

Health and Wellbeing Board Report 17 th September 2019	
Report of: Denise Radley, Corporate Director Health, Adults & Communities	Classification: Unrestricted
Refresh of the Mental Health Strategy 2019-2024	

Lead Member	Councillor Amina Ali (Cabinet Member for Health, Adults and Community)
Originating Officer(s)	Phil Carr (Strategy and Policy Manager, Health, Adults and Community)

1 Executive Summary

1.1 This report presents the draft Tower Hamlets Mental Health Strategy and its associated evidence base for consideration. This document has been developed following the agreement by the Health and Wellbeing Board in October 2018 to produce a refreshed strategy to cover the five year period 2019-24.

2 Recommendations:

2.1 The Health and Wellbeing Board is recommended to:

2.1.1.1 Agree the draft strategy, noting that it is subject to amends arising from an online consultation

3 REASONS FOR THE DECISIONS

3.1 Tower Hamlet's Mental Health Strategy expired in March 2019 and the present report seeks approval of the refresh of the strategy for 2019-2024 in line with the request of the Health and Wellbeing Board in October 2018. The decision to refresh the strategy was then ratified at CLT on the 15th January noting that the refresh was also a Mayoral pledge.

3.2 The refreshed strategy updates our strategic approach and working definitions of Mental Health from a medical to a social definition across both the Council and the wider Tower Hamlets Together partnership.

4 ALTERNATIVE OPTIONS

- 4.1 The Council could choose to not refresh the strategy and instead leave individual service areas to define their own approaches to mental health.
- 4.2 Alternatively, Mental Health could be addressed in the Health and Wellbeing Strategy refresh later this year, rather than as a separate document.

5 DETAILS OF THE REPORT

5.1 Background

5.2 The strategy is a partnership strategy owned by the Health and Wellbeing Board and sets out our strategic priorities relating to mental health over the next five years. It will be underpinned by a delivery plan that sets out priority activity and will allow for monitoring against delivery.

5.3 The strategy considers adult mental health (18+) in its broadest sense – i.e. it seeks to promote mental wellbeing for people who live, work and study in Tower Hamlets as much as it aims to improve outcomes for people with serious mental health issues.

5.4 A major interdependency of the draft strategy is its relationship to mental health support offered to children and young people in the borough. To date, work undertaken by children's services has been excluded from the scope other than referencing the CAMHS Transformation Plan and the Children and Young People's Strategy.

5.5 The scope of the strategy in terms of how it addresses Mental Health in Children's and Young People has been discussed at Health, Adult and Community and Children and Culture DLT's and at CLT and it has been agreed that the present strategy will provide a link and reference to the existing strategies covering Children's Mental Health (notably the CAMHS Transformation Plan and Children and Families Strategy) but will not impact the strategic vision of this area. However, the strategy does reference key interfaces between adults and children's mental health, for example Transitions and perinatal mental health.

5.6 Approach

5.7 A number of theoretical frameworks were tested in order that the strategy was able to capture the breadth and depth of mental health activity underway across the Borough. Initially a 'life course' approach was tested, which focuses on interventions for different age groups 'Born Well, Growing Well' (children's), 'Living Well' (adults), 'Promoting Independence' (complex adults) and 'Aging well' (adults aged 65+). While these groups map well across both Tower Hamlets Together workstreams and the current model of delivery across Adult Social Care, the approach failed to capture the overarching ambition of the system.

5.8 The second approach, set out in the Public Health England Prevention Concordat, recommends using population segmentation so that interventions

to improve mental health can be defined for particular groups (e.g. whole population, low complexity and high complexity individuals). While this method was useful in terms of looking at the system from prevention to tertiary care, the approach didn't provide adequate scope for cross-cutting mental health priorities, for e.g. approach crisis response and suicide prevention.

- 5.9 Ultimately, the approach agreed by the Strategy Reference Group was to identify five priorities (which have since been reduced to three) emerging from (1) engagement work, (2) the current direction of travel as defined by best practice in both our services(s) and from other areas and (3) the national policy framework and in particular the NHS Long Term Plan.
- 5.10 Each of these priorities/themes will act as a strategic driver to focus the work that is currently being delivered across the system, in a similar way to the current Health and Wellbeing Strategy with actions for delivery relating directly back to the three priority areas.
- 5.11 Each approach explored a variety of ways to embed the Tower Hamlets Together Outcomes Framework¹. A number of mapping sessions were undertaken to tie the 'i-statements' back to workstreams and population segmentations, as well as back to outputs and deliverables. Ultimately it was agreed by the Mental Health working group that the Outcomes Framework should be used as a vision document, with the i-statements acting as our ambition rather than providing a measurable framework.
- 5.12 A detailed programme of involvement, engagement and consultation with residents, mental health users and carers and staff has been carried out to drive and inform this strategy. As well as the feedback detailed on Appendix II, a workshop was held with service users, Tower Hamlets Together and Health and Wellbeing Board members on 7th August 2019. We are consulting on the final draft strategy via the council website until 16th September, and will use final feedback to inform both the strategy and annual delivery plans.
- 5.13 The three priority themes in the strategy are:

Theme 1: To raise awareness and understanding of the importance of good mental health and wellbeing

Theme 2: To ensure early help is available particularly in times of crisis

Theme 3: To ensure the provision of high quality mental health care and treatment

- 5.14 The first theme broadly relates to prevention and promotion, the second to access and early intervention and the third relates to mental health care and treatment with a focus on personalisation and integration. In the strategy, each theme is followed by a summary of what we know about the issue, a list

¹ The Tower Hamlets Together Outcomes Framework describes the intended impact of health and care services. They are made up of a set of "I" statements that are available to view [here](#).

of the outcomes we want to achieve, and a description of the actions we will carry out to do this.

5.15 Current Spend on Mental Health

5.16 At present the local authority spend £18.49M on specific mental health services with a further £57.56M funding from the CCG giving a total spend of £76M.

5.17 A breakdown of Local Authority spend is provided below;

Adult Social Care 2018/19 Mental Health Spend	2018-19 MH Gross spend (£'000)
Day Service (in-house)	277
Mental Health Community Teams	2,709
Other	11
Day Care	117
Direct Payments	528
Home Care	1,774
Housing	3,247
Meals	104
Nursing	474
Prevention and Support	2,054
Residential	5,948
Support for Carers	208
Supported Living	876
User-led Grants	70
Transport	88
Total	18,487

THCCG 2018/19 Mental Health Spend	2018-19 spend (£'000)
Children & Young People's Mental Health (excluding LD)	4,756
Perinatal Mental Health (Community)	417
Improved access to psychological therapies (adult)	8,051
A and E and Ward Liaison mental health services (adult)	2,115
Early intervention in psychosis 'EIP' team (14 - 65)	2,267
Crisis resolution home treatment team (adult)	3,329
Community Mental Health	10,294
Other adult and older adult - inpatient mental health (excluding dementia)	4,886
Other adult and older adult mental health - non-inpatient (excluding dementia)	11,520
Mental health prescribing	1,708
Mental health in continuing care	1,300
Learning Disabilities	5,033

Dementia	799
2018-19-CYP IAPT Trainee Staff Salary Support Funding	18
IPS Wave 1 Transformation Funding	199
DWP Employment Advisors in IAPT	250
CYP Green Paper	316
Adult IAPT Digital	300
Total	57,558

5.18 Next Steps

5.19 The Mental Health Strategy is due for final agreement at the 17th September 2019 Health and Wellbeing Board, with the Health and Wellbeing Strategy functioning as a the main 'parent' strategy to this one.

5.20 Once the strategy has been agreed:

- A one-page summary of the Mental Health Strategy will be produced and circulated to key areas around the borough, to raise awareness of the strategy and the priorities within it.
- It is proposed that the strategy be formerly 'launched' on 10th October 2019 – World Mental Health Day – as part of our commitment to raising awareness of mental health and tackling stigma.
- The Mental Health Strategy will be supplemented by more detailed annual delivery plans. These and the strategy itself will be overseen by the Mental Health Partnership Board. The Tower Hamlets Together Outcomes Framework will provide a framework for monitoring the success of the strategy.

6 EQUALITIES IMPLICATIONS

6.1 The Joint Strategic Needs Assessment on Mental Health highlights a number of inequalities related to mental health that the strategy seeks to address:

6.2 **Gender:** Gender is a critical determinant of mental health and mental illness, and there are clear patterns of mental illness for different genders;

6.3 **Pregnancy and maternity:** Pregnant women and women who have recently given birth are at an increased risk of developing mental health problems;

6.4 **Sexual orientation and transgender:** LGBTQ people in the UK and transgender people in the UK are known to experience higher levels of mental health problems than in the general population;

6.5 **Ethnicity:** Different ethnic groups have different rates and experiences of mental health. In general in the UK, people from BAME groups are more likely to be diagnosed with mental health problems;

- 6.6 **Age:** There are also clear patterns of mental illness for people at different ages, although Dementia is primarily a condition that occurs in the older population;
- 6.7 **Disability:** Stigma and discrimination in relation to mental health is a key issue that has been particularly highlighted in recent years, especially the interplay between physical and mental health.

7 OTHER STATUTORY IMPLICATIONS

- 7.1 The key issues impacting on the draft strategy have been explored the development of the evidence base. Summary documents of this evidence are presented in the appendix with the main considerations deriving from:
- 7.2 **The national and regional policy environment**, including implications arising from the shifting NHS landscape e.g. the NHS Long Term Plan. These are summarised in the draft strategy (Appendix I)
- 7.3 **The local policy environment**, such as the priorities of the Tower Hamlets Together partnership and the Council's Strategic Plan. These are summarised in the draft strategy (Appendix I) and described in more detail in Appendix (III).
- 7.4 **Local mental health needs** as identified through Joint Strategic Needs Assessment on mental health. This is summarised in the draft strategy (Appendix I)
- 7.5 **Consultation and engagement** feedback gathered from key stakeholders in the borough and service users. These are summarised in the draft strategy (Appendix I) and described in more detail in Appendix (II).

8 COMMENTS OF THE CHIEF FINANCE OFFICER

- 8.1 In 2018-19 the Council's gross expenditure directly attributable to supporting adults mental health was £18.487m, The CCG spend on mental health will be provided in due course and added to the paper to provide the full context of adults mental health spend.
- 8.2 There are no immediate direct financial implications from the recommendations of this report. The activities required to deliver the finalised strategy will need to be given financial consideration and factored in to the annual MTFS refresh.

9 COMMENTS OF LEGAL SERVICES

- 9.1 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, including mental health needs, identified in the Joint Strategic Needs Assessment. The

Council and the Clinical Commissioning Group are then responsible for delivering the strategy and the recommendation to refresh the strategy is consistent with this duty.

Linked Reports, Appendices and Background Documents

Appendices

- Appendix 1 – Draft Mental Health Strategy (v13)
- Appendix 2 – Strategy Engagement
- Appendix 3 – Linked strategies
- Appendix 4 – Strategies, programmes and work to address the wider determinants of mental health

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

Or state N/A