

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 2ND MARCH 2017, 16.00

Haringey Board Members Present: Cllr Claire Kober (Chair of Haringey Health and Wellbeing Board), Cllr Elin Weston (Cabinet Member for Children & Families), Dr Jeanelle de Gruchy (Director of Public Health), Tamara Djuretic AD Public Health, Susan Otiti, AD Public Health Sharon Grant (Chair, Healthwatch Haringey), Dr Peter Christian (Chair, Haringey CCG), Dr Dina Dhorajiwala (Vice Chair, Haringey CCG), Beverley Tarka (Director Adult Social Care LBOH), Jon Abbey (Director of Children's Services) Geoffrey Ocen (Bridge Renewal Trust – Chief Executive).

Haringey

Officers

Present: Zina Etheridge (Interim Chief Executive LBOH), Charlotte Pomery (Assistant Director of Commissioning, John Everson, AD Adult Social Care Stephen Lawrence Orumwense (Assistant Head of Legal Services), Ayshe Simsek LBOH

15. FILMING AT MEETINGS

The Leader referred to agenda item 1, as shown on the agenda in respect of filming at this meeting and participants noted this information.

16. WELCOME AND INTRODUCTIONS

The Chair welcomed those present to the meeting and the Board introduced themselves.

17. APOLOGIES

There were apologies for absence from Councillor Arthur, Tim Deeprose Paul Ennals, and Beverley Tarka.

The Leader provided apologies for absence from Sarah Price, Chief Officer of the Haringey CCG. This was her last day of service, before leaving to take up her new role as the Executive Lead for Population Health and Commissioning for the Greater Manchester Health and Social Care Partnership. The Leader placed on record her appreciation and thanks to Ms Sarah Price for her outstanding achievements in the role of chief officer to the CCG. Sarah Price had been instrumental in taking forward the joint health partnership with Islington and ensuring that the Health and Wellbeing Board was considered a key partnership mechanism for considering health issues.

The Leader further welcomed Professor David Mosse, Chair of Haringey's Suicide Prevention Group.

18. URGENT BUSINESS

There were no items of urgent business.

19. DECLARATIONS OF INTEREST

There were no declarations of interest.

20. QUESTIONS, DEPUTATIONS, PETITIONS

There were no deputations, petitions or questions.

21. MINUTES

RESOLVED

To agree the minutes of the following meetings:

- Joint Health and Wellbeing Board 3rd October 2016.
- Health and Wellbeing Board on 8th December 2016.
- Joint Health and Wellbeing Board 31 January 2017.

22. ANNUAL PUBLIC HEALTH REPORT

The Assistant Director for Public Health introduced the Annual Public Health report, which, this year, focused on sexual and reproductive health, particularly young people's sexual health.

The Board noted the multi-agency approach being taken forward. This was welcomed and was essential in delivering key messages to the community.

In response to questions the following was noted:

- MECC training was available to Frontline services.
- The Assistant Director for Public Health confirmed that contact tracing did take place and there was a London wide and local sexual health service offer being taken forward by Embrace.
- In terms of a making the MECC training for foster carers, this was not mandatory training but the service would look at ways to encourage foster carers to take up this offer. Although, there had previously been good take up of this training, Public health were working with the young people's forum and further developing communications about the importance of sexual health.

They were also working with young people on the new forms of communication to increase sexual health awareness.

RESOLVED

To note the Annual Public Health Report

23. SUICIDE PREVENTION ACTION PLAN

The Board were provided with a presentation on the Haringey Suicide Prevention Action Plan.

David Mosse, Chair of the Suicide Prevention group, introduced the presentation which set out the work of the group in compiling the action plan and how this should be taken forward in a multi -agency approach.

Professor Mosse provided some context to the action plan by drawing on his own personal family experience. He explained that it was important not to perceive suicide as a choice made by the individual as often this action was taken when the individual reached a stage where they felt they had no choice.

Professor Mosse drew attention to the importance of health and public agencies better identifying and managing mental health conditions and having a constant understanding of the warning signs of suicide.

The Board noted that, where an individual has been given a second chance of life with good support after a failed suicide attempt, they had been grateful. These examples reflected that the individual was not beyond reach and could be supported to digress from the situation that suicide was their only choice.

It was also important to consider the emotional impact of suicide on a family and the impact this can potentially have on family member's mental wellbeing.

There was also a need to consider the impact of the confidentiality rule in the medical field. This was particularly important in relation to parents of young people with mental health issues, who may not be aware of the extent of the problem. For example, if the young person was living away from home and accessing mental health support, the family may not be aware and the confidentiality rule can then delay intervention from parents.

There was a need to provide training on suicide prevention and support individuals to not consider suicide as the only choice and increase public knowledge of what to do in a crisis.

The following comments/questions were put forward following the presentation:

- Welcomed the reference to young people in the action plan and it was important to keep in mind the reality of mental issues with potential 3 children in every class displaying mental health issues. Agreed that it was important to

engage young people in the prevention work going forward as the peer support can also be a good way in helping an individual identify that they need help and not feel the stigma in getting help for their suicidal thoughts. Agreed there is a section in the plan on young people helping look after other young people.

- Important to also recognise that certain vulnerable young people such as those with SEND, that are progressing from Children services to Adult services, will be experiencing significant change and may also need focus on in the plan.
- Noted that here was no evidence gathered on the predictability of suicide. There was information on the on the risk groups but no set of signs for agencies to be aware of. The only indication was, when there was a failed attempt and the individual comes to the attention of public health and local public agencies. In response, noted that the Plan did include providing wider training to all frontline staff on recognising the signs for suicide.
- There was discussion about the current access to CAMHS services for young people and helping care leavers build resilience.
- In terms of understanding the causes and frequency, the rates were low and but slightly higher in 2008, and likely to be the wider effects of the financial crisis.
- There was discussion about the transition process between: inpatient and outpatient care, leaving care, and primary and secondary care and the need to assess and deal with the potential risk of suicide at these points of transfer.
- Ensuring peers were able to be aware and access online support to help the person at the fundamental point of considering suicide. This would also help young people move forward from the stigma of suicide.
- Agreed it was important to make it safe to discuss suicide in health settings and there would be leaflets distributed to health centres to support this.
- There was a London wide event on suicide prevention and it would be sensible to join up with colleagues in other boroughs too, when taking forward actions to prevent suicide.
- The Director for Public health highlighted the digital programme on improving mental health support that included funding from most CCG's and boroughs in London, helping to provide better pathways in care. This was considering how people will search for mental health support online and will be able to identify people who are at crisis points. The project was continually looking at search items and understanding how they take people through to accredited sites and IAAP services for mental health support.
- There was mention of the "big white wall" initiative which encouraged peer-to-peer discussion and which allows people to discuss medical conditions. If suicide is mentioned, then the CCG pathway to care is set out.

- There was a need to have challenging conversations in wide settings and understand who will provide the training packages to enable this.
- There was discussion on how agencies collect information on the ethnicity of suicide related deaths and it was noted that this information was reliant on the coroners, so there was no systematic recording. The information provided was patchy and with no linear pattern to recording. The suicide prevention group were regularly reviewing coroner's files and it was felt there was likely to be an under reporting of suicide. In addition, different coroners had different thresholds for assessing suicide as the main cause of death.

The Chair thanked Professor Mosse for his presentation and important insight.

RESOLVED

1. To approve the Haringey Suicide Prevention Action Plan.
2. Agreed to receive an update on the Suicide Prevention Action Plan in 12 months' time.

24. NEW ITEMS OF URGENT BUSINESS

None

25. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

To be notified.

CHAIR: Councillor Claire Kober

Signed by Chair

Date