


Health and Wellbeing Board 9 th December 2014	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: [Unrestricted]
Mental Health Strategy Update	

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Executive Key Decision?	No

Executive Summary

In February 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.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the progress made in delivering the Tower Hamlets Health & Wellbeing Board Mental Health Strategy

1. REASONS FOR THE DECISIONS

1.1 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. Mental health is a significant priority in national health and social care policy, and is one of the four key priorities of the Tower Hamlets Health and Wellbeing Board.

1.2 The Tower Hamlets Mental Health Strategy, based on extensive engagement with service users, and health and social care professionals, details the Health and Wellbeing Board, CCG and Council commitments to improve outcomes for people with mental health problems in the borough over the next five years, with an action plan for the delivery of the strategy until 2016. The Strategy was approved by the Health & Wellbeing Board in February 2014.

1.3 This paper updates the Board on progress in delivering the Strategy.

2. ALTERNATIVE OPTIONS

2.1 There are no alternative options. In view of the high level of mental health need in Tower Hamlets, it is essential for the Health and Wellbeing Board to have a Mental Health Strategy in place and to be assured of progress in delivery.

3. DETAILS OF REPORT

3.1 The Tower Hamlets Health and Well-Being Board, NHS Tower Hamlets Clinical Commissioning Group, and the London Borough of Tower Hamlets are committed to improving outcomes for people with mental health problems. Mental health is one of the Boards four priorities in the Health and Wellbeing Strategy, and the Board's commitments to mental health are detailed in the five year Mental Health Strategy, approved in February 2014.

3.2 The Strategy is an ambitious plan to improve outcomes for children and young people, adults of working age and older people who have, or are at risk of developing, a mental health problem.

Context – why mental health?

3.3 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.

3.4 Tower Hamlets has a very high prevalence of mental health problems. 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. Local information on prevalence of mental health problems in children is not known, however we would 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.

3.5 The impact of mental health problems on individuals, families and communities can be profound. For example:

- Mental illness has a profound impact on health, relationship, housing, educational and employment outcomes. In a recent study, the London School of Economics found that mental health accounts for more felt suffering than physical health problems, or income deprivation
- Mental illness has the same effect on life-expectancy as smoking, and more than obesity. People with a serious mental illness die on average 20 years earlier than the general population
- Amongst people in work, mental illness accounts for nearly half of all absenteeism. And amongst people out of work, almost half are on incapacity benefit on account of a mental health problem.

3.6 Improving mental health services currently has high national visibility. Since the Health & Wellbeing Board approved the Strategy in February 2014, there have been several key national policy decisions that provide further focus on improving mental health services including:

- The introduction of waiting time targets into mental health for the first time, in 2015/16 including a two week access target to Early Intervention in Psychosis services, and a six week referral to treatment target for talking therapies in primary care
- The introduction of choice at first outpatient appointment following GP referral into mental health services
- The introduction of Integrated Personal Commissioning pilots, bringing health and social care personal budgets together
- The requirement on local partnerships to develop a local action plan to deliver the Mental Health Crisis Concordat
- The publication of the Health Select Committee report on Child and Adolescent Mental Health Services and the development of a national task force to review commissioning of CAMHS across the NHS, local government and education
- The publication of the Health Select Committee report on the implementation of the Mental Capacity Act
- The publication of the Care Act Statutory Guidance on Implementation
- The publication of Monitor Tariff Implementation Guidance, which gives local commissioners more freedom to move towards outcomes based contracts.

Progress

3.7 The Strategy's vision is as detailed below:

“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 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”

3.8 In summary, the Strategy aims to build resilience in our population, ensure high quality treatment and support, and support people to live well with a mental health problem. The foundations of the Strategy lie in the shared values that underpin a whole person approach and the principle that mental health is everybody’s business. The overarching principle that governs the Strategy is that it takes a life course approach, actively considering how the whole population can be supported to be mentally healthy from birth. We believe that in delivering the commitments that we will detail in this Strategy, we will measurably improve outcomes for people with mental health problems and their carers.

3.9 The strategy’s objectives are laid out in the diagram below:

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



3.10 Since approval of the Strategy, the CCG and the Council have made considerable progress with key deliverables for 2014-15, as detailed below:

2014-15 Strategy commitment	RAG rating	Update on progress
Public mental health programme: We will develop a public mental health and well-being programme which will include a portfolio of evidence based public mental health interventions, which will identify how we will deliver this, alongside other public mental health commitments over 2014/16	September 2014	A public mental health programme has been developed and is currently pending final approval within the Council. There has been a delay to the production of the final plan against the Strategy target of September 2014 Significant progress has been made by key HWBB agencies who signed the Time to Change Pledge in October 2013
Parent and infant mental health wellbeing: We will map current services available to support maternal and infant mental health in order to identify gaps, improve access for groups at higher risk, improve coordination across services and develop proposals to strengthen the universal tier of the service (including Maternity services, Health Visiting and services delivered from Children's Centres, primary care and by voluntary and community organisations)	March 2014	The mapping exercise is complete, and has informed the development of a business case to support a coordinated programme of training across providers
School nursing and mental health and wellbeing: We will ensure that the roles of school nurses in relation to emotional health and well-being are clearly articulated in specifications for the re-procurement of the School Health service	December 2014	The school nursing service has been re-specified and a procurement process has been undertaken and is pending contract award
Whole system child and adolescent mental health services: We will develop a refreshed service model for child and adolescent mental health	March 2015	The project to re-design services for children and young people with a mental health has begun; a project advisory group and project team has been formed, with support from North East London Commissioning Support Unit to develop an

<p>services. A project board will be set up across all stakeholders to oversee this work including the development of a set of service specifications to deliver the refreshed service model. This will include consideration of the impact of potential changes to the CAMHS service model to services for adults of working age. We will develop a refreshed model for the delivery of day opportunity and support services, with an accompanying procurement plan</p>		<p>outcomes based approach. A series of co-production workshops with children and young people to help develop key outcomes to be delivered from a future whole system CAMHS service begins w/c 18/11/14. The project is on track for an outline business case to be completed by January 2015.</p>
<p>Improving accommodation with support for adults with a serious mental illness: We will continue the work to remodel and re-commission resettlement and rehabilitation team pathways</p>	<p>April 2014</p>	<p>Two new supported accommodation schemes for people with mental health problems have opened during 2014, enabling us to support more people to live locally rather than in out of borough residential care. As of October 2014, there were 88 people living in residential care compared with the baseline of 135 in 2009/10. The partnership is currently reviewing options for the form of the resettlement and rehabilitation teams for 2015/16.</p>
<p>Access to talking therapies: We will review talking therapies providers, and develop a commissioning plan for future talking therapies pathways</p>	<p>September 2014</p>	<p>This commitment is being considered as part of delivering a new model for primary care mental health services, as detailed below.</p>
<p>We will develop a refreshed service and activity model for the primary care mental health service (including social care)</p>	<p>June 2015</p>	<p>This work is well underway, with a project group comprising CCG, ELFT, LBTH and Compass participants and engagement with service users</p>
<p>We will re-procure tobacco cessation and obesity services to explicitly include access for people with a serious mental illness</p>	<p>June 2014</p>	<p>The Tobacco Cessation Service has been procured with a clear focus on supporting people with a serious mental illness to stop smoking; the obesity service is pending contract award</p>
<p>We will review the model for in-patient care of older adults with a functional mental health problem</p>	<p>June 2015</p>	<p>A business case has been completed proposing a single assessment ward for older people with mental health problems to support residents of City & Hackney and Tower Hamlets, to be based at Mile End Hospital. This has been considered by the CCG Governing Body and Health Scrutiny Committee at LBTH, and will proceed to public consultation in the near future.</p>
<p>We will develop a specification for mental health support in the community health service locality teams (within the Integrated Care Programme)</p>	<p>June 2014</p>	<p>There has been a delay to finalising the specification for this service, which we anticipate will be complete by end November 2014</p>
<p>We will review community mental health services for older adults in the context of our work to develop integrated care</p>	<p>June 2015</p>	<p>This is dependent on the outcome of the review of inpatient care for older adults with a functional mental health problem</p>

We will commission more dementia cafes	April 2014	Fortnightly English and Sylhetti speaking dementia cafes have been commissioned, and a Somali café is currently being piloted
We will develop a new web resource summarising information on mental health services in the borough for service users and professionals	December 2014	A new web resource hosted on the Idea Store website called "In the Know" has been developed and will be launched in December 2014
We will develop a rolling programme of training for GP's and other primary care staff.	June 2014	A range of training has been coordinated for GP's including: Mental Capacity Act, dementia, safeguarding adults, personality disorder, psychosis, learning disability

3.11 More generally, Tower Hamlets mental health services have performed well in many areas during 2014-15 year to date, including:

- A highly effective crisis pathway for adults of working age, with primary care, Community Mental Health Teams, the Home Treatment Team, Crisis House, inpatient services and supported accommodation services working well together. This is highlighted by in-patient occupancy at the Tower Hamlets Centre for Mental Health consistently being in the region of 75%
- Highly effective accommodation pathway for adults of working age, delivering recovery orientated accommodation based support much closer to home and providing significant savings to the Council and the CCG
- Highly effective community dementia services, with the third highest diagnosis rate for dementia in London, excellent reported experience by carers, and national recognition of the service as a site of best practice
- Excellent service user and staff feedback on East London Foundation Trust services, with the Trust top six in the country on service user experience according to the National Patient Survey, and being recognised as a top ten employer in the NHS in the country by the Health Service Journal

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. There are no direct financial implications as a result of the recommendations in this report.

5. LEGAL COMMENTS

- 5.1. The Care Act 2014 was enacted in May 2014 and comes mostly into effect in April 2015. From April 2015 the duties under the Care Act replace the Council's duties under S.29 National Assistance Act 1948, S.2 of the Chronically Sick and Disabled Persons Act 1970 and S.47 NHS & Community Care Act 1990. The earlier pieces of legislation will be repealed. Relevant Guidance and regulations supporting the Act have been issued in October 2014. Section 1 of the Care Act places a general duty on the Council when exercising its functions, to promote an individual's well-being relating to their physical and mental health, emotional well-being and personal dignity.

- 5.2. The Care Act 2014 replaces the existing duties in respect of assessing and meeting an individual's eligible care needs. Section 8 provides that those eligible needs may be met in a number of ways, including care and support at home or in the community, and by providing the service itself, arranging another provider to provide the service, or direct payments.
- 5.3. Additionally, the Act places a duty on local authorities to assess the carers of persons with eligible needs, and provide them with services to support them in caring for the service user if the carer is assessed as having an eligible need.
- 5.4. 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.
- 5.5. 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.
- 5.6. 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.
- 5.7. This strategy must be prepared in accordance with the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
- 5.8. An Equalities Impact Assessment must be carried out to consider in detail what impact the proposals could have on the protected characteristics (age, disability, gender re-assignment, pregnancy, maternity, race, religion or belief, gender and sexual orientation) of the service users as well as carers and action that will be taken to mitigate the risk of disproportionate impacts upon protected characteristics.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The strategy details commitments to improve access to mental health services for people with protected characteristics, including:

- Developing our intelligence on access to mental health services by people with protected characteristics
- Improving access to child and adolescent mental health services for children and young people from the Bangladeshi community
- Improving access to talking therapies by people from BME communities and older people
- Improving access to services by people from LGBT communities.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 No implications.

8. RISK MANAGEMENT IMPLICATIONS

8.1 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 to provide support for people with mental health problems are delivered safely and effectively.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 The Strategy details commitments to improve mental health support for offenders.

10. EFFICIENCY STATEMENT

10.1 The Strategy details the partnerships commitments to ensuring that providers of mental health services are productive and efficient.

Appendices and Background Documents

Appendices

NONE

Background Documents

The Tower Hamlets Mental Health Strategy can be found here:

<http://moderngov.towerhamlets.gov.uk/ieListDocuments.aspx?CIId=632&MIId=4951&Ver=4>

The Tower Hamlets Mental Health JSNA and consultation documents can be found here: http://www.towerhamletsccg.nhs.uk/Get_Involved/mental-health-consultation.htm