


<p style="text-align: center;">Health and Wellbeing Board 6th February 2014</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Tower Hamlets Mental Health Strategy</p>	

Lead Officer	Robert McCulloch Graham
Contact Officers	Richard Fradgley
Executive Key Decision?	No

Executive Summary

The Tower Hamlets Mental Health Strategy sets out our vision for improving outcomes for people with mental health problems in Tower Hamlets. Mental Health is one of the four priorities of the Health & Wellbeing Board within the Health & Wellbeing Strategy.

It sets out how, over the next five years, 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*

Recommendations:

The Health and Wellbeing Board is recommended to **APPROVE** the Tower Hamlets Mental Health Strategy.

1. REASONS FOR THE DECISIONS

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.

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.

2. ALTERNATIVE OPTIONS

There are no alternative options. It is essential for the Health and Wellbeing Board to have a Mental Health Strategy in place.

3. DETAILS OF REPORT

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.

3.1 National context

Mental health rightly currently has an extremely high national profile. The *2012 Health and Social Care Act* for the first time ever in English law, requires the Secretary of State for Health to secure improvement in the physical AND mental health of the people of England, and in the prevention, diagnosis and treatment of physical AND mental illness. Commonly referred to as “parity of esteem between mental and physical health”, the significance of this is profound: the NHS is required to deliver standards of care for people with mental health problems that are at least as good as those for people with physical health problems. The NHS Mandate 2014-15 and the NHS England 2014-19 planning guidance to the NHS places further emphasis on the requirement of Clinical Commissioning Groups, and other NHS bodies, to work towards achieving parity of esteem between mental health and physical health.

The National Strategy, *No Health Without Mental Health* defines the outcomes that health and social care commissioners must seek to achieve for their populations, along with a series of recommendations for action. The Strategy in particular lays out a series of actions for Health and Well-Being Boards, Clinical Commissioning Groups, local authorities and other bodies, to improve outcomes for people of all ages.

Local authorities have over the past few years been working towards personalization of services for all users of adult social care services. *Making it Real*, the Think Local Act Personal framework for action, defines the national consensus vision on personalized social care. Take up of personal budgets, as an aspect of personalization, however, has traditionally been low amongst mental health service users.

The *Care and Support Bill* 2012 confirms a statutory duty on local authorities to promote mental health and emotional well-being, embeds the promotion of individual well-being as the driving force underpinning the provision of care and support and places population-level duties on local authorities to provide information and advice, prevention services, and shape the market for care and support services. These will be supported by duties to promote co-operation and integration to improve the way organisations work together. The Bill also sets out in law that everyone, including carers, should have a personal budget as part of their care and support plan, and gives people the right to ask for this to be made as a direct payment.

The Children and Families Bill, due to receive Royal Assent in early 2014, will come into force in September 2014. The Act will require local authorities and other partners to ensure services are available for children and young people with special educational needs from 0 to 25.

The publication of the *Final Report of the Independent Inquiry Into Care Provided By Mid Staffordshire NHS Foundation Trust (the Francis Report)*, which examined the high mortality rate, and poor patient and carer experience at Mid Staffordshire Foundation Trust between 2005-2008, and the *Winterbourne View* report following the Panorama programme on abuse of people with learning disabilities at a private hospital, have renewed the national focus on quality, with tumultuous change to the regulation of health and social care, and an imperative on both commissioners and providers to ensure that patients are at the heart of everything that they do. Furthermore, the Keogh Report and the Berwick Report make clear recommendations for developing the learning culture of the NHS as part of an overall approach to quality.

3.2 Local context

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.

Tower Hamlets has a 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. 1150 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

Service use is also high. We have the second highest proportion of adult service users in touch with secondary care mental health services in London, a high number of people on the Care Programme Approach, and the third highest number of emergency admissions for psychosis. If you are known to secondary care mental health services however, you are comparatively less likely to be admitted to hospital than many other London boroughs. We have the highest prescribing rate for anti-psychotic medication in primary care, and the third highest prescription rate of anti-depressants in London.

3.3 Developing our Strategy

To inform the development of the Strategy, we have held a series of workshops with children and young people, parents, adults of working age, older people, and clinicians and practitioners from a variety of services. These workshops have helped to inform the priorities in the Strategy, and in particular influenced a series of evidence reviews we have undertaken to identify best practice. The evidence reviews are published alongside this Strategy.

We have also interviewed senior leaders in stakeholder organizations, not just those that have a direct interest in mental health, such as East London NHS Foundation Trust, Barts Health, the Metropolitan Police, the Clinical Commissioning Group and the Council. We have also interviewed leaders of organizations that have an interest in mental health more generally, including schools, the Inter-faith Forum, the CVS and Tower Hamlets Homes. The Interview Report is published alongside this Strategy.

Finally, in order to understand the full range of information about mental health in the borough, we have developed a mental health specific Joint Strategic Needs Assessment (JSNA). This JSNA summarizes what we know about our population, risk factors for mental health problems, service use, and our investment. The JSNA is published alongside this Strategy.

In October 2013 we carried out a consultation on the draft Strategy. There were 79 respondents to the draft Strategy, the large proportion of whom were positive about the general direction of the Strategy, in particular the life course approach. A report of the consultation is available separately. Key issues arising from the consultation have been incorporated into the strategy.

It is our intention that this is a live strategy. In line with the requirements of the 2014/15 NHS England planning guidance, the action plan detailed at Appendix One of the strategy details actions we will take to deliver the strategy's commitments in years one and two of the strategy, 2014-16. We will review the action plan at an annual mental health summit in the Autumn of each year in order to refresh the action plan for the year ahead.

The strategy takes a life course approach to mental health. It therefore considers:

- The whole population mental health of children and young people under the age of 18
- The whole population mental health of adults, including older adults
- The mental health needs of, and services for, children and young people under the age of 18, excluding in-patient services
- The needs of, and services for, people with dementia.

3.4 The strategic vision

Our Mental Health Strategy sets out our vision for improving outcomes for people with mental health problems in Tower Hamlets. It sets out how, over the next five years, 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*.

“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”

Our vision 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. 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 lifecourse approach, actively considering how the whole population can be supported to be mentally healthy from cradle to grave. 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.

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



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 preventative support	People with a mental health problem will have high quality support with their physical health	
Shared values: a whole person approach		
Mental health is everybody's business		
Focus on quality improvement		
Commissioning with commitment		

It is the intention that this is a live strategy, which will adapt, within the context of the principles and commitments outlined within this document, over the next five years. In line with the requirements of the 2014/15 NHS England planning guidance, the action plan details actions we will take to deliver the strategy's commitments in years one and two of the strategy, 2014-16. We will review the action plan at the annual mental health summit in the Autumn of each year in order to refresh it for the year ahead.

Key actions for the delivery of the Strategy over the 2014-15 year include:

- 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

- 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)
- We will ensure that the roles of school nurses in relation to emotional health and well-being are clearly articulated in specifications for the procurement of the School Health service
- We will develop a refreshed service model for child and adolescent mental health 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
- We will continue the work to remodel and recommission resettlement and rehabilitation team pathways
- We will review talking therapies providers, and develop a commissioning plan for future talking therapies pathways
- We will develop a refreshed service and activity model for the primary care mental health service (including social care)
- We will re-procure tobacco cessation and obesity services to explicitly include access for people with a serious mental illness
- We will review the model for in-patient care of older adults with a functional mental health problem
- We will develop a specification for mental health support in the community health service locality teams (within the Integrated Care Programme)
- We will review community mental health services for older adults in the context of our work to develop integrated care
- We will commission more dementia cafes
- We will develop a new web resource summarising information on mental health services in the borough for service users and professionals

- We will develop a rolling programme of training for GP's and other primary care staff.

3.5 Conclusion

This mental health strategy has been developed through an analysis of local need, review of the evidence base for effective intervention, and listening to the views of local stakeholders.

The strategy sets out our commitments for the delivery of better outcomes for people with mental health problems in Tower Hamlets over the next five years. By working across the lifecourse, with a commitment to achieving parity of esteem, enhancing recovery and sharing a common set of values about promoting high quality, outcome driven services, we believe that there is the opportunity to achieve change. This will need to happen within a more constrained financial settlement and will require partnership at all levels if we are to succeed.

The full strategy details our commitments, and, in brief, the rationale and evidence base to support why we have chosen these commitments. A brief document will be prepared that will summarise the strategy, in a similar format to the consultation document, attached to this report for information.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. There are no financial implications of this report as it sets the framework within which the Board would consider prioritisation of available resources.

5. LEGAL COMMENTS

- 5.1. 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.
- 5.2. 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.
- 5.3. 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.

5.4. 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.

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 Bengali 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, ensuring that the councils 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 Mental Health Strategy details the partnerships commitments to ensuring that providers of mental health services are productive and efficient.

Appendices and Background Documents

Appendices

- Tower Hamlets Mental Health Strategy, full version
- Tower Hamlets Mental Health Strategy Delivery Plan, 2014-16
- Tower Hamlets Mental Health Strategy Consultation Document

Background Documents

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- State NONE if none.

Officer contact details for background documents:[delete if not required]

- Richard Fradgley