Tower Hamlets Mental Health Strategy 2014 - 2019

February 2014

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Forewordby Mayor Lutfur Rahman

As the first directly elected Mayor of Tower Hamlets, I am determined to make a positive difference to the lives of people in our community who are vulnerable, whether this is through ill health, economic hardship or any other kind of disadvantage.

One of the most vulnerable groups in our community are those who face mental ill-health and I believe that all partners in the borough have a duty to improve services and life outcomes for this group.

This is why the Health & Well-Being Board has identified mental health as one of its four key priority areas, and why we have developed this, our Mental Health Strategy, as the vision and approach through which we will aim to work together to improve mental health support over the next five years.

This strategy takes a lifecourse approach. This means that it focuses on the needs of children and young people, adults of working age, and older people. I believe strongly that to support our community to flourish in the future, we have to invest now in our children and young people, and that supporting children to develop the resilience that they can carry through into later life is key, as is supporting families when they have difficulties, including where the parent has a mental health problem.

Two priorities for this strategy are tackling the wider determinants of mental ill-health and challenging the stigma and discrimination around mental health.

With Public Health now part of the Council, we have an opportunity to work together to target the other areas which affect mental health, for example working to improve poor housing, tackling crime, and improving educational outcomes. It will be our aim, in the Council, to ensure that mental health really is everybody's business.

In 2012 I signed the Time to Change pledge, a national anti-stigma programme, spear-headed by MIND and Rethink. I signed the pledge out of a deeply held conviction that the Council can make a real difference to the stigma and discrimination that people with mental health problems still too often experience. I am very pleased indeed that the Tower Hamlets Health and Wellbeing Board was the first in the country to sign the Time to Change Pledge, on World Mental Health Day in October 2013.

I believe this Strategy and approach demonstrates our collective commitment in Tower Hamlets to make a real difference to the lives of people with mental health problems and their families.

Forewordby Dr. Sam Everington, Chair of NHS Tower Hamlets Clinical Commissioning Group, and Dr. Judith Littlejohns, Mental Health Lead for NHS Tower Hamlets Clinical Commissioning Group

Mental health is something that affects us all - how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. NHS Tower Hamlets Clinical Commissioning Group understands how widespread mental health problems are – from someone experiencing a period of depression due to a personal hardship, to an individual living with long-term psychosis. This is why improving mental health outcomes for local people remains one of our top priorities.

Stigma and discrimination often means that mental health problems are not openly talked about. However, illnesses linked to mental health account for a third of GP consultations, and research shows mental health issues are closely associated with poorer outcomes for employment, personal relationships and physical health. This is why the CCG, including our GP members, is committed to working with partners in the borough, to improve the way in which people with mental health problems are supported and cared for in Tower Hamlets.

We know that improving life experiences of people with mental health issues is not something that can be managed just within the NHS. Instead, we must work with other health and social care agencies, the voluntary sector, patients, carers and the public, to look at services needed to enable people to live stable and happier lives, where they feel supported and in control of their own mental health and recovery.

This means ensuring that mental health becomes a part of everyday conversation and is something that everybody is aware of and cares about. Whether it is a midwife supporting a mother through the birth of a child, a school nurse helping children to develop emotional literacy, or a member of our new integrated community health and social care teams working with an older person just out of hospital. It also means making sure we remain focused on quality, safety and patient choice, sharing decisions between service users and clinicians so that people receive the responsive care they need, in the right place, at the right time.

Our strategy also sets out our commitment to improve mental health services and support for children and young people. This is because stakeholders have often told us that this needs to be a priority. The evidence is clear – if we want to make a real difference to the future mental health of the local community, we need to lay good foundations. This begins with helping children and young people to build resilience, emotional awareness and self-regulation at an early age. This approach is incredibly effective; it has been shown to improve educational outcomes, result in stronger relationships and produce greater employment opportunities for the future.

We are committed to improving the mental health of people in Tower Hamlets and look forward to working together with you to make this vision a reality.

Executive Summary

Mental Health is one of the four priorities for Tower Hamlets Health and Wellbeing Board as set out in the Health & Wellbeing Strategy. This Mental HealthStrategy sets out the vision forimproving outcomes for people with mental health problems in Tower Hamlets. It sets out how, over the next five years, NHS Tower Hamlets Clinical Commissioning Group and the Council will work together and with partners 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*[1]and the priorities detailed in*Closing the Gap: Priorities for essential change in mental health*[2]*.*

One in four people will experience a mental health problem at some point in their lifetimeand one in six adults have a mental health problem at any one time[3].Among people under 65, nearly half of all ill health is mental illness. In other words, nearly as much ill health is mental illness as all physical illnesses puttogether[4].

Mental health problems can have a wide ranging impact for individuals in a number of areas of their lives including housing, education, training, employment, physical health and relationships with family and friends. It affects people of all ages and all cultural backgrounds. For example, over 45% of people claiming incapacity benefit in Tower Hamlets do so due to a mental health problem. People with a serious mental illness die on average 20 years earlier than the general population.[5]

Tower Hamlets has a young population with a larger than average proportion of the population aged between 20 and 39 years.[6] It is also ethnically diverse; 32% of the population are Bangladeshi, and 31% White British, with smaller but significant Somali, eastern European, and Chinese and Vietnamese communities also in the borough[7]. There is some variability in take up of services by our different communities, and this strategy will lay out our commitments to trying to understand and tackle this.

The strategyunashamedly takes a lifecourse approach. A large body of evidence now ties experiences in early childhood with health throughout life[8], and the evidence that the impact of laying the foundations of good mental health in children and young people has on their life chances later in life is overwhelming[9]:half of people with lifetime mental illness first experience symptoms by the age of 14[10], and 75% before their mid-20's[11],

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[1]https://www.gov.uk/government/publications/the-mental-health-strategy-for-england
[2] https://www.gov.uk/government/publications/mental-health-priorities-for-change
[3]McManus S, Meltzer H, Brugha T et al. (2009) *Adult Psychiatric Morbidity in England, 2007: Results of a household survey* Leeds: NHS Information centre for health and social care
[4]The Centre for Economic Performance's Mental Health Policy Group (2012) *How Mental illness loses out in the NHS:* London School of Economics
[5]No Health Without Mental Health Department of Health 2011
[6] Tower Hamlets Mental Health JSNA 2013 – compared to London average
[7] ibid
[8]*Overcoming Obstacles to Health: Report From the Robert Wood Johnson Foundation to the Commission to Build a Healthier America.* Braveman P and Egerter S for the Robert Wood Johnson Foundation, 2008
[9] Issue brief 1: early childhood experiences and health, Braveman P for the Robert Wood Johnson Foundation, 2008
[10]Kim-Cohen J, Caspi A, Moffit T et al. *Prior juvenile diagnosis in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry 60. 709–717* (2003).(as quoted in No Health Without Mental Health, DH 2011)
[11]Kessler R and Wang P (2007) The descriptive epidemiology of commonly occurring mental disorders in the United States. Annual Review of Public Health 29: 115–129..(as quoted in No Health Without Mental Health, DH 2011)

with huge potential consequences for their educational, employment, relationship and physical health outcomes.Tower Hamlets has a proportionately higher population of children and young people than London and England, and this strategy therefore purposefully places children and young people at its heart, with a particular focus on developing preventative services to support schools, and ensuring that child and adolescent mental health services provide high quality support that is quickly accessible.

Tower Hamlets has amongst the highest levels of mental health need in England. Population risk factors for mental ill-health are significant, but the dynamism of our voluntary sector, steeped in the national history of community activism, presents us with opportunities for developing our approach to mental health promotion and prevention, and in implementing this strategy we will seek wherever possible to capitalize on the strengths of the voluntary sector.

In recent years the health and social care partners in Tower Hamlets have worked together to make improvements to local services by delivering on the objectives of the *National Service Framework for Mental Health* and its successor strategy*New Horizons*. This has resulted in a range of community and hospital based services that are more accessible and of better quality. *No Health Without Mental Health*, the new mental health strategy for England provides a clear framework for the next phase of improvement, focusing on population mental health and wellbeing rather than simply on mental illness. In addition, there has recently been significant national policy emphasis on the responsibilities of CCG's to deliver parity of esteem between mental and physical health in the revised NHS Mandate[12] and the NHS England planning guidance[13].

At present, we believe that our secondary care mental health services for adults of working age are largely working well. Despite having amongst the highest levels of secondary mental health service use for adults of working age in the country and the third highest number of emergency admissions for psychosis in London, the 2013 national community mental health survey of service users demonstrated satisfaction ratings that were in the top ten in the country[14], total bed days for working age adults are low, and occupancy is within national guidelines. However there are significant opportunities for improvement, to deliver better health and social care outcomes for service users, to improve experience, and to improve productivity. In particular, the physical health of service users with a serious mental illness is an absolute priority: if you have a serious mental illness in Tower Hamlets, you are three times more likely to be obese than the general population.

As part of our engagement to develop this strategy, adult service users have told us that the quality of services, and in particular the quality of relationships with staff, is absolutely key. They have told us that they want to have better information, better communication, better access to services, more choice and control over their care, and more opportunities to actively direct their own support through user led services. The experience of stigma and discrimination has been a major area in which service users would like to see concerted action.

Through the delivery of our *Commissioning Strategy for People with Dementia and their Carers* over the past three years, we now have high performing dementia services, which have won a national award and attention. Our next steps for older people,

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[11]Kim-Cohen J, Caspi A, Moffit T et al. *Prior juvenile diagnosis in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry 60. 709–717* (2003).

[12] https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015
[13] http://www.england.nhs.uk/ourwork/sop/
[14]http://www.eastlondon.nhs.uk/News-Events/News/Two-Greens-for-the-Trust-in-Community-Mental-Health-Survey-2013.aspx

identified in this strategy, will build mental health into our tremendously ambitious integrated care programme, which has been designated “Pioneer Status” within the national Better Care Fund programme[15]. Through this work we intend to wrap community based health and social care around the service user in a genuinely seamless care and support service.
The financial climate is as challenging as it has ever been for the public sector. For the NHS, whilst the government committed to maintain growth of 0.1% in real terms to 2015/16, there are also major challenges, not least the estimated £30bn funding gap by 2020[16], in addition to a short term requirement to continue to deliver the “Nicholson challenge” of circa 4% per year efficiencies for providers, and for Clinical Commissioning Groups to part fund a £3.8bn integration fund and deliver 10% management efficiencies into 2015/16.[17].

In the context of the 2010/11 Comprehensive Spending Review, the Council has had to make significant savings to date, and, in response to the 2013/14 Comprehensive Spending Review is faced with having to make major additional savings in 2015/16 and beyond.

Through this Strategy, the Clinical Commissioning Group will where possible identify opportunities to reinvest efficiency savings into the mental health programme, with the aspiration, over the course of the five years of the Strategy, of increasing our proportionate spend on mental health. In addition, the partnership have identified funding for mental health within the Better Care Fund.

We believe that this strategy is the start of a process of development, innovation and delivery that will help to:

- Promote population mental health and wellbeing
- Improve the range of and access to mental health services
- Achieve national and local policy imperatives
- Deliver good outcomes and improved value.

[15] http://www.england.nhs.uk/2013/11/01/interg-care-pioneers/
[16] http://www.hsj.co.uk/news/kelsey-nhs-faces-30bn-funding-gap-by-2020/5060745.article
[17] http://www.theguardian.com/society/2012/aug/07/mental-health-spending-falls

1. Introduction

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.

This 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*and the priorities detailed in *Closing the Gap: Priorities for essential change in mental health.*

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 specificJoint 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.

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 attached to 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.

2. The scope and organization of this strategy

2.1 The scope of the strategy

As outlined in the introduction, this 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[18]
- The needs of, and services for, people with dementia.

2.2 The organization of the strategy

This strategy lays out our commitments to deliver better outcomes for people with mental health problems, whatever their age, over the next five years. The strategy briefly lays out the national and local context for the strategy, defines our vision, and goes on to detail our commitments to deliver the vision, with a brief accompanying rationale for each commitment.

The 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. This strategy document is structured against these three pillars, with a chapter covering each. Our commitments for each stage of the lifecourse are interwoven through each chapter (there are not separate chapters for each stage of the lifecourse), but commitments specific to each stage of the lifecourse can be identified through the code at the end of each commitment, ie.:

Code	Commitment Description
P	Principle: A principle that will govern the way in which we as commissioners will deliver the strategy. As principles, these do not have associated actions per se, but we will give evidence of how we have worked in line with these principles at the annual mental health summit (described below). These are coloured pink in the strategy.
G	General: A general commitment that covers all stages of the life course. These commitments will have associated actions and are coloured light blue in the strategy.
CYP	Children and young people: A commitment that relates primarily to children and young people. These commitments will have associated actions and are coloured light green in the strategy.
AWA	Adults of working age: A commitment that relates primarily to adults of working age. These commitments will have associated actions and are coloured light

[18] In-patient services for children, and a number of services for adults including in-patient and community forensic services, are the responsibility of NHS England Specialist Commissioning Team. Whilst we will, through this Strategy, seek to join up our commissioning approach with specialist commissioners, the design of services commissioned by NHS England falls outside of this Strategy.

	purple in the strategy.
OP	Older people: A commitment that relates primarily to older people. These commitments will have associated actions and are coloured light brown in the strategy.

It is the intention that this is a live strategy, which we will adapt, within the context of the principles and commitments outlined within this document, over the next five years. Attached to the strategy is an action plan. In line with the requirements of the 2014/15 NHS England planning guidance[19], 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.

[19] http://www.england.nhs.uk/2013/12/20/planning-guidance/

3. National context

3.1 Legislative and policy context: Mental health

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 ANDmental health of the people of England, and in the prevention, diagnosis and treatment of physical AND mental illness[20]. 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*, the Secretary of State's instructions to NHS England, has recently been refreshed with a renewed emphasis on the delivery of parity of esteem, in particular on ensuring crisis services are responsive and high quality, that people admitted to general hospital have access to good mental health care, that talking therapies are accessible to children and people from BME communities.

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, in particular the resources CCG's allocate to mental health to achieve parity of esteem, the identification and support for young people with mental health problems and plans to reduce the 20 year gap in life expectancy for people with severe mental illness.

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, as summarized in the box below.

NO HEALTH WITHOUT MENTAL HEALTH HEADLINES

- A life course approach, in particular focus on laying the foundations of good mental health for later life in children and young people
- Tackling stigma and discrimination
- Promoting early intervention
- Tackling health inequalities by protected characteristic
- Improved access to talking therapies, including children and young people and people with a serious mental illness
- Improving offender mental health
- Developing a recovery culture in mental health services
- Developing new models including core responsibilities for mental health in school nursing and health visitors
- Supporting clinical commissioning groups with developing mental health commissioning capability.

[20] Para One, Health and Social Care Act 2012, http://www.legislation.gov.uk/ukpga/2012/7/section/1/enacted

Closing the Gap: Priorities for essential change in mental health, published in January 2014, outlines 25 key government priorities for change across the system to promote better outcomes for people with mental health problems.

Finally, the Prime Minister has highlighted, in the*Challenge on Dementia*[21], the need to build on *Living Well with Dementia – a National Strategy*[22] in improving diagnosis rates and quality of life, for people with dementia.

3.2 Legislative and policy context: integrated care

More generally, NHS England, and Clinical Commissioning Groups have a statutory duty[23] to work with local authorities to promote integrated health and social care, making person-centred coordinated health and social care the norm for people with multiple health problems, including mental health problems, with a focus on supporting people with multiple health problems outside of hospital seamlessly. In his Spending Review Statement on 26th June 2013, the Chancellor of the Exchequer promised that integrating health and social care would be "*no longer a vague aspiration but concrete reality*". The creation of the Better Care Fund, a fund to promote integrated care that is overseen by Health and Wellbeing Boards is intended to support the delivery of this vision.

Integrated working can offer the opportunity for health and social care to operate equally, breaking down traditional barriers and creating seamless services. In particular, it provides the chance for the role of social care to be enhanced and recognised as a key contributor to the planning and delivery of services. Additionally the role of the third sector as an increasingly important partner in the planning and delivery of services creates a powerful triumvirate for local health and social care economies. The National Voices *Narrative for Person-Centred Coordinated ('Integrated') Care*[24] defines the service user vision for integrated care.

3.3 Legislative and policy context: social care

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*[25]*,* 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[26].

A draft *Care and Support Bill* was published in 2012, which proposes a single legislative framework for adult social care, replacing the current complex framework of adult social care law[27]. The Bill 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

[21] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200030/9535-TSO-2900951-PM_Challenge_Dementia_ACCESSIBLE.PDF
[22] https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy
[23] http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf, para 14Zi
[24] http://www.nationalvoices.org.uk/
[25] http://www.thinklocalactpersonal.org.uk/
[26] http://www.communitycare.co.uk/articles/06/08/2013/102669/direct-payments-personal-budgets-and-individual-budgets.htm
[27] http://careandsupportbill.dh.gov.uk/home/

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.

3.4 Legislative and policy context: public health

Public health is about improving the health of the population through preventing disease, prolonging life and promoting health.[28] Local Authorities now have lead responsibility for public health, including public mental health. . Commissioning responsibility for a number of services that have a role in delivering mental health prevention and support has shifted to local authorities, including school health, health visitors (by 2015) and drug and alcohol services. This shift provides a platform for a more integrated approach to improving public health outcomes including tackling the wider determinants of mental ill-health

3.5 Legislative context: other

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. Some local authorities with partners are currently considering how CAMHS and Adult Mental Health services may be redesigned to align with the expectations of Children and Families Bill.

The Welfare Reform Act[29] legislates for a range of changes to the welfare system some of which will have a direct effect on people with mental health problems. It introduces a wide range of reforms including the introduction of Universal Credit, and changes to housing benefit. There has been concern amongst a range of mental health stakeholders nationally about the impact of welfare reform on people with mental health problems[30].

3.6 Quality

The publication of the *Final Report of the Independent Inquiry Into Care Provided By Mid Staffordshire NHS Foundation Trust (the Francis Report)*[31], which examined the high mortality rate, and poor patient and carer experience at Mid Staffordshire Foundation Trust between 2005-2008, and the *Winterbourne View*[32]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[33] and the Berwick Report[34] make clear recommendations for developing the learning culture of the NHS as part of an overall approach to quality.

[28] Guidance for commissioning public mental health services JCP-MH 2012
[29]http://www.legislation.gov.uk/ukpga/2012/5/contents/enacted
[30] http://www.rcpsych.ac.uk/policy/projects/live/welfarereform.aspx
[31]http://www.midstaffsinquiry.com/index.html
[32]https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response
[33] http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf
[34] https://www.gov.uk/government/publications/berwick-review-into-patient-safety

3.7 Focus on Outcomes

The National Outcomes Frameworks for the NHS[35], the Commissioning Outcomes Framework for Clinical Commissioning Groups[36], and the Adult Social Care Outcomes Framework[37] and Public Health Outcomes Framework[38] for councils, all include outcomes that both directly and indirectly relate to mental health. These can be found at Appendix One.

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 places emphasis on laying the foundations of good mental health in children and young people, integrated health and social care services that support early intervention, and high quality productive services.

NO HEALTH WITHOUT MENTAL HEALTH OUTCOMES

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

3.8 The mental health market

Although the NHS has traditionally been the predominant provider of local mental health services, a number of independent and voluntary sector organisations have played a key part in delivering specific services to complement those in the statutory sector. The new *NHS Procurement Patient Choice and Competition Regulations*[39] place requirements on commissioners to improve the quality and efficiency of services by procuring from the providers most capable of meeting that objective and delivering best value for money. The market environment in the NHS and social care will expand to admit a wider range of providers. This greater plurality of providersmeans that the NHS may no longer be the defaultoption for commissioners and enable independent including third sector providers to deliver a greater range of services.

3.9 Finance, efficiency and productivity

No other health condition matches mental ill health in the combined extent of

[35]www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014
[36]www.england.nhs.uk/wp-content/uploads/2012/12/ois-fact.pdf
[37]www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014

[38]www.gov.uk/government/publications/public-health-outcomes-framework-update
[39]http://www.legislation.gov.uk/uksi/2013/257/contents/made

prevalence, persistence and breadth of impact.[40] The annual cost of mental ill-health in England is estimated at £105 billion[41]. By comparison, the total costs of obesity to the UK economy is £16 billion a year[42] and cardiovascular disease £31 billion[43]. In 2010/11, £12 billion was spent on NHS services to treat mental disorder, equivalent to 11% of the NHS budget[44].

The financial climate for the public sector in England has rarely been as challenging, for either the NHS or for councils. For the NHS, whilst the government has committed to maintain growth in real terms of 0.1% to 2015/16, there are also major challenges, not least an estimated £30bn funding gap by 2020[45], in addition to a short term requirement to continue to deliver the Nicholson challengeof circa 4% per year efficiencies for providers to 2014/15, and for Clinical Commissioning Groups to part fund a £3.8bn integration fund and deliver 10% management efficiencies into 2015/16.

The June 2013 Comprehensive Spending Review requires very significant savings from local government into 2015/16, including a likely average additional 10% saving on local government in addition to three years to date of intensive savings measures. This is expected to have a significant impact in Tower Hamlets.

In mental health, work continues on developing Payment by Results specific to mental health, a new payment mechanism based on actually delivered care. At present it is anticipated that PBR will be in place in shadow form from 1st April 2014and in place fully by1st April 2015.

[40] Promoting mental health & preventing mental illness, Freidli, L & Parsonage, M 2009
[41] The Economic and Social Costs of Mental Health Problems in 2009/10 Centre for Mental Health 2010
[42] Tackling obesities: future choices. Project report Government Office for Science Foresight 2007
[43] Prevention of cardiovascular disease at population level NICE 2010
[44] Programme budgeting tools and data. National expenditure data Dept of Health 2012
[45] http://www.hsj.co.uk/news/kelsey-nhs-faces-30bn-funding-gap-by-2020/5060745.article

4. Local context

Tower Hamlets is a uniquely vibrant borough, with a young and diverse population, with an established sense of itself as a set of connected communities and neighborhoods.

The population of Tower Hamlets has grown more than any borough in England between the 2001 and 2011 Census, with growth in particular in 0 to 18 year olds and 25 to 39 year olds. The largest community by ethnicity in the borough are Bangladeshi (32%), followed by White British (31%) and 14% White Other. Approximately 55% of under 19's are of Bangladeshi origin. There is high population mobility, with a turnover in GP practice registers of around 19% every year, and around 15,000[46] new national insurance registrations per year (i.e. for people who are new to the country settling in Tower Hamlets). In terms of the future, the growth in the population is set to continue, with continued proportionate growth in children and young people and people of early middle age, and in addition people aged 80 and over.

The growth and structure of the population is highly significant for planning mental health services, with a need to ensure that services are commissioned to meet demand, to meet the population's language and cultural needs, and to ensure that it is appropriately balanced to the age profile of the population.

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[47]. The distribution of the socio-economic risk factors for mental health problems is focused in particular geographical localities within the borough, with some very prosperous neighborhoods next to some of the most deprived areas in England.

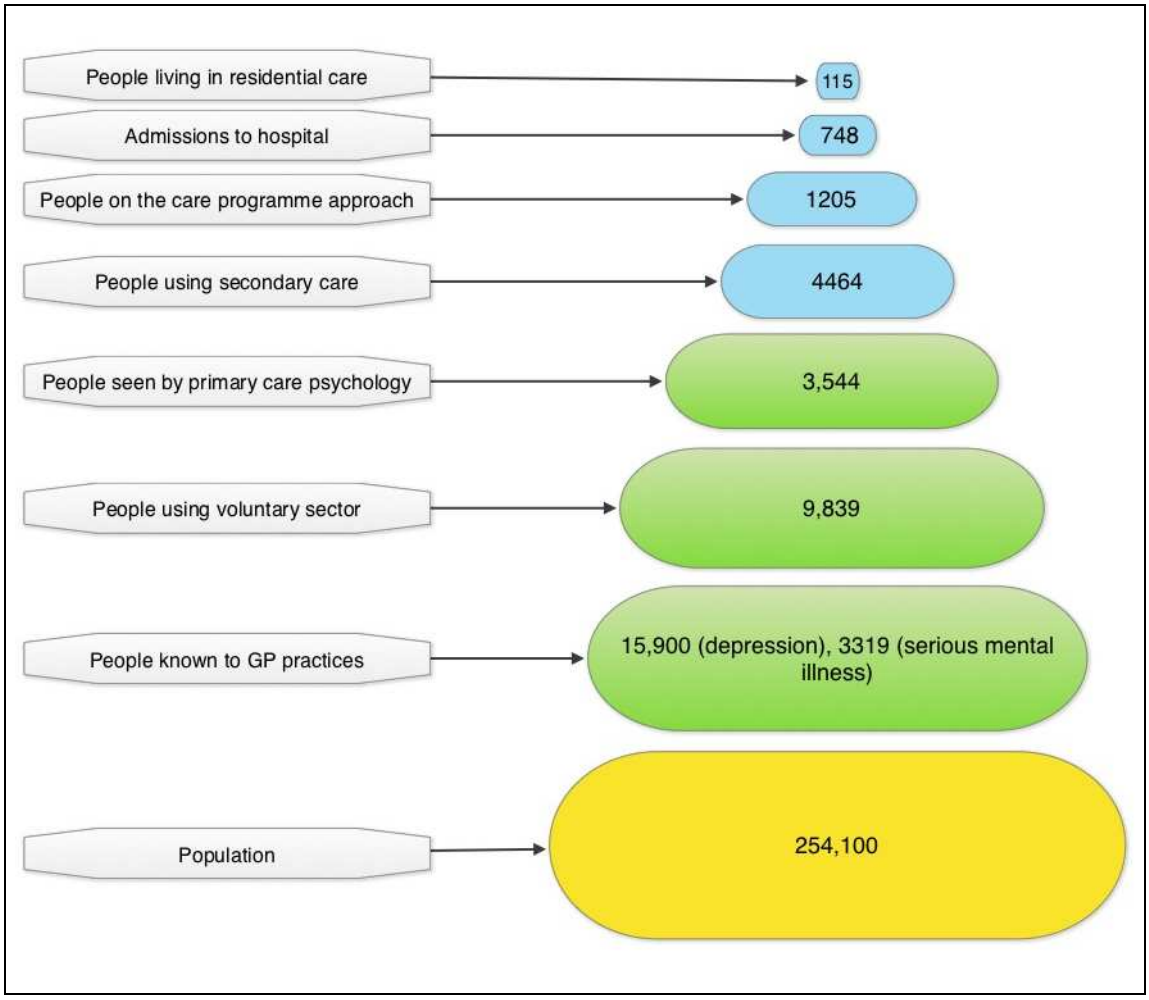
Whilst the borough has a comparatively high number of people actively participating in religious practice (a protective factor for mental health problems), the borough also has limited green space, and poor physical activity amongst the population. The borough has a long established heritage of voluntary sector activism and involvement, in supporting people who are experiencing hardship, for whatever reason, dating back to the early days of Toynbee Hall and William Beveridge.

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 adultsestimated 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 3,400and 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[48]. Our lack of accurate information on need amongst children and young people in the borough is a key driver for a need to improve intelligence in this area.

[46] JSNA
[47] JSNA
[48] All data from JSNA.

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.

A summary of current numbers of adults using services is in the table below[49]:

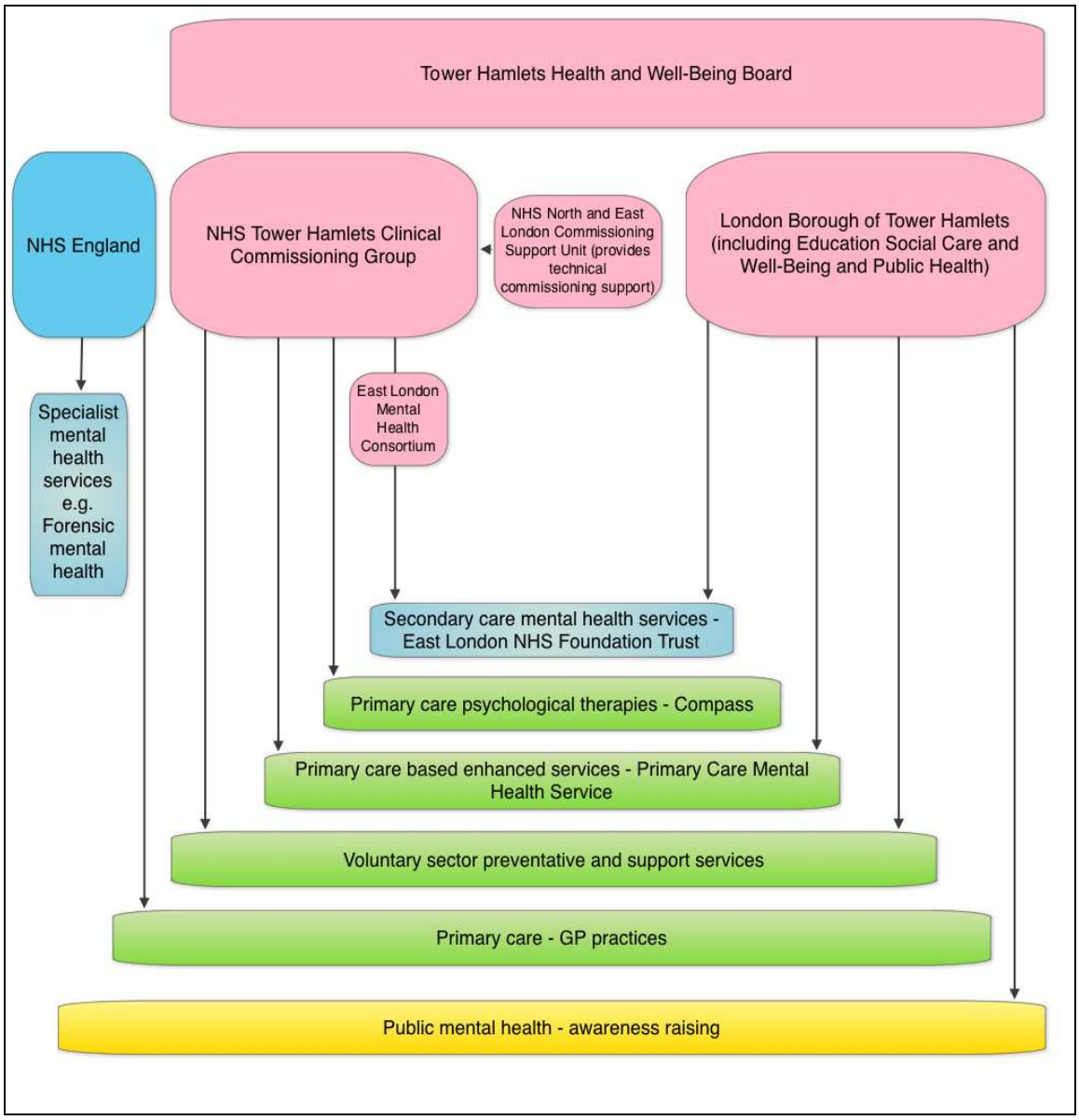


The mental health partnership is already working on delivering improved accommodation for people with mental health problems in the borough, with the aim of dramatically improving the number and quality of in-borough supported accommodation to support people closer to home and in particular reduce our reliance on out of borough residential care[50]

[49] The data is drawn from a variety of sources, all included in the JSNA. The secondary care data excludes older people and people with dementia.
[50] http://www.towerhamlets.gov.uk/default.aspx?page=16535

In the context of the demographic change and pressures, high population risk factors for and high prevalence of mental health problems in the borough, in addition to high service use, the Tower Hamlets Health and Well-Being Board has identified mental health as one of its four key priorities for action.

Commissioning arrangements for services that support people with mental health problems are detailed in the diagram below.



5. Our vision and key objectives

"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"

The Strategy to deliver our visionis summarised in the key outcome objectives identified in the figure below. It 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.

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**	**Improved outcomes**
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	When they need to access	People will have access to	

5.1 A lifecourse approach to mental health and well-being

In line with the overarching Health and Well-Being Strategy, this Strategy takes a life course approach. This means that throughout the strategy we will commit to improving outcomes for people with, or at risk of, mental health problems whatever their age. It means understanding the impact of poor mental health and wellbeing from birth and through childhood, into adulthood and into older age. It also means recognizing the determinants of poor mental health and wellbeing, taking steps to address them and ensuring the provision of high quality services for people, based on need rather than age, across the span of their lives.

In many ways, the single biggest action that we can take to secure better outcomes for the people and communities who live in Tower Hamlets for the future is to support children and young people, their parents, families and communities, to develop the building blocks of good mental health through building resilience, *laying the foundations of good mental health for later life.*

In particular, there is national consensus that to reduce inequalities in health, including inequalities experienced by people with mental health problems, the single most important action is to focus on "*giving every child the best start in life*" , beginning before birth and following up throughout childhood[51].

Our Strategy therefore consciously places a very high emphasis on the mental health of children and young people and their parents.

> We will prioritise work to develop new pathways to support children and young people with a mental health problem. To do so, we will develop a time limited partnership board dedicated to overseeing a project to design new pathways (CYP)

5.2 Building good foundations: Shared values, a whole person approach

Values are the convictions and beliefs which shape the way we think about the world, our work, our relationships. They inform the way we interact with each other, either as

[51] Marmot (2010) *Fair Society, Healthy Lives.*

private individuals, or in the context of a therapeutic relationship. Values also inform our strategic thinking and the way in which we plan mental health services for the future[52]. A number of positive 'values' underpin this Strategy including:

- A focus on the whole person approach, regarding people as unique individuals who are not defined by their mental health problem or diagnosis
- Placing importance on the role of service users as co-producers, not only in terms of input to service development and review, but also in respect of care planning and setting their recovery outcomes
- A focus on recovery and enabling people to achieve their potential
- Whilst different therapeutic interventions such as medicines, talking therapies, family interventions etc will work differently for different people, the key to achieving improved outcomes lies in the strength of the '*therapeutic alliance'* between service users and professionals.

5.3 Building good foundations: Mental health is everybody's business

We believe that by working together, across health, social care, education, the voluntary sector and with service user and carers we can more effectively develop and deliver the range of services and interventions that can help to alleviate the impact of mental health problems on individuals, families and communities within the borough. There are a range of other service providers who also have a significant impact on mental health, for example the Metropolitan Police, the Fire Brigade, the Department of Work and Pensions, registered social landlords.

To support effective working across the partnership with the wider range of stakeholders, we will hold an annual autumn Tower Hamlets Mental Health summit, to enable all stakeholders to come together to consider the Strategy action plans for the year ahead (G)

[52] Values Based Commissioning, England, Dr. E. RCPsych 2011

In particular within the Clinical Commissioning Group, we will identifyand secure opportunities for supporting people with mental health problems in each of our major workstreams, including:Maternity, Children and young people, Urgent care, Planned care, Integrated care, Long term conditions, Last years of life, Information and technology, Prescribing, Primary care development (G)

In particular, within public health, we will identify and secureopportunities for supporting people with mental health problems in each of our major workstreams, including Healthy communities and environment, Maternity, early years and childhood, oral health, tobacco cessation and long term conditions (G)

We will, across the Council and the CCG, as the two main public sector commissioning bodies in the borough, use the Time to Change pledge to encourage our suppliers to provide a mental health friendly workplace for their employees (G)

5.4 Focus on quality improvement

Our delivery of this Strategy will be supported by a sustained focus on quality and outcomes. Our approach is driven both by the findings of the Francis Report, but also our overriding commitment to improving standards. In particular, we will aim to develop a strong focus on quality improvement across the system as the main focus of our performance management of the variety of mental health contracts we hold.

We will use the opportunities available to us within our relationships with providers, and in the contracting process, to ensure that we focus on quality improvement (P)

Building on our ground-breaking approach to developing CQUIN incentives[53] for the mental health trust during 2013/14, we will ensure that service user and carer views are at the heart of our approach to quality improvement (P)

[53] CQUIN means Commissioning for Quality and Innovation. It is in effect a mechanism that allows NHS commissioners to provide financial incentives to providers for delivering quality improvement and innovation. As part of the 2013/14 contract with East London NHS Foundation Trust, informed by the views of local service users, we have developed a CQUIN to involve service users in 360 degree appraisal of nurses, and a CQUIN to roll out the Friends and Family Test in in-patient settings. These CQUIN's are ground-breaking, as ELFT is one of the first Trusts in the country to develop 360 degree appraisal including service user feedback for nurses, and one of the first mental health trusts to pilot the Friends and Family test.

We will work across the east London Mental Health Consortium to ensure that we use CQUIN and other contractual levers to develop our focus on quality improvement (P)

We will use the national outcomes frameworks for the NHS, adult social care, Public Health England in addition to locally determined outcome indicators to help us know what we are doing well, where we a making a positive impact and where we need to improve.

We will develop an outcomes dashboard to track the delivery of this Strategy, which will be published on the CCG website (G)

5.5 Building good foundations: Commissioning with commitment

The delivery of this strategy will adhere to the principles in the Health and Wellbeing Strategy that say:

- All services must be culturally sensitive
- We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the commissioner
- We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people, taking into account the provisions of the Public Services Social Value Act 2012
- Wherever possible, we will encourage local, smaller providers in complex procurements to ensure they are not disadvantaged.
- We would always ask that unless there are good market reasons not to do so, all contractors should pay the London Living Wage. Unless an exception is made contracts will be let with this stipulation.

5.5.1 Joint commissioning for mental health

We believe that a joint commissioning approach across health and social care,with aligned resource mobilized through a single health and social care commissioning team with links both into the CCG and the Council, is the most effective means of securing high quality mental health services for our population. We believe that clinical leadership in commissioning is of critical importance, and to this end have an identified CCG Board lead for mental health, who is actively involved in leading the mental health commissioning partnership, supported by a GP clinical lead.

We also believe that intelligent use of data and information is key to supporting effective commissioning. We have an identified Public Health Consultant with specific responsibility for mental health, supported by a Senior Public Health Strategist. We have also secured health informatics and contracting support from the North East London Commissioning Support Unit.

5.5.2 Service user and carer involvement

Service user involvement has moved from being an exception to an expected part of service planning and delivery.[54] Service users are 'experts by experience' who must be involved in the development, planning, delivery and review of local services to ensure that they are relevant and effective.

Our joint commissioning approach is underpinned by our absolute commitment to ensuring that service users are centrally involved in planning mental health services for the future. Whilst we currently have a range of mechanisms through which we aim to ensure that service users are involved in mental health service planning, we believe that there are opportunities to strengthen the current arrangements. NICE has issued a quality standard on the service user experience that we will continue to refer to as we develop the means of engagement locally.[55]

> We will review our service user involvement structures against the NICE Quality Standard and work with service users, Healthwatch, and voluntary sector groups to identify and provide opportunities to support service users who wish to become more involved in planning mental health services in the future (G)

5.5.3 Market development

Ensuring that there are high quality, safe and effective mental health services to meet the needs of the population is the central task of mental health commissioning. We know that Tower Hamlets has amongst the highest levels of mental health need in the country, and as a consequence there is a large demand for mental health services. We also know that need and demand will continue to rise in the future.

Whilst Payment by Results will in the near future help to ensure that providers of statutory mental health service are paid for the activity they deliver, we will across the healthcare system need to ensure that people with mental health problems are offered support at the right place and at the right time to ensure that demand is managed appropriately. Part of our overall strategic approach to demand management involved our focus on building resilience and prevention and ensuring capacity and capability in primary care.

> We will ensure that people are offered clinically appropriate support by cost effective providers, as close to home as possible, with a focus on developing primary care and community based services (P)

Ensuring the best possible mental health services for the population of Tower Hamletsmeans using our resources effectively to secure high quality and productive services. Where it is appropriate, we will seek to use the opportunities available to us to procure services from the market. We know that service users in particular place very high value on the support that they receive from voluntary sector services. We have also achieved great success with our approach to contracting for dementia services, where the mental health trust as a lead provider manages a care pathway which includes services provided by the Alzheimers Society. We also know that service users place very

[54] Making Service Involvement Effective Mental Health Foundation
[55] Service user experience in adult mental health (QS14) NICE 2011

high value on the opportunity to direct their own support that is afforded by the annual user-led grant process for small groups.

> We will use opportunities available to us to develop the local market, with a focus where appropriate on voluntary sector services, and developing opportunities for self-directed support through small groups (P)

> We will aim to capitalize on the strengths of the voluntary sector in the more effective coordination of care pathways in the context of the development of Payment by Results in mental health (P)

5.5.4 Consortium commissioning

The Clinical Commissioning Group has formed into a consortium with City and Hackney and Newham Clinical Commissioning Groups to manage the contract with East London NHS Foundation Trust for mental health services.

> We will identify and secure opportunities for quality improvement and productivity across the Trust through the Mental Health Commissioning Consortium (P)

5.5.5 Finance

In 2011/12, approximately 11.4% of Tower Hamlets PCT[56] spend was on mental health.[57]Over the last two years, spend nationally on mental health has fallen for the first time in ten years. The proportion of NHS Tower Hamlets PCT total spend committed to mental health has reduced marginally over the last three years, from 11.72% in 2010/11 to a projected 10.85% in 2012/13. In comparison with the seven London Centre ONS comparator boroughs, Tower Hamlets spent the lowest proportion on mental health in 2011/12.[58]There are a number of complexities in measuring the overall balance of programme area spend against the needs of the population, and then comparing spend with other similar areas. However there are currently some tools emerging that might help CCG's to review the overall balance of spend by programme area to inform future strategic financial planning.

[56] NHS Tower Hamlets PCT was the previous NHS body responsible for commissioning health services for Tower Hamlets, prior to the authorisation of NHS Tower Hamlets Clinical Commissioning Group.
[57] Tower Hamlets Mental Health JSNA 2013
[58] Tower Hamlets is grouped in programme budgeting with "London Centre" boroughs, as having comparable populations and therefore health need, including Westminster, Camden, Islington, Kensington & Chelsea, Wandsworth and Hammersmith and Fulham. Whilst some of the London Centre boroughs are known to have comparatively high levels of mental health need, for example Camden and Islington, there are other London boroughs, such as Hackney and Lambeth, where need may be more in line with Tower Hamlets than other London Centre boroughs. It should also be noted that the demographic profile, particularly around age and ethnicity, varies significantly across the London Centre boroughs, with Tower Hamlets having a particularly high BME population.

We will examine opportunities to review the overall balance of spend by programme area to inform future strategic financial planning (P)

For the NHS, whilst the government committed to maintain growth of 0.1% in real terms to 2015/16, there are also major challenges, not least the estimated £30bn funding gap by 2020[59], in addition to a short term requirement to continue to deliver the "Nicholson challenge" of circa 4% per year efficiencies for providers, and for Clinical Commissioning Groups to part fund a £3.8bn integration fund and deliver 10% management efficiencies into 2015/16.[60].

In the context of the 2010/11 Comprehensive Spending Review, the Council has had to make significant savings to date, and, in response to the 2013/14 Comprehensive Spending Review is faced with having to make major additional savings in 2015/16 and beyond.

Although there are different ways of measuring spend on mental health at borough level, Tower Hamlets currently spends less than Office for National Statistic comparators[61] on mental health compared to other areas of health care spend. The current and medium term economic climate suggests that new investment will be limited and that Tower Hamlets, in common with other health and social care economies will have to continue to plan for increasing demand allied to a constrained funding position. However, in view of the very high levels of mental health need and service use in Tower Hamlets, and in the context of the creation of the Better Care Fund, the Clinical Commissioning Group will where possible identify opportunities to reinvest efficiency savings into the mental health programme and consider opportunities arising from the Better Care Fund.

Through this Strategy, the Clinical Commissioning Group will where possible identify opportunities to reinvest efficiency savings into the mental health programme, with the aspiration, over the course of the five years of the Strategy, of increasing our proportionate spend on mental health. In addition, the partnership have identified funding for mental health within the Better Care Fund (P)

The requirement to commission the most clinically effective and cost effective services is now greatly intensified, in part as a consequence of more constrained public finances and the associated drive to deliver efficiencies and savings. New developments and existing service models are being scrutinised even more closely to ensure that they are evidence based, clinically effective and provide good value for money[62].

We will ensure that only services that demonstrate high quality cost effective approaches to supporting service users continue to be commissioned (P)

Payment by Results is currently due to be introduced in shadow form in mental health in

[59] http://www.hsj.co.uk/news/kelsey-nhs-faces-30bn-funding-gap-by-2020/5060745.article
[60] http://www.theguardian.com/society/2012/aug/07/mental-health-spending-falls
[61] Tower Hamlets is grouped with Westminster, Camden, Islington, Wandsworth, Kensington & Chelsea, Hammersmith & Fulham and Lambeth as the boroughs that are most similar in England in terms of demographic profile.
[62] Via the Nicolson Challenge requirement to deliver year on year efficiencies, and the QIPP challenge to drive efficiency for commissioners through developing more effective and productive clinical pathways

2014/15, with full implementation by 2015/16. Whilst PBR in mental health has been due for implementation for some time now, we will aim to use its likely introduction in the future as an opportunity to develop clear clinically effective health and social care pathways, and to support service users to make choices about their care and support.

> We will use the introduction of Payment by Results into mental health as clear clinically effective health and social care pathways, and to support service users to make choices about their care and support (G)

Within the CCG we will also need to ensure that we have in place the right infrastructure to support service users to make choices between mental health providers, in line with the commitments of *Closing the Gap.*

> In line with national guidance, we will ensure that people with mental health problems are able to make choices between mental health providers.

The introduction of PBR may present risks for commissioners, if as a consequence there are significant changes in funding flows and the aggregate cost of services.

> The partners will monitor and track the impact of PBR closely to ensure that this fits within the overall strategic approach set out in this strategy (P)

5.5.6 Information

The availability, and intelligent use, of good quality information about population need and service use is critical to effective commissioning. Whilst traditionally data in mental health has been poor, the introduction of payment by results is sharpening the quality of data. The use of high quality data is particularly helpful in understanding the use of services by people by protected characteristic, thereby helping to understand how we can develop services that genuinely promote equality of access.

> We will develop our capability in using data to drive our commissioning practice, in particular in tackling inequality of access by protected characteristic (G)

In the context of our work to develop integrated care teams more generally, we are using risk stratification as an approach to identifying people who may be at risk of needing admission to hospital, to proactively offer them more intensive care and support at home. However current models do not routinely take account of mental health problems. In addition, whilst there are a variety of risk stratification tools available to support integrated care, it is an approach that is less developed specific to mental health. We will

monitor developments in this area, with a view to considering opportunities for developing a risk stratification model specific to mental health.

> We will identify and use opportunities for developing risk stratification models to help plan future mental health services (G)

6. Building resilience: mental health and wellbeing for all

Tower Hamlets has a high incidence of many of the socio-economic risk factors that contribute to mental health problems in individuals. Tackling these risk factors is key to supporting the individuals and communities in the borough to develop resilience. Whilst specific commitments to tackling the things that contribute to the development of mental health problems are beyond the scope of this Strategy, they are very high in the Council's priorities. Some of the most important related areas of action include those below:

- Mayoral priorities[63]: Housing, education, jobs, community safety, cleanliness
- The Tower Hamlets Strategic Plan[64], including Homelessness Statement, Financial Inclusion Strategy, Children and Families Plan, Employment Strategy
- Substance misuse strategy[65]

6.1 Fewer people will experiencestigma and discrimination

Tackling stigma and discrimination is one of the areas of highest priority that service users told us should be included in this strategy.Many people with mental health problems experience stigma and discrimination. Nationally 87% of service users reported the negative impact that stigma and discrimination had had on their lives, including discrimination by other people, employers, and self-stigma which significantly impacts on self-esteem and confidence.[66]There are many misconceptions and myths about mental health that are all too readily reinforced by the media, and there are also a number of important cultural factors that influence attitudes to mental health. Stigma and discrimination have a significant impact because very often they:

- Prevent people seeking help
- Delay treatment
- Impair recovery
- Isolate people
- Exclude people from day-to-day activities and stop people getting jobs.[67]

Stigma and discrimination can be magnified for specific communities, where mental health problems may be considered taboo, for example some Black and Minority Ethnic communities, or where people already experience stigma and discrimination on account of a protected characteristic, for example the Lesbian Gay Bisexual and Transgender community.

Time to Change is a national anti-stigma campaign run by Mind and Rethink Mental Illness[68].The Mayor of Tower Hamlets signed the Time to Change Pledge on behalf of

[63] http://www.towerhamlets.gov.uk/lgsl/1001-1050/1002_mayor/mayors_priorities.aspx
[64] http://www.towerhamlets.gov.uk/lgsl/20001-20100/strategic_plan_2013-14.aspx
[65] http://www.towerhamlets.gov.uk/pdf/Draft%20Substance%20Misuse%20Strategy%20Summary.pdf
[66] ibid
[67] Stigma Shout Time to Change 2008
[68]Funded by the Department of Health and Comic Relief, Time to Change is now in its second phase, running to the end of March 2015.www.time-to-change.org.uk

the Council in 2012, since when the Council has made progress in promoting mental health amongst employees, and reviewing employment policies and practice.

Using the Time to Change pledge, we will continue to use the leadership of the Health and Wellbeing Board to tackle stigma and discrimination by raising awareness and promoting positive perceptions of mental health across the Borough (G)

We will develop our strategic partnership across the public and private sector to combat discrimination, encouraging local statutory organisations and local employers to sign the Time to Change pledge, and become mindful employers (G)

We will develop a local anti-stigma campaign. It will have a specific focus on BME communities, faith communities, and the LGBT community, where we have been told locally there is a need for focus (G)

As part of our coordinated work to design new pathways of support for children and young people, we will work across the Partnership to develop an anti-stigma campaign specific to children and young people[69](CYP)

Tackling stigma and discrimination through multi-agency working and by utilising the Time to Change partnership model is the best means to achieve change. However, we will be realistic about how quickly we can bring about change and how it can be effectively measured.

6.2 People will have access to improved information on what services are available

Service users have told us that finding information about the services that are available and how to access them can be confusing and difficult for people, their families or friends.

Having access to up to date, accurate and accessible information about services and how to get help and support is an important part of reducing stigma, enabling access and raising awareness.

We will develop a new web resource that will provide easily accessible information on mental health services for children and young people, adults, and older people. The resource will act as a directory of mental health services for the borough, and an up to date repository of information about mental health related activities and events in the borough (G)

[69] Tower Hamlets stigma & discrimination literature review 2013

We recognize that the internet is not accessible for all our communities, particularly where English may not be a first language.Internet access is less in particular amongst people of Bangladeshi origin.

> We will ensure that the web resource is publicized with community groups and services that support people who may not use the internet, so that people can be supported to access the information the web resource will hold. We will also ensure that providers publish relevant information in appropriate languages (G)

6.3 Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve

Awareness of mental health problems is closely related to stigma and discrimination. If people are more aware of mental health problems, stigma and discrimination is less likely. Many mental health awareness programmes, for example Time to Change, and Australia Mental Health 2020[70], combine mental health awareness with tackling stigma and discrimination.

We have through our Mental Health Promotion Strategy, 2008-2011, delivered a wide range of activities to promote mental health awareness in our communities, including schools and employers. This has included events in schools, media articles, a Faith in Health programme through which we trained religious leaders in mental health, the development of a mental health directory, and Dementia Information Guide, and through coordinated voluntary sector engagement with communities, for example through the development of a Somali Mental Health Needs Assessment.

> We will deliver our approach to raising mental health awareness through the commitments identified to tackle stigma and discrimination, as above (G)

> We will continue to work specifically to raise awareness of dementia (OP)

It is our ambition to ensure that staff working in general health and social care settings like hospitals and other key settings such as schools and housing, have appropriate awareness, skills and knowledge in mental health. We have already started a process of developing a much greater presence of mental health staff in general settings, as identified in this strategy, for example the development of the liaison mental health service at the Royal London, Mile End and London Chest hospitals, the improvements we have made to the interface between primary care and secondary care mental health services through the regular practice based multi-disciplinary team mental health meetings which are now in place, and the pilot of mental health staff working in community health services.

[70] http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CEYQFjAC&url=http%3A%2F%2Fwww.mentalhealth.wa.gov.au%2FLibraries%2Fpdf_docs%2FMental_Health_Commission_strategic_plan_2020.sflb.ashx&ei=6H8LUu-uCaOg0wXRqYDIAQ&usg=AFQjCNGo4Mv0rE1rLntZgMgbzkUPPtaTUg&bvm=bv.50723672,d.d2k

We recognize, however, that we need to go further in developing awareness, skills and knowledge around mental health across our workforce, including further training for GP's on specific aspects of mental health, for example on the mental health of children and young people, which the Royal College of GP's has recently identified as a priority[71].

> We will develop a rolling programme of training for GPs and other primary care staff on specific aspects of mental health (G)

It is equally important to ensure that staff working in other settings, particularly in housing and social care including home care and day care services, have good mental health awareness. We have already developed specific requirements on home and day care providers to ensure that their staff have access to appropriate training on dementia.

> We will work with housing providers to improve mental health awareness with staff who work in and around housing (G)

> We will work with providers of home care and day care to improve mental health and dementia awareness with their staff (OP)

6.4 People will have access to a range of preventative and health promotion services

Public mental health and wellbeing, and interventions associated with it are known to help deliver a range of benefits including reduced emotional and behavioural problems in children and adolescents,increased resilience in children, families and communities, reduced levels of mental health problems in adulthood, reduced suicide risk, better general health, less use of health services and reduced mortality in healthy people and in those with established illnesses.[7273] The more people there are with robust emotional, psychological and social wellbeing in a community, the better able the community is to support those with mental health problems.[74] Investment in effective prevention makes sense, both in terms of promoting better outcomes for service users, and in terms of promoting value for money.[75]

There is evidence[76] to support preventative approaches with children and young people (for example the Targeted Mental Health in Schools programme), adolescents at risk of developing psychosis (for example Early Detection Services), adults of working age (for example self-help resources in libraries for people with mild mental health problems) and older people (for example Link Age +).

[71] http://www.rcgp.org.uk/news/2014/january/gps-make-youth-mental-health-a-priority.aspx
[72] http://www.mentalhealth.org.uk/content/assets/PDF/publications/building-resilient-communities.pdf
[73] Guidance for commissioning public mental health services JCP-MH 2012
[74] Mental health, resilience and inequalitiesCopenhagen: WHO Regional office for EuropeFriedli L 2009
[75] Guidance for commissioning public mental health services JCP-MH 2012
[76] Tower Hamlets prevention literature review 2013

In our public mental health programme we will target health promotion interventions at all ages. We will seek to make them culturally relevant to our diverse population. We will ensure that commissioning focuses on improving the linkage between physical and mental health and contribute to the achievement of parity of esteem (G)

There is overwhelming evidence that supporting children to develop emotional regulation in the early years of life through effective parenting is critical to emotional health and well-being in later life[77]. The Council currently commissions a co-ordinated range of support options for parents, as identified in our Children and Families Partnership Parental Engagement and Support Policy.[78]We know that children who live in families where the parent has a mental health problem can be at particular risk, and as part of our targeted support for children living in vulnerable circumstances, in line with the Partnerships Family Well-Being Model of coordinated care and support for families[79], we currently commission a range of parenting support options for families where the parent or child has a mental health problem, including support from our Children's Improving Access to Psychological Therapies project.

As part of our coordinated work to design new pathways of support for children and young people, there are particular opportunities to build on our new programme of Emotional First Aid[80], which provides support for parents to help understand how emotional health and well-being impacts on children and young people.

We will, across the Council and the CCG, as the two main public sector commissioning bodies in the borough, use the Time to Change pledge to encourage our suppliers to adopt an Emotional First Aid programme for their employees (G)

The 2012 CQC/Ofsted inspection of childrens services[81] notes that there is a need to ensure focus of adult mental health teams on supporting families where there is a parent with a mental health problem. We have already begun to work with East London NHS Foundation Trust on improving identification of, and support to, children living with a parent with a mental health problem through our 2013/14 CQUIN on parental mental health[82].

We will develop a model for taking a family orientated approach to mental health across the partnership to be integrated into practice, where people with a mental health problem are parents (CYP, AWA)

In our review of the School Health Service, we will ensure that promotion of emotional health and well-being health is considered as

[77] Tower Hamlets prevention literature review 2013
[78] http://www.towerhamlets.gov.uk/lgsl/51-100/parent__family_support_servic.aspx
[79] http://webfronter.com/towerhamlets/inclusion/menu2/CAF/FWM_Practitioners_version.pdf
[80] Emotional First Aid
[81] http://www.cqc.org.uk/sites/default/files/media/reports/20120824%20NHS%20Tower%20Hamlets%20CQC%20Final%20Report.pdf
[82] This CQUIN incentivises the collection of information regarding children in families where the parent has a mental health problem, and the development of staff competencies in working with families.

a central component of future commissioned services. We wil in 2015 and beyond consider the role of health visitors in promoting emotional health and wellbeing (CYP).

We already commission an Early Detection Service, to identify and support young people at risk of psychosis, as part of our effective Early Intervention Service pathway, provided by East London NHS Foundation Trust.

For adults of working age, there are many opportunities for preventing mental health problems. From prompt access to support in the event of a significant life event, to support from targeted universal voluntary sector services and access to self-help resources when necessary.

We will refresh our review of voluntary sector day opportunity and support services, with a view to considering how the expertise and dynamism of voluntary sector services, and their closeness to the various communities of Tower Hamlets, can support our aspiration for more accessible targeted prevention services for all communities (AWA)

We will work with the Ideas Stores to capitalize on opportunities for improving access to self help support and bibliotherapy (AWA, OP)

For some service users, particularly older people, loneliness has been identified as a major risk factor for mental health problems. Loneliness has been defined by social researchers as the subjective, unwelcome feeling of lack or loss of companionship.[83]Loneliness is a bigger problem than a simply an emotional experience. Researchers rate loneliness as a similar health risk as lifelong smoking, with links between a lack of social interaction and the onset of degenerative diseases such as Alzheimer's; an illness which costs the NHS an estimated £20 billion a year. Loneliness has also been linked in medical research to heart disease and depression.

We recognise that loneliness can affect anyone who has a mental health problem, in particular those who become socially isolated and older adults who may have smaller social and family networks.

We will consider the findings of the Campaign to End Loneliness report and project, as well as other initiatives such as those developed by Age UK. Having done so we will work to develop our plans to tackle loneliness, with a particular focus on older people (OP)

6.5 Families and carers will feel more supported

Carers play a vital role in the lives of many people with a mental health problem. Up to 1.5 million people in the UK care for someone with a mental health problem.[84]In Tower

[83]www.campaigntoendloneliness.org.uk
[84] The Princess Royal Trust for Carerswww.carers.org/key-facts-about-carers

Hamlets, there are an estimated 20,700 carers. 3,200 carers in Tower Hamlets provide 20-49 hours of unpaid care per week, morethan the London or England average, and 5,700 carers in Tower Hamlets provide 50 hours or more of unpaid care per week, higher than any other Inner London borough. Being a carer is a risk factor for mental health problems[85]:

- 40% of carers experience psychological distress or depression, with those caring for people with behavioural problems experiencing the highest levels of distress
- 33% of those providing more than 50 hours of care a week report depression and disturbed sleep
- Those providing more than 20 hours of care a week over an extended period have double the risk of psychological distress over a two year period compared to non-carers. Risk increases progressively as the time spent caring each week increases
- Caring can also limit carers' ability to take time out to exercise. Reduced income and lack of cooking skills may contribute to excess weight gain or loss. As many as 20% of adult carers increase their alcohol consumption as a coping strategy
- Emotional impacts such as worry, depression and self-harm have been identified in young carers.

The *Carers and Disabled Children's Act 2000* states that all carers aged 16 or above, who provide a 'regular and substantial amount of care' for someone aged 18 or over, have the right to an assessment of their needs as a carer.[86]In our joint CCG and Council 2012 Carers Plan[87], we have already committed to:

- Provide information and training for carers of people with severe and enduring mental health problems
- All carers should be able to access appropriate psychological care, with any mental health needs (as well as physical health needs) identified at assessment or review, or through the carers' health checks. This is particularly applicable to carers of people with dementia or mental health conditions.

We will develop a specific plan for young carers of parents with a mental health problem as part of our work to develop family orientated care and support (G)

We will ensure the delivery of the Young Carers Plan, and associated milestones, as they relate to young carers of people with mental health problems (G)

[85]Royal College of GP's (2013): http://www.rcgp.org.uk/~/media/Files/CIRC/Carers/RCGP-Commissioning-for-Carers-2013.ashx

[86]Carers and Disabled Children's Act HMSO 2000

[87]http://moderngov.towerhamlets.gov.uk/documents/s28453/Carers%20Plan%20Cabinet%20Report%20May%202012%20FINAL%20310512.pdf

As part of our work to develop the Carers Plan, carers of people with mental health issues highlighted a feeling a lack of respect shown towards them by health professionals. They reported that often they were not invited to meetings with Community Psychiatric Nurses and Psychiatrists and if they were invited, they felt expected not to express their views. They reported that family members are used inappropriately as interpreters and assessments go ahead with service users, who have limited English language skills, without interpreters.

In 2013/14 we have used CQUIN to incentivize the Mental Health Trust to provide support to carers by telephoning carers of people on the Care Programme Approach in their own right a minimum of once a month, and to ensure that carers are contacted at the point of a service user's discharge from hospital. We have also used CQUIN to incentivize the development of staff skills in working with families, where there is a parent with a mental health problem.

> We will use the contractual levers available to us to improve the experience of carers of people with mental health problems (G)

6.6 People will experience smooth transitions between services

Poor transition between stages of the life course, or services, can contribute to poor outcomes in the short, medium and long term. It can impact upon a person's chance of achieving employment, accessing education, maintaining independence, moving on from services or accessing services in the future. Conversely, effective transition can have a positive effect on peoples' life chances and their future mental health and wellbeing[88].

Transition for young adults is particularly important. Its aim should be to help to improve the chances of recovery and independence through the provision of high-quality, effective health and social care services that continue seamlessly as the individual moves from adolescence to adulthood.[89] We want to ensure that the transition for children and young people to adult mental health services and the transition for adults to older people's mental health services is improved as part of our life course approach to mental health and wellbeing.

> As part of our coordinated work to design new pathways of support for children and young people, we will ensure that they take account of the life events that impact on young people with mental health problems, including leaving education, leaving home, leaving family, emerging autonomy[90] (CYP)

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. Some local authorities with partners are currently considering how

[88] All JSNA Evidence Review on transition.
[89] Tools for Transition Anderson, Y. HASCAS
[90] Transition: Filling the Void? - Hewson, Dr L. National Advisory Council, February 2010

CAMHS and Adult Mental Health services may be redesigned to align with the expectations of Children and Families Bill, including consideration of how the current age boundary between CAMHS and Adult mental health services may change, with some areas proposing a "soft" transition point[91] of age 25.

> As part of our coordinated work to design new pathways of support for children and young people, we will ensure that they take account of the requirements of, and emergent good practice in relation to, the Children and Families Act 2014[92] (CYP)

Given the relatively young population in Tower Hamlets, the issues surrounding transition for that group must form an important part of the way in which we need to shape local services. The transition for existing adult service users to older adult community provision is an area that requires further focus, allied to thinking about those people who may develop organic disorders such as dementia.

> We will review current community pathways for older adults with a functional mental health problem, in the context of our developing plans for integrated care in the borough (OP)

6.7 At risk communities will have access to targeted preventative support

6.7.1 Looked after children

As of 31/3/13, the Council was the corporate parent for 295 children.Looked after children are known to be at very high risk of developing mental health problems.[93] Whilst there is a specialist post in the Child and Adolescent Mental Health Service to provide mental health support for looked after children, and responsible commissioner arrangements ensure that children placed out of borough receive support from local CAMHS services, the 2012 CQC/Ofsted inspection found that reviews of children placed out of borough do not always take full account of mental health and emotional well-being.

> As part of our coordinated work to design new pathways of support for children and young people, we will consider how to most effectively provide support to children at risk, including looked after children, and in particular how to most effectively support children's social care staff with developing knowledge and skills around mental health (CYP)

[91] This is a "soft" boundary in the sense that it is driven by the needs of the individual service user.

[92] Transition: Filling the Void? - Hewson, Dr L. National Advisory Council, February 2010

[93] JSNA

6.7.2 The mental health of offenders

The health of offenders is now a recognised major public health issue. The connections between mental illness and social exclusion are as well known as they are between deprivation and offending behaviour.[94] People with mental health problems are over represented in prison and across the criminal justice system. The Bradley review[95] laid out a series of recommendations aimed at improving the health of offenders, and placed a strong emphasis on mental health. The national *Offender Personality Disorder Strategy[96],* details in particular proposals to improve the recognition and support for people with personality disorder in the criminal justice system.

The landscape of offender management is current changing significantly. Whilst some forensic services are the responsibility of NHS England specialist commissioners, including in-patient services and some community outreach services, general mental health services for people with a mental health problem and a forensic history are the responsibility of the Clinical Commissioning Group and the Council. At the same time, there is significant proposed change to the organization of probation services across the country[97].

The Thames Magistrates Court is based in the borough. Commissioning responsibility forcourt diversion services has transferred to NHS England. As of February 2013, there were 1080offenders in the borough at any one time, 425 of whom were in custody, 259 on licence and 397 on community and suspended sentence orders. We believe there are opportunities for a more in depth understanding of the health, including mental health needs, of offenders in the borough to inform the development of a future commissioning plan.

> With NHS England and public health within the Council, we will develop a JSNA factsheet specific to the mental health needs of offenders to help inform future commissioning arrangements (G)

Whilst the future arrangements for the delivery of probation services are still emerging, there are opportunities in the context of the changing landscape to ensure that our existing local investment is deployed effectively.

> We will review our existing investment into supporting service users via the Forensic Mental Health Practitioner and the Link Worker Scheme, to ensure it is optimally deployed (AWA)

The London Pathways Project is part of the local delivery of support to the Probation Service to recognize and support offenders with a personality disorder. Its primary aim is to support the probation workforce to develop their skills and knowledge in working with

[94]Social Exclusion and Mental Health, ODPM, 2004

[95] http://www.prisonreformtrust.org.uk/ProjectsResearch/Mentalhealth/TroubledInside/Bradleyreviewcallsfornewapproachtoofenders

[96] http://www.personalitydisorder.org.uk/criminal-justice/about-dspd-programme/

[97] http://www.justice.gov.uk/transforming-rehabilitation

people with a personality disorder, to improve screening for personality disorder, and develop more psychologically informed environments.

> We will work with probation and mental health service providers to ensure the successful delivery of support for offenders with mental health problems including personality disorder (AWA)

6.7.3 People who are homeless

Good quality, affordable, safe housing underpins our mental and physical wellbeing. All too often, severe mental ill health can lead to homelessness, and people with mental health problems, particularly those with a serious mental illness can sometimes find it difficult to secure and maintain good quality accommodation.

Many homeless adults have chaotic lives and therefore require holistic and co-ordinated support to live independent and empowered lives. Vulnerable adults often have multiple needs and experience multiple levels of exclusion. A report by the charity Homeless Links showed that 8 out of 10 homeless clients have one or more physical health need and 7 out of 10 clients have one or more mental health need.[i]

In Tower Hamlets, Locally, the majority of single homeless approaches to the Council are assessed as having a low level support need which may include depression or minor intellectual impairment, with a small, but important number having high level mental health needs. Around 46% hostel users in the borough have some form of mental health support need.

In Tower Hamlets we have the Health E1 practice, which provides primary care for people who are homeless. The practice supports a very high number of people with a serious mental illness, and also people who have problems with drugs and alcohol.

We currently commission additional mental health staff within the practice to support the high mental health needs that the practice supports. We are also piloting additional staffing to support reduced use of A&E and secondary care mental health services at the practice. We are also working to develop a redesigned hostel pathway, and will ensure that hostels are appropriately commissioned to support people with mental health problems.

> We will implement the Hostels Strategy to ensure that appropriate support for people with mental health problems who are in hostels is built into the re-design of hostels (AWA, OP)

6.7.4People from BME communities

There are different nuances to the ways people from different communities and cultural backgrounds understand and respond to mental health problems in themselves, their families and communities. Equally, professionals might not always understand the sometimes subtly different way in which mental health problems might present in some individuals from some communities, and some services may not be configured in a way that feels accessible to people from BME communities. As a consequence, the take up

of mental health services is not always as we might expect it to be in line with the demographic breakdown of our communities.

For example, take up of CAMHS community services by children and young people of Bangladeshi origin is around 37%, against a population of under 19's of 55%. Admissions to in-patient care for people from Black communities is 20%, against a population of 6.6%.

Ensuring that mental health awareness raising activity is specifically designed to meet the needs of our diverse communities, as identified above, is particularly important as is ensuring that there are appropriate voluntary sector services close to communities to provide sign-posting and support. Ensuring that services provide culturally and language appropriate support in statutory services to promote access is key. Specific areas for action are identified in the course of the Strategy.

> We will develop as part of our responsibilities under the Public Sector Equalities Duty, a dashboard for access to services by race and other equality strand, to inform future commissioning (G)

6.7.5People from the LGBT community

There are no clear figures indicating how many gay, lesbian bisexual or transgender[98]residents there are in Tower Hamlets. National estimates indicate that between 5 – 7% of the population is gay, lesbian or bisexual, and that the proportions may be higher in London than elsewhere in the UK. People from the LGBT community are more likely to experience depression, anxiety, self-harm and suicidal behaviour[99]. Locally, recording of sexual orientation by statutory and voluntary sector services is often poor, so it is difficult to establish the extent to which services are accessible to people from the LGBT community, although anecdotally LGBT service users note that there is only one small user-led group specific to the needs of the LGBT community in Tower Hamlets.

> We will work with providers to improve recording of sexual orientation as part of equalities monitoring requirements to inform future commissioning (G)

6.7.6People who are new to the Borough

Tower Hamlets has the second highest proportion of people known to secondary care mental health services in London. If you are known to secondary care mental health services, you are comparatively less likely to be admitted to hospital than in many other London boroughs. However Tower Hamlets also has the third highest rate of emergency admissions to hospital for psychosis. Around 18% of admissions are people who are appear to be completely new to the borough's mental health services, and possibly to the borough. This may include a number of service users who are registered at the Health E1 practice, which provides primary care for people who are homeless.

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[98] The expression trans is often used synonymously with transgender in its broadest sense. Where trans people have transitioned permanently, many prefer to be regarded as ordinary men and women, without any reference to their former gender role or previous trans status. (Gender Identity Research and Education Society website)

[99] http://www.spn.org.uk/index.php?id=1023

We will work with East London Foundation Trust to carry out a prospective audit of people who are admitted to hospital who were recorded as not previously known to mental health services in the borough. We will use this information to help plan how to better support early access to community services for this group of people in the future (AWA)

6.7.7 People with autism or a learning disability combined with a mental health problem

The Learning Disability Joint Strategic Needs Assessment factsheet[100]notes that there areapproximately 6,000 adults with learning disabilities in Tower Hamlets, a small percentage of whom are known to health and social care services, with around 1,880 adults expected to have autistic spectrum disorder, of whom 765 adults have ASD and no other learning disability.Around 1,000 people aged 14 and over are known to learning disability services in Tower Hamlets.

People with a learning disability are more likely to have asthma, diabetes, dementia, depression, epilepsy and stroke than the general Tower Hamlets population. The rate of seriousmental illness is ten times higher in people with a learning disability in Tower Hamlets than in the general population.

The integrated health and social care Community Learning Disability Service managed by the Council and Barts Health works with East London Foundation Trust (ELFT) to offer specialist assessment, interventions and therapy for mental illness, behaviour and emotional problems, emotional distress, vulnerability, abuse, promotion of good mental health and psychological well-being and provision of education, consultation and advice.

We will develop a refreshed learning disability commissioning plan which will include consideration of the needs of people with a learning disability and mental health problem (G)

6.7.8 People with autism spectrum disorder

Historically, people with ASD often fall outside the eligibility for adult social care and mental health services. A new ASD assessment and diagnosis will be available from April 2014. The service design includes close working protocols with community mental health and learning disability services to ensure the broader needs of individuals are met. This includes liaison duties across both services to provide advice and guidance in relation to ASD.

The service will offer an open referral pathway for people who require an ASD specialist assessment and diagnostic service. Further assessment, diagnosis and post diagnosis support will be available. This will ensure a bespoke pathway according to individual needs will reduce the number of people falling through the net without appropriate intervention.

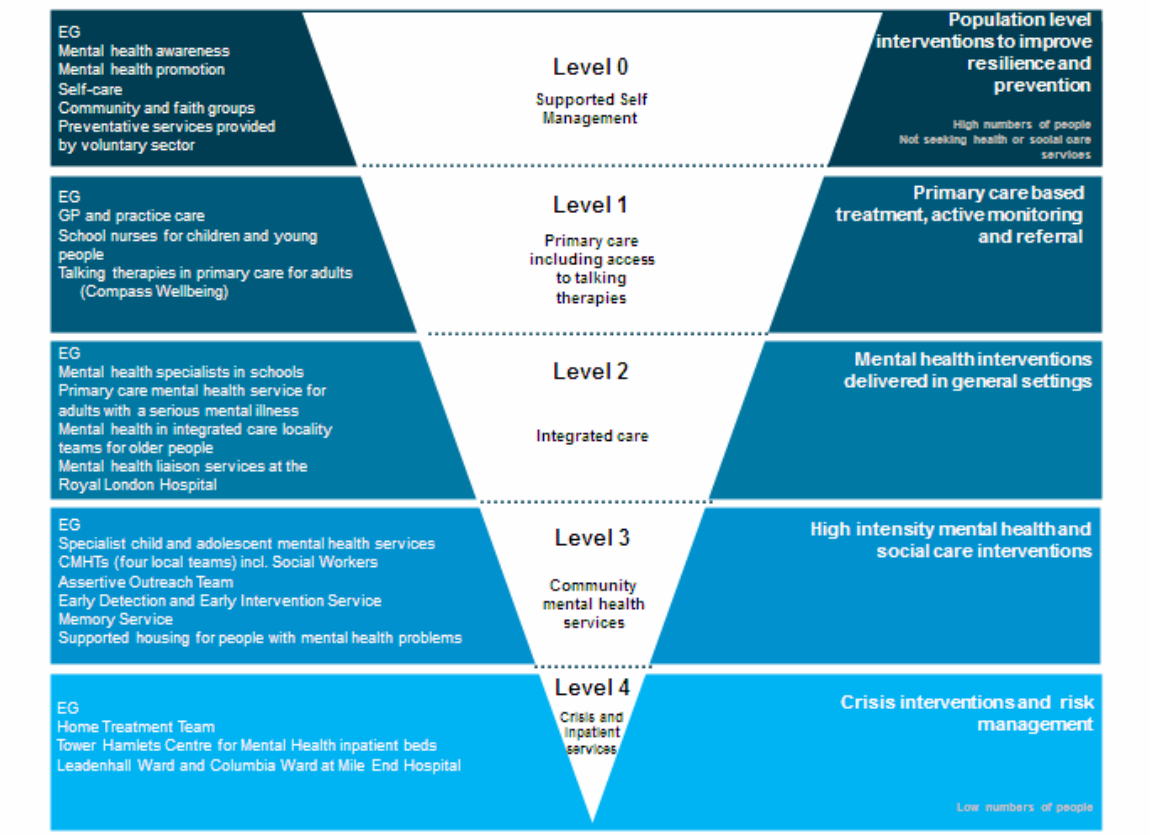
[100] http://www.towerhamlets.gov.uk/lgsl/701-750/732_jsna.aspx

We will develop a referral and diagnostic pathway for people with ASD who are not eligible for mental health services, with clear thresholds for where people may require mental health services (AWA).

7. High Quality Treatment and Support

7.1 A stepped approach to care

In commissioning mental health services to meet the needs of the population, we aim to ensure that there are services available to support people with appropriate interventions tailored to their level of need, as detailed in the diagram below. This model applies for children and young people, adults of working age and older people.



It is our particular aim, as detailed in this Strategy, to develop and improve services within Level 2, mental health interventions delivered in general settings, to support more people with mental health problems to recover and to access low intensity support across a range of health, social care, and educational settings.

7.2 People in general settings like schools and hospitals will have access to mental health support

There are currently 12 childrens centres[101], 74 nurseries and primary schools, 17 secondary schools and 6 special schools in Tower Hamlets[102]. Throughout our engagement to develop this Strategy, community settings for children and young people, most notably schools, have consistently been raised by stakeholders as a key area for developing more capacity and capability in targeted specialist support (Tier 2 CAMHS).

[101] http://www.towerhamlets.gov.uk/lgsl/851-900/888_early_years_and_childcare/childrens_centres.aspx
[102] http://www.towerhamlets.gov.uk/lgsl/1-50/schools/schools_in_tower_hamlets.aspx

This perspective is supported by the 2012 CQC/Ofsted Review of Childrens Services, which found that whilst CAMHS teams work closely with partner agencies, there are gaps in preventative capacity, and that whilst counselling is available in some schools, it is uneven across the borough.

> As part of our coordinated work to design new pathways of support for children and young people, we will develop a new model of Tier 2 mental health support to schools, childrens centres, colleges and youth services. This will incorporate specialist mental health support, mentoring programmes, and generic support provided via the Healthy Child and Nutrition Programme. We will review the evidence base which underpins interventions. This will also include consideration of formal and informal training needs of the school nursing service and the school workforce around mental health, and standards for school counseling. We will consider the possibilities of using social media and new technologies in developing our offer to schools (CYP)

As part of the Clinical Commissioning Group's plans for 2013/14, we have commissioned a two year pilot of a new single fully constituted multi-disciplinary liaison psychiatry team at the Royal London Hospital. This flagship service will provide specialist advice and support for people with a mental health problem who are admitted to the Royal London Hospital, the London Chest and Mile End Hospital, with the express purpose of improving mental and physical health outcomes for service users, and reducing length of stay. The Service is responsible for training the general health care workforce at the hospital in mental health awareness. We are working with an academic partner to evaluate the impact of the service.

> We will evaluate the effectiveness in improving mental and physical health outcomes of our new liaison psychiatry team pilot at the Royal London Hospital (AWA, OP)

It is important that supported housing, residential and nursing care providers for people with mental health problems, including dementia, have access to specialist support. We have over the past few years commissioned a Resettlement Team for adults of working age with a mental health problem, which provides specialist support to the range of housing options that adults of working age may use.

> In the context of our Mental Health Accommodation Strategy, we will review our resettlement and rehabilitation team pathways in order to ensure they are working effectively, and in this context that specialist accommodation providers are appropriately supported by specialist services (AWA)

7.3 People will have access to high quality mental health support in primary care, including GP practices and primary care psychology

7.3.1 Primary care services for people with a common mental health problem

Tower Hamlets has a comparatively high number of people with common mental health problems.

We currently commission a small number of talking therapy services from third sector providers, including those specific to BME communities and for bereavement counselling.Our primary care psychology service, managed by Compass, provides talking therapies for people in a primary care setting, including Tiers 2 and 3 of the national Improving Access to Psychological Therapies programme, and Tier 4 interventions with a clinical psychologist. We also commission a fast access Crisis Intervention Service for people in psychosocial crisis from East London NHS Foundation Trust along with secondary care talking therapies.

Our primary care psychology service has a target of 15% of the total number of people estimated to have depression and anxiety in the borough entering treatment by 2014/15.

Pathways for service users within and between talking therapy services can sometimes be complex and unclear, and it does not appear to be the case that service users always access talking therapy services in line with their need. In addition, it does not appear that either older people or people from BME communities access some talking therapies at the rate that we would expect.

> We will review talking therapies pathways across all providers of talking therapy services to inform future commissioning. We will in particular consider access to talking therapies for older people and people from BME communities (AWA, OP)

In the context of the above, and the section below regarding prescribing, we believe there is a potential case for developing a primary care depression service, to provide time limited expert advice and support to primary care on the management of depression. In the context of the high rate of long term unemployment in Tower Hamlets and the known links between unemployment and depression[103], any future primary care based mental health services would need to ensure they provide effective support for service users wishing to return to or retain work.

> In light of our work on talking therapies pathways and anti-depressant prescribing, we will consider the case for developing a primary care depression service, including support for employment (AWA, OP)

7.3.2 Primary care mental health service for people with a serious mental illness

In partnership with East London NHS Foundation Trust, the Clinical Commissioning Group and Council have over the past year developed a new Primary Care Mental Health Service. The Service is to support service users who have a serious mental illness but who are now stable in primary care. Approximately 300 service users have now been discharged from secondary care mental health services and are now using this service.

[103] JSNA

Whilst in the context of our overall mental health system, in particular the fact that we have high numbers of people known to secondary mental health services who are less likely to be admitted than other boroughs, and therefore should proceed cautiously, we will aim to increase the number of people who can access the primary care mental health service, particularly including those who require depot medication or who are in receipt of a commissioned social care service.

> We will increase the capacity of the Primary Care Mental Health Service to support more clinically appropriate service users to access its support, including service users who require depot medication or who are in receipt of a commissioned social care service (AWA)

A particular success in the development of the primary care mental health service has been the development of regular practice based multi-disciplinary team meetings with consultant psychiatrists. This has helped todevelop good working relationships between primary and secondary care.

> We will work with East London NHS Foundation Trust to further develop the interface between primary and secondary care, with a particular focus on provision of population based advice and support to practices, and the development of primary care consultation by consultant psychiatrists and other mental health professionals (AWA, OP)

Service users have told us that they would like to see more specialist support being delivered in primary care settings, and some practices are keen to see secondary care clinics and CPA meetings being held in practices, where there is appropriate clinical space.

> With East London NHS Foundation Trust, we will further develop opportunities for practice based clinics (AWA)

Service users have told us that consistency in the GP that they see is very important.

> We will work with NHS England, networks and practices to ensure that people who have a serious mental illness have access to a “usual GP” (AWA, OP)

7.3.3 Primary care prescribing

Prescribing practice has frequently not formed part of mental health commissioning activity. However, since medicines are such a central component of the treatment of mental illness, we are determined to understand patterns of prescribing in the borough. Information from NHS England appears to place Tower Hamlets at the top of London for

prescription of anti-psychotic medication, and second highest for prescription of anti-depressant medication, not including prescriptions issued in secondary care[104].

There are currently a number of disparate, often disconnected sources of information available about prescribing, with a number of gaps, and taken together these factors mean that the interpretation of actual prescribing activity is far from straightforward. We believe that medicine useshould not be looked at in isolation, but requires consideration by agencies, professions and service users to properly understand it in context.

> We will develop a more complete understanding of prescribing activity for anti-psychotic and anti-depressant medicine in the borough. Led by our Commissioning Support Unit Medicines Optimisation Team, we will work across the Clinical Commissioning Group, East London NHS Foundation Trust and the Clinical Effectiveness Group at Queen Mary University to identify available meaningful information about prescribing practice, and triangulate this across primary care and secondary care to inform future commissioning and practice development, including the development of more robust care packages including shared care arrangements (G)

We are currently piloting an approach to social prescribing in some practices in the borough, through which GP's can refer service users directly to social and community services. This approach, if adopted more comprehensively across the borough, may help service users to access the range of voluntary sector including mental health services in the community in the borough.

> We will extend social prescribing to mental health (G)

7.4 People will receive a diagnosis and appropriate support as early as possible

Early Intervention as a principle means identifying needs, risks and issues which may escalate into more serious problems, then taking action to provide help for children, young people and families to prevent future problems. We do this by building on people's existing strengths, helping them to achieve good outcomes and ensuring that individuals, families and communities achieve their full potential.[105] Early intervention is a theme that runs through this Strategy, whether it is our approach to developing preventative services for children and young people, or whether it is ensuring that people from BME communities access services at the rate we would expect.

Early intervention teams specifically support people aged between 14 and 35 who are experiencing psychosis for the first time. Early intervention can mean improving outcomes in established cases of psychosis by facilitating and consolidating recovery, identifying untreated cases in the community, or preventing the emergence of psychosis

[104] Primarily prescriptions for in-patients, clozapine, a large proportion of depot medication and initial prescribing of anti-dementia medicine.
[105] Wokingham Borough Council

through pre-psychotic interventions.[106] We know that early intervention services offer an evidence-based outcome approach to supporting people with first time psychosis.[107] Our Early Intervention Team, along with the Early Detection Service are critical to supporting people experiencing symptoms of psychosis for the first time.

[106]Early interventions in psychosis: obstacles and opportunities Swaran, P. Singh & Helen L. Fisher 2005
[107]Briefing: Early intervention in psychosis services, Issue 219 Mental Health Network NHS Confederation May 2011

7.5 Timely access to high quality specialist services

Community service provision in mental health has developed significantly over the past 15 years. The emergence of crisis resolution and home treatment teams, assertive outreach and reshaped community mental health teams, both for adults and older people have become a key feature of effective mental health service provision.

We believe that community based services represent the best means to deliver services to the population of the borough, but that with the direction set out in *No Health Without Mental Health*, the time is right to re-examine the nature, scope and model for these services.

In particular we believe these services should remain multi-disciplinary and integrated across health and social care, and in terms of the professionals who work in them, utilising the skills and expertise of medical doctors, nurses, social workers, psychologists, occupational therapists and other associated health and social care professionals. The development of care packages for Payment by Results presents us with a joint opportunity for commissioners and providers to work together to define the relevant content of the package of care for people using secondary care services. In particular, it provides an opportunity to consider the contribution of social work, and social care, to the mental health care packages, and in particular in relation to the delivery of self-directed support.

> We will work across health and social care commissioners and providers to develop care packages for payment by results, and in particular will consider the contribution of social work and social care (AWA, OP)

We want to strengthen these services for children, young people and in particular for adults. We want to ensure that they are designed to deliver high quality assessment, treatment and support. We also want to make sure people who need these services can access them quickly and at the times when they require them, particularly at times of crisis. With the development of Payment by Results in mental health, it is likely that in the near future service users may be able to choose at least some mental health services from different providers. We want to work together to ensure that local services provide excellent high quality person centred care that service users choose to use.

In this context, and in the context of the national commitment to ensure waiting times for mental health that are at least equal to waiting times for physical health services.

> We will ensure that waiting times for mental health services are minimized, and we will publish waiting times for key services as part of our partnership dashboard (G)

7.5.1 Perinatal services

As noted in the Joint Commissioning Panel Guidance for perinatal mental health, pregnancy and the perinatal period is a time of particular risk to women's mental health. It is a time associated with a substantial

psychiatric morbidity including the risk of developing postpartum psychosis and severe depressive illness and the recurrence of bipolar illness and severe depressive illness and exacerbation of symptoms of schizophrenia. Early identification and support for women at risk is critical and timely access to specialist mental health support for new and expectant mothers is extremely important in promoting a good start to a child's life. We currently commission perinatal mental health services from East London NHS Foundation Trust, with some additional support available to the maternity wards from the Royal London Hospital Psychiatric Liaison Team.

> We will review the recent national guidance for the commissioning of perinatal mental health services published by the Joint Commissioning Panel for Mental Health, and the implementation of NICE ante and postnatal guidance. This will inform our strategic thinking about how best to ensure suitable and effective services for this group (AWA)

There is substantial emerging evidence that the first three years of a childs life are critical to their overall life outcomes, with the development of infant attachment, parent infant communication and support for the infant to learn emotional regulation for life long emotional resilience and risk of mental illness. In Tower Hamlets we wish to ensure that we work across the partnership to give every child the best start in life.

> As part of partnership work across health, local authority, voluntary and community sectors we will improve the availability and consistency of support during pregnancy and in the first year of life to promote parent/infant attachment, parent and infant communication and emotional regulation in order to promote lifelong resilience and mental health and wellbeing (CYP).

7.5.2 Services for children and young people

As noted throughout this document, we will co-ordinate work to design new pathways for children and young people with mental health problems. This will include Tier 2, and 3 CAMHS services currently provided by East London NHS Foundation Trust. In particular we will wish to ensure that children and young people and their parents have to wait as little as possible for an appointment, that people who do not attend are robustly followed up, and that communication back to referrers is timely.

> As part of our coordinated work to design new pathways of support for children and young people, we will consider Tier 2 and 3 CAMHS services, with the aim of ensuring that waiting times are as little as possible, that people who do not attend are robustly followed up, and that access to services by BME communities are in line with what we would expect (CYP)

7.5.3 Community services for adults of working age

We believe that pathways for adults of working age are broadly stable at present. This is in the context of the comparatively low rate of admissions to hospital of adults with a mental health problem, and the consequent occupancy. It is also in the context of the 2013 national community survey, which found East London NHS Foundation Trust to be in the top ten Trusts in the country for positive reported service user experience, and from feedback from a recent GP survey which found that on the whole, GP's are very satisfied with community mental health services as they currently are.

As noted above, the introduction of the Children and Families Bill, and the potential development of services for children and young people which extend to the age of 25, and in the context of the development of primary care mental health services and the review of community mental health services for older people detailed below, we will consider the configuration of community mental health services for adults of working age.

> We will consider the configuration of adult community mental health services in light of work to develop CAMHS services and our review of older adults mental health services (AWA)

There are some areas where we believe services can be considered, and improved, and some outstanding questions which we will consider during the implementation of the Strategy. For example, the JSNA has highlighted the pressure placed on the current system by the needs of people with a dual diagnosis of mental illness and substance misuse, the increase in referrals from A&E, the high number of people referred to community services recorded as not previously known, and a high percentage of referrals to community services who do not get as far as an assessment. We will review these though our regular dialogue with providers and service users and carers.

> With the Drug and Alcohol Action Team we will review the design of support for people with a dual diagnosis including a serious mental illness and a substance misuse and/or alcohol problem (AWA)

Community mental health teams will remain the primary team in which the initial assessment and support of people with a serious mental health problem is delivered. The CMHT's are linked in with, and provide a single point of access for referrals from, GP networks and practices, and this arrangement will remain in place as the basis for any pathway improvements. There has been some mixed feedback from stakeholders whilst developing this Strategy that there may be a case for a single point of access to mental health services in the borough. However this would also potentially impact on the significant progress that has been made between GPs, CMHT's and consultant psychiatrists over the past two years. In addition, there has been mixed feedback regarding whether CMHT's should provide extended hours, mirroring GP practice hours, and weekends. It is not clear whether extended hours mental health teams have provided any better outcomes for service users[108], however2013/14 NHS England planning guidance notes commissioning extended hours services generally as a priority.

> We will pilot an extended hours CMHT service to evaluate the extent to which it would deliver better outcomes for service users (AWA)

[108] http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1584.2003.00513.x/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false

There are, however, a number of areas where we believe community mental health services for adults of working age can be improved. Many of the themes of Section 8 below, living well with a mental health problem, are relevant here, so in this section we will only detail areas that do not appear in Section 8.

As noted above, current relationships and working practice between CMHT's and primary care are generally considered to be working effectively by GP's. There are opportunities for building on this, as identified in Section 6.3 above. There are also opportunities for improving operational systems and processes, in particular communication around medication, and physical health tests where people are on anti-psychotic medicines. We included a CQUIN to improve electronic communication in the contract with East London Foundation Trust during 2013/14.

> We will develop the interface between primary and secondary care, with a particular focus on further developing the presence of secondary care clinicians in a primary care setting, as detailed elsewhere in this strategy (G)

> We will improve communication and the flow of clinical correspondence (G)

As noted below, our Accommodation Strategy for Adults of Working Age with a mental health problem is currently being implemented. As part of this Strategy we have for the past three years commissioned a Resettlement Team to provide specific support for adults living in a supported housing or residential care placement, alongside the existing Community Rehabilitation Team, which provides sub-contracted clinical support to the Tower Hamlets Rehabilitation House, provided by Lookahead Housing and Care. In addition, within the East London NHS Foundation Trust contract, we purchase three rehabilitation beds on Jade ward at the Newham Centre for Mental Health.

> To ensure that we commission appropriate rehabilitation and resettlement care pathways, with appropriate clinical support to supported housing and residential care providers in the borough, we will review the entire resettlement and rehabilitation pathway (AWA)

The Assertive Outreach Team has recently taken on a greater responsibility for service users with a forensic history. As noted above, we will develop a JSNA factsheet specific to the mental health needs of offenders to help inform future commissioning of community services for people with a mental health problem and a forensic history.

7.5.4 Dementia

Dementia is a key national priority. Over the past three years, we have delivered significant improvements in services for people with dementia and their carers in line with the priorities set out in the national strategy. As a consequence our community dementia pathway won the national 2013 Local Government Chronicle Health and Social Care Award, for its demonstration of how integrated health and social care can contribute to improved outcomes and experience for service users and carers, whilst

delivering efficiencies into the health and social care economy.

Despite our successes, we still have a number of ambitions to continue to improve services for people with dementia and their carers.

In particular, we believe that the national Direct Enhanced Service for GP's which comes into place in October 2013 will help to further drive up our already impressive improvement in diagnosis rate. We believe there are opportunities to improve coding practice for people with dementia in primary care, and have set our ambition at 65% of the 1150 prevalence of people with dementia in the borough being coded as having dementia in primary care by 2015. We also wish to have clearer information on the extent to which people with dementia are prescribed anti-psychotic medicine, to help inform future commissioning.

> We will work with the Clinical Effectiveness Group at Queen Mary University to audit coding of people with dementia in primary care, and prescribing of anti-psychotic medicine to people with dementia, to enable us to understand patterns of prescribing in more detail, to inform future commissioning (OP)

We believe that we can do more to support people with dementia and their carers to live well with dementia, in particular in accessing peer support, in making flexible respite services available for people in their own homes, via carers personal budgets, and through commissioning high quality support for people with dementia when they do need care in supported accommodation or nursing home settings.

> We will commission more dementia cafes to provide peer support for people with dementia and their carers (OP)

> We will develop a range of respite options appropriate for people with dementia, for carers to choose from (OP)

> We will review pathways into services, and service specifications for commissioned residential, nursing and continuing care for people with dementia to improve the quality of these services (OP)

There are no specific services for people with dementia related to alcohol use in Tower Hamlets, although the prevalence of alcohol misuse is high.

> We will review pathways for people with alcohol-related dementia, and will consider the review to inform future commissioning (OP)

People with dementia are highly likely to be at risk of admission to hospital, and therefore are highly likely to be eligible for support via our new integrated health and

social care teams. As noted in Section 6.5 above, we will ensure that support for the teams around mental health, including dementia, is at the heart of our integrated care model.

7.5.5 Services for older people with functional mental health problems

Although age-related decline in mental well-being should not be seen as inevitable, older people form the majority of people using health and social care services. Older people are not a homogenous group and this is reflected in the range of services required to meet their needs. Mental health of older people is not just about dementia but also about, depression, schizophrenia, suicide, and substance misuse.

The impact of older people's mental health needs is wide ranging, having an effect not only on the person themselves, but also on their family, friends and carers. The demand for services in Tower Hamlets may remain reasonably static, given that the JSNA shows that people aged 65 and over make up a relatively small proportion of the population in comparison to London as a whole, although the population of people aged over 85 is set to increase significantly.

We recognise that for older people, the skill set of staff may be different from those working with younger adults and the needs of the two groups may be different.[109] However we also believe that there are opportunities for re-considering the current model of CMHT for Older People, in particular considering how mental health care of older people services may be more fully integrated within our proposed integrated health and social care teams where service users have complex co-morbidities. The JSNA notes that current methods of collecting and monitoring data have not focused on services received by older people with schizophrenia or with depression, and reports concerns from service users and carers about support from primary care and a perceived reliance by all NHS providers on prescribing medication.

> We will review the current arrangements for community services for older people with functional mental health problems, to ensure that opportunities for integrated care are maximized, in the context of the development of our integrated care model (OP)

> We will ensure that older people have access to the Primary Care Mental Health Service (OP)

Improving access to the right range of interventions for older people is important. There growing evidence that psychological therapies are effective with older people and their carers in the management of a wide range of mental and physical conditions, [110] as identified in Section 6.3 above.

[109] Minshull, 2007

110 *Effectiveness of psychological interventions with older people* Woods, B et al 2005in *What works for whom?* Roth and Fonergay eds. NY Guilford Press 2006

7.6 People will be able to access timely crisis resolution, close to home

People in mental health crisis should be able to access mental health services with the same speed as if they had a physical health problem. Crisis support is a national priority, and good practice in crisis pathways will shortly be summarized in a national Crisis Concordat, which is pending publication. In Tower Hamlets, our crisis care pathway, constituting primarily the Accident & Emergency department at the Royal London Hospital supported by the new mental health liaison service, the Home Treatment Team and crisis house, and inpatient wards at the Tower Hamlets Centre for Mental Health, is largely working effectively.

> We will review our crisis pathway against the Crisis Concordat when published to ensure that we are compliant (G).

With commissioning consortium colleagues, we are currently reviewing Home Treatment Team practice across East London. We have also commissioned an evaluation of the ten bedded Crisis House we currently commission from Look Ahead Housing and Care in Tower Hamlets.

> We will use the east London wide Home Treatment Team review and our local review of the Tower Hamlets Crisis House to inform our future commissioning of community crisis pathways (AWA)

7.6.1 Crisis Management

The role of the Police in mental health is very important. Police are often on the front line of managing mental health crises, either in mental health act assessments, or in the exercise of their duties under s. 136 of the Mental Health Act. The recent Independent Commission into Mental Health and Policing[111] found a number of opportunities for the Police to improve their practice around mental health. Equally, the Report found opportunities for the London Ambulance Service to improve responsiveness in the management of mental health problems.

> We will invite the Police and London Ambulance Service to participate in the Tower Hamlets Mental Health Partnership Board, to ensure that there is a strategic overview of the management of mental health crises for Tower Hamlets residents (G)

7.6.2 Inpatient services for adults of working age

Acute adult inpatient wards provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness.[112] Some people go into hospital voluntarily, whilst some are detained under the provisions of the Mental Health Act 1983 (amended 2007).

[111] http://www.wazoku.com/independent-commission-on-mental-health-and-policing-report/

[112] www.nepho.org.uk/uploads/doc/vid_6341_AMHMappingAtlas2000.pdf

In 2010, there was a homicide on Roman Ward at the Tower Hamlets Centre for Mental Health. This tragic incident, with such terrible consequence for the victim and their family, has resulted in a relentless focus on the safety and quality of in-patient care at the Tower Hamlets Centre for Mental Health and across East London Foundation Trust over the past three years. Squarely focused on improving clinical leadership, staff skills, knowledge and compassion, and staff capacity, East London Foundation Trust, with the support of commissioners, has made dramatic improvements to in-patient care. Additional Psychiatric Intensive Care capacity, most recently for women, has added to the ability of the in-patient teams to support service users who are very unwell and at their most vulnerable.

Whilst the number of admissions is low compared to other boroughs in the Trust, admissions have gone up over the last two years, and the number of people admitted under the Mental Health Act has also increased. However occupancy in Tower Hamlets has remained stable at safe levels over the course of the last year, pressure on in-patient beds remains a concern across the Trust. As a consequence, we are working with the Trust across the Consortium to identify opportunities for improvements to bed occupancy. In City & Hackney, a women's only ward with dedicated consultant leadership is currently being piloted. In Newham, a triage admissions ward is currently being piloted.

Understanding how inpatient beds and community services can best be utilised as part of coherent crisis pathways is critical to ensuring safe and effective mental health services.

> In the context of the pilot work detailed above, we will work across the Consortium with East London NHS Foundation Trust to consider the current crisis pathways, and identify any options for the future design of services that optimize safety, outcomes for service users, and value for money (AWA, OP)

7.6.3 In-patient services for older people and people with dementia

In 2012 we ran a successful consultation on proposals to create a new assessment ward for people with dementia at Mile End Hospital to support the population of east London, in the context of the considerable improvement in community services for people with dementia and rapidly falling occupancy of inpatient wards as a consequence. There has over the last year been a similar reduction in occupancy in inpatient services for older adults with functional mental health problems.

> In the context of current occupancy across East London wards, we will review in-patient services for older adults with functional mental health problems(OP)

7.7When they need to access multiple services, people will feel that they are joined up

7.7.1 The mental health of people with long term conditions and integrated care

We know that around 30% of the population of England has a long term condition, and that people with long term conditions are 2 to 3 times more likely to have a mental health problem. It is particularly likely that people with cardiovascular disease, diabetes, chronic obstructive pulmonary disease and some musculo-skeletal conditions will have a mental health problem. It has been estimated that between 12 – 18% of all expenditure on long term conditions is linked to mental health[113].

Through our development of liaison services at the Royal London Hospital, East London NHS Foundation Trust will work with Barts Health to ensure that mental health problems in people admitted for a physical health problem are identified, offered appropriate treatment, and sign-posted into appropriate community services on discharge.

Through our work to build a "mental health is everybody's business" culture within the Clincial Commissioning Group, we will ensure that relevant chronic disease workstreams consider opportunities for better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals.

Through our work to develop an integrated care system to support people who have the most complex health and social care problems, including those who are most at risk of admission to hospital, we are currently developing with Barts Health and the Local Authority new integrated locality health teams, that are linked into primary care networks, alongside a new Network Improved Service[114] through which primary care clinicians will provide additional support older people with complex needs. We are determined to ensure that mental health is at the heart of our plans for integrated care, and to this end, are currently piloting half a post community mental health nurse in each locality team. The role of the nurse is to provide mental health expertise to the teams providing support for people with complex health and social care needs, ensuring that mental health problems are identified, and supported, and that where appropriate service users are supported to access specialist pathways.

> We will commission specialist mental health input into the new community integrated care service to ensure that services can address the holistic needs of patients and service users in one place (OP)

Effective communication through shared IT platforms is critical to the success of integrated care. Whilst there are some complexities around information governance, and the utility of technical solutions, it is critical that mental health providers participate in the development of the WELC Pioneer IT strategy.

[113] http://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health
[114] A contract with networks of GP practices for services that are over and above primary medical services.

We will work with East London NHS Foundation Trust to ensure that our IT Strategy is inclusive of mental health (P)

7.8People with a mental health problem will have high quality support with their physical health

People with severe mental illness die on average 20 years younger than the general population, often from preventable physical illnesses.[115] People with mental illness have a higher prevalence of smoking, drug and alcohol misuse, an increased risk of physical illness andreduced life expectancy. 42% of all tobacco consumed in England is smoked by people with mental disorders.[116]As a further example, depression is associated with a 50% increased mortality from all diseaseand reduced life expectancy of around 11 years in men and seven years for women. Schizophrenia is associated with increased mortality from all diseaseand a reduced life expectancy of around 21 years for men and 16 years for women.[117]People with mental health problems are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease[118119120].

In Tower Hamlets, people with a serious mental illness are significantly more likely to smoke, be obese, and have cardiovascular disease[121]. Improving the physical health of people with a serious mental illness is therefore a central priority of this Strategy.

We have already worked across the Partnership to develop our approach to improving the physical health of people with a serious mental illness. Information on physical health is now routinely shared across primary and secondary care. A GP assesses all people who are admitted to the mental health wards at Mile End Hospital. East London NHS Foundation Trust has worked hard to improve the knowledge and skills of staff, and assessment processes, to ensure that physical health needs are identified and appropriately assessed. We have also begun to work with the voluntary sector and providers of specialist healthy living services, the health trainers, smoking cessation, obesity services and sexual health, to identify the most appropriate service models and practice to support people with mental health problems to lead healthy lifestyles. The Council's current review of the public health healthy lifestyles programmes, in the context of their proposed re-commissioning, offers opportunities to ensure that mental health is mainstreamed.

In the review of the Healthy Lifestyles programmes, including healthy community and environment; maternity, early years and childhood; oral health, tobacco cessation; long term conditions, we will ensure that the specific barriers to access for people with a serious mental illness are addressed (G)

[115] 20 Years too Soon Rethink 2012
[116]Cigarette smoking and mental health in England Data from the Adult Psychiatric Morbidity Survey. London: National Centre for Social Research.McManus S, Meltzer H, Campion J 2010
[117]Guidance for commissioning public mental health services JCP-MH 2012
[118] Brown S, Inskip H and Barraclough B. Causes of the excess mortality of schizophrenia British Journal of Psychiatry,2000; 177: 212.
[119] Cohen A and Phelan M. The physical health of patients with mental illness: a neglected area, Mental Health Promotion Update, 2001; 2: 15-6
[120] Nocon A. Background evidence for the DRC's formal investigation into health inequalities experienced by people with learning difficulties or mental health problems, Disability Rights Commission (www.drc-gb.org) London; 2004.
[121] JSNA.

We will in particular ensure that in the re-commissioning of tobacco cessation and obesity services,that access for people with a serious mental illness isaddressed (AWA)

8. Living well with a mental health problem: a recovery culture

8.1 People will feel that mental health services treat them with dignity and respect, and inspire hope and confidence

The single highest priority for service users of working age in the development of this Strategy is to build a recovery culture across Tower Hamlets mental health services.

In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. Recovery means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.[122]The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives.[123]

Tower Hamlets is committed to taking forward plans to make recovery and living well with a mental health problem a key pillar of our approach to commissioning and providing services. There are several building blocks that we set out in this strategy that we believe are a central to this way of working. Many of the commitments in this Strategy are linked to the concept of recovery, from the delivery of preventative services, to compassion in care, to peer support.

8.1.2 Compassion, respect and dignity

As made clear it is our core collective value that service users should at all times be treated with, and feel that they have been treated with, compassion, dignity and respect. It is the responsibility of all professionals working in health and social care to ensure that they relate to service users in this way. In many ways, in mental health these principles are even more important, since service users tell us that the single most important thing to them in their care and treatment is the therapeutic alliance that they have with the professionals with whom they work, and many service users report stigma and discrimination, including by health and social care professionals.

As commissioners, we have included CQUIN incentives in our contract with East London NHS Foundation Trust during 2013/14 to measure service user experience through the Friends and Family Test, and to pilot 360 degree appraisal incorporate service user feedback into staff appraisal.

Across the Consortium, we will evaluate these CQUIN pilots to consider extending them both within the ELFT contract and to other providers (G)

As staff experience and satisfaction is so key to an organizations ability to provide compassionate care, we will work locally and across the Consortium to consider potential measures of staff experience

[122] Supporting recovery in mental health NHS Confederation 2012
[123] Recovery definition Mental Health Foundation

into contractual arrangements with mental health service providers in the future (G)

8.1.3 A strong recovery culture

The *Implementing Recovery through Organisational Change (ImROC)* project is an approach to helping people with mental health problems that aims to change how the NHS and its partners operate so that they can focus more on helping those people with their recovery.[124] It is a national project led jointly by the NHS Confederation and the Centre for Mental Health.

ImROC has identified three key principles that agencies should consider in relation to recovery:

- The continuing presence of hope that it is possible to pursue one's personal goals and ambitions
- The need to maintain a sense of control over one's life and one's symptoms
- The importance of having the opportunity to build a life 'beyond illness.

ImROC has also developed a structured approach to supporting partnerships to self-assess their recovery orientation, and develop plans for further developing a recovery culture.

We will work across the Partnership to self-assess our commissioning practice and service provision by statutory and voluntary sector partners, using the ImROC approach, as the starting point in the delivery of our ambitions to develop a recovery culture (AWA)

8.1.4 Recovery College

Recovery Colleges deliver comprehensive, peer-led education and training programmes within mental health services. In recent years many health and social care organisations have begun to develop recovery colleges, many are still pilot schemes but there is an emerging evidence base for the effectiveness of this approach.

Recovery colleges should be run like any other college, providing education as a route to recovery, not as a form of therapy. Courses are co-devised and co- delivered by people with lived experience of mental illness and by mental health professionals. Their services should be offered to service users, professionals and families alike, with people choosing the courses they would like to attend from a prospectus. As well as offering education alongside treatment for individuals they also change the relationship between services and those who use them; they identify new peer workers to join the workforce; and they can replace some existing services.[125]

The power of Recovery Colleges is two-fold. First, they assist the individuals whom they serve in their personal and collective journeys of recovery. Second, they assist organizations and services to become more recovery-focused.[126]

[124] Supporting recovery in mental health NHS Confederation 2012
[125] NHS Confederation http://bit.ly/11gPzbk
[126] ImROC: Recovery colleges Perkins, R. Repper, J. Rinaldi, M. Brown, H. Centre for Mental Health 2012

We will commission, via non-recurrent funds, a provider or consortium of providers to develop a self-sustaining recovery college (AWA)

8.1.5 Day opportunities services

Access to meaningful activity during the day is for many people a very important component of a fulfilling life. This may mean employment, training and education, or using the variety of leisure and supportive opportunities that there are in the borough. Wherever possible, the aim should be for service users to feel supported to access mainstream services. For some, however, services specific to people with mental health problems will be most appropriate.

In our refresh of our review of voluntary sector day opportunity and support services, we will consider the appropriate range and balance of day opportunities services that should be provided in the borough (AWA)

8.2 People will have access to support from peers and service user led services

We know that current and former service users can help to support people who currently experience problems with their mental health. Peer Support is one way of helping people recover from mental distress and its impact on their lives. It enables people to provide knowledge, experience, and emotional, social or practical help to each other. Peer support relies on the assets, skills and knowledge in the community, and the recognition that local people can offer help in ways that are sometimes more effective than professional help. There is a emerging evidence base that peer support is an effective and cost effective means of delivering support for mental health service users.[127]

Locally, we know that our annual programme of user-led grants for mental health service users to have choice and control to develop their own ideas about how to support each other is a tremendous success. Equally, some of our supported housing providers are actively developing peer support groups. We believe there are opportunities for user led peer support groups to be a very effective means of engaging people who may otherwise be hard to reach.

We will strengthen our approach to commissioning user-led grants to enable more service users to see their ideas for peer support realized in practice. We will also examine opportunities for service users to pool their personal budgets (health or social care) to form user led groups (G)

[127]Wellbeing Enterprises CIC/NTA/NHS Nottinghamshire

In particular, we will explore how peer support may be delivered as part of the new primary care mental health service, and how applications for user led grants can be encouraged from hard to reach groups (AWA, OP)

We will include in future specifications for relevant and appropriate services a requirement that an element of the service be delivered through peer support. This may include services delivered both by statutory and voluntary sector services (G)

8.3 People will be able to make choices about their care, including through personal budgets

At the heart of a person-centred recovery-orientated approach to mental health support, is the notion that service users should have choice and control over their care and support options[128].

This includes shared decision making[129], where service users are involved in making decisions about their clinical care and support. It includes the emergent thinking about personal health budgets[130] for which there have been successful pilots in mental health. It also includes accessing a personal budget to support direct decision making to purchase social care support to meet eligible needs.

We will work across the Consortium to consider opportunities for developing, and commissioning, the shared decision making approach in practice (AWA, OP)

We will develop capacity and capability for personal health budgets for people in receipt of continuing care funding, including mental health. We will look to pilot personal health budgets more generally in mental health, as more evidence accumulates nationally (AWA, OP)

Take up of personal budgets for commissioned social care by people with mental health problems has progressed over the last eighteen months. However as noted above, we believe that there are opportunities for developing greater clarity on how Payment by Results may work alongside social care payment systems in the context of self-directed support. Can we have an action box about promoting this.

8.4 People will feel supported to develop relationships and connections to mainstream community support

Throughout this Strategy, we have emphasized the importance of connectedness

[128] Whilst service users detained under the Mental Health Act clearly have limits on choice and control, there are still opportunities for delivering choice and control within parameters.
[129] http://www.rightcare.nhs.uk/index.php/shared-decision-making/
[130] http://www.personalhealthbudgets.england.nhs.uk/

and relationships, whether this is in the compassion of a therapeutic relationship between a mental health nurse and a service user in crisis, or in the peer support groups that we will commission to support service users to support each other, or in our approach to working across the partnership to combat loneliness.

8.5 People will have access to support to find employment, training or education

Many people who experience mental health problems face difficulties in gaining and maintaining employment. They often face stigma and discrimination that sometimes results in losing their job or challenges in getting a job. People who experience severe and enduring mental health problems have one of the lowest employment rates. Only one user in five of specialist mental health services either has paid work or is in full-time education.[131]

The proportion of people claiming Incapacity Benefit (IB) for mental health problems nationally rose from 26% to 41% between 1996 and 2006.[132] In Tower Hamlets during 2010/11 the rate of working age adults that were unemployed (per 1,000) was 104.3, which is significantly worse than both London (69.9) and England (59.4).[133] Mental health issues and behavioural disorders accounted for 45.4% of all IB/SDA claims and 44.7% of ESA claims. Taken together, this accounted for 44.8% of all claims for a work limiting illness.[134]

Helping people to maintain or gain employment is therefore an important part of recovery and building independence. Tower Hamlets is committed to refocusing current services and developing new forms of support to help people find and keep work.

Through our collective approach to implementing the Time to Change pledge we hope, over time, to build a coalition of suppliers who recognize the benefits of being a mindful employer, and use the opportunities to combat stigma and discrimination in the workplace and thereby open up opportunities for people with mental health problems.

We also recognize the need for specific employment related support for people with mental health problems, to retain employment and to secure employment. This is the case not just for people with a serious mental illness, but also people with a common mental health problem.

> We will review the services we jointly provide and commission to support people into employment. We will ensure that we consider the evidence on what works in our refresh of our review of voluntary sector day opportunity and support services(AWA)

[131] Removing barriers: the facts about mental health and employment Centre for Mental Health 2009
[132] ibid
[133] Tower Hamlets Mental Health JSNA 2013
[134] ibid

8.6 People will have access to accommodation that meets their needs, in the borough

Good quality, affordable, safe housing underpins our mental and physical wellbeing. All too often, severe mental ill health can lead to homelessness. People with mental health problems, particularly those with a serious mental illness can sometimes find it difficult to secure and maintain good quality accommodation.

A settled home is vital for good mental health. When it is part of an effective recovery pathway, housing provides the basis for individuals to build a more independent life, in many cases returning to work or education, whilst still receiving the support and help they need. By working together, mental health and housing providers can make those transitions easier and provide advice and support to help people navigate the system.[135]

People with mental health problems are far less likely to be homeowners and far more likely to live in unstable environments. Homeless populations are a vulnerable 'marker' group in several respects; they have poorer physical and mental health status.

Housing with support can improve the health of individuals and help reduce overall demand for health and social care services. When housing is part of an effective recovery pathway, it provides the basis for individuals to build a more independent life, in many cases returning to work or education, whilst still receiving the support and help they need.[136]

There are compelling arguments for both the increased investment in housing and the reconfiguration of services in mental health to include a stronger housing element. There has been recognition of this locally and a reconfiguration of hostel provision is being proposed currently to better meet these needs. There are a number of ways in which housing and housing related support services contribute to improved outcomes at lower cost. For people with mental health problems this means a focus on four areas:

- Risk reduction;
- Prevention and demand management;
- Early discharge from acute settings to step-down facilities;
- Ending of out borough placements.

Through our *Commissioning Strategy for the Accommodation of Working Age Adults with a Mental Health Problem*, we have significantly increased the number of high support units of supported accommodation for people with mental health problems in the borough, with new forensic and complex needs schemes due to open later this year. For people with dementia, as part of our Commissioning Strategy for People with Dementia and their Carers, we have developed a new Extra Care Sheltered Scheme for people with dementia. More generally, we are currently developing new proposals for hostel accommodation.

We will continue to implement our Commissioning Strategy for the Accommodation of Working Age Adults with a Mental Health Problem (AWA)

[135] Housing and mental health Appleton, S. Molyneux, P. NHS Confederation 2011
[136] Understanding the housing landscape and the opportunities of working with housing associations National Housing Federation (to be published May 2013)

These developments will link closely with our work across east London to consider future design of inpatient beds, to ensure the right balance between hospital and community based services, including non-health support services such as housing and housing based support.

9. How the strategy will help meet the objectives in the national mental health strategy*No Health Without Mental Health*

This Strategy is one of the four priority areas with the Tower Hamlets Health and Wellbeing Strategy. The indicators set out below are included within the local Strategy's dashboard and these are monitored by the Board every six months.
national *No Health Without Mental Health*Mental Health Strategy.

The diagram below summarises how we believe our objectives will deliver against the national outcome indicators, and details the links to the national NHS, Public Health, and Adult Social Care Outcome Framework indicators.

No health without mental health outcome	**Vision statement objectives**	**Linked indicators from national outcomes frameworks**
More people will have good mental health	People will have access to a range of preventative and health promotion services Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve At risk communities will have access to targeted preventative support People will have timely access to specialist mental health services	People with dementia prescribed anti-psychotic medication People in prison who have a mental illness or significant mental illness Emotional well-being of looked after children Self-reported wellbeing Suicide rate
More people with mental health problems will recover	People will have access to high quality mental health support in primary care, including GP practices and primary care psychology People will have timely access to specialist mental health services People will receive a diagnosis and appropriate support as early as possible People will be able to access timely crisis resolution, close to home People will have access to support from peers and service user-led services People will be able to make choices about their care, including through personal budgets People will feel supported to develop relationships and connections to mainstream community support	Access to community MH services by people from BME groups Access to psychological therapy services by people from BME groups Placeholder: Access to psychological therapies Recovery following talking therapies (all ages and >65) Estimated diagnosis rate for people with dementia Proportion of adults in contact with secondary mental health services in paid employment Placeholder: Dementia, measure of effectiveness of post-diagnosis care in sustaining independence and improving QoL

	People will have access to support to find employment, training or education People will have access to accommodation that meets their needs, in the borough	Mental health readmissions within 30 days of discharge Proportion of adults in contact with secondary mental health services in paid employment Adults in contact with secondary mental health services who live in stable and appropriate accommodation
More people with mental health problems will have good physical health	People in general settings like schools and hospitals will have access to mental health support When they need to access multiple services, people will feel that they are joined up People will have access to high quality mental health support in primary care, including GP practices and primary care psychology People with a mental health problem will have high quality support with their physical health Mental health is everybody's business	People with severe mental illness who have received a list of physical checks Severe mental illness: smoking rates Excess under 75 mortality in adults with serious mental illness Health-related quality of life for people with a long-term mental health condition
More people will have a positive experience of care and support	People will have access to improved information on what services are available People will feel that mental health services treat them with dignity and respect, and inspire hope and confidence Families and carers will feel more supported People will experience smooth transitions between services	Patient experience of CMH services
Fewer people will suffer avoidable harm	Focus on quality improvement	Hospital admissions as a result of self-harm
Fewer people will experience stigma and discrimination	Fewer people will experience stigma and discrimination Mental health awareness across our communities, schools and employers and in the health, social care and education workforce will improve Shared values: a whole person approach	

10. 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.

This 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 aboutpromoting 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.

It is our intention that this is a live strategy. 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. Our action plan for the delivery of the strategy over the next two years is available separately.

Appendix One: Summary of mental health specific indicators in the NHS, Public Health and Adult Social Care Outcomes Frameworks

Framework	Domain	Indicator (note indicators highlighted in orange are in the CCG outcome indicator set)
NHS Outcomes Framework	Domain 1: Preventing people from dying prematurely	People with severe mental illness who have received a list of physical checks
		Severe mental illness: smoking rates
		1.5 Excess under 75 mortality in adults with serious mental illness
	Domain 2: enhancing QoL for people with LTC	Access to community MH services by people from BME groups
		Access to psychological therapy services by people from BME groups
		Recovery following talking therapies (all ages and >65)
		Health-related quality of life for people with a long-term mental health condition
		2.6i Estimated diagnosis rate for people with dementia
		People with dementia prescribed anti-psychotic medication
		2.5 Employment of people with mental illness
		Placeholder: Measure of effectiveness of post-diagnosis care in sustaining independence and improving QoL
	Domain 3: Helping people to recover from episodes of ill health/injury	Placeholder: Access to psychological therapies
		Mental health readmissions within 30 days of discharge
		Proportion of adults in contact with secondary mental health services in paid employment
	Domain 4: Ensuring people have a positive experience of care	4.7 Patient experience of CMH services
Public Health Outcomes Framework	Domain 1 Improving the wider determinants of health	Adults in contact with secondary mental health services who live in stable and appropriate accommodation
		People in prison who have a mental illness or significant mental illness
		Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
	Domain 2: Health improvement	Hospital admissions as a result of self-harm
		Emotional well-being of looked after children
		Self-harm
		Self-reported wellbeing
	Domain 4: Healthcare public health and preventing premature mortality	Excess under 75 mortality in adults with serious mental illness
		Suicide rate
		Estimated diagnosis rate for people with dementia
Adult Social Care Outcomes Framework	Domain 2: Enhancing QoL for people with care and support needs	1F. Proportion of adults in contact with secondary mental health services in paid employment
		1H. Proportion of adults in contact with secondary mental health services living independently, with or without support
	Domain 2: Delaying and reducing the need for care and support	2F: Placeholder. Dementia: A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life.