

Public Document Pack

People Overview & Scrutiny Committee

Monday, 3rd December, 2018
6.00 pm

AGENDA

1. **Welcome and Apologies**
2. **Minutes of the meeting held on the 3rd September 2018**
For the Committee to agree the Minutes of the People Overview and Scrutiny Committee meeting held on the 3rd September 2018.

Minutes - 3rd September 2018 **3 - 5**
3. **Declarations of Interest in items on this Agenda**
A form is attached for completion by Members declaring an interest in items on the agenda.

Declarations of Interest **6**
4. **Clinical Commissioning treatment of Varicose Veins Consultation on revised policy**
Members to note the response to the Consultation.
5. **Mental Health - Adolescence**
Members to receive an update on the Task and Finish group and draft recommendations for consideration.

Recommendations Report Mental Health Self Evaluation - C&YP **7 - 21**
6. **OFSTED Action Plan progress**
For the Committee to receive an update on the progress in implementing the Action Plan produced in response to the OFSTED inspection.
7. **Committee's Work Programme for 2018-2019**

For the Committee to consider and approve an outline of the work programme for People's Overview and Scrutiny Committee for the municipal year 2018/19.

PART 2 - THE PRESS AND THE PUBLIC MAY BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEM

There are no Part 2 items.

Date Published: 23rd November 2018
Harry Catherall, Chief Executive

PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE MONDAY 3rd SEPTEMBER 2018

PRESENT - Councillors: *Liddle (in the Chair), Casey, Whittle, Slater, Mahmood, A., Akhtar P, Sidat, and Oates.*

ALSO IN ATTENDANCE – *Councillor Maureen Bateson, Councillor Brian Taylor, Jayne Ivory, Dominic Harrison, Robert Arrowsmith, Beth Speak and Paul Conlon*

1. Welcome and Apologies

Following introductions the Chair welcomed Members to the meeting. Apologies for absence were submitted on behalf of Councillors Afzal, Smith, Daley and Ellie Walsh, Youth MP. The Chair also welcomed the new Director of Children's Services, Jayne Ivory to her first meeting of the Committee.

2. Declarations of Interest

There were no declarations of interest received.

3. Minutes of the meeting held on 11th June 2018

RESOLVED-

That the Minutes of the meeting held on 11th June 2018 be approved as a correct record and signed by the Chair.

4. Young People and Mental Health

The Committee received a number of documents as background to their work. These documents were

- The Report of the Mental Health Policy Commission-Investing in a Resilient Generation.
- Integrated Strategic Needs Assessment, Children and Young People's Emotional Health and wellbeing.
- Bee Yourself- CYP Emotional Health Briefing Paper.

Members of the Committee met as a task group on 24th July and 28th August to look at the issues affecting the mental health of young people and children and had received information on the work that was ongoing in the borough. The group looked at how this sought to tackle the issue and improve the outcomes for children and young people in the borough.

The Committee were updated on the work ongoing and the research and proposals put forward by the University of Birmingham. The main findings of the report recommended early intervention and preventative measures which resulted in better outcomes for those with mental health issues, especially Young people. The issues that were being faced at the moment, especially resource issues was emphasised and that there was a real issue for all of those working in that field. It was suggested that there was a need for a holistic report setting out the key issues. The idea that prevention will pay for itself overtime had to be tempered by the fact that we needed to ensure that money was being spent now to treat people. Mental Health Issues that people faced when young would be with them for life if not treated.

The difficulty in doing things in isolation was stressed and that the authority could not do this on their own. Partners needed to talk to each other and ensure that what is delivered works and is built upon. The Task and Finish Group would look at the work that was being undertaken and the services available. The members will also look at the work that is ongoing in schools to ensure good mental health including Mental Health First Aid training and a whole family approach. The group will also seek to ensure that there is no duplication and that service providers are working together to meet the needs of service users. The next meeting of the task group would take place on 8th October. The Group would also seek to address the services that are being provided at present which seek to meet the need and how this measure up to the recommendations in the Mental Health Policy commission. The Committee will also seek to call to account the health service providers based on the benefits of early interventions highlighted in the Policy Study.

The Committee will then look at how they could influence the bodies who could implement the recommendations which will lead to improved outcomes for service users.

RESOLVED-

1. That the progress of the task group be noted.
- 2 That the Director of Public Health be thanked for his presentation.
3. That the task group look at the services currently being provided to address the issue of Mental Health and Young People's Mental Health in particular.
4. That the Task Group look at how the work that is being undertaken in the borough measures up to the interventions highlighted in the Mental Health Policy Commissions report and where necessary looks at how we can seek to do this.

5. Ofsted Action Plan Progress.

The Committee continued their work with the Executive Member for Children's Services to ensure that the recommendations relating to the Ofsted review of Children's Services were addressed and actions taken where necessary. The Committee received information from the Director of Children's Services and the Executive Member on the ongoing work and progress to date. The Committee will be kept informed of progress on a regular basis.

RESOLVED –that the update be noted.

6. Next Meeting of the Committee.

The Chair informed the Committee that she would invite the independent Chair of the Safeguarding Board to the next meeting of the Committee to look at the OFSTED recommendation relating to Safeguarding and progress. Further reports back on the work of the task group would also be made to the meeting.

RESOLVED- that the work programme for the next Committee be noted.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....

DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE**

DATE: **3RD DECEMBER 2018**

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

Report of: Chair of the People Overview and Scrutiny Committee

Report to: People Overview and Scrutiny Committee

On: 3rd December 2018

Subject: Progress of the Mental Health Task Group.

1. Background.

1.1 The Committee agreed at its meeting in June to look at the issue of Mental Health, with a focus on Young People's Mental Health as a major part of their work programme. This report seeks to inform members of the progress of the task group and the recommendations that the Committee would wish to put forward.

1.2 Mental Health is a major issue for the population as a whole and young people in particular. The People Overview and Scrutiny Committee is made up of Councillors and young people co-opted on to it. The Committee looks at how services relating to people are managed and delivered in the borough and also acts as the Health Scrutiny Committee. As part of its work programme it agreed to look at the issues relating to Mental Health especially relating to young people and the services that we provided to meet this need. The Committee also wished to look at future provision and how this would be shaped to meet the increasing and complex needs of service users. The Committee also looked at strategies that could be introduced that would reduce the incidence of mental health by early intervention strategies.

2. The Task Group

2.1 The Committee met in June 2018 and agreed that they should look at the current provision of services available in the borough to meet the mental health needs of residents, particularly young people.

The Committee established a task group with the following focus:

1. To look at the mental health needs of residents of the borough
2. To look at the services provided in the borough to meet the needs of residents
3. To look at how these can be accessed.
4. To look at the future developments that will affect the service provision in the borough and assess how these will seek to improve outcomes for patients.
5. To consider alternative means of provision and other care models.

2.3 The task group met in July, August and November 2018 and received information from service providers and users.

- Public Health Blackburn with Darwen
- East Lancashire Acute Hospital Trust
- Children's Services Department

- Young Peoples Service
- Youth MP and Deputies
- Pupil Referral Unit
- Councillors

3. The issue.

3.1 The Committee received a presentation on the work of the Mental Health Policy Commission and the University of Birmingham. The introduction to their report summarises the issue:-

No Single Action or single agency, in isolation can ensure that the causes of poor mental health are minimised what is required is a whole system prioritisation of prevention and early action in childhood and adolescence. This means making mental health everyone's business and broadening the focus beyond those who are involved in providing treatment and support. (Mental Health Policy Commission).

3.2 This report called for a radical new strategy focused on preventing, and not just treating, mental ill health in young people. The report highlighted the need for an additional £1.77bn of funding and 23,800 staff to plug the current treatment gap. The report concludes that the only way to stem this rising tide amongst young people is a major drive to tackle the causes rather than putting all the effort into attempting to increase the workforce and funding needed to meet demands for treatment.

4. What have we looked at?

4.1 The Committee have examined the current service provision models in the borough and how these seek to improve outcomes for people with mental health issues. In doing this Members have examined:-

- Integrated Needs Assessment- Children and Young People's Emotional Health and Wellbeing Joint Strategic Needs Assessment
- Bee Yourself CYP Emotional Health Briefing Paper
- Services provided by Partner Agencies
- The views of young people (through the work of the Youth Forum)
- Mental Health First Aid Training and Youth Lite Training
- The development of the Social and Emotional Mental Health Strategy and the work of the Mental Health Nurses supporting schools
- The training undertaken to reduce the stigma of mental health in the workplace (including the council signing up to this)
- Work ongoing in schools, such as the Big White Wall.

5. Recommendations for consideration by the People Overview and Scrutiny Committee.

5.1 The Task Group compiled evidence throughout their work and arising from this a number of recommendations are put forward for consideration by the Full Committee. These recommendations are set out below:

1. Note the outstanding work that is delivered in the Borough by all partners to improve the outcomes for people with mental health issues
2. Request the Leader, Executive Members for Health and Adults and Children's Services to ensure that outcomes highlighted in the Self-Assessment Document are delivered and that outcomes deliver through their portfolio work and also where the work with partners to deliver services
3. That the Lancashire Care Foundation Trust be invited to a future meeting of the Committee to set out their response to the report of the Mental Health Policy Commission and how they would fund any actions they feel necessary in addition to the work that they carry out to meet the current needs of service users
4. That the service providers be requested to produce a concise directory of services available for all areas of mental health and that this be considered for distribution to those who have first line contact with potential service users and that the provision of the directory digitally be examined as a most effective way of publication and maintaining information in the most relevant and up to date means.

Sylvia Liddle

Chair of the People Overview and Scrutiny Committee.

November 2018

Blackburn with Darwen Children & Young People's Emotional Health & Wellbeing Action Plan

SELF ASSESSMENT

October 2018



Key reference documents:

'Investing in a Resilient Generation' (July 2018). Mental Health Policy Commission, University of Birmingham.
<https://www.birmingham.ac.uk/research/impact/policy-commissions/mental-health/index.aspx>


Blackburn with Darwen Children & Young People's Emotional Health & Wellbeing Integrated Strategic Needs Assessment (ISNA).

Lancashire Children and Young People's Emotional Health & Wellbeing Transformation Plan

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Children-and-families/Documents/Lancashire-CYP-EWMH-Transformation-Plan-January-2017.pdf>

No	Recommendation	Evidence / specific outputs	RAG Rating	Lead Name (Initials/age ncy)	Commentary
I.	Receive an annual update to relevant BwD Boards on progress of the Lancashire Children and Young People's Emotional Health & Wellbeing Transformation Plan. (<i>Scrutiny Task & Finish Group</i>)	 Lancs CYP EWMH_Transformatic		Heather Bryan, NHS Midlands and Lancashire Commissioning Support Unit	Cumbria have updated theirs and consultation closed 22/10/18 https://www.healthyyoungmindslsc.co.uk/home It was agreed at the Lancashire board meeting Friday 19/10/18 that the transformation document will not need updating in 2018 and will stay with the original timeline.
II.	To have a named Mental Health Champion/Lead in each of the seven School Improvement Groups. (<i>Scrutiny Task & Finish Group</i>)	 SEMH Action plan without SSIF monies. ¹		SIGs	Lots of current and upcoming actions in the plan In addition a NHS Trailblazer application was submitted 17/09/18 by BwD CCG. This will fund 7 x school mental health support teams – which will equate to 1 per SIG. Still awaiting decision

III.	Annual review of BWD Child & Young Person's Mental Health Profile to track trends over time (<i>PHE Fingertips / Scrutiny Task & Finish Group</i>)	https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh	PHE	Interactive version (use link) will offer trends for many indicators
IV.	To monitor and improve local CAMHS mental health service data quality. (<i>Scrutiny Task & Finish Group</i>)	CCG hold data and reports and happy to share	Jeanette Pearson	Performance and monitoring meetings held quarterly by CCG lead. Reports currently meeting all targets. Children's Partnership board.
4.1	Local leadership is needed and local authority Public Health leads should initiate collaborative conversations with other agencies, schools, and community groups about how they are going to work together to build a resilient generation in their area. <i>'Investing in a Resilient Generation' (action for local areas)</i>	<ul style="list-style-type: none"> Minutes and actions from local Children's Partnership Board, Suicide Prevention Strategy Group, Lancashire CYP CAMHS Transformation Group (including Resilience, Prevention & Early Help group), Futures In Mind group (Pennine). Quarterly contract meetings for contracts held with children's PH providers in sexual health, 0-19 public health services and substance misuse services as well as in house services funded with PH grant monies. Needs assessments for YJS and Asylum and refugees. Household health surveys Quarterly reports and case studies form 0-19 services. Case studies from the 		<p>Local work surrounding housing and building stronger communities through the CLARC.</p> <p>Sport England and Youth Sport Trust's work with schools and youth groups.</p> <p>ACE awareness and education throughout BWD.</p> <p>Bee Yourself website developed in consultation with CYP, to be launched for Spring term. Feedback from CYP in Youth Zones very positive.</p> <p>YMHFA in schools</p> <p>Public Health has completed a Needs Assessment with recommendations surrounding asylum and refugees.</p> <p>Training has been scheduled by the school nursing service to train school health staff in supporting children, young people and schools in relation to sexual and gender identity issues and vulnerabilities.</p>
4.2	Identify 'quick wins' that can capitalise on local resources and enthusiasm – and that can			Time to Change Champions and campaigns derived from this programme - 'Be in your

	<p>deliver immediate benefits (such as whole-school approaches to social and emotional learning) as well as improve long-term mental health outcomes. These would lay a foundation for a broader strategy for local innovation across sectors, and provide the basis for a successful 'Investing in a Resilient Generation Grand Challenge bid. 'Investing in a Resilient (action for local areas)</p>	<p>Time to Change champions with work delivered in schools to reduce stigma associated with mental health amongst peers</p> <ul style="list-style-type: none"> PSHE curriculum Youth Sport Trust engaging young people into physical activity to promote better mental health 		<p>mate's corner' for young men.</p>  <p>Youth Sport Trust Active Healthy Minds.</p>	
1	<p>Approaches that support positive outcomes for children and young people's emotional health and wellbeing should be built into all contracts and service specification. <i>BwD CYP Emotional Health & Wellbeing ISNA</i></p>	<p>Service user feedback and outcomes reached.</p> <p>Quarterly reports form 0-19 service's</p> <p>Quarterly reports from sexual health services</p>		<p>Nick Shelley</p> <p>Shirley Goodhew and Karen Cassidy</p>	<p>When a child or young person is looked after their own IPA would include details of outcome successes expected. There are also internal hubs and a spoke model called Resolve. Nick Shelley leads the hub and he works with a number of spokes which include play therapists; CAMHS support workers.</p> <p>The 0-19 public health nurses contract delivers the universal offer of the Healthy Child Programme (HCP) which is an evidenced based programme of help, support and early intervention for all years from ante-natal to 25 years (SEND) and for families, early years' settings and schools. It ensures positive outcomes for all children by recommending several key contacts and services as well as five mandated contacts by health visitors.</p> <p>The sexual health contract and substance misuse contract also contribute to meet recommendations with in the HCP.</p> <p>LCFT have appointed two mental health</p>
2	<p>Perinatal Mental Health: A programme of work</p>	<p>Quarterly reports on 0-19</p>		<p>Shirley</p>	

	should be developed that recognise emotional health and wellbeing in pregnancy as a public health issue with important life-course consequences. <i>BwD CYP Emotional Health & Wellbeing /SNA</i>	service.		Goodhew	practitioners to work alongside Health Visitors in supporting women with mental health issues. New mother and baby unit opening soon in Chorley taking women form across the pan Lancashire footprint. As part of the HCP all pregnant women should have an antenatal appointment from 28 weeks and will then have an assessment into attachment.
3	Specific approaches should be developed that support teenagers at risk of self-harming. <i>BwD CYP Emotional Health & Wellbeing /SNA</i>	All schools have at least one trained member of staff or a mental champion. Launch of I Thrive and data generated form use of		Shirley Goodhew Jeanette Pearson	Ongoing training for school teachers in youth mental health first aid. Bee yourself website for children and young people being developed. I Thrive from CAMHS being developed which will support children and young people who are self-harming or have thoughts of. CYP and parents are a priority for raising awareness of self-harm in the yearlong BwD BC Suicide Prevention Strategy 2018/19
4	All Health and Wellbeing strategies and programmes should be informed through active engagement and insight work with children and young people. <i>BwD CYP Emotional Health & Wellbeing /SNA</i>	Engaging with Blackburn with Darwen's mental wellbeing Lancashire mind 2018. BwD time to change hub October 2017-March 2018		Lancashire Mind	Engaging with Blackburn with Darwen's mental wellbeing Lancashire mind 2018. Investment in the campaign, time to change working in partnership with Lancashire Mind and One Voice to work with communities across the borough to open up to mental health problems.
5	'Whole school' approaches to emotional health and wellbeing that involves teachers, families and the wider community should be developed in line with national guidelines. <i>BwD CYP Emotional Health & Wellbeing /SNA</i>	PSHE curriculum Youth Mental First Aid being rolled out to all schools Parent engagement to follow for the 18/19 suicide prevention media strategy Quarterly reports 0-19 services and course evaluation		Shirley Goodhew All Re-Align Futures	Based on the School health needs assessments the school nursing service has delivered '5 Ways To Well-Being' sessions in schools with identified needs.

6	A health and wellbeing website promoting physical and social activities should be developed, specifically aimed at children, young people and their families. <i>BwD CYP Emotional Health & Wellbeing ISNA</i>	Quarterly reports form 0-19 service's Reports generated form Kooth if implemented and submitted quarterly and same for I thrive	Gill Kelly	Bee yourself website being developed. I thrive being developed by the CCG. Kooth is being investigated as a possible resource for CYP in this area to access for counselling support and forums in a modified and regulated environment online. 0-19 Healthy Child Programme will support in this area. The Children's Centre staff use ACE enquiry which is completed with all parents at the start of family support intervention to allow them to explore their own childhood experiences and how this impacts on them now as parents. They have an opportunity to address any underlying issues and access support needed.
7	Resilience within families should be promoted by providing parents and carers with the information they need to handle issues of emotional and mental wellbeing. <i>BwD CYP Emotional Health & Wellbeing ISNA</i>	Quarterly reports from 0-19 services. Case studies and service user feedback Programme evaluation Number of volunteers participating. Children centre staff quarterly reports and KPI's	CCs / Early Years settings 0-19 Health Visitors	Think Family programme – therapeutic programme to support families in preparing for change and again addressing underlying issues. FGC – Families coming together to address issues and identifies their own plan with extended family and friends as the main support. Volunteering pathways to support on their journey of developing skills, confidence, and self-esteem and employment opportunities. Revive Team Children Social Care support children on the cusp of care with a range of social and emotional health issues.
8	Links between adolescence, risk-taking behaviours and the prevention of accidents and unintentional injuries should be explored	BwD Suicide Prevention strategy group have representation from	Education lead for BWD	Adolescents notoriously take risks through experimental behaviour Awareness raising of the consequences of

	further. <i>Bwd CYP Emotional Health & Wellbeing /SNA</i>	Papyrus – Preventing Suicide in Young People		risky behaviour will be in PSHE curriculum
9	More insight work should be undertaken into the use of social media and the negative impacts for children and young people's emotional and mental health. <i>Bwd CYP Emotional Health & Wellbeing /SNA</i>	National curriculum for PHSE due to be implemented 2019 Ofsted local reports	Cathy Fisk	Engage team are doing some work with boys in this area that are at risk of CSE as directed by the LSCB. PHSE in schools allows for this work to be covered and CEOP nationally provide support and resources to teachers and youth workers. International research on this topic is expensive. CYP have identified certain social media sites as having positive impacts (YouTube) and some more negative (Instagram) Some APPS have been identified by police as more risky for CSE
10	Opportunities for children and young people to engage in peer-support programmes and volunteering should be explored. <i>Bwd CYP Emotional Health & Wellbeing /SNA</i>	YP feedback		LGBT facilitated by Brook group Highlighted in the 2017 update of CYP EWMH Transformation Plan (see insert in action 1 of this plan, Appendix 1, 06) Also GO2 young ambassadors that support peer on peer.
11	Work should be undertaken to identify groups of children and young people that may be at risk of loneliness and social isolation. <i>Bwd CYP Emotional Health & Wellbeing /SNA</i>	Service user case studies and participation.	Iqbal Jal	Professionals Network Meeting for mental health and wellbeing. Local voluntary sector group sliding doors works with those CYP with LD and at risk of isolation and loneliness. they run drop in sessions in mill hill and at Blackburn Rovers. School nurses will contact children raising concerns
		School Health Needs Assessment Questionnaire (SHNA) will ask questions	LCFT	

		and analysis should pinpoint schools with issues			
12	All commissioners and services should challenge the culture of acceptance and inevitability around smoking, particularly amongst vulnerable groups. <i>BwD CYP Emotional Health & Wellbeing ISNA</i>	Pharm outcomes Fingertips profiles for tobacco			MECC embedded into contracts Brief intervention training completed by local providers. TFL strategy Education settings PHSE and risky behaviours Wicked issues public health pan Lancashire group. Local partnership working from public health and trading standards and local police.
13	Insight work should be undertaken to understand factors contributing to low levels of wellbeing amongst young people in adolescence. <i>BwD CYP Emotional Health & Wellbeing ISNA</i>	SHNA and quarterly reports form 0-19 services. YJS needs assessment.			A youth Justice service needs assessment was completed by the public health team's registrar, recommendations form this assessment have been identified. SHNA completed yearly to children in Reception, 6 & 9 and children identifying concerns will be followed up within an agreed timeframe (usually 2 days)
14	A review of specialist mental health services for children and young people should be commissioned, including vulnerable groups such as looked-after children and care leavers. <i>BwD CYP Emotional Health & Wellbeing ISNA</i>	Quarterly reports from 0-19 services Children's partnership board minutes and findings form Mental health steering group. CAMHS being reviewed nationally Sub-groups developed identifying 'complementary offer' for CYP		CCG / L&SC ICS (Healthier Lancashire)	Mental health practitioners from 0-19 services have met with key stakeholders to ensure no duplication of work is completed and to explore joint working opportunities in supporting. Also Mental Health steering group is to convened to Map out current provision of Mental Health support, identify gaps, consider how we can feed into the Integrated Care Services broader development, capture good practice and capitalise on opportunities. Ensure support for young children(EYFS) is included Report back to Children's Partnership Board.

A	<u>Mental Health:</u>	Quarterly Reports form 0-19 services.	Multi	
	<p>a. Online help therapy/chat rooms</p> <p>b. More awareness raising sessions</p> <p>c. More information for parents</p> <p>d. Improve advertising/ information</p> <p>e. Transport to services/ therapy</p> <p>f. Friendship groups meet up</p> <p>g. Run assemblies in more schools</p> <p>h. School nurse drop ins</p> <p><i>Youth Takeover Challenge Mental Health recommendations</i></p>			<p>A. Chat health is managed by the school nurses although not as well used as would like Public health are exploring the possibilities of Kooth, which has good outcomes to lower waiting times of CMAHS services and meets the needs of the CYP at times to suite them out of core contact hours.</p> <p>B. School Nurses deliver a weekly drop-in service at the Everybody centre providing the opportunity for young people to chat and discuss a wide range of health concerns. Youth zone and Knott Street have named link practitioners from our school health teams providing a point of contact for young people to be signposted to. The link practitioners will be promoting health campaigns within these sites aimed at young people. Health promotion assemblies are being planned within Darwen Aldridge Academy providing information on services that can be accessed and where support can be sought for a range of health concerns.</p> <p>C. Focus groups with parents to be set up as part of the yearlong suicide prevention strategy</p> <p>D. BWD's yearlong Suicide Prevention Strategy is focusing on prevention and early help. Also many organisations were advertised on our digital screens during World Suicide Prevention Day (10/09/18), in the local and national press, radio, tv and social media. Bee Yourself website to be launched 2019 with lots of information and signposting</p> <p>E. This may have to be a joint</p>

				<p>commission. Expensive public transport in the region has been identified as a major barrier to engaging with services.</p> <p>F. Youth Zones, churches, mosques</p> <p>G. Mental Health Practitioners have met with PRU leads and are planning the delivery of workshops based upon concerns raised via the voice of the child through SHNA 2017-18.</p> <p>H. School nurses run school drop in's however on recent SHNA these are not well utilised and children expressed in the recent SHNA that they were unaware of how to contact their school nurse.</p>
B	<p><u>Substance Misuse:</u></p> <p>a. Access to a counsellor</p> <p>b. Advertise more on social media</p> <p>c. Drug mentors sharing their experiences</p> <p>d. Make YP more aware of support from GP's</p> <p>e. Positive peer support network</p> <p>f. Run assemblies in more schools</p> <p>g. More support/ information for parents</p> <p><i>Youth Takeover Challenge Mental Health recommendations</i></p>	Quarterly reports from Go2	Karen Cassidy and Lauren Leonard	<p>A. Go2 have an in-house counselling service available for over 18's, all counsellors are volunteers however all Post Graduates are and supervised monthly by a qualified counselling co-ordinator. Referral made into Lancashire Mind or CAMHS for under 18 age group</p> <p>B. Regular Facebook and Twitter activity – increase in posts and likes – see quarterly report for data. Plans for a Go2 Instagram account are underway</p> <p>C. CGL Peer Mentoring programme developed and launched 2018, Go2 to deliver this in early 2019. Have developed an online SU forum to be launched in 2019. YP ambassadors throughout the area and in schools.</p> <p>D. Develop stronger links with GP surgeries – Lauren Lenord is linking with lead nurse from CCG re</p>

			<p>strengthening this area.</p> <p>E. Delivery of a girls group for 2 terms in BCHS with SG lead positive feedback which has impacted positively on risk taking and decision making</p> <p>F. Assemblies and enrichment days delivered in many schools in the area – lots of positive feedback, self-referrals have been made after these assemblies and YP ambassadors recruited</p> <p>G. Development of Go2 webpage at the Inspire website, regular digital media campaigns, improved partnership working with the Carers Service and reciprocal training to be delivered to staff teams.</p>
C	<p><u>Domestic Abuse:</u></p> <p>a. More adverts in local media, e.g : radio / Posters in places where men/ boys go</p> <p>b. Confidential places to go for help</p> <p>c. Assemblies in more schools</p> <p>d. Using videos in schools</p> <p>e. Talk lines for men/ boys</p> <p>f. Parents monitor children's phones</p> <p><i>Youth Takeover Challenge Mental Health recommendations</i></p>	Commissioned service report form Changing lives.	<p>Rebekah Leach.</p> <p>A. The current provider in a recommissioning year with a new service to be delivered from April 2019, with this in mind much of the promotional work will be completed around the time of the new service starting delivery, this may mean a change in provider so part of mobilisation will be to publicise services.</p> <p>B. Services delivered in BWD have a 'front door' are based within the town centre and are confidential (bearing in mind safeguarding policies).</p> <p>C. Within the Domestic Abuse commission the service is required to deliver educational session within schools that cover 'healthy relationships' – this is currently delivered by Changing Lives, however again is due for recommission, Changing Lives have recently delivered sessions in Tuhedul Girls School and</p>

					<p>Darwen Vale, with further session booked in the coming weeks. These sessions vary depending on the setting i.e. school assembly or workshop, and as such use appropriate resources. National Helplines are advertised locally as well as direct contact information to the DA services.</p> <p>F. Currently changing lives do not advocate for parents to monitor children's phones, without further evidence to support this method of protection they report they are reluctant to take this forward.</p>
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