



MUNICIPAL YEAR 2018/19

Meeting Title:
**HEALTH & WELLBEING BOARD
FORMALSESSION**
Date: 16th July 2018

Agenda Item:
**Subject: Emotional Health,
Wellbeing and Resilience and
supporting Public Health activity
within Enfield.**

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Report approved by:
Stuart Lines
Director of Public Health

1. EXECUTIVE SUMMARY

As previously reported the Enfield Health & Wellbeing Board has identified mental health resilience as a priority.

We continue to work with Thrive LDN as a vehicle for adding value to ongoing mental health resilience work in Enfield.

LBE's Public Health officers are working with our NCL neighbours and more formally with Public Health England, The Public Health Academy and London South Bank University on preparatory work towards deploying Making Every Contact Count [MECC] and Mental Health First Aid within the borough

There are significant emotional and mental health wellbeing work streams within the "Best Start in Life" programme

We are continuing to develop a Suicide Prevention Strategy for the borough.

2. RECOMMENDATIONS

That the Board Considers:

Our emotional and mental health resilience activity and progress thus far and proposals for additional activity moving forward.

3. BACKGROUND

- 3.1. In April 2017 the Enfield Health & Wellbeing Board selected improving mental health resilience as one of their focus areas for action planning for the final 2 years of the Joint Health and Wellbeing Strategy.
- 3.2. In July 2017 the LBE Public Health team requested that the HWB authorise their engagement with the Thrive LDN organisation to investigate the potential for joint activity in Enfield to enhance mental health resilience. This was agreed.
- 3.3. After a pilot Making Every Contact Count scheme in 2017, LBE PH officers are exploring the feasibility and utility of extending a MECC scheme within the council and potentially with other partners.
- 3.4. In addition LBE Public Health Officers have been working with Public Health England, The Public Health Academy and The London South Bank University to develop commissioning and evaluation tools around future MECC activities.
- 3.5. We continue to develop a suicide prevention strategy for the borough.

4. REPORT

- 4.1. LBE Public Health continue to work with Thrive LDN, “Time to Change” and other partners to plan and deliver a “Destigmatisation Hub” within the borough.
- 4.2. Enfield local user group representatives [led by EMU] have started to develop programme for next 18 months activities. LBE role as “host” becoming correctly and clearly defined as secondary but supportive.
- 4.3. Thrive LDN are now working with “Time to Change” in a formal partnership and Time for Change are undertaking a number of aligned activities in the NCL area – including with faith groups – we will be progressing this.
- 4.4. LB Enfield has a statutory responsibility to develop local suicide action plansⁱ through the Health and Wellbeing Board. Activity in this area is going on in conjunction with partner organisations at a local, NCL, and National level. This includes suicide audit work at the North London Coroner’s Court in partnership with Dr Rachel Gibbons of the BEHMHT and ongoing contacts with the British Transport Police, Metropolitan Police and London Fire and Rescue

4.5. We are developing our Suicide Prevention Strategy and as has been noted at a previous HWB, Enfield currently has the lowest suicide prevalence in the country. <http://healthierlives.phe.org.uk/topic/suicide-prevention>

4.6. There is no single over-arching explanation for this figure. Our suicide audit activity with the North London Coroner produced an almost exactly aligned figure for 2017, so there is also a degree of local verification.

4.7. There are a number of Local Authorities, both locally and nationally which have what may appear to be counter-intuitively low suicide prevalence [for example Barking and Trafford], but have some very similar demographic, social and geographic factors.

However, and as noted by the CQC inspectorate when giving feedback after the Thematic Review of our CAMHS team last autumn, there is a great deal of effective cross-team working going on.

4.8. Suicide prevention is also a principle component of Thrive LDN. LBE Public Health staff, including the previous DPH, have met with Thrive LDN representatives including their Suicide Prevention Lead to discuss this issue.

4.9. LBE Public Health officers continue to work with our NCL neighbours about the potential for adopting an on-line MECC presence level prior to commissioning additional live MECC or MHFA activities.

4.10. As noted LBE Public Health Officers have been working with Public Health England, The Public Health Academy and The London South Bank University to develop commissioning and evaluation tools to ensure that prior to commissioning and/or development of additional MECC or MHFA activities a robust outcome and performance measurement frame work is in place.

4.11. Potential future MECC activity within LBE is being examined as an integral part of our Health in All Polices approach. MECC may be considered as the expression of the HiAP approach at the point of interaction between LBE staff and the citizens they serve

Stuart Lines
Director of Public Health
