

Health select committee public health update July 2017

1. Health in the Workplace

a. Council to take Time to Change Employers Pledge

Bath and North East Somerset Council is in the process of working towards taking the Time to Change Employers Pledge. By signing the pledge the Council is demonstrating a commitment to change how we think and act about mental health in the workplace and make sure that employees who are facing mental health problems feel supported. It is something that we encourage other workplaces to do but which as a council we haven't yet done ourselves.

We are aiming to sign the Pledge on World Mental Health Day 10th October 2017 and are planning some media promotion to surround it. To get to this stage a working party is currently putting together an action plan working with our newly trained Health Champions. The plan will cover

- Demonstrating senior level buy-in and showing how leaders are committed to addressing mental health in the workplace
- Working with our Employee Champions
- Raising awareness about mental health
- Encouraging employees to talk about mental health

b. Bath Business Awards

The Council will be supporting the 'Best Place to Work' category of the Bath Chronicle Business Awards this year. Businesses can apply from now until 12th August. We request that councillors to ask their connections with local businesses to encourage them to apply

2. Maternal and Children

a. Adopting HarmLess as an approach to supporting young people who self-harm

In Autumn 2017 we will be replacing existing Multiagency Guidance for Staff Working with Young People who Self-harm with a new web based support resource called HarmLess. Created by Child and adolescent mental health services (CAMHS) colleagues at Oxford Health, HarmLess provides more comprehensive information and links as well as an assessment tool designed and trialled for used by teachers / youth workers/ GPs etc.

We will promote HarmLess as the go to place for BaNES staff to access information and guidance on young people and self-harm. This will be publicised and promoted widely from September onwards

b. Children and alcohol

Over 50 people took part in our 'Thinking about children's drinking' event on 17th May and the discussion on the day was both stimulating and challenging. We reflected on the fact that while alcohol consumption amongst children (aged 11 – 15yrs) appears to be falling year on year, there are still 1 in 4 boys and 1 in 5 girls in B&NES (aged 14/15yrs who took part in our schools health survey) reporting drinking alcohol in the last week. We also noted that our rate of admissions to hospital for alcohol specific conditions amongst under 18's continues to be worse than the England average. In a culture where alcohol is cheap, easily available and heavily advertised and where 1 in 4 adults are drinking at levels harmful to health we talked about our own attitudes to drinking, the messages we indirectly send out to children and the role of professionals/parents/carers in helping young people to resist the pressure to drink to excess.

The Chief Medical Officers guidelines for alcohol consumption state that an alcohol free childhood is best, however young people 15 yrs and over who are drinking alcohol should not drink more than once a week and should not exceed 4 units.

Binge drinking is classified as drinking 6 or more units for women and 8 or more units for men on one occasion. The risks of injury to a person who has been drinking have been found to rise between two and five times when 5-7 units are drunk in a 3-6 hour period.

We came away with a wide range of ideas, requests and suggestions from colleagues about how they, with our help, could have better conversations with children about alcohol. We have turned this into an Action Plan which will be implemented with partners over the coming months.

c. Maternity STP

An event was held across the STP area on June 13th to gather an STP wide implementation plan for Better Births led by Wiltshire Council

Priorities identified in the review were;

- Personalised Care
- Continuity of Carer
- Safer Care
- Better postnatal and perinatal mental health care
- Multi-professional working
- Working across boundaries
- A payment system

The Local MSLC Maternity Services Liaison Committee) agreed a priority to explore "what does choice mean to women" and agreed to undertake a snapshot survey to seek views of wider group of service users across the area

The Survey was developed by user representatives and public health with support from a maternity and health visiting representative and shared via social media through the CCG comms teams and via paper copies in maternity units for one week. Findings here;

d. Family Nurse Partnership Service

The FNP service delivers a licensed, evidence-based home visiting intervention for first time vulnerable younger mothers from 16 weeks in their pregnancy up until the child's 2 year review.

The team consists of one full time supervisor with a maximum caseload of 5 and 4 (0.8WTE) family nurses with a case load of 18 families each, and there is one vacancy currently.

There has been a reduction in teenage pregnancies locally, and consequent reduction in notifications of under-19s to FNP. In agreement with the National FNP Unit B&NES extended the eligibility criteria to include under-25s with 2 additional vulnerabilities factors. For 4 months the service did not see any increase in notifications, which raised the issue of how women are identified as vulnerable in early pregnancy and how they are signposted to early help services. Many of the women identified are in their second time pregnancies.

As this work is of national significance, the national FNP unit are working closely with the B&NES team to look at different models to improve the quality of this process. Notifications have already increased and when the new staff member who is being recruited this week is in post there will already be a case load waiting for her.

This FNP Quality Improvement work is also supporting the Early Help Strategy and the local review of the Wiltshire Baby J Serious Case Review

The FNP annual review was held in April and 3 young mothers spoke about their experience of the service. An annual report has been written, a data dashboard has been created and a local action plan has been drafted based on the local priorities.

Any Councillor with relevant portfolio is invited to attend the FNP Advisory Board should they wish to. The next meeting is on August 12th 3-5pm at St Martin's.

<http://bathneshealthandcare.nhs.uk/childrens/family-nurse-partnership/>

3. Domestic abuse: some successes with funding

Approximately £270k over 3 years funding has been secured for Home Office transformation fund for domestic abuse services. This provides additional prevention work in the community, a youth based domestic abuse awareness programme and enhanced provision for survivors of domestic abuse with complex needs.

This is in addition to:

£100k from DCLG over 2 years for enhanced resettlement services
40k for two years from St. John's Hospital to Southdown for support to low and medium risk cases

A successful Avon-wide, police-led bid to support our MARAC process (MARAC being Multi-Agency risk assessment conference, which manages cases in the community).

But... the situation for our domestic abuse services is still very fragile with a severe lack of mainstream recurrent funding from the Council and NHS, leaving a number of key services vulnerable to ending next year.

4. MECC: Making Every Contact Count

MECC training is being delivered to frontline staff across a range of organisations and a small grant scheme has been launched to support voluntary and community sector to implement MECC. This is mainly being funded through Health Education South West

5. NHS Health Checks

Over 6,500 people in B&NES took up the offer of a free NHS Health Check during 16/17. Our outreach service have been visiting workplaces to encourage more men and younger people to have a health check and over the course of the year they have worked with employers such as Rotork, Horstman, the Royal United Hospital and Bath Taxi drivers (in partnership with our colleagues in Public Protection).

The B&NES NHS Health Check programme benchmarks extremely well against national and regional comparators. We rank 15/152 local authorities for our performance on offers made for a health check (99.3% of the eligible population in B&NES have now been offered a check) and 18/152 for our performance on the proportion of people who have received a health check (49.9%). Over the coming year we will be working with Virgin Care to continue to look at how we can increase the uptake of checks amongst those living in our more disadvantaged neighbourhoods

Bruce Laurence July 2017