

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>Monday 8 October 2018</p>	 <p>Tower Hamlets Health and Wellbeing Board</p>
<p>Report of: Denise Radley, Corporate Director Health Adults & Community</p>	<p>Classification: Unrestricted</p>
<p>Proposal to develop a Mental Health Strategy, 2019-24</p>	

<p>Originating Officer(s)</p>	<p>Joanne Starkie, LBTH, Head of Strategy and Policy, Health Adults and Community</p> <p>Jack Kerr, LBTH, Strategy and Policy Officer, Health Adults and Community</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

This report sets out proposals to develop a Mental Health Strategy 2019-24, replacing the existing strategy that expires in March 2019. The strategy will provide a high-level framework setting out how Tower Hamlets Council, Tower Hamlets Clinical Commissioning Group and its partners will work to improve outcomes for people with a mental health issue between 2019 and 2024.

The report sets out the timescales and action to be taken in order to develop the strategy. It also sets out a number of key issues that will shape the development and content of the strategy.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Agree the proposal to develop a 2019-24 Mental Health Strategy using the timescales outlined in section 3.2.10
2. Agree to the following proposed aspects of the strategy in particular:
 - Having a Mental Health Strategy as a higher level, 'plan on a page' document as opposed to a full, detailed strategy.
 - Keeping the focus of this work on adults, recognising that work on children and young people is being picked up through CAMHS transformation work and the Tower Hamlets Together workstream work plan.
 - Ensuring consistency with the Ageing Well strategy in relation to dementia, noting that the issue is covered in-depth in this document.
 - Using the Mental Health Strategy as a vehicle for articulating our local approach to Thrive London and the NHS Five Year Forward View for

- Mental Health.
- That development of the Mental Health Strategy be overseen by the Mental Health Partnership Board

1. REASONS FOR THE DECISIONS

- 1.1 Tower Hamlets 2014-2019 strategy is coming to an end in March 2019. A new, high-level strategy would be useful in providing a framework in which key actions and service priorities are identified in order to improve outcomes for people with a mental health issues.

2. ALTERNATIVE OPTIONS

- 2.1 The strategy could come to an end in 2019 and not be refreshed. However, it should be noted that refreshing and relaunching the Mental Health Strategy was one of the Mayor's 2018 manifesto commitments.
- 2.1 A more 'traditional' and detailed strategy could be developed, rather than the proposed 'plan on a page'. The main advantage of having a more traditional approach is that this will provide a detailed explanation of where we are and where we need to get to. This must be weighed against the advantage of having a clear, brief and accessible 'plan on a page' that sets out where we want to go and is much less resource-intensive to develop.

3. DETAILS OF THE REPORT

- 3.1 This report sets out proposals to develop a Mental Health Strategy 2019-24, replacing the existing strategy that expires in March 2019. The strategy will provide a high-level framework setting out how Tower Hamlets Council, Tower Hamlets Clinical Commissioning Group and its partners will work to improve outcomes for people with a mental health issue between 2019 and 2024.

3.2 Key Issues

2.1.1 Mayoral Pledges

Refreshing and relaunching the Mental Health Strategy was one of the Mayor's 2018 manifesto commitments.

2.1.2 Age

The existing 2014-19 Mental Health Strategy covers children, young people and adults. It is proposed that the new, refreshed strategy focus on adults only. This is because plans for children and young people are being addressed through CAMHS transformation work and the Tower Hamlets Together workstream work plan. Links can be made to ensure that the new strategy is consistent with equivalent work and strategies looking at mental health in children and young people. Indeed, it may be that two complementary 'plans on a page' are developed for children and for adults.

2.1.3 NHS Five Year Forward View for Mental Health

The new Mental Health Strategy will need to articulate our local approach to the national NHS Five Year Forward View for Mental Health¹. The document sets out the following priorities for the NHS by 2020/21:

- I. A 7 day NHS – right care, right time, right quality
- II. An integrated mental and physical health approach
- III. Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens
 - Prevention at key moments in life
 - Creating mentally healthy communities
 - Building a better future

2.1.4 Thrive London

Thrive London is a programme of work supported by the Mayor of London and the London Health Board which aims to improve Londoners' health and wellbeing. One of the Mayoral Pledges is to support the Thrive campaign and explore the possibility of establishing a Thrive "hub" in the borough. It is proposed that our local approach in relation to Thrive be articulated in the Mental Health Strategy, being mindful to utilise existing resources and avoid duplication.

2.1.5 Dementia

Dementia theoretically falls across the remit of both the Mental Health Strategy and existing Ageing Well Strategy. The issue is covered in-depth in the Ageing Well Strategy, so links will need to be made between this and the Mental Health Strategy.

2.1.6 Adult Mental Health Wellbeing, Recovery and Employment Services

The contract for the Recovery and Wellbeing Services and the Recovery College is due to expire in July 2019, and work has already started to look at options for redesigning these services. The new Mental Health Strategy can be informed by this work, and development of the strategy can similarly influence the final shape and design of the service.

2.1.7 Areas of focus

It is proposed that the Mental Health Strategy be a high-level document covering a five-year period. The strategy can be supplemented by a more detailed annual action plan, overseen by the Mental Health Partnership Board. Initial feedback is that the new strategy may need to keep some of the overarching aims of the existing strategy, but may not need the same level of detail if a yearly action plan is to be produced. Some of the provisional issues identified by staff that could be picked up in the strategy include:

- Improving employment outcomes for people with a mental health issue
- Raising awareness and reducing stigma around mental health
- Looking at resilience as it applies to mental health and wellbeing for the wider population.

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

2.1.8 Interdependent strategies

As well as the Health and Wellbeing Strategy, there are a number of local strategies being developed in tandem with the Mental Health Strategy. It will be important that synergies and consistencies are made. Key amongst these are:

- The Violence Towards Women and Girls Strategy
- The Substance Misuse Strategy
- The Safeguarding Adults Strategy.

2.1.9 Needs Assessment

The Mental Health Strategy will need to be informed by a detailed needs assessment. This can be based on existing Joint Strategic Needs Assessments from 2011 and 2016, supplemented by more recent evidence and other JSNAs that are relevant to mental health.

2.1.10 Timescales

Action	Date
Needs assessment carried out <i>(date for updated Mental Health Joint Strategic Needs Assessment to be confirmed)</i>	Autumn 2018
Engagement and coproduction with partner agencies, residents and stakeholders on strategy development	November – March 2019
Draft circulated and updated following feedback	March 2019
Final draft submitted to LBTH governance structures for approval, as well as relevant partner agency governance structures as appropriate	April – June 2019

2.1.11 Governance and oversight

It is proposed that the strategy be overseen by the Mental Health Partnership Board whilst it is in development. The final draft Strategy will then be submitted through the local authority governance structure ending at Cabinet, the Joint Commissioning Executive and the Health and Wellbeing Board for approval. Partner agencies will be asked to submit the strategy through their own governance structures for approval as appropriate.

4. EQUALITIES IMPLICATIONS

- 4.1** The strategy will be developed to ensure that it does not adversely affect any different communities or groups of people, and will opportunities to support them positively now and in the future. It is proposed that an Equality Impact Assessment (EIA) is completed for the delivery of the strategy and any subsequent commissioning intentions required achieving the objectives identified in the strategy. No specific variations to services are proposed at present.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:
- Best Value Implications,
 - Consultations,
 - Environmental (including air quality),
 - Risk Management,
 - Crime Reduction,
 - Safeguarding.
- 5.2 To date, consultation has been limited to key staff working in mental health commissioning and public health. The proposal to develop a new Mental Health Strategy was discussed at the LBTH Health, Adults, and Community Directorate Management team meeting on 17th September and at the Joint Commissioning Executive on the 21st September.
- 5.3 It is proposed that a detailed programme of coproduction be carried out to drive the strategy. A great deal of evidence on local people's views and experiences related to mental health are already available, so it is proposed that this evidence be fully utilised. Any gaps in knowledge can be filled, making use of the involvement structures that exist in services (e.g. the Working Together Groups in the East London NHS Foundation Trust). The Mental Health Partnership Board has service users, carers, staff and stakeholders. It is proposed that the Board oversee the development of the strategy.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 There are no direct financial implications arising from this report. Any service expenditure incurred in the development of the Mental Health Strategy will be funded through existing resources.

7. COMMENTS OF LEGAL SERVICES

- 7.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 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. The proposal to develop a Mental Health Strategy 2019-2024 complies with the Board's duties.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

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

Officer contact details for documents:

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