

- Long Term (maybe life long) access to continuous support without constant re application. E.g. a person with life long conditions or in crisis may need support 3 or 4 times a year.
- Crisis out of hours support duty weekend support from GP, Psychiatrist. NOT A&E focused.
- Psychiatry referrals instant. EPC every 3 months – more regular contact with people who can support./follow up support whilst in-between support
- Better Wait times for Therapy appointments
- When we are involved (consultation/co-production) in strategic decision making feedback and acting on that engagement needs to happen. – e.g. present somewhere about experiences we don't hear back.
- Understanding empathy about how other medical conditions can impact mental health and taking responsibility on routine appts and not referring back to MH practitioner or GP
- Training for health care professionals in mental health

Our involvement

When we are involved e.g co-production consulted etc it is essential that we are told

- What was done with the ideas
- What you are doing about them
- Why you are not doing anything

Page 12

Involved through co-production in plan design implementation and review of the changes they bring.

We have a lot of lived worked and trained experience to offer.

Developing a new MH plan – further issues to consider

- ❖ **NHS Five Year Forward View for Mental Health and New NHS Plan**
- ❖ **Parity of esteem** between mental and physical health for all.
- ❖ **Thrive London** – Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, supported by the Mayor of London
- ❖ **Dementia** - continues to be an area of need.
- ❖ **Employment** - Need to improve employment outcomes for people with a mental health issue
- ❖ **Stigma** – Continued need to raising awareness and reduce stigma.
- ❖ **Resilience and self management** – Building resilience and wellbeing particularly in children and young people.
- ❖ **Separate CYP Transformation Plan** - Continued focus on transformation of CYP pathways and services – strong links to schools

Developing a new MH plan - Draft Timescales

High level plan - supplemented by a more detailed annual action plan, overseen by the Mental Health Partnership Board.

Page 14

Adults Mental health Plan	
Needs assessment carried out	Autumn 2018
Engagement and coproduction with partner agencies, residents and stakeholders	November – March 2019
Final draft for approval	June 2019

Children and Young People Transformation Plan	
Needs assessment carried out	Summer 2018
Engagement and coproduction with partner agencies, residents and stakeholders	October – December 2019
Final draft for approval	January 2019

Tower Hamlets Suicide Prevention Strategy

Action Plan update 2017/18

Somen Banerjee
Director of Public Health



Outline of priority areas

The Tower Hamlets Suicide Prevention Strategy identified five priority areas for action:

- **Early intervention and prevention**
- **Improving help for those in crisis**
- **Identifying the needs of vulnerable people**
- **Addressing training needs**
- **Communications and awareness**



The Health and Wellbeing Board is recommended to:

1. Note progress made on the original themes.
2. Comment on any areas which are felt to need additional actions or a different approach.
3. Agree to recommendations for metrics to be developed to enable progress to be tracked in the second year.

Priority objectives – progress

Priority 1 Early Intervention and Prevention

- **Improving specialist mental health services for targeted groups**
 - **Perinatal** – to see more women at risk ↑ 81% by 2020
 - **CAMHS** – to see 40% more children by 2020
 - **Schools** - Trailblazer 500 more contacts per year for every 8,000 Children
 - **CYP in Custody** – receive a drug intervention programme
- **Improving the signposting of our existing preventative services**
 - **Community navigators** – in Idea Store’s in TH



Priority 2 Improving help for those in crisis

- **Examining the specific needs of persons attending A&E**
 - **The Hope Wall** – improvement to A&E environment for the mentally distressed
 - **RAID** – better data collection and audit of service
 - **CYP Crisis Pilot** – specialised support for CYP in A&E & community
 - **Health Based Place of Safety** –under review service
 - **Crisis Line** – A new local 24/7 crisis line for TH residents
- **Working with schools to ensure student receive appropriate support following traumatic events**
 - **Thrive LDN** – Youth MH First Aid /Time to Change Anti Stigma training offer
 - **School Health and Wellbeing Service** recently commissioned
 - **Educational Psychology** continue to offer support after a traumatic incident or significant event



Priority objectives – progress

Priority 3 - Identifying the needs of vulnerable people

- **Lessons learned from safeguarding reviews shared amongst service providers**
- **Serious Case Reviews** to review all SCR that result from suicide
- **Improving practice in non-clinical settings**
- **Homeless Housing Team and Jobcentre Plus** have taken steps to improve practice among frontline staff
- **Follow up arrangements and responsibility for SU housed outside the borough**
- **HOST** - established arrangements with ELFT, Health E1 and Aspire and a Personal Housing Plan for persons housed outside the borough with key contacts in times of crisis



Priority 4 – Addressing training needs

- **Suicide prevention training to frontline housing staff**
- **Suicide Prevention** - 460+ persons in Tower Hamlets has been trained in Suicide prevention (inc.40 in housing sector). 970 will have been trained across the STP by 03/19
- **Addressing general mental health training needs**
- **MFHA** – 730 TH workforce trained in MHFA and 280 in MHFA Lite, **Queen Mary Uni** – 128 Academic and professional staff trained
- **Suicide & Prevention CYP** – 80 persons trained at Mile End Academy with 50 staff working with CYP attending **Beyond Trauma**



Challenges: Reaching key staff such as those working in primary care. The challenge of retaining knowledge in the workforce and incorporating training into every day practice such as induction or CPD.

Priority objectives – progress

Priority 5 - Communications and Awareness

- **Identifying sites where suicides occur and installing signs for crisis services**
- **Identifying sites in TH** – establish data sharing agreement between Met Police on section 136 in a public place
- **Signage at hotspots** – work with key partners to review current signage at Mile End and Bethnal Green LUS
- **Using social media to foster publically visible links between statutory and third sector services**
- **LBTH communications team** - Part of routine action by LBTH communications team via social media, the website and when doing a press release.
- **We will support national and regional suicide prevention campaigns**
- **LBTH communications team** - LBTH aim to promote suicide prevention day annually – opportunities to partner up on campaigns in future
- **To work with the police and fire and rescue service to respond quickly to suicide attempts**
- **Data sharing agreement** - Thrive LDN seeking to establish a pan-London information sharing hub in 2018/19



Next steps

Priority 1 - Early Intervention and Prevention

- Continue to receive updates on work to improve access to CAMHS and perinatal services.
 - To review the findings of the trailblazer pilot (if awarded), lessons learned and the influence on future commissioning intentions 19/20
-

Priority 2 – Improving Help for those in Crisis

- To continue to receive regular updates on work to improve access to CAMHS and perinatal services”
 - RAID to establish an electronic system for recording attendances by adults in crisis and work with the steering group to monitor improvements
 - To examine if the school interventions do increase access to support for students following traumatic events
-

Priority 3 - Identifying the needs of vulnerable people

- To review the lessons learnt from all safeguarding reviews that result following suicide and agree actions
 - To review HOSTs plan for persons housed outside of the borough and if arrangements and responsibilities are clear amongst service providers
 - To establish regular reporting on self-harm incidents and deaths in temporary accommodation with HOST and examine data by A&E to determine if there has been a reduction of vulnerable persons directed to A&E
-

Priority 4 – Addressing training needs

- To establish a forum/support network for persons that received MH training and to evaluate the impact of the training
 - To review the training offer to primary care staff on suicide prevention and review the approach for increasing uptake of training offer by housing staff
 - To support the implementation and evaluation of training in schools on mental health and to publicise achievements
-

Priority 5 - Communications and Awareness

- To review the signage at Mile End and Bethnal Green Station where suicides have occurred
- To work together to increase the reach and impact of national and regional suicide prevention campaigns
- To obtain data for incidents in the community to install crisis signs, reduce suicide risk
- To ensure responsible reporting within the local media and develop a communications plan
- To strengthen the links with blue light services to improve support for persons that are bereaved by suicide
- To identify the relevant services for suicide prevention and establish a baseline and monitor increase in self-referral