


<p align="center">Health and Wellbeing Board Tuesday 7 November 2017</p>	
<p>Report of the London Borough of Tower Hamlets and Tower Hamlets CCG</p>	<p>Classification: Unrestricted</p>
<p>Mental Health Strategy Progress Update</p>	

Lead Officer	Denise Radley, Corporate Director of Health, Adults and Community, LBTH; and Simon Hall, Acting Chief Officer, Tower Hamlets CCG
Contact Officers	Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and CCG
Executive Key Decision?	No

Summary

In 2014, the Health & Wellbeing Board approved the Tower Hamlets Mental Health Strategy. The Strategy is a five year plan for improving outcomes for people with, or at risk of, mental health problems in Tower Hamlets, and includes within its scope children and young people, adults of working age and older people. The Strategy sets out how Tower Hamlets partners will work together to promote mental health and well-being in our communities, prevent residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in *No Health Without Mental Health, Closing the Gap*, and other national guidance.

This paper provides an update on the delivery of the Strategy to the Board, together with a refreshed delivery plan for 2017 to 2019.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the progress on delivery of the Strategy to date and the refreshed delivery plan attached as appendix one.

DETAILS OF REPORT

1. Introduction

- 1.1 The Tower Hamlets Mental Health Strategy, was approved by the Health and Wellbeing Board in 2014 as a five year plan for improving outcomes for people with, or at risk of, mental health problems in Tower Hamlets. The Strategy includes within its scope children and young people, adults of working age and older people, and was developed after a period of extensive engagement with service users. Evidence reviews and a comprehensive JSNA were published alongside the main document.
- 1.2 The action plan, developed at the time of publication, covered the two year period until 2016 and was updated earlier this year to reflect ambitions up to the end of 2019. The refreshed plan adopts an outcomes based approach and it is expected that future updates will therefore have a greater focus on outcomes.
- 1.3 This report provides an update to the HWBB on the refreshed delivery plan and key priorities until 2019, together with highlights of the main achievements of the Strategy to date.

2. Context

- 2.1 Mental health continues to be a significant priority in national health and social care policy. Tower Hamlets has amongst the highest prevalence of mental ill-health of any borough in England. People with mental health problems experience poorer life outcomes than the general population, including physical health, education, employment and family and relationships. Tower Hamlets has a high prevalence of risk factors that can contribute to the development of mental health problems in individuals, for example child poverty, long term unemployment, older people living in poverty, overcrowded households, population density, homelessness, crime including hate crime against specific communities, carers working over 50 hours per week, harmful alcohol use.
- 2.2 We have the fourth highest proportion of people with depression in London, the fourth highest incidence of first episode psychosis, and the highest incidence of psychosis in East London according to GP registers. In total there are approximately 30,000 adults estimated to have symptoms of a common mental health problem in the borough, with around 15,900 people known to their GP to have depression, and 3,300 known to have a serious mental illness, with a prevalence of c. 1200 people with dementia. We anticipate between 3,400 and 15,000 children at any one time to be in touch with some part of the health, social care and education systems due to concerns about their mental health.

3. The strategic vision

- 3.1 Our Mental Health Strategy sets out how we will work together to promote mental health and well-being in our communities, prevent Tower Hamlets residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in *No Health Without Mental Health* and the more recent commitment and ambition outlined within the NHS Five Year Forward View for Mental Health.
 - 3.2 Our vision is to **deliver substantially improved outcomes for people with mental health problems in Tower Hamlets through integrated mental health services that are safe**
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and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery.

- 3.3 The strategy is built around the three pillars of building resilience in our population, ensuring high quality treatment and support, and supporting people to live well with a mental health problem. Its foundations lie in the shared values that underpin a whole person approach and the principle that mental health is everybody's business. The strategy takes a life course approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave. The strategy's objectives are laid out in the diagram below:

A life course approach to mental health and well-being		
Building resilience: mental health and wellbeing for all	High Quality Treatment & Support	Living well with a mental health problem
Fewer people experience stigma and discrimination	People in general settings like schools and hospitals access mental health support	People feel services treat them with dignity, respect, and inspire hope and confidence
People access improved information on services available	People access high quality mental health support in primary care,	People access support from peers and service user led services
Improved mental health awareness across our communities, schools and employers	People receive a diagnosis and appropriate support as early as possible	People make choices about their care, including personal budgets
People access a range of preventative and health promotion services	People have timely access to specialist mental health services	People feel supported to develop relationships and access mainstream community support
Families and carers feel more supported	People access timely crisis resolution, close to home	People are supported to find employment, training or education
People experience smooth transitions between services	When they need to access multiple services, people feel that they are joined up	People access accommodation that meets their needs, in the borough
At risk communities access targeted preventative support	People with a mental health problem have high quality support with their physical health	

4. Performance against Delivery Plan 2014-2016

Since approval of the Strategy we have made considerable progress in delivery, key highlights are listed below:

4.1 Improved Dementia Pathways

Dementia diagnosis rates have increased steadily since 2014, rising by over 17% in the last 3 years to 81.2%; in performance terms this is the second best in London. Following successful implementation of our strategy people with dementia and their Carers are supported to live well with fully integrated health and social care services providing assessment and support. We have commissioned more dementia cafes and an inclusion

service designed to raise awareness, understanding and take up of support for those from our BME Communities.

4.2 Crisis Pathways

Work has been undertaken over the life time of the Strategy to strengthen our crisis pathway for those experiencing mental distress. This includes an A&E based place of safety, a voluntary sector provided crisis house, a health and social care Home Treatment Team, and acute adult inpatient beds supported by dedicated council funded housing workers. We have no service users taken to a police station as a place of safety, and in-patient occupancy has reduced, promoting a much safer and more therapeutic inpatient environment, in which violence and aggression has reduced significantly. Further work on our crisis pathways has been prioritised in the coming delivery period.

More recently our Public health team has led on the development of a Suicide Prevention Strategy which will seek to further deliver 5 key areas of action over the next three year period through a multi-agency steering group.

4.3 Supported Accommodation pathway

Impacting significantly on our highly effective crisis pathway, our supported accommodation strategy for adults with a serious mental illness has completely transformed our ability to offer high quality recovery orientated accommodation with support, close to home. We have increased the number of in-borough supported accommodation units by 62 and reduced the number of people living in out of borough residential care by 54, achieving significant efficiencies against the 2011 – 12 baseline.

The achievements of the pathway work was **highly commended** this year by the HSJ national awards for Health and Social Care Providers.

4.4 Recognising mental health needs alongside physical health: Integrating care

In Tower Hamlets we have placed mental health at the heart of our integrated care programme, with a flagship psychiatric liaison service for people with mental health issues at the Royal London Hospital and associated sites with the aim of providing hospital clinicians with a 24/7 assessment service to improve quality and outcomes for people with mental health conditions admitted to acute care, and reducing length of stay. We have also commissioned a specific mental health team as part of our community integrated care teams to support patients with complex comorbidities that include mental health problems. Evidence suggests that 32% of patients who have been identified as at very high or high risk of admission to hospital have a history of previous contact with secondary care mental health services, and there will be many more who will benefit from a greater focus on mental health in their integrated care plan. Over the life time of our Strategy will seek to expand our approach to the integration of physical and mental health in line with the Parity of Esteem agenda.

4.5 Primary Care Mental Health Service

People with severe mental health problems have poorer physical health and high levels of social need. In order to better address the needs of people with severe but stable mental health problems we have collaborated to shift the location of care from secondary care

services to primary care settings, so integrating mental health, physical health and social care. This is underpinned by a recovery approach with a robust peer support offer which focuses on giving service users greater autonomy, self-management and control over their wellbeing. Tower Hamlets has the second highest number of people being treated in secondary care mental health services in London. Service users, report preferring to receive mental health support from within a primary care setting as it is less stigmatising and provides a greater opportunity for physical and mental health needs to be considered holistically.

The service is now fully operational, supporting up to 700 people at any one time with a strong and continued emphasis on peer to peer support. Over 600 people have been transferred from secondary care mental health services into primary care in Tower Hamlets since this service was first established.

4.6 Transformation of Children and Young People Mental Health Services

In October of 2016 we published our transformation plan for CAMHS which outlined our collaborative ambition for improving child and adolescent mental health services in the Borough. Our focus has been on ensuring that the whole system, including schools, works effectively together to deliver better life outcomes for children and young people, with responsive services meeting the needs of the diverse population. During the last year we have made significant progress in increasing the availability and improving access, including a new service for children and young people with eating disorders, an increased number of people being seen and receiving treatment and waiting times reducing from 11 to 5 weeks. We are also commissioned a number of new services for those with Conduct disorder, those in contact with the Youth Service and a voluntary sector mental health service to increase the number of young people able to access mental health support in mainstream services.

We have rolled out an ambitious programme of training and awareness raising across the voluntary sector and schools, delivering training to 15 schools including Governing Bodies and delivered the 'Mark your Mind' campaign to raise awareness and increasing support for young people. Twenty young people were recruited through local organisations and co-produced the campaign by creating a video, developing an interactive website and working with a local community organisation to deliver family centred support sessions.

4.7 Wellbeing and Recovery Services

The Wellbeing and Recovery services have been fully operational for a year. The ambition of this new model is to build resilience in the population by supporting mental health and wellbeing for all and supporting people to live well with a mental health problem. This represents a significant transformation in the way support services in the third sector were commissioned and delivered. Developing recovery and wellbeing services for people with mental health problems is a fundamental commitment of the Mental Health Strategy in order to reduce stigma and discrimination through moving away from traditional segregated services and stigma associated with statutory day care, supporting people to take control of their lives and access community services and support with services working together to promote recovery and wellbeing. These new services ensure people are able to access information and support easily, and promote positive perceptions of mental health across the Borough.

The Recovery College, which was commissioned as part of this model, provides an educational approach to recovery for people with longer term mental health challenges

running courses for those who have used mental health services, their carers and families, and staff working in the Borough from the NHS and voluntary sector.

4.8 Challenging Stigma and increasing awareness

Using the Time to Change pledge, we continue to tackle stigma and discrimination by raising awareness and promoting positive perceptions of mental health across the Borough. Our specific Public Mental Health Programmes include mental health awareness work with Bangladeshi partner organisations, Somali women, male offenders and young people through the Flourishing Minds programme.

We have trained over 200 members of staff in Mental Health First Aid and a further 12 in partner organisations have been trained to train the trainer. Making Every Contact Count training is also provided to all frontline staff. We have also developed a new web resource, **"In the Know"**, summarising information on mental health services in the borough for service users and professionals.

We have also established an Employers Forum to bring together wider partners (council, NHS, police, Queen Mary's university, CVS, Canary Wharf Group, housing associations) to take action on mental health in the workplace.

4.9 Co-production

Co-production is the foundation of our partnership approach. We have extensive service user involvement and engagement structures in place, including a mental health partnership board on which five service users sit, plus a commissioned voluntary sector service to promote engagement and we are beginning to involve service users directly in procurement.

Our user led grants programme is also very successful in providing opportunities for service users to come together to establish and run groups. Over £90,000 per year has been awarded to roll out 27 innovative mental health projects including health and fitness, music, choirs, martial arts, photography and arts and crafts. A significant proportion meet out of usual office hours including evenings and weekends and so provide social support when other services are not available. They provide targeted support to a wide range of communities across the borough including some of our most vulnerable and hard-to-reach communities.

4.10 Increased availability of Talking therapies

We have successfully increased access to talking therapies for people in Tower Hamlets. In 17/18 5242 people are expected to enter IAPT treatment and 11,300 counselling sessions are expected to take place. Waiting times have reduced and the number of people who achieve a sustainable recovery following treatment has also increased in line with national targets. There is now focused work underway to increase the number of people self-referring into the service, and to increase uptake from those with long term physical health conditions and older adults. There is also a focus on achieving good recovery rates and improving recovery rates for BAME communities.

During 2016 we commissioned an innovative psychological therapy service for people with mild to moderate eating disorders, and to date over 74 patients have received treatment. This service has demonstrated positive clinical outcomes for those receiving treatment, achieves a low DNA rate and has short wait times to treatment.

5 Key Priorities for 2017-2020

- 5.1 Despite significant progress we are not complacent. Since development of the Strategy in 2014 a number of key policy developments now outline a clear road map for the next 4 year period to 2020/21. The aspirations of the NHS Five Year Forward View are fully articulated in our delivery plan, outlining our commitments for the period from 2017 to 2019 and Parity of Esteem also challenges us to treat mental related ill health in equity to physical health needs, recognising the impact that unaddressed mental health needs has on the health system as a whole.
- 5.2 In delivering this agenda we need to work as a partnership to deliver a step change in mental health provision, with Sustainability and Transformation Partnerships (STP's) key to delivering the transformation required. The North East Health and Care Partnership has developed a Mental Health Strategy which aims to target significant improvements in quality, outcomes and sustainability by transforming the health care system for those with mental health needs across five key initiatives:
- **Reducing inpatient demand by developing community services and pathways** to provide care and support for people earlier and closer to home. Areas of focus which are mirrored in our local strategy relate to developing primary care services, crisis support and home treatment teams, and transforming children and adolescents mental health services.
 - **Widening access to care for specific treatment areas and population groups through targeted services** to meet the 5 Year Forward View targets for accessing treatment to children and young people, minority groups, pregnant and new mothers and psychological therapies.
 - **Delivering better integrated prevention and care for physical and mental health** by reducing fragmentation in care and delivering on the parity of esteem commitments. This is addressed in our delivery plan through the provision of mental health liaison services, ensuring physical health checks are provided and supporting the wider determinants of physical and mental health for example employment.
 - **Providing the highest quality of Care** by driving up quality and outcomes.
- 5.4 Whilst the delivery plan details the key actions of focus over the next period it is worth highlighting a number of areas where we wish prioritise progress:
- Despite significant investment in new supported employment services, the number of people in contact with secondary mental health services in employment remains relatively low at 5% compared to 7% nationally. We aim to rapidly increase performance in this area through a number of initiatives outlined in the plan.
 - There are a number of commitments within the plan to continue improvements in accessibility and quality of mental health provision.
 - To support our growing populations and ensure the effective join up of physical and mental health care, we will need to continue to develop more integrated models of health care that reduce the current fragmentation that often exists for people accessing services. Services which integrate primary, community and social care
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support can prevent unnecessary admissions and provide a smooth transition to acute care services if needed.

- A key focus will be on improving the physical health of those with serious mental illness who we know die on average between ten and twenty years younger than the general population, are more likely to smoke tobacco and have higher rates of obesity.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 This is a noting report which provides an update on progress with delivering the Mental Health Strategy and Action Plan. Costs associated with delivering the strategy will be met through existing health and social care budgets. There are no specific financial implications arising from this report.

7. LEGAL COMMENTS

- 7.1. Section 193 of the Health and Social Care Act 2012 ('the 2012 Act') inserts a new s116A into the Local Government and Public Involvement in Health Act 2007, which places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the needs identified in the Joint Strategic Needs Assessment. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.
- 7.2. Section 1 of the 2012 Act amends the National Health Service Act 2006 to specifically include mental health in the Secretary of State's duty to promote the health of the people of England. A review and refresh of the Mental Health Strategy therefore falls within the remit of the Board.
- 7.3. In preparing this strategy, the Board must have regard to whether these needs could better be met under s75 of the NHS Act 2006. Further, the Board must have regard to the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies published on 26 March 2013, and can only depart from this with good reason. The guidance sets out that mental health must be given equal priority to physical health.
- 7.4. This strategy must be prepared in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not.

8. ONE TOWER HAMLETS CONSIDERATIONS

- 8.1 Mental health continues to be a significant priority in national health and social care policy. Tower Hamlets has amongst the highest prevalence of mental ill-health of any borough in England. People with mental health problems experience poorer life outcomes than the general population, including physical health, education, employment and family and relationships.
- 8.2 The Strategy sets out how Tower Hamlets partners will work together to promote mental health and well-being in our communities, prevent residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover.

9. BEST VALUE (BV) IMPLICATIONS

- 9.1 The Strategy details the partnerships commitments to ensuring that providers of mental health services are productive and efficient. The emphasis on promoting preventative intervention and increased use of community services will also help reduce the need for more expensive specialist services further down the line.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 There are no implications.

11. RISK MANAGEMENT IMPLICATIONS

- 11.1 The Strategy details commitments to improve mental health services including crisis pathways in line with the national Crisis Concordat, ensuring that the council's duties.

- 11.2 The Strategy details commitments to improve outcomes and support for people with mental health problems ensuring that the duty of both the Council and the CCG to provide support for this group is delivered safely and effectively.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 12.1 There are no implications.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Tower Hamlets Mental Health Strategy: Action Plan 2017-2019

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

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