

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 12 JANUARY 2017, IN ROOM 1, EXHIBITION SUITE, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.40 PM.

MEMBERS PRESENT

Mr M Appleyard (Buckinghamshire County Council), Mr R Bagge (District Council Representative), Dr R Bajwa (Clinical Chair), Ms I Darby (District Council Representative), Lin Hazell (Cabinet Member for Children's Services), Ms A Macpherson (District Council Representative), Mr R Majilton (Director of Sustainability and Transformation), Dr J O'Grady (Director of Public Health), Ms L Patten (Accountable Officer (Clinical Commissioning Group)), Dr S Roberts (Clinical Director of Mental Health), Mr M Tett (Buckinghamshire County Council) (Chairman), Dr K West (Clinical Director of Integrated Care) and Ms K Wood (District Council Representative)

OTHERS PRESENT

Mr D Colchester (Thames Valley Police), Mr D Hardisty (Oxford Health NHS Foundation Trust), Ms C Hart (Bucks County Council), Ms K Hart (Buckinghamshire Healthcare Trust), Ms R Hitch (Public Health Principal), Ms T Jervis (Healthwatch Bucks), Ms A McCubbin (Mind), Ms K McDonald (Bucks County Council), Ms Z Moorhouse (Oxford Health), Mr G Price (Survivors of Bereavement by Suicide), Ms S Robinson (Oxford Health Foundation Trust), Mr R Stringer (Hector's House), Mrs E Wheaton (Bucks County Council) and Mr D Williams (Buckinghamshire Healthcare NHS Trust)

1 REFRESHMENTS AND WELCOME

2 INTRODUCTION FROM THE CHAIR

The Chairman, Martin Tett welcomed everybody to the first themed meeting looking at the priorities of the refreshed Joint Health and Wellbeing Strategy and emphasised the importance of the mental health and wellbeing agenda at both a local and national level.

The Chairman provided context to the meeting by highlighting the [Mental Health Five Year Forward View](#) published in 2016 which had put forward a consensus on what needs to change and more recently the Prime Minister, Theresa May, had made her first speech in 2017 outlining plans on how the government was going to tackle mental illness and transform attitudes to mental health problems. It was also announced that the government would be publishing a green paper on children and young people's mental health and wellbeing later in the year. The Chairman confirmed that the Health and Wellbeing Board would focus on Children and Young People's mental health at a future meeting in 2017 to coincide with the publication of the green paper which is why the meeting today was largely focused on adults.

Given the high profile of NHS pressures in the national media, the Chairman invited, David Williams of Buckinghamshire Healthcare Trust (BHT) to provide the board members with a short update on the situation at BHT before the themed meeting started.

David Williams said that the Trust were doing all they could to make sure all patients received care in the right place at the right time but there were clear pressures over the winter months.

On average, throughout the year 95% of patients at BHT are seen within a 4 hour waiting time but during winter months this was around 86%. Nationally the figure is 80% (BHT is operating comparatively at a level of 25 out of 150 Trusts nationally). Work is on-going with partners to speed up delayed transfers of care to free up available beds on wards and this issue was monitored on a daily basis.

3 INTRODUCTION FROM THE DIRECTOR OF PUBLIC HEALTH

Summary:

- Mental health is a Joint health and Wellbeing Strategy priority
- The foundations for good mental health and wellbeing happen in the earliest years
- People from all walks of life are affected but risks are higher for those living in poorer social circumstances, experiencing stressful or traumatic events marginalised groups and those having other illnesses
- Largest single cause of disability in UK costing £105bn and set to rise
- Substance and alcohol misuse – strong determinants of poor mental health
- Best buys for supporting mental health include supporting parents, early years, workplace-based programmes, supporting changes in lifestyle behaviours as well as improvements to the built environment and public spaces

4 PROMOTING GOOD MENTAL HEALTH

Dr Sian Roberts, Clinical Director Mental Health, Learning Disabilities and Dementia (Chiltern and Aylesbury Vale Clinical Commissioning Groups) took Board Members through her presentation.

Summary

- Mental Health is everybody's business and needs a partnership approach
- £40million spend on mental health in Bucks
- 75% of people with mental ill health don't present to a health organisation
- 4000 people in Bucks going through [Improving Access to Psychological Therapies Programme \(IAPT\)](#) with a 50% recovery rate = 15% of the estimated 1 in 4 people in Bucks deemed to have mental health issues. National target is 25% by 2020/21.
- Year on year more adults in Bucks recovering from depression & anxiety with pathways that treats the 'whole person' – body and mind
- The presentation covered the CCG Mental Health Plans, including improving Urgent Mental Health Care, Expanding and increasing access to IAPT services and improving the transitions from CAMHS to Adult Mental Health Services.

Discussion points:

- Support from Health and Wellbeing Board members for a holistic approach and taking forward the NHS five year forward view ambition for parity of esteem
- Recognition that the pathways and number of services are complex and work to be carried out on information provided to the public to increase accessibility and awareness of the services and resources available
- Consensus that the Health and Wellbeing Board should be leading on promoting common messages
- **To note:** launch of [Buckinghamshire Recovery College on Friday 27 January](#).

A Directory of Services will soon to be available in Buckinghamshire

5 WORK PLACE HEALTH

Karon Hart, Healthier Lifestyles and Staff Wellbeing Services Manager, took Board Members through her presentation. Presentation attached.

Summary:

- Persistently high levels of sickness absence at cost to both individuals and the organisation led to a change of interventions to promote staff health and wellbeing
- Staff are empowered to look after their own health and wellbeing which in turn benefits patient care
- The BHT resilience programme includes lots of group work, increasing the understanding of stress and building resilience, work/life balance and coping strategies. Managers had previously been trained in 'difficult discussions' now trained in 'essential discussions' and wellbeing is a core part of the appraisal process
- Managers are enabled to deal effectively with staff wellbeing and sickness absence through robust case management
- Strong evidence that wellbeing can impact positively on all aspects of business functioning

Discussion points

- Members of the Health and Wellbeing Board were keen to understand what their own organisations were doing to promote mental health and wellbeing in the work place and committed to sharing good practice.
- Board members discussed the role of mental health champions and would like further information on this.
- It was also raised that small/medium sized enterprises and self-employed businesses should be included and suggested that this could be explored through Bucks Business First.

6 SUICIDE PREVENTION

Becky Hitch, Public Health Principal, took Board Members through her presentation. Presentation is attached.

Summary:

- Suicide rates are rising. It is the biggest killer of men under 49 and also the leading cause of death among new mothers.
- There are between 30-38 suicides in Buckinghamshire every year
- Around 1 in 3 people who die by suicide are known to mental health services
- 34% of those who had taken their own life in Buckinghamshire in 2013/14 had consulted a GP for mental health problems in the last 12 months.
- Recognition that more needs to be done to build on partnership working already taking place across Thames Valley.
- Thames Valley Police have a real time suicide surveillance system and a Suicide and Intervention Network led by Oxford Healthcare NHS Foundation Trust.
- The Buckinghamshire Suicide Prevention Group are currently refreshing the county wide suicide prevention strategy and have made a number of recommendations shared in the slide pack which are aimed at specific vulnerable groups as well as calling for a stronger partnership approach to reduce stigma and shared messages, including promotion of the Headsup website <http://thisisheadsup.org/>.

Discussion points:

- The Health and Wellbeing Board listened to the experiences of Robert Stringer at [Hector's House](#) and Geoff Price at [Survivors of Bereavement by Suicide](#) who had both personally been affected by suicide and were carrying out important work to improve public awareness and provide support.
- There was a commitment from the Health and Wellbeing Board to do more on suicide prevention and positive support for emerging national guidelines which are yet to be formalised including; Mandatory support to those bereaved by suicide, Training for frontline staff and Funding to cover GPs to attend training.
- Board members commented that there was lots of information but not joined up messaging or clear pathways and this was an area to be strengthened across the partnership.

7 ROUNDTABLE DISCUSSION

Overall summary of the themed meeting:

- A suggestion that as lead commissioners there should be a set of guidelines for mental health and wellbeing in a central repository and this should be carried out in a way that uses existing resources more effectively.
 - There was appetite for joined up positive mental health campaigns across the county
 - Commitment from members to make sure mental health and wellbeing information is available on their organisation websites (e.g. promotion of the Heads up website)
 - Commitment to improve mental health and wellbeing in the work place, share good practice and report back on what each organisation was doing and planning to do
 - It was suggested that the Board needed a better understanding of the role of mental health champions and how they could work.
 - It was suggested that all members on the Health and Wellbeing Board report back on what they are going to do as an organisation to promote mental health and what they can offer
 - To note that Healthwatch are due to publish their report on peer support in mental health in partnership with Mind and will share this with Board members.
1. **For Action: All members** to report back to Katie McDonald on what they are going to do as an organisation to promote mental health and wellbeing and what they can offer both in the work place and in the way of improving communication and access to services
 2. **For Action:** Katie McDonald with public health colleagues and feedback from Health and Wellbeing Board members to take the issues raised at the meeting to draft a short report as follow up to set out priorities and actions for agreement by the Health and Wellbeing Board at the next meeting on 9 March 2017.
 3. **For Action: All members** to feedback to Katie McDonald on proposals for themed meetings for 2017/2018

A number of websites and resources were mentioned throughout the meeting and these can be found here:

<http://www.healthwatchbucks.co.uk/service-guide/mentalhealth/>

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

<http://www.bucksmind.org.uk/>

<http://thisisheadsup.org/>

<http://www.hectorshouse.org.uk/>

<http://uk-sobs.org.uk/>

CHAIRMAN

Health and Wellbeing Board Mental Health Themed Meeting

Dr Jane O'Grady
Director of Public Health

7

Promoting good mental health and wellbeing for everyone is one of the 5 priorities in the Joint Health and Wellbeing Strategy refresh 2016 - 2021

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What can my organisation do to support this priority?

What action can the HWB take together to support and promote mental health and wellbeing?

What do I want others to do to support this priority?

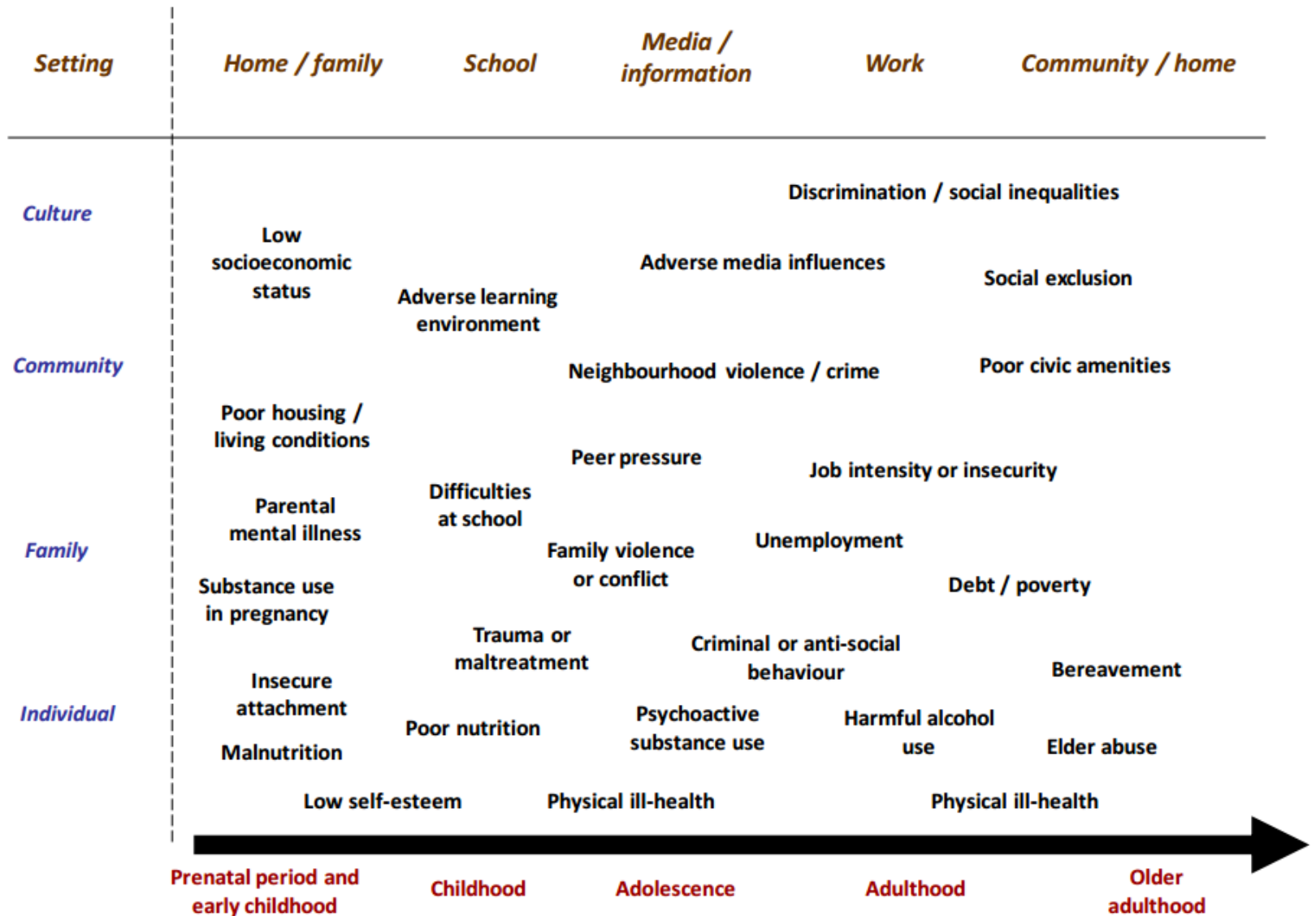
The importance of good mental health

- Foundations for good mental wellbeing happen in earliest years
- Good mental wellbeing adds at least 7.5 years to your life
- Poorer mental wellbeing predicts risk of other illnesses later in life
- Poor mental health common
- Largest single cause of disability in UK costing £105bn per year
- People from all walks of life are affected but risks are higher for those living in poorer social circumstances, experiencing stressful or traumatic events marginalised groups and those having other illnesses
- 1 in 5 older people living in the community and 40% of people in care homes are affected by depression
- People with severe mental illness die 15-20 years earlier than their peers

Figure 2

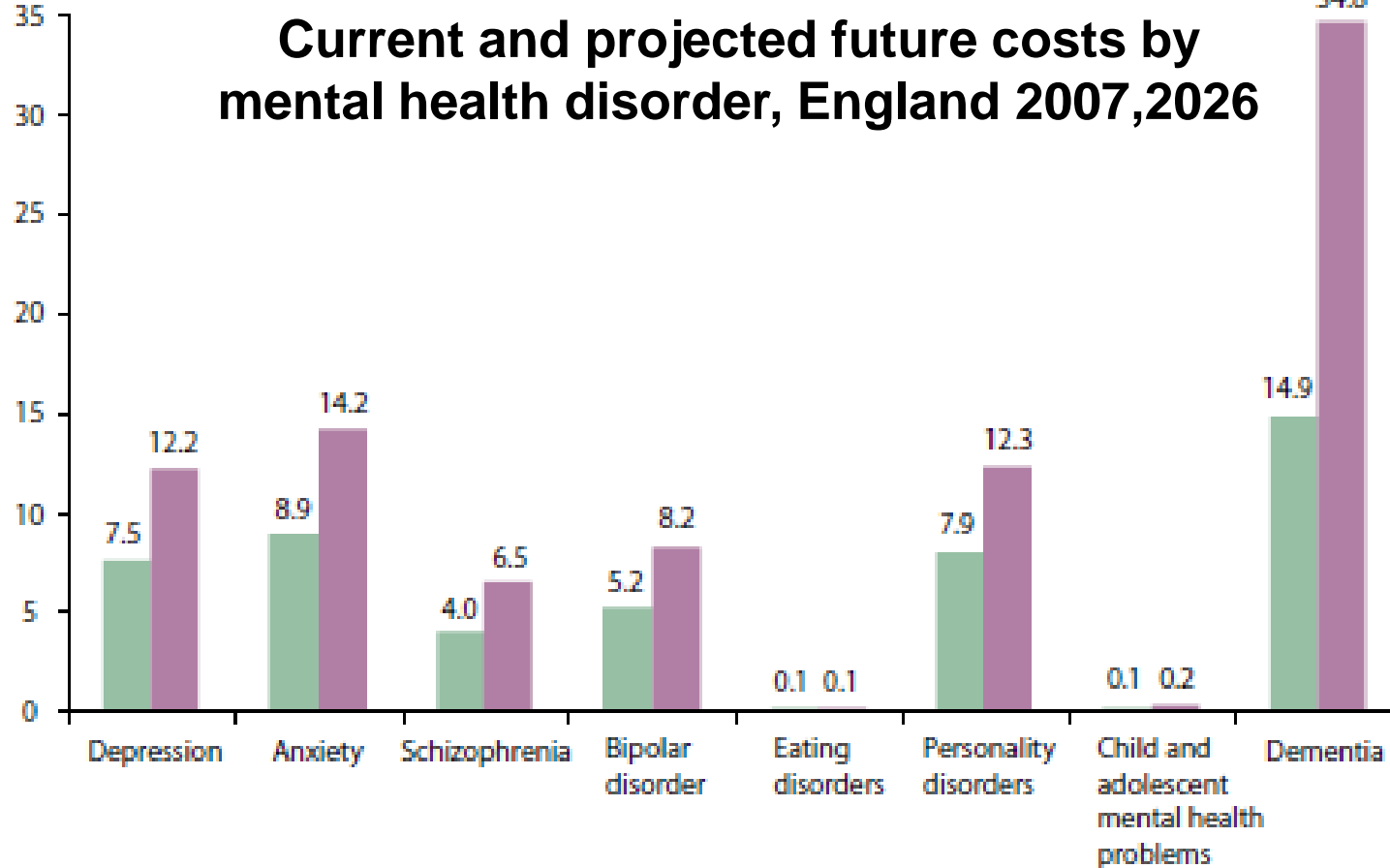
Schematic overview of risks to mental health over the life course

(Adapted from: Foresight project, 2008; Kieling et al, 2011; Fisher et al, 2011)^{4 5 6}



Total costs (£ billion)

Current and projected future costs by mental health disorder, England 2007,2026



What does the joint health and wellbeing strategy say about mental health ?

For children and young people

- Ensuring good support for maternal and paternal mental health
- Access to high quality parenting advice and support
- Early detection and support for people experiencing domestic violence
- Keeping children safe from harm through universal and targeted services
- Promoting whole school approach to health and wellbeing
- Ensuring emotional resilience of young people is supported and developed
- Improving physical health including physical activity
- Help to reduce substance misuse
- Improve detection and treatment for maternal mental health problems
- Improve children and young peoples' mental health by delivering targeted support , improved access to CAMHS and early intervention

Joint Health and Wellbeing Strategy - Mental Health

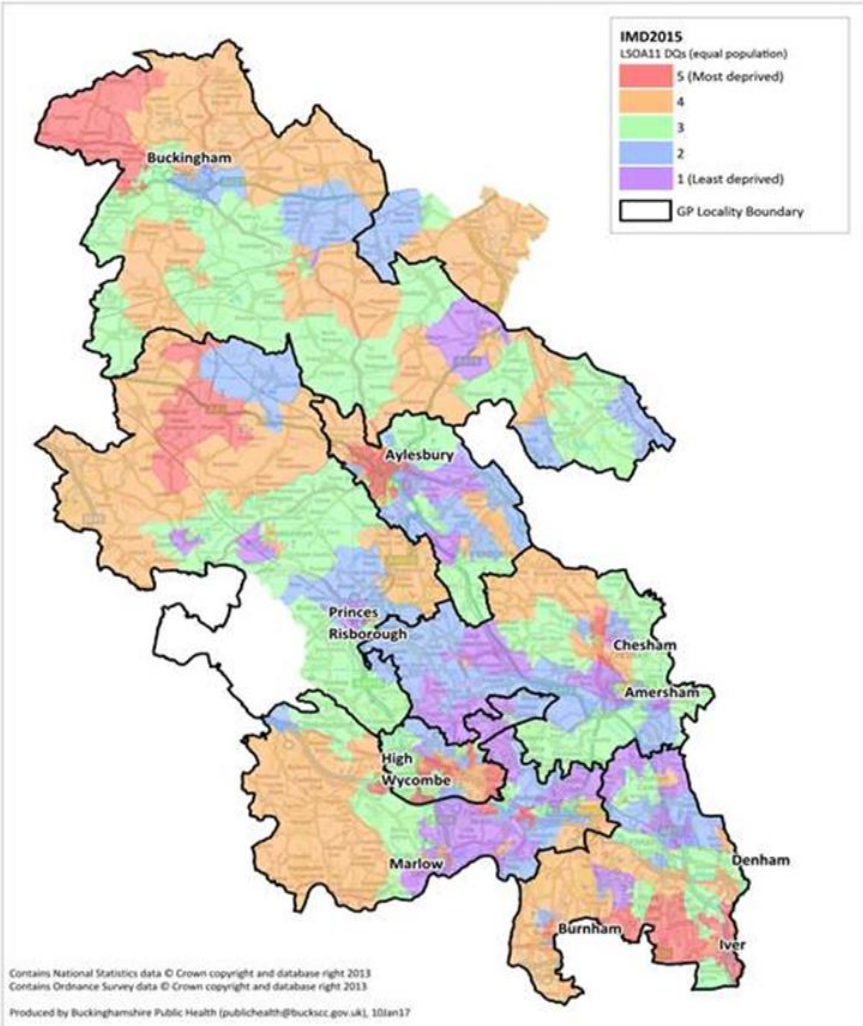
For adults

- We will promote adult wellbeing and resilience in all partner work places as part of wider workplace health initiatives
- We will promote good mental health and emotional wellbeing by working in partnership to identify and work with groups who are vulnerable to poor mental health
- We will work with partners to improve the physical health of people with mental illness and/or learning disability
- We will review existing services for people with mental health and substance misuse problems to improve outcomes for these people
- We will implement plans to reduce the risk of suicide and minimise self-harm
- And action listed under children's section will improve mental health for the adults they become but also specific actions apply to adults too e.g. domestic violence, maternal mental health, substance misuse

Buckinghamshire County Council

Index of Multiple Deprivation Quintiles for Bucks CC with CCG Localities

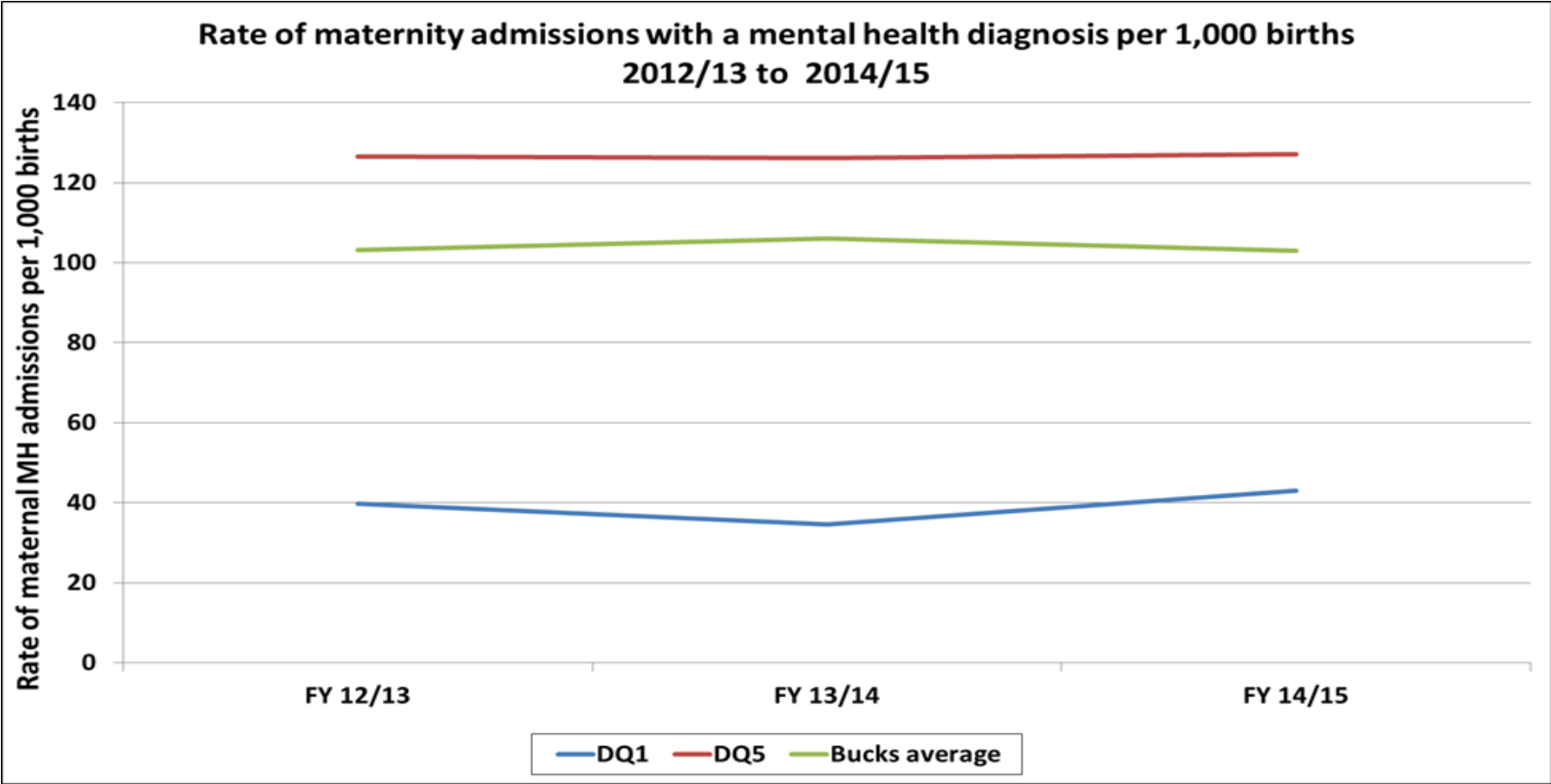
Bucks CCG Localities with Buckinghamshire County IMD2015 quintiles



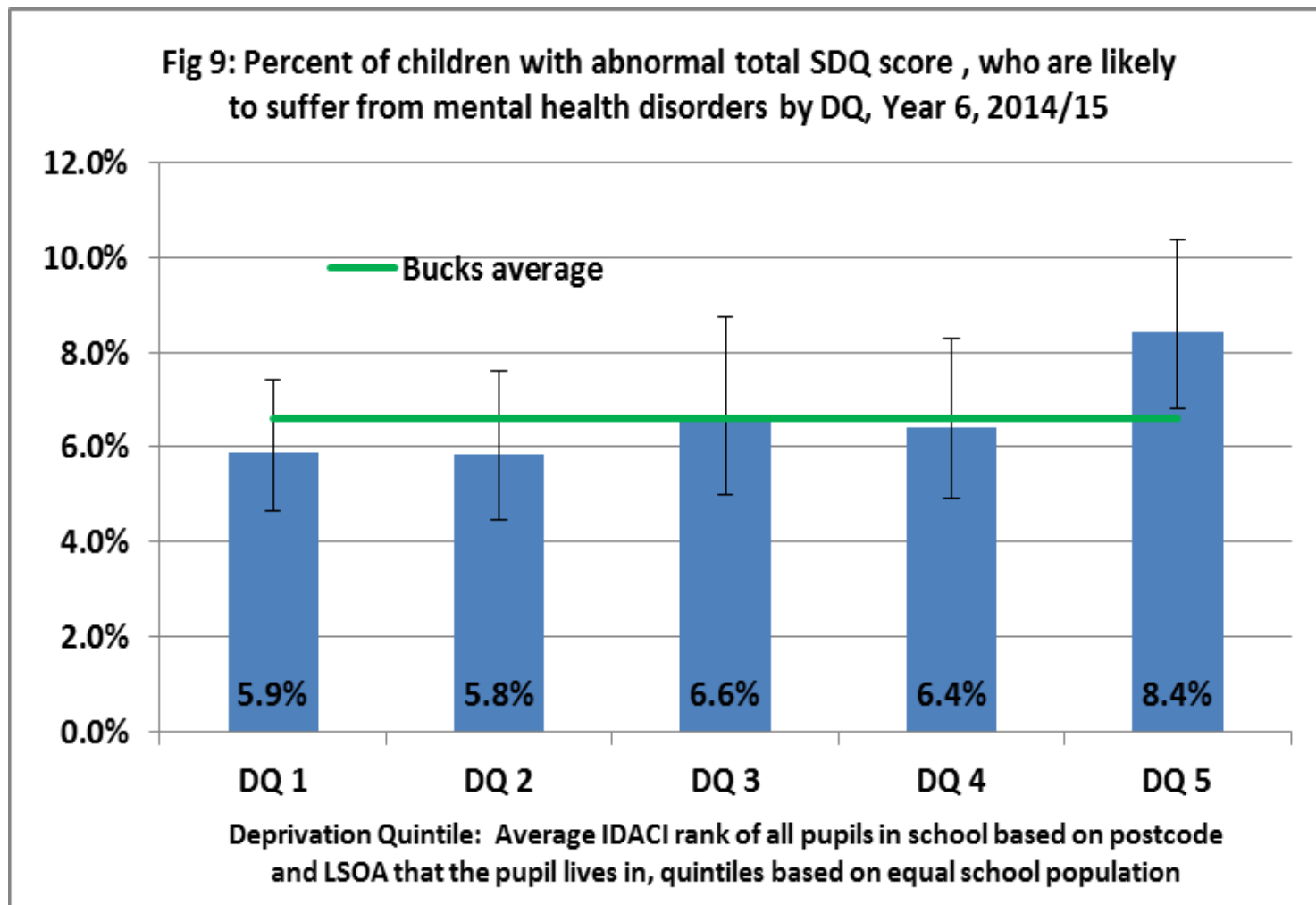
The deprivation quintiles reflect 100K people in each quintile. Red zones are in most deprived quintile.

Maternity admissions with a mental health diagnosis

15

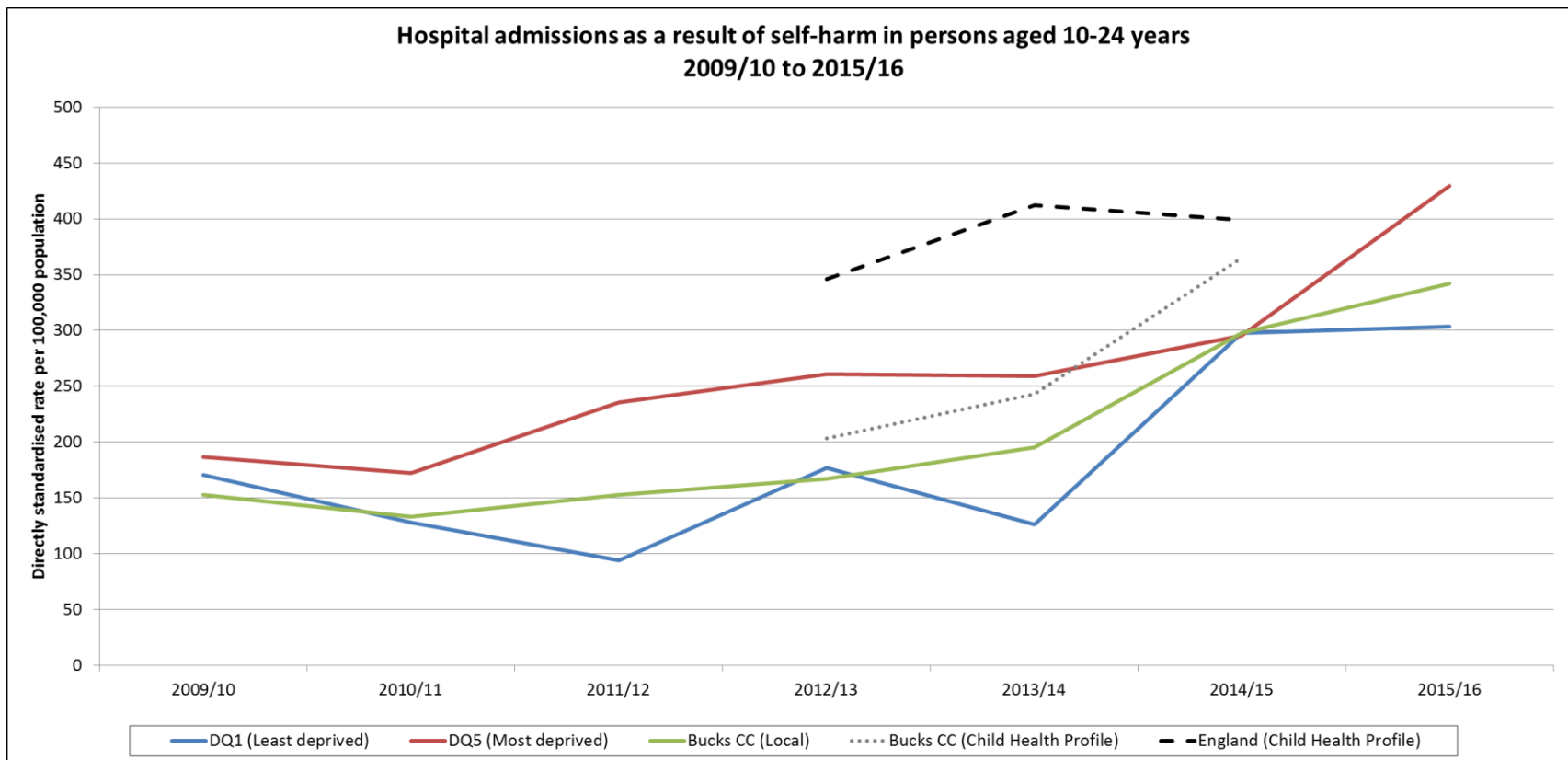


Risk of mental health problems by school deprivation quintile year 6 in Buckinghamshire



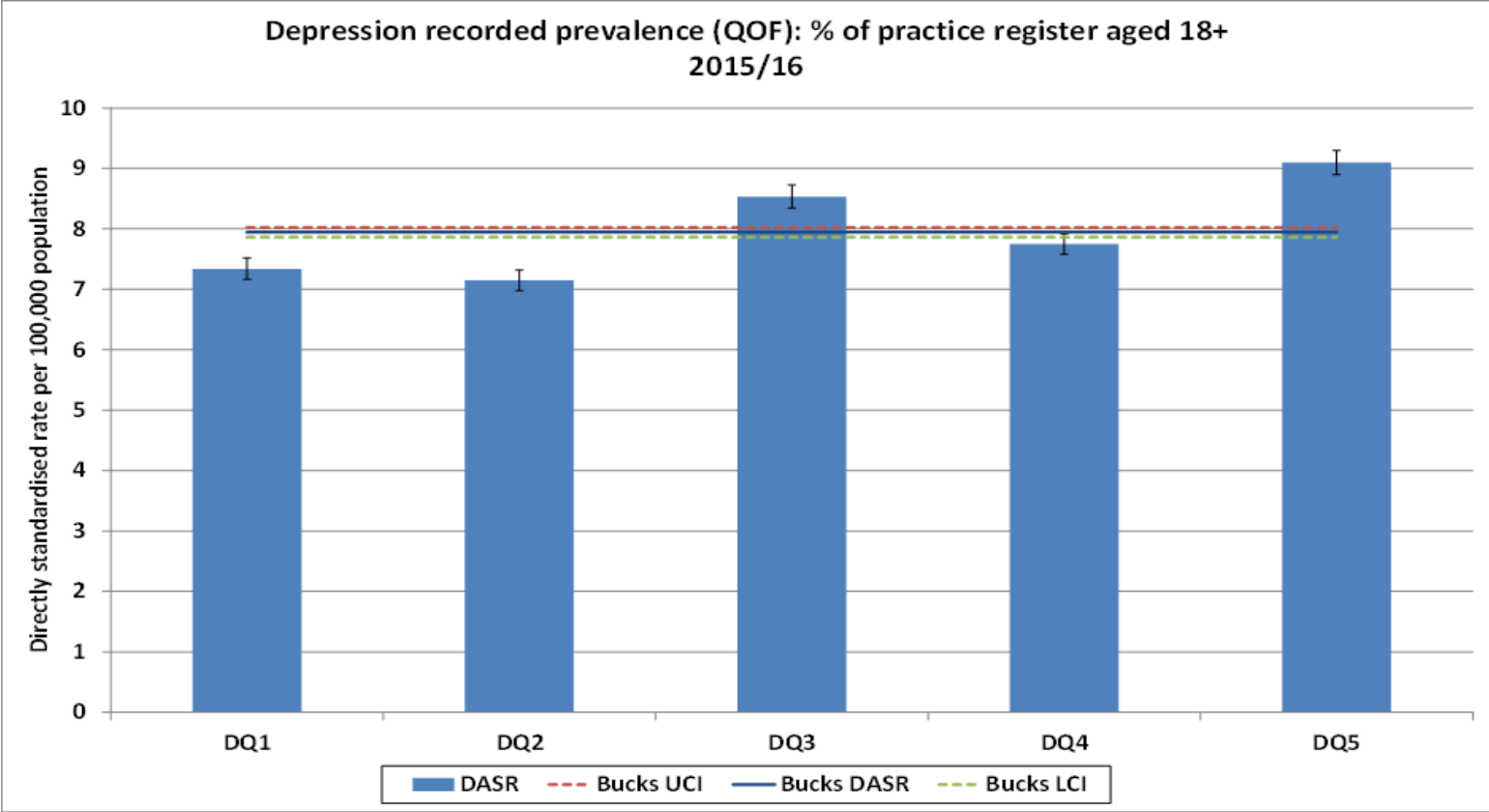
Hospital admissions for self harm aged 10-24 years

17



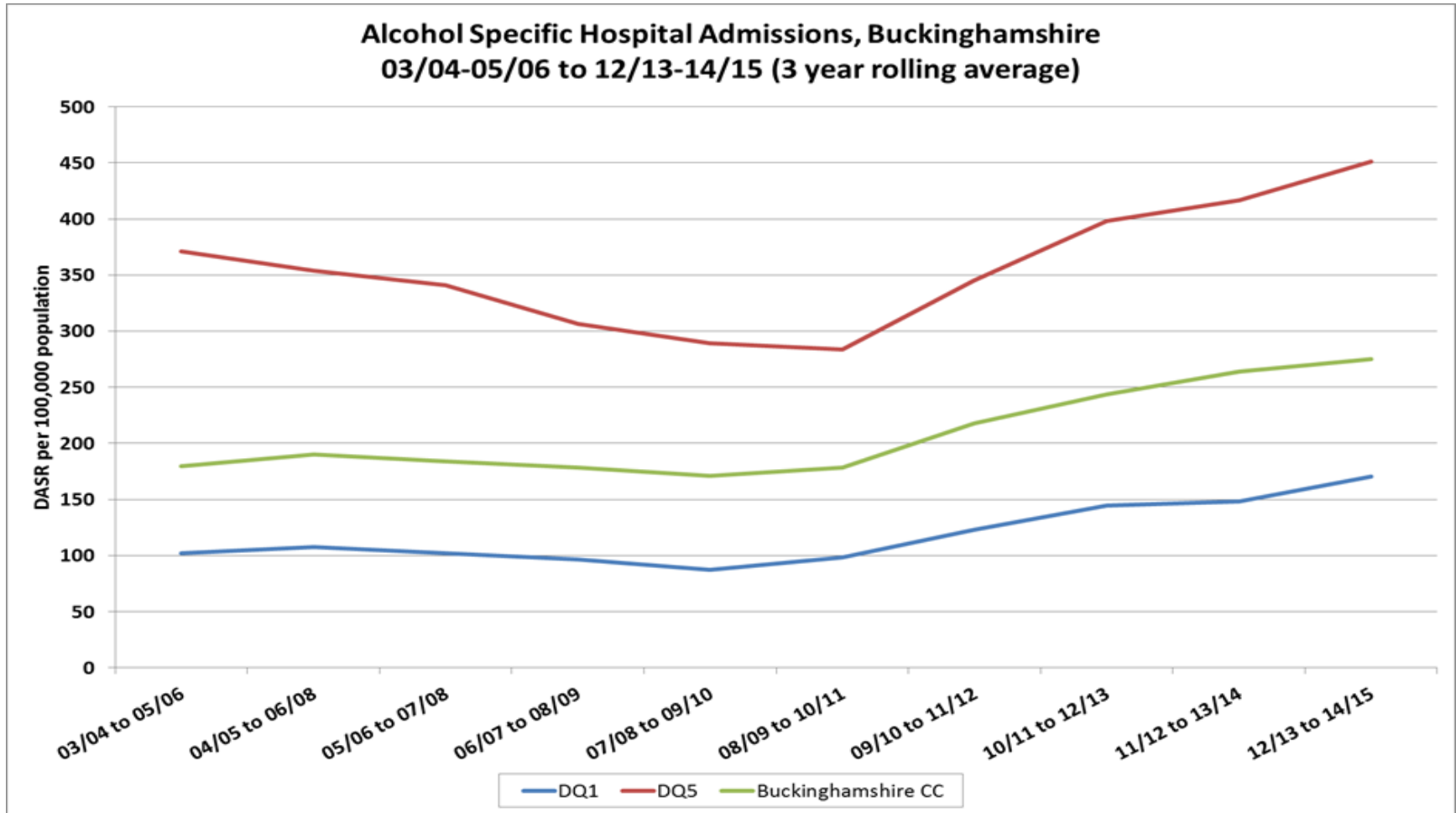
Proportion of adults over 18 with recorded depression in primary care 2015/16

18

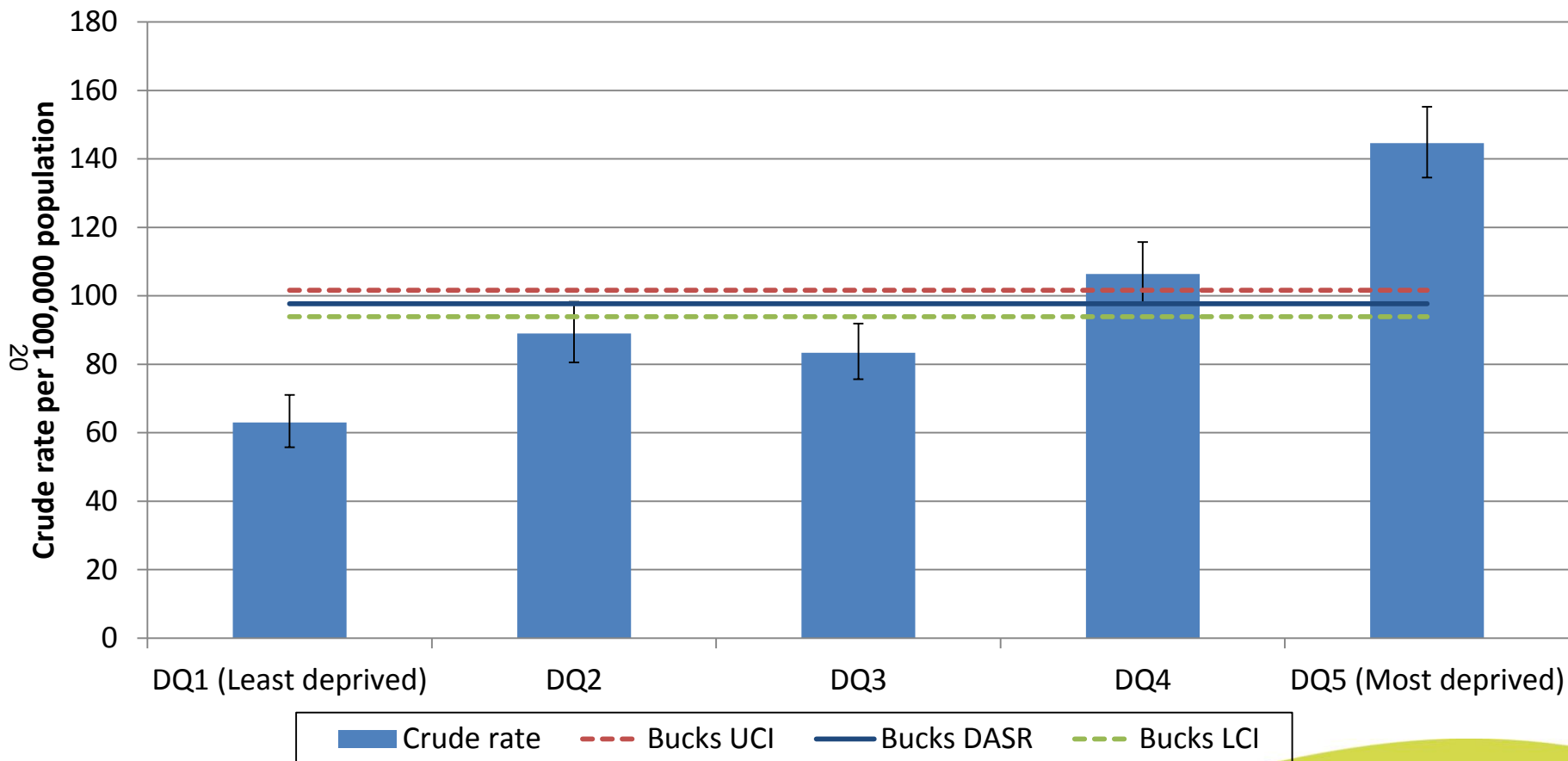


Alcohol specific hospital admissions

19

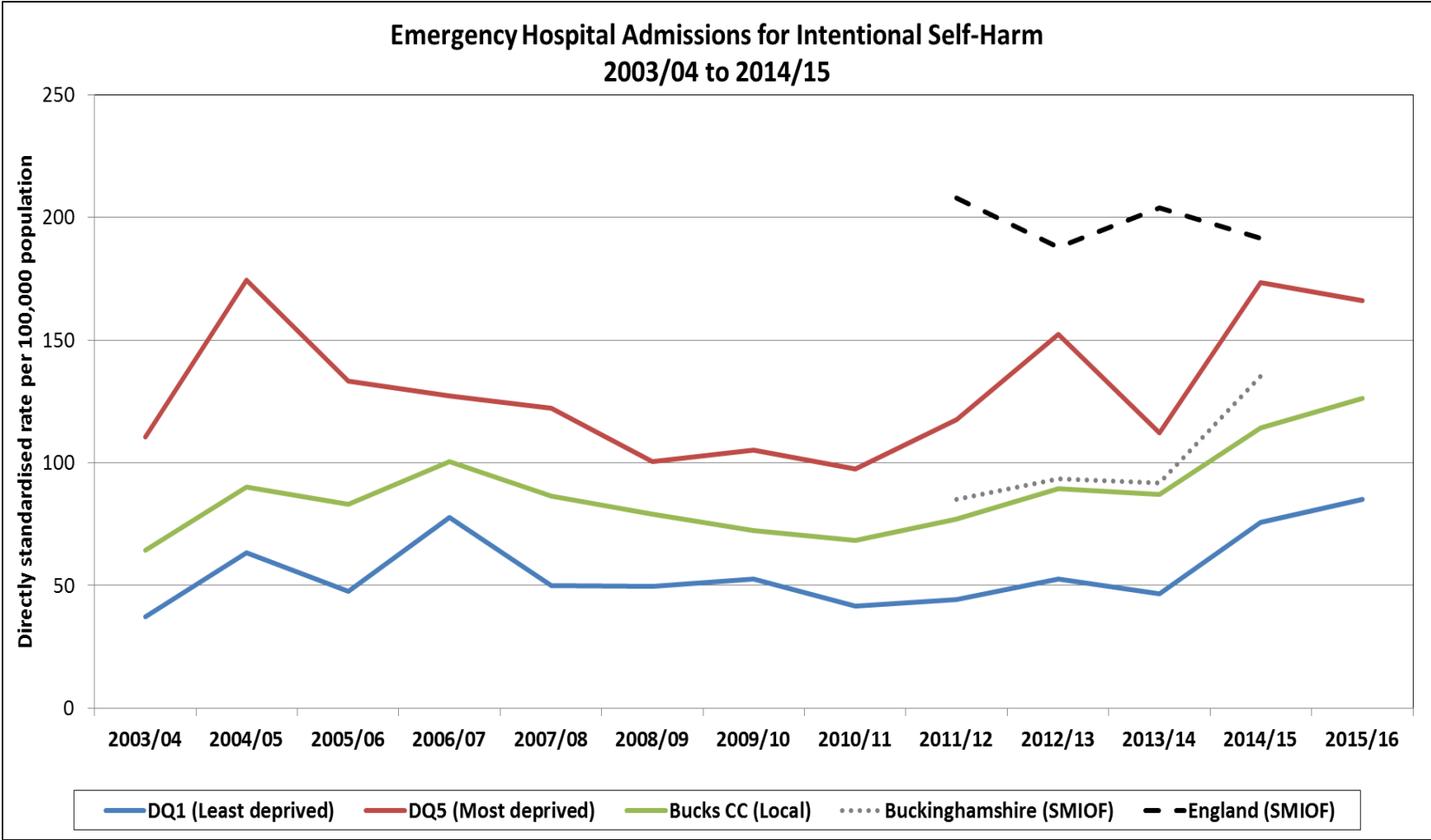


Emergency Hospital Admissions for Intentional Self-Harm 2011/12 to 2015/16 all ages



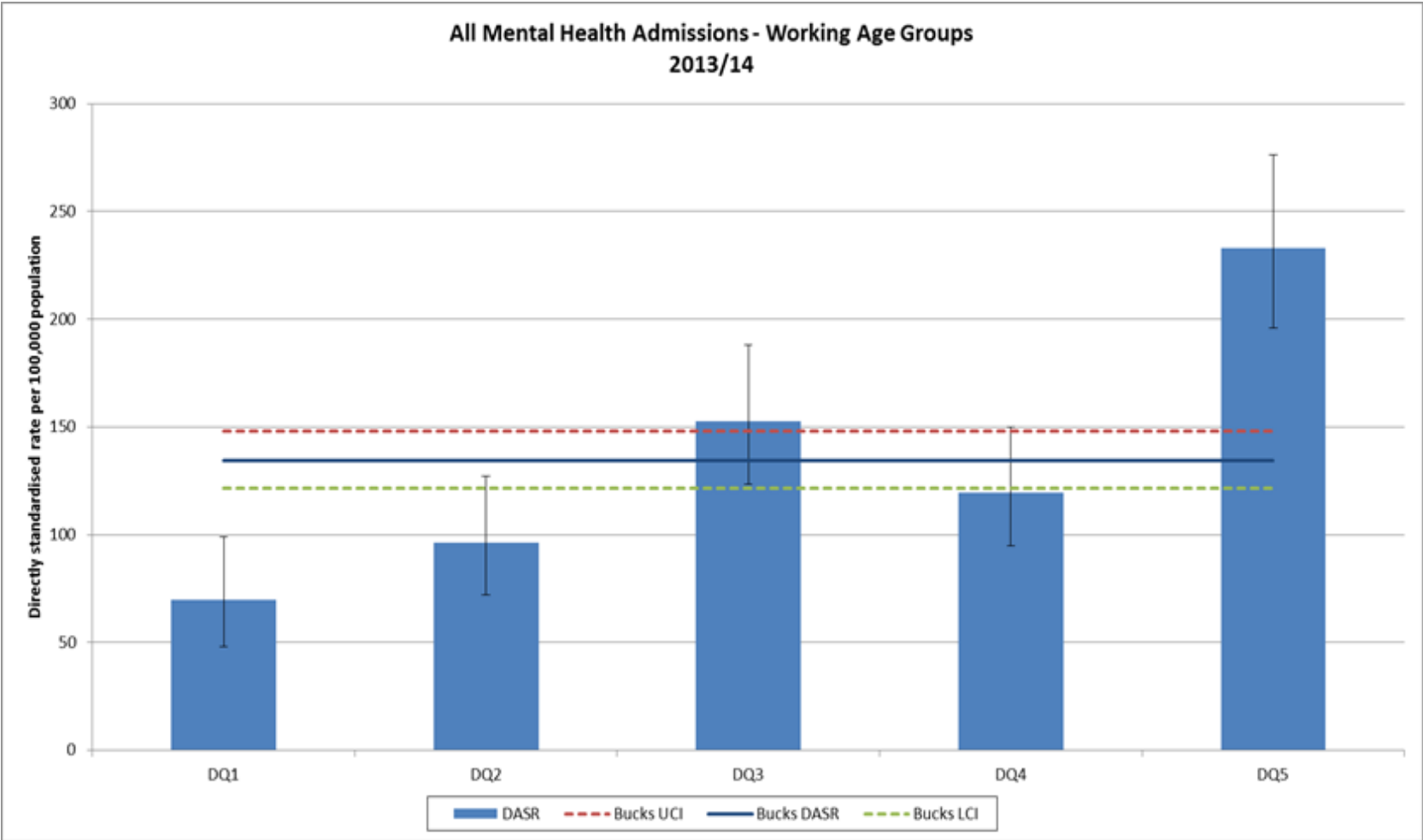
Hospital Admissions for self harm (all ages)

21

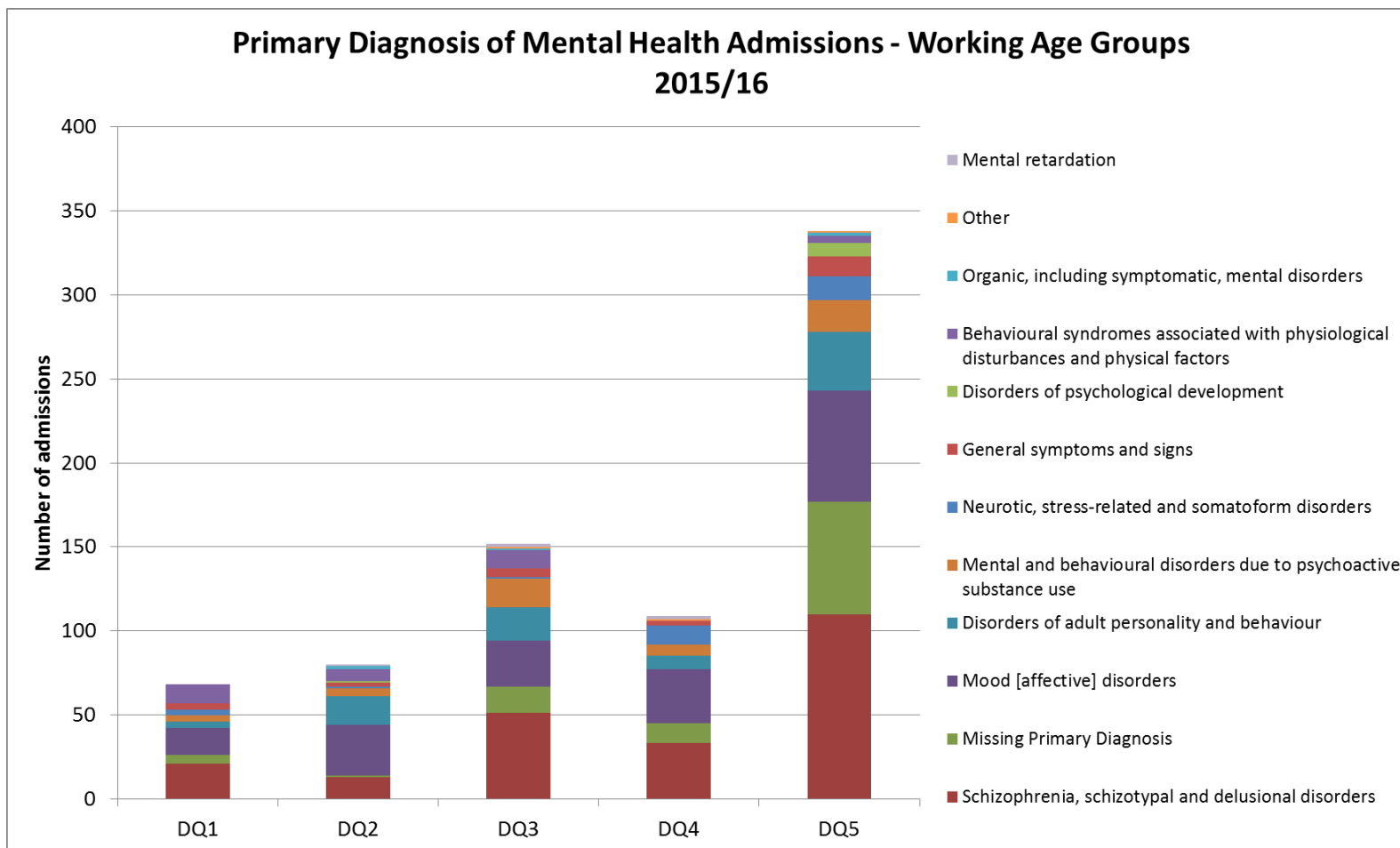


Mental health hospital admissions in working age adults

22

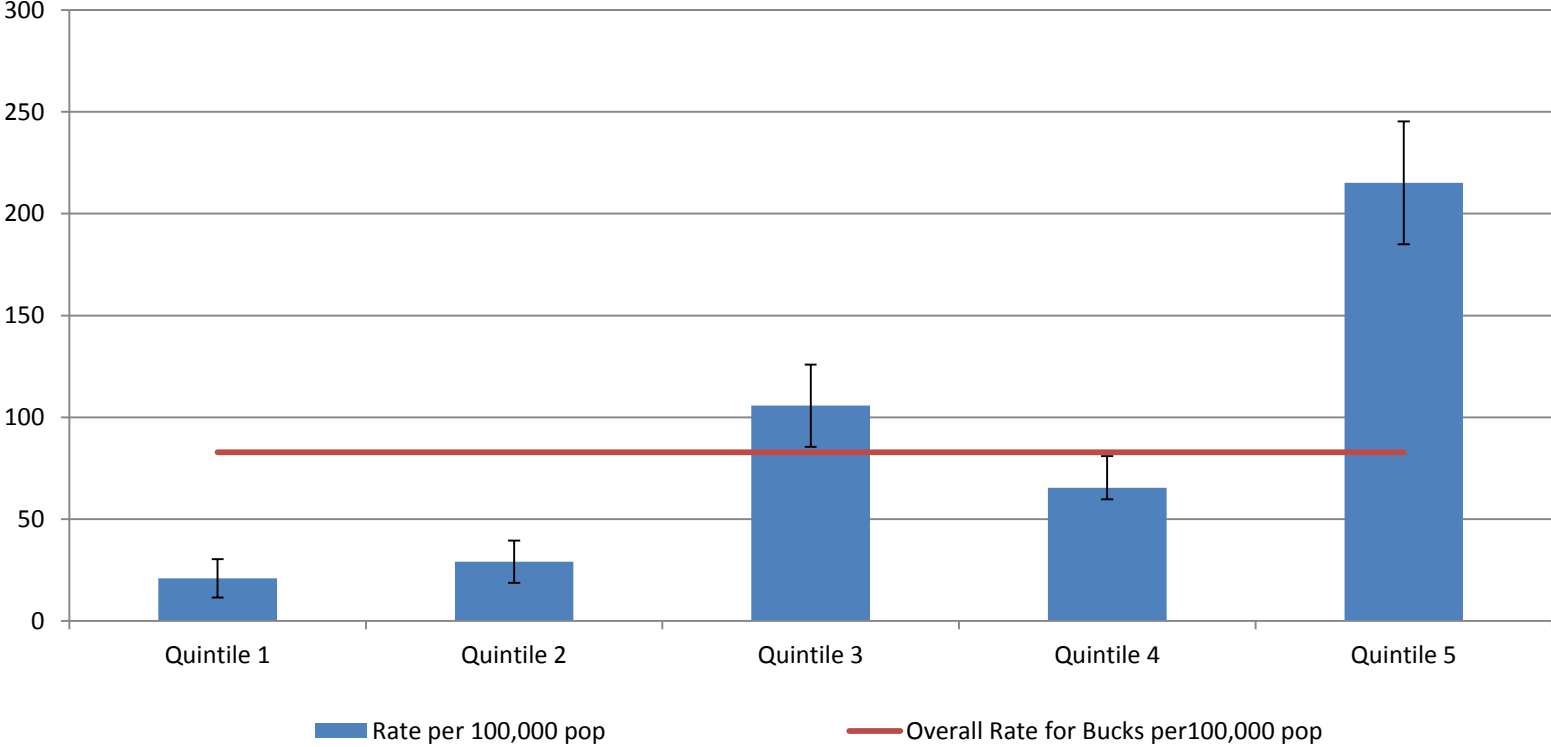


Diagnosis of mental health admissions in working age adults



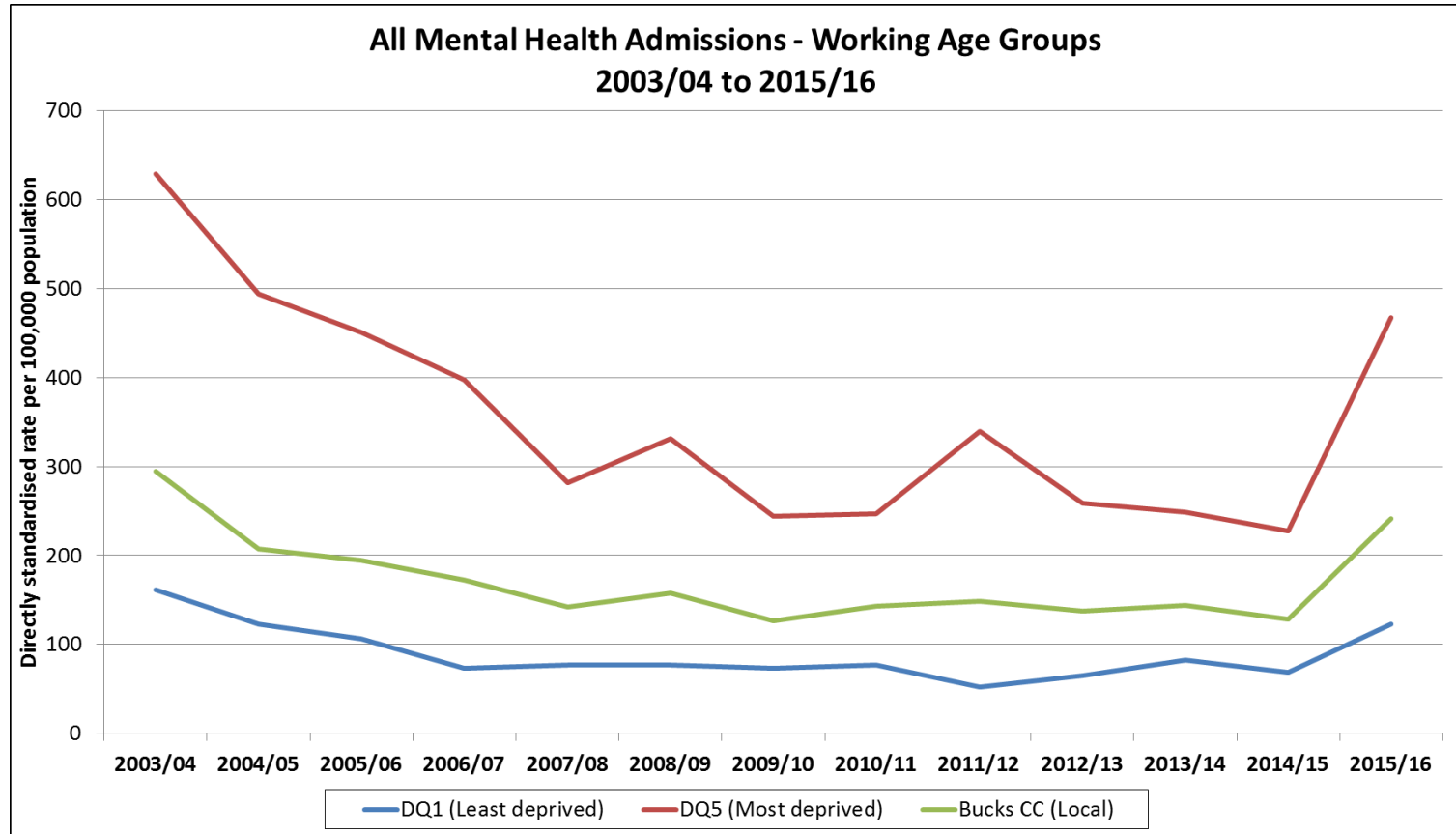
Adult mental health social care support

Clients accessing Adult Mental Health services (DASR)



Mental health admissions – working age group

25



Best buys for supporting mental health

- Supporting parents and early years with parenting programmes to improve skills and the home learning environment, and pre-school education
- Supporting lifelong learning with school-based programmes to promote mental health and increased educational opportunities for adults
- Improving working lives with workplace-based programmes to promote mental wellbeing and reduce the impact of the workplace on mental health
- Positive steps for mental health with changes in lifestyle, such as diet, exercise, alcohol, which impact on mental health as well as physical health. Social support and contact are factors in mental wellbeing
- Supporting communities and environmental improvements to the natural world, the built environment and public spaces all influence mental health; access to green spaces is associated with reduced health inequalities
- *Promoting mental health and preventing mental illness: the economic case for investment in Wales. Freidli & Parsonage (2009)*
www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20%28English%29.pdf

Buckinghamshire County Council

Economic pay-offs per £1 invested in each intervention	NHS	Other public sector	Non-public sector	Total
EARLY IDENTIFICATION AND INTERVENTION AS SOON AS MENTAL DISORDER ARISES				
Early intervention for conduct disorder	1.08	1.78	5.03	7.89
Health visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.33
Early intervention for medically unexplained symptoms	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Early intervention in psychosis	9.68	0.27	8.02	17.97
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
PROMOTION OF MENTAL HEALTH AND PREVENTION OF MENTAL DISORDER				
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	-	-	9.69	9.69
ADDRESSING SOCIAL DETERMINANTS AND CONSEQUENCES OF MENTAL DISORDER				
Debt advice services	0.34	0.58	2.63	3.55
Befriending for older adults	0.44	-	-	0.44

Promoting Good Mental Health to Those Who are Vulnerable to Poor Mental Health



Dr Sian Roberts

Clinical Director Mental Health, Learning Disability and Dementia
Chiltern and Aylesbury Vale CCGs

Why Mental Health is Important?

Mental wellbeing is a fundamental component of good health.

Poor mental health brings with it costs to individuals and their families as well as to society as a whole through costs to public services: health, social care, housing, education criminal justice, social security and the wider economy.

People with mental health problems are more likely to experience physical health problems, smoke, be overweight, use drugs and drink alcohol to excess, have a disrupted education, be unemployed, take time off work, fall into poverty, and be over-represented in the criminal justice system.

Productivity losses, benefit payments and cost to the NHS associated with mental health problems cost the economy £105bn a year

Demographics

1 in 4 people are affected by a mental health problem in any year



- At least one in four people experience a mental health problem in any year and mental ill-health represents up to 23 per cent of the total burden of ill health in the UK- the largest single cause of illness.
- Half of those with mental health problems first experience symptoms before the age of 14 and three-quarters before their mid twenties.

People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people

Spend on Mental Health in Bucks

£40 Million Pound Spend on services annually
Including services such as: IAPT, PIRLS, Inpatient services, ADHD and ASD, complex needs service.

18,000 in-patient bed days 16/17

5,326 patients on caseloads across the service (as of October 2016)

Who's Vulnerable to Poor Mental Health:

Psychological risks; existing Serious Mental Illness (SMI) , self harm/risky behaviours, alcohol and drugs , domestic violence victims, those with adverse childhood experiences (ACE)

Social risks; poverty, unemployment, BAME/travellers, LBGT, increasing age, isolation, carers , homelessness, military veterans, ex-offenders

Physical health risks; perinatal, Long term conditions/chronic disease. physical disability, learning disability, dementia

Mental Health needs a Partnership Approach

- Local Authorities
(Council and Public Health)

34

- Health
- Education
- DWP
- Housing,
- Carers Bucks,
- Prevention Matters,
- IAPT
- Patients by experience



- Drug and Alcohol services
- Police (street triage) ,
- BHT (PIRLS) ,
- Memory Support Services,
- CAMHS- supporting transitions,
- Third sector/ social prescribing to relevant support,
- SCAS,
- STP partners- BOB
- Employers

5 Year Forward View for Mental Health

Government has made recommendations
in 3 x key areas;

- **Access** to good quality, timely mental health care wherever people are seen in the NHS, and people to have a decent place to live, a job or good quality relationships in their local communities.
- **Parity of Esteem** ; Equal status of mental and physical health
- **Tacking inequalities**; poverty, BME, LBGT, disabled, age etc



Timely Access to Mental Health Services

IAPT

- IAPT 15% access compliant and exceeding 50% recovery - aspiration to 25% in 2020/21

AMHT

- AMHT SPA – based on two teams (Chiltern CCG & Aylesbury Vale CCG)
- 24 hour cover, 7 days a week.
- EIP Patients seen within 2 week standard - Compliant (May 87.5%)

Perinatal

- Perinatal mental health service only TV CCGs with MH pathway across agencies
- 100% referrals seen with in 5 days (urgent) and 10 days (routine)

**Healthy Minds
 Business as Usual**

Quality & Capacity

- Developed nationally recognised clinical co working model with Relate
- Working with AHSN & Professor Clarke to deliver highest national quality standards
- ‘hidden waits’
- Over 85% would recommend service to F&F
- Good access by BME & older adults

IAPT

**National Policy
 & KPIs**

2016/17
 IAPT equal to or better than national standards
 15% access (over 4000 adults)
 50% recovery rates (often above 60%)
 6 & 18 week waiting targets

2017/18
 On track to deliver
 25% access by 2020/21 (over 6000 adults)

**Live Well & Work Well
 1st Wave National
 Pathfinders**

Innovation & leadership

1. Integrating IAPT & LTC

- Expansion of Live well to all LTC inc Diabetes
- Treatment in practices/community and via new LWSW SPA
- Integrated with lifestyle advice
- Over 15 new clinical staff

2. Employment Programme

- Partnership with DWP & JCP
- Access to earlier identification and treatment depression & anxiety

Year on year more adults in Bucks recovering from depression & anxiety with pathways that treats the ‘whole person’ – body and mind

Parity of Esteem

Physical health improvement for those with mental ill health

- CQUIN ; SMI physical health
- Chiltern QIS - prioritising SMI
- New 'Live Well Stay Well SPA'
- Medication-shared care protocols

Mental health improvement for those with physical conditions

- Multiagency Chronic Fatigue pathway
- National IAPT & LTC Pathfinder
- CSP & Diabetes Pathway - psychological therapies
- Obesity pathway development

Live Well Stay Well SPA

- Chesham co location project with DWP - Wycombe
- 5 ways to wellbeing & social prescribing network
- Exploring MECC workforce @ STP level - prevention
- Staff wellbeing - mental and physical wellbeing 'tasters'

Finance

2016/17	Allocation Growth	Growth in spend
AVCCG	4.50%	6.90%
CCCG	4.70%	7.80%

Mental Health Urgent Care Pathway

Psychiatric In-reach liaison service (PIRLS) –

152 referrals in October 2016 62% from A&E.

Four main performance targets

- A&E: Patients to be seen in 1 hour 98% (October 2016)
- AOU/Ward 10 and ITU: Patients to be seen within 4 hours – 100% (October 2016)
 - Number of patients seen within 24 hours – 100% (October 2016)
 - Number of letters sent to GP's within 72 hours – 97% (October 2016)

SCAS/999 control centre -

Dedicated members of staff in place to provide support, triaging and signposting for mental health patients. Band 7 members of staff, the service operates 6 days per week.

Street Triage –

Working together with the police to ensure that people in crisis receive the right support

Health Based Places of Safety (HBPoS) –

Buckinghamshire currently has two HBPoS based at the Whiteleaf Centre, soon to increase to three.

Buckinghamshire Recovery College

Free courses for students (carers, professionals, service users) interested in mental health recovery. We aim to bring together students to share experience, strength and hope; working together to change lives.

40

No. of students = 180+

Courses co-produced and delivered = 16

Official launch = 27th January 2017

CCG Mental Health Plans...

Overall- looking at Commissioning secondary care services via an outcomes based contract- similar to Oxford CCG (STP plans)

Learning Disability- improving access to Annual Health Checks

Expanding IAPT services to support unemployed (Live Well Work

Talking Therapies (IAPT) - increasing access rates to 25% of predicted prevalence

Improving Urgent Mental Health Care access to 24/7

Support the CQUIN for biophysical monitoring and long term condition monitoring)

Serious Mental Illness- robust care plans and medication reviews

Prevention and self care; promote 5 ways to well being, recovery College, self access to IAPT /third sector support, access to the Live well stay well hub and lifestyle services

Dementia- identifying our population and providing good quality post diagnostic support

Perinatal- expanding service and improving access

Carers- specific support for carers stress

Transitions from CAMHS to Adult Mental Health services to be seamless

Domestic Violence- increase primary care awareness and identification to then access appropriate services

Military Veterans- fast-track to Mental Health services

Where are the Gaps?



Glossary

A&E	Accident and Emergency
ACE	Adverse Childhood Experience
AOU	Acute Observation Unit
ADHD	Attention Deficit Hyperactivity Disorder
AMHT	Adult Mental Health Team
ASD	Autistic Spectrum Disorder (Autism , Asperger's)
BHT	Buckinghamshire Healthcare NHS Trust
BME	Black, Asian, Minority Ethnic
BOB	Buckinghamshire, Oxford, Berkshire
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CQUIN	Commissioning for quality and innovation
CSP	Care and Support Planning
DWP	Department of Work and Pensions
EIP	Early Intervention in Psychosis service
IAPT	Improving Access to Psychological Therapies (talking therapies)
ITU	Intensive Care Unit
LGBT	lesbian, gay, bisexual, and transgender
LTC	Long Term Condition
LWSW	Live Well Stay Well
MECC	Make Every Contact Count
MH	Mental Health
OHFT	Oxford Health Foundation NHS Trust
PIRLS	Psychiatric In-Reach Liaison Service (Psychiatrists in non-mental health hospitals)
QIS	Quality Improvement Scheme
SCAS	South Central Ambulance Service
SMI	Serious Mental Illness (e.g. schizophrenia, bipolar)
SPA	Single Point of Access
STP	Sustainability and Transformation Plan
TV	Thames Valley

Mental Health and Wellbeing Interventions in a Combined Acute and Community NHS Trust

45

Karon Hart
Healthier Lifestyles and Staff Wellbeing Services Manager
karon.hart@buckshealthcare.nhs.uk

Minute Item 5

Putting into context ...2012 ...Rationale for change

Persistently high levels of Sickness Absence resistant to existing management practice and other interventions

Lack of ownership and fragmented approach

Processes going round in circles

Detrimental effects on the health and wellbeing of the individual

Increased pressure on the wider team of sickness, presenteeism and general stress levels, the `domino effect`

Financial cost to the organisation

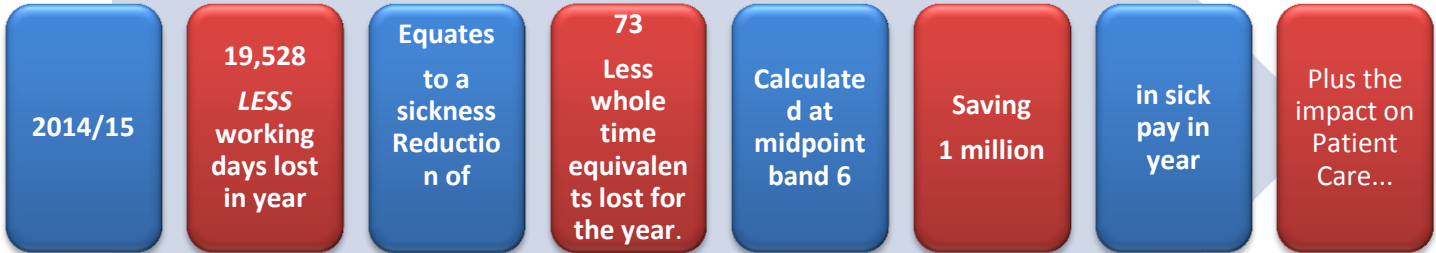
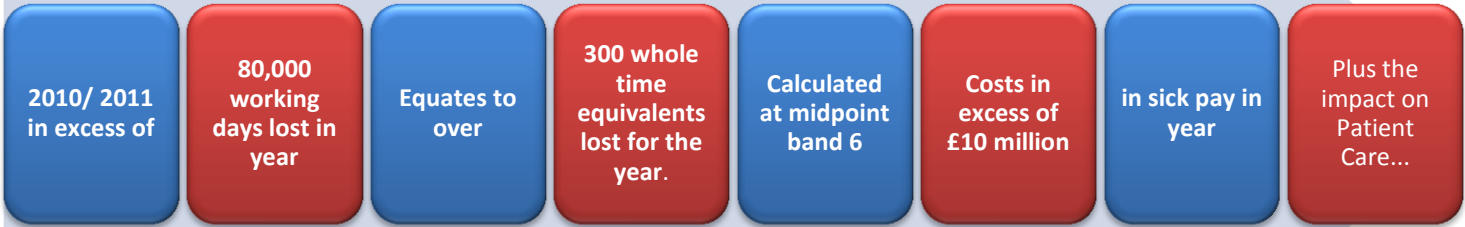
Safe & compassionate care,

every time



Safe & compassionate care,

every time

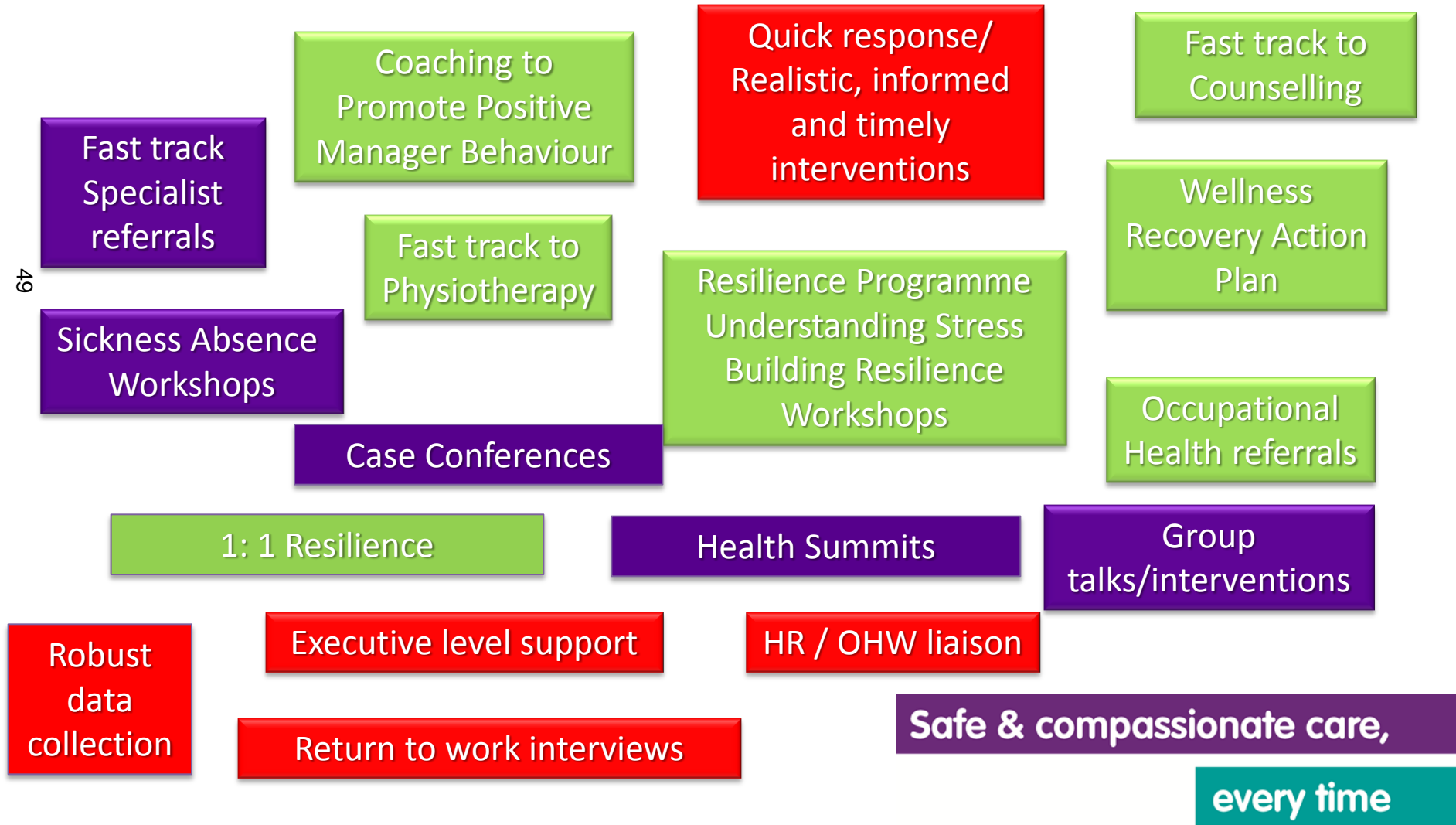


Safe & compassionate care,

every time

Sickness Absence Case Manager Activity has been the catalyst to growing Wellbeing Services to encompass implementing/ signposting to, all these elements

49



What does this mean in practice?

- There is a need to empower staff to look after their own health and wellbeing.
- Roles that involve caring for and helping people often mean neglect of our personal needs.
- If we look after ourselves with a 'self-care' approach – patient care will in turn benefit
- We can enable our managers to deal effectively with staff wellbeing and sickness absence
- Wellbeing can impact positively on all aspects of business functioning

Safe & compassionate care,

every time

Move to transformational and holistic Healthier Lifestyles and Staff Wellbeing Services

- Option to Exercise programme
- Fast track physio referral system
- In house massage services
- **Psychological support**
 - Resilience Programme individual and groups
 - Counselling – CBT and other modalities
 - **Wellness Recovery Action Plan**
 - HSE Stress Risk Assessments support
 - Psycho-educative group work/training
 - Positive manager behaviour course (with L&D coaching)
 - Mediation
 - Mental health awareness training

Safe & compassionate care,

every time

BHT Stress and Mental Health

- Referrals for mental health support that required counselling interventions went up 50% in 2014/15
- Estimated s/a days saved via fast track counselling equals a cost avoidance that demonstrates over 120% return on cost
- 52% staff seen for counselling cited work related issues as main reason for referral (now dropped to 49%)
- 73% staff seen for counselling were in a clinical role

Putting psychological wellbeing on everyone's agenda

Safe & compassionate care,

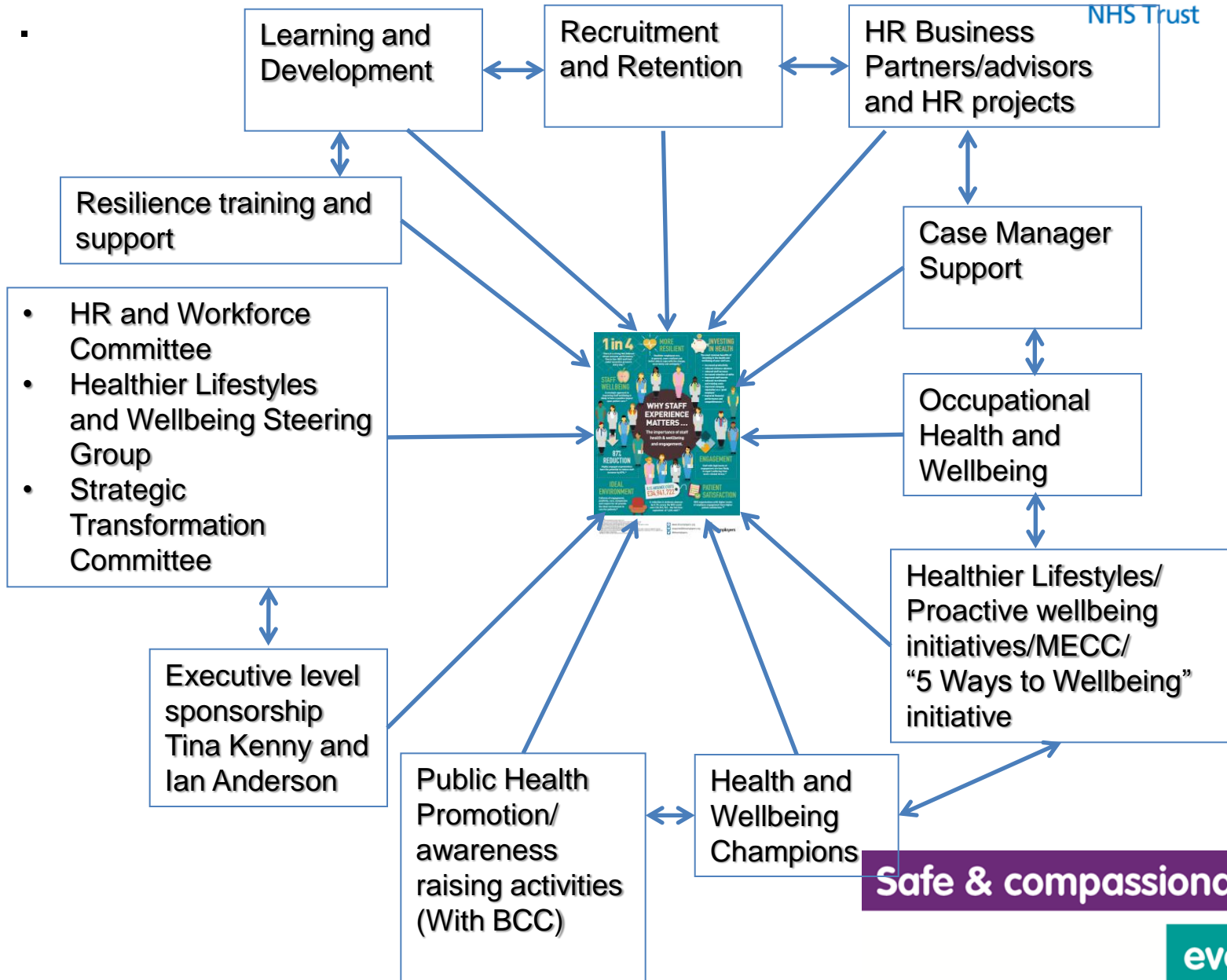
every time

Wellbeing Workforce Interventions

Buckinghamshire Healthcare



NHS Trust



The future plans....

- *To ensure the NHS as an employer sets a national example in the support it offers it's own staff to stay healthy*
- *To facilitate pro-active interventions to support staff and patient wellbeing – improving their health outcomes that are ‘whole organisation’ approaches*
- *To implement and embed CQUIN initiatives*
- *To enable the STP prevention agenda targets to be reached*
- *To support the holistic development of **BHT** as:*

‘A Great place to work’

....Stay ahead of the game

Safe & compassionate care,

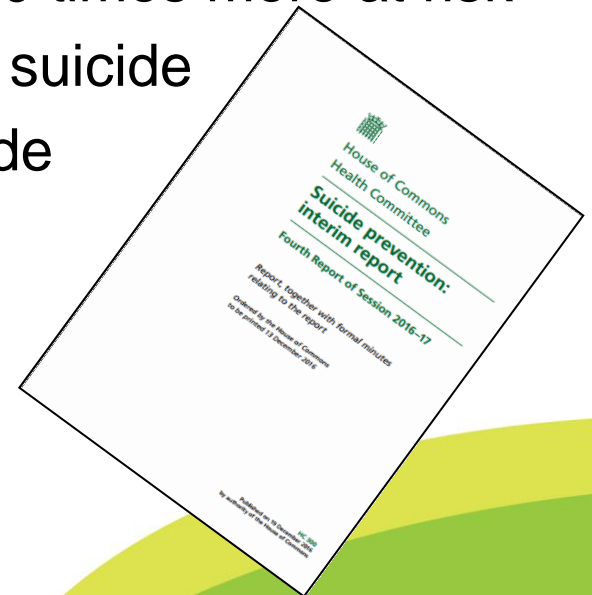
every time

Suicide Prevention

Becky Hitch, Public Health Principal

Why take action on suicide now? The national picture

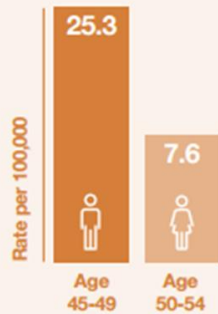
- England rate in 2014 was the highest since 2004
- Biggest killer of men under 49
- Leading cause of death in people aged 15-24 (2009-2014)
- Leading cause of death among new mothers
- Rising levels in prisons, highest since 2007
- People in the most deprived areas are 10 times more at risk
- At least 10 people are affected by every suicide
- Economic cost of £1.67 million per suicide



Who is most at risk? The national picture

57

Highest suicide rates by age and gender:



Suicide and mental health:



1 in 3

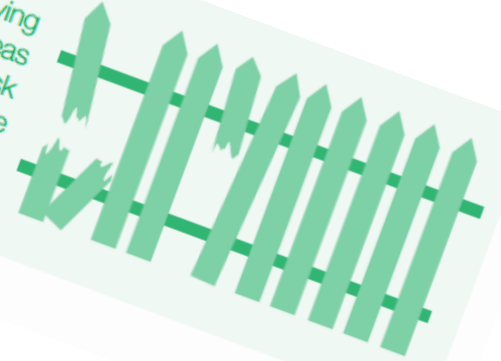
Around 1 in 3 people who die by suicide are known to mental health services

Suicide and men:

76%
of suicides are by men



People in the lowest socio-economic group and living in the most deprived areas are **ten times** more at risk of suicide than those in the most affluent group living in the most affluent areas



30% of all suicides were by people in contact with mental health services in the last 12 months

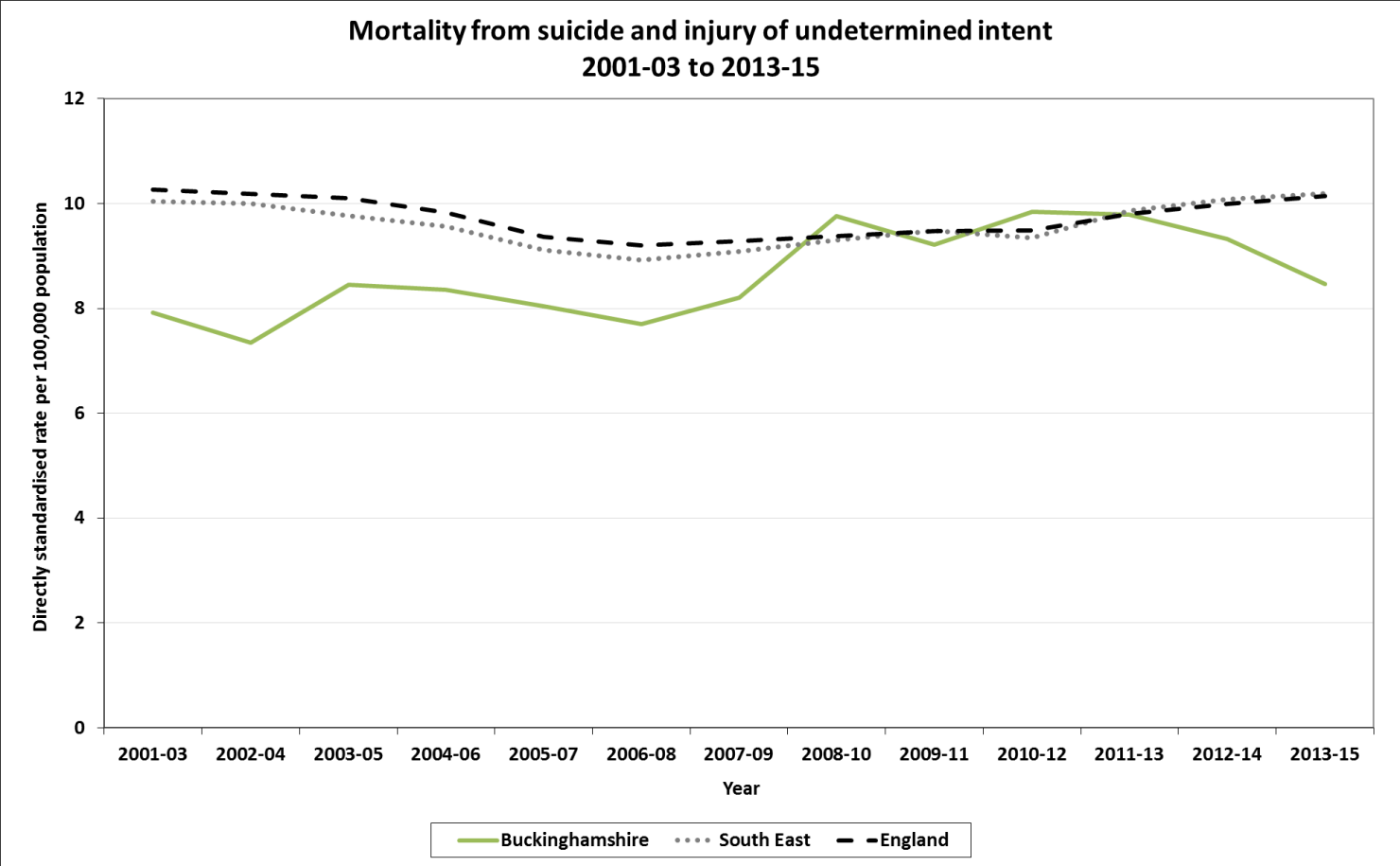


50% of people who die by suicide had a history of self-harm



Suicide in Buckinghamshire

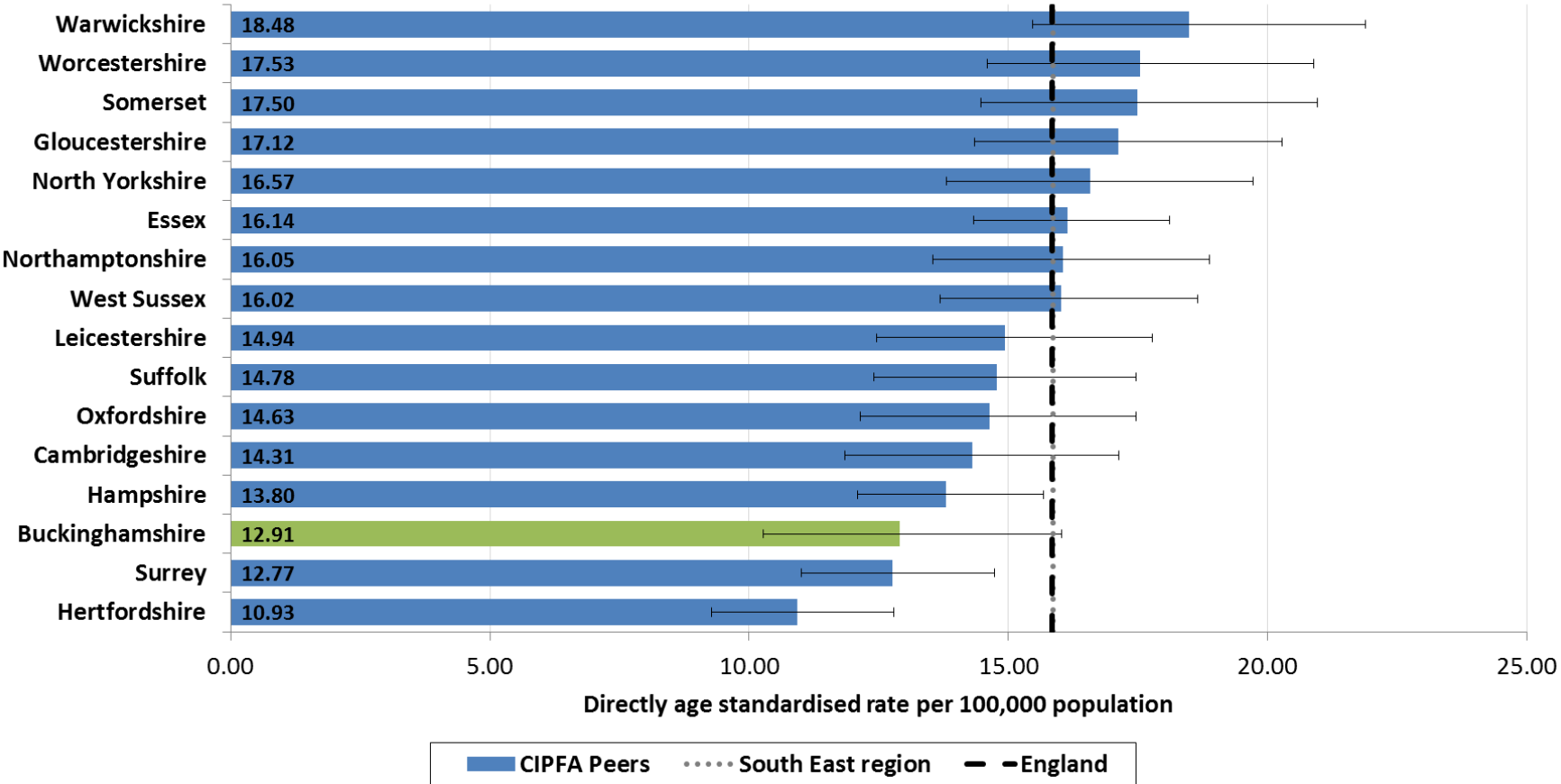
58



Buckinghamshire County Council

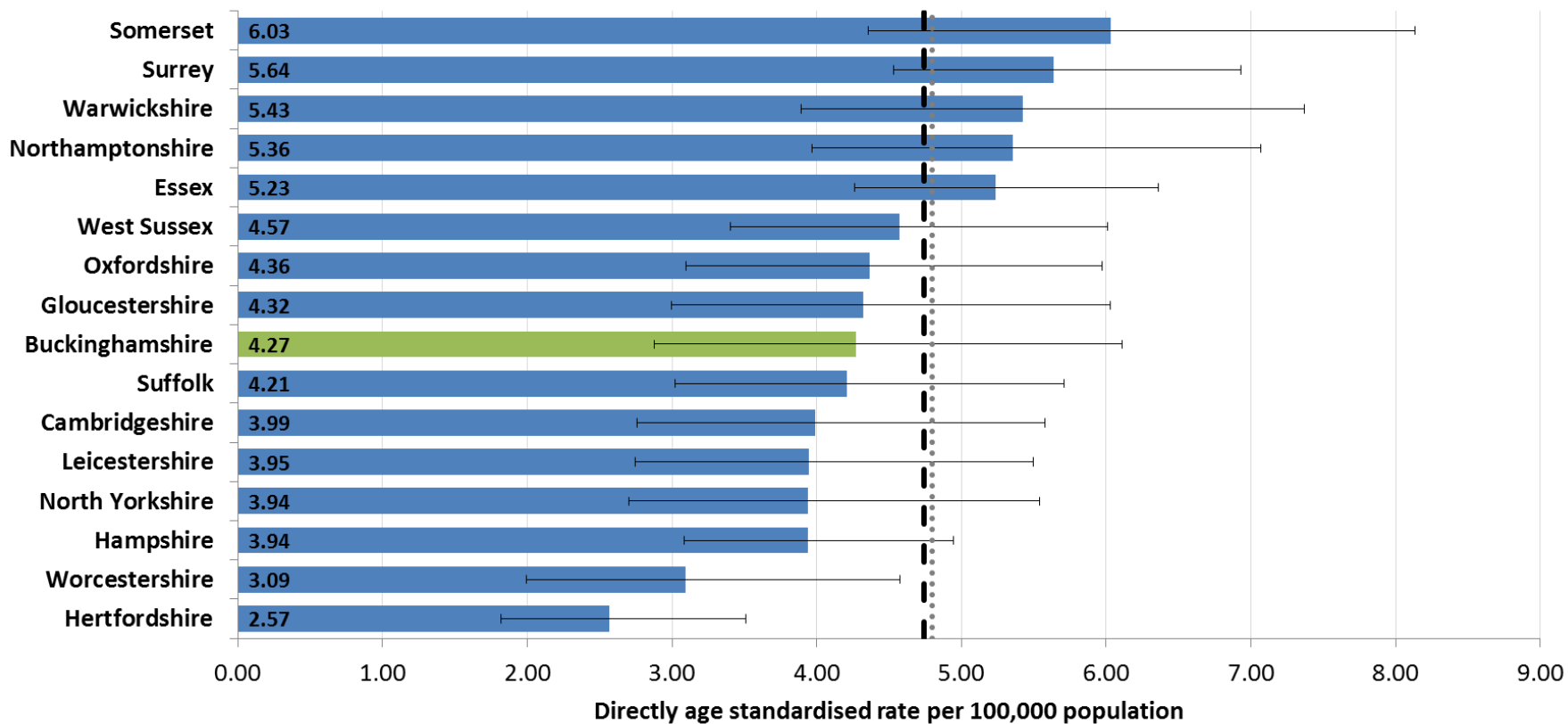
59

Mortality from suicide and injury of undetermined intent, Males, 2013-15



Buckinghamshire County Council

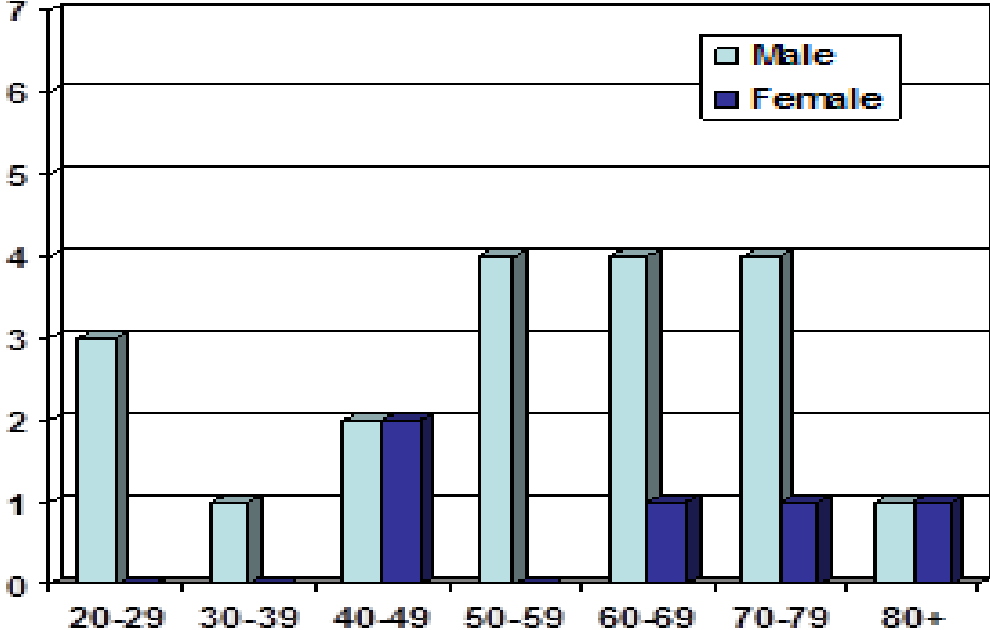
Mortality from suicide and injury of undetermined intent, Females, 2013-15



09

■ CIPFA Peers ···· South East region — England

Number of suicides in Buckinghamshire by gender and age 2014



61

Source: Buckinghamshire Suicide Audit 2013/14



Why do people take their own lives



Geographical distribution of suicides in Buckinghamshire 2014

District Council area	2013				2014			
	Residence		Where suicide occurred		Residence		Where suicide occurred	
	No.	%	No.	%	No.	%	No.	%
Chiltern	9	23.7	8	21.1	9	37.5	10	41.7
Aylesbury Vale	15	39.5	14	36.8	4	16.7	4	16.7
South Bucks	7	18.4	8	21.1	5	20.8	4	16.7
Wycombe	7	18.4	7	18.4	6	25	6	25
Elsewhere			1	2.6				
Total	38	100	38	100	24	100	24	100

Contact with services

%	Contact with services
39%	Died within one month of seeing a GP
34%	Consulted a GP for mental health problems in the last 12 months
13%	Had attended A&E in the last 12 months
27%	Were involved with mental health services in the last 12 months
6%	Had been psychiatric inpatients in the last 6 months

64

Source: Buckinghamshire Suicide Audit 2013/14

Recommendations for action from the Bucks Suicide Prevention Group

- People in contact with health services
 - Partnership based work to reduce stigma
 - Improve identification of those at risk in local communities
 - Better information on sources of support
 - Responsible reporting by the local media
 - Better scrutiny of local firearms applications
- People in contact with GP/primary care but not mental health services
 - Support GPs to attend training in suicide risk

- People in contact with health and other services
 - Supporting offenders during first night in custody, bail periods, on release
 - Follow up for self-harm patients after leaving A&E

- People under care of mental health services
 - Improve our partnership response to crisis care
 - Improved support for 18-25s as transition to adult services
 - Review the Mental Health Concordat
 - Better work with substance misuse services
 - Better support on discharge from services and linkages with the voluntary sector
 - Help for families to support their loved one

Buckinghamshire County Council

- Occupational groups
 - Support for NHS professionals involved in fitness to practice and serious incident investigations
 - Employers to work with occupational health services to strengthen support for employees and ensure staff are signposted
 - Support post redundancy, especially for men
 - Improve interfaces with farming and vet community
- Support for those bereaved
 - Family liaison support/officer
 - Post bereavement counselling
 - Improved partnership working between agencies
- Better use of data
 - Effective use and response to the data from the Real Time Suicide Surveillance system

How can the Health and Well-Being Board help?

- A starter for 10:
 - A strategic and operational commitment from each organisation
 - Mental health champions www.mentalhealthchallenge.org.uk
 - Soon to be mandatory
 - Support services for families who have been bereaved
 - Suicide training for frontline staff
 - Promote Heads Up <http://thisisheadsup.org/>
- Now over to you....

<http://thisisheadsup.org/>

