

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>17/09/2014</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Mental Health Update
<b>Report author</b>	Andrea Morland, Senior Commissioning Manager (01225 831513) Paul Scott, Deputy Director, Public Health Mary Kearney-Knowles, Senior Commissioning Manager
<b>List of attachments</b>	None
<b>Background papers</b>	<ul style="list-style-type: none"> <li>• No Health without Mental Health</li> <li>• Children and Young People’s Emotional Health and Wellbeing Strategy</li> <li>• Children and Young People’s Plan 2014-2017</li> <li>• Closing the Gap – Priorities for Essential Change (25 priorities for change)</li> <li>• Mental Health Crisis Concordat</li> <li>• Joint Commissioning Panel for Mental Health Guidance</li> <li>• Dementia Strategy</li> <li>• Outcomes frameworks – Public Health, Social Care, NHS</li> <li>• Talking Therapies – A Four Year Plan</li> <li>• A Commissioners Guide to Primary Care Mental Health</li> <li>• Parity of Esteem</li> </ul>
<b>Summary</b>	This report provides an update on the mental health of people in Bath and North East Somerset, an update on commissioning and strategic progress and a request for further advice and support from the Health and Wellbeing Board.
<b>Recommendations</b>	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The progress to date across all commissioning, strategy and provision areas.</li> </ul> <p>The Board is asked for further advice and support in relation to:</p> <ul style="list-style-type: none"> <li>• Parity of Esteem</li> <li>• The Mental Health Crisis Concordat</li> <li>• Accommodation options for people with serious mental</li> </ul>

	<p>health problems (on CPA)</p> <ul style="list-style-type: none"> <li>• Ways to improve the employment options for people with serious mental health problems in B&amp;NES</li> <li>• Reducing stigma about mental health and promoting wellbeing</li> </ul>
<p><b>Rationale for recommendations</b></p>	<p>The work taking place is in line with the Health and Wellbeing Board's strategic priorities for mental health, long term conditions and dementia:</p> <p><b>Theme 1 – Helping People Stay Healthy</b> Healthy and Sustainable places (Accommodation, Community services)</p> <p><b>Theme 2 – Improving the Quality of People's Lives</b> Improved support for people with long term conditions (e.g. Wellbeing College, MindFull, parity of esteem) Reduced rates of mental ill health (e.g. suicide and self harm, wellbeing) Enhanced quality of life for people with dementia (e.g. in-patient provision)</p> <p><b>Theme 3 – Creating Fairer Life Chances</b></p> <ul style="list-style-type: none"> <li>• Increase resilience of people and communities including action on loneliness (e.g. Community services review)</li> <li>• Improve skills, education and employment (e.g. Wellbeing College, employment services)</li> <li>• Reduce health and wellbeing consequences of domestic violence (social prescribing)</li> </ul>
<p><b>Resource implications</b></p>	<p>Continuing re-design of mental health community and social care support services is taking place, in the context of the overarching savings requirements of the Council, as part of the Supporting People and Communities programme. Following sector reviews the final proposals for 2014-16 saw re-investment of monies into re-designed mental health services in line with members' requests.</p> <p>The longer term financial revenue (CCG) and capital (AWP) implications of improving specialist acute mental health in-patient facilities will be quantified and assessed as part of an options appraisal and impact assessment process.</p> <p>Implementation of service changes and improvements that relate to wellbeing, crisis concordat work and parity of esteem involve investment proposals that will need to be considered in light of overarching pressures on all health social care and related public sector finances.</p>

<b>Statutory considerations and basis for proposal</b>	<p>Statutory duties of the NHS and Council for the provision of Health and social services.</p> <p>Equality impact assessments relating to the options for in-patient redesign will be included as part of the engagement and impact assessment processes to be presented to the Policy Development and Scrutiny panel in the Autumn of 2014. This is in order to meet our duties under the Equalities Act.</p>
<b>Consultation</b>	<p>All mental health community service developments are taking place in conjunction with the Mental Health Wellbeing Forum, service users and carers.</p> <p>AWP and commissioners will engage with HealthWatch, Your Health, Your Voice (CCG participation group) stakeholders, clinicians, staff, service users and carers regarding in patient provision in line with their public duty requirements to involve the community under Section S244 of the NHS Act 2006 (as amended).</p> <p>No specific consultation has been undertaken on the contents of this update.</p>
<b>Risk management</b>	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

## THE REPORT

### 1. What do we know about mental health?

- Mental health problems are common (around 1 in 6 people affected at any one time), often start in childhood and are a leading cause of disability.
- Intervening early for children with mental health problems has been shown not only to reduce health costs but also realise larger savings such as improved educational outcomes, reduced unemployment and less crime.
- Prevalence of depression in B&NES is similar to the national average, with almost 9000 adults in B&NES recorded as having depression by their GP.
- Emergency hospital admissions due to self-harm in B&NES are significantly higher than national average. This may be due to different thresholds for admission compared to other areas. The highest admission rates are amongst teenage girls and young women. Admission rates show a close relationship with deprivation levels around the district.
- The number of suicides fell slightly during the mid-2000s but has returned to previous levels. It is similar to the national rate, but lower than the South West rate.
- 66% of adults on the Care Programme Approach (CPA) are in settled accommodation which is higher than the national average but has fallen over the last 18 months.
- 14% of adults on the Care Programme Approach (CPA) are in employment, which is double the national average.

- The proportion of mental health related social care clients receiving home care is higher than the national average. The proportion receiving day care services is lower than the national average.
- The number of carers of adult mental health clients whose needs were assessed during the year is lower than the national rate.
- B&NES has good performance compared to national averages across a range of service activities. Attendances at the emergency department and days spent in hospital beds for mental health issues are both lower than national average. Emergency admissions for people with schizophrenia are much lower than the national rate.
- Detentions under the mental health act are double the national rate.
- Hospital admissions for deliberate and unintentional injuries amongst people aged 0-24 years are higher than the national average.
- 47% of people completing primary care psychological therapies treatment are rated as moving towards recovery, which is similar to the national rate.
- In 2012/13 B&NES spent less per head of population on mental health specialist services than the national average.

## **2. Commissioning and strategic updates for wellbeing, self-harm and suicide prevention.**

### **2.1 Wellbeing**

Public Health England is publishing a national approach to improving wellbeing in October 2014 and we will use this national work to review local work in B&NES.

A variety of actions to support the wellbeing of young people are being coordinated via the Children and Young People's Emotional Health and Wellbeing Strategy. Recent NICE guidance identified a range of actions local authorities should be taking to promote the wellbeing of young people and the strategy is currently being benchmarked against this guidance.

Early identification and intervention with children displaying emotional distress is vital. Schools (particularly Primary Schools) have accessed specialist training and support to become Attachment Aware Schools and several Primary Schools staff have undertaken training in Nurture and Theraplay to enhance their understanding of children with high levels of social and emotional needs who may later be at risk of exclusion.

A new Nurture Outreach Service has been commissioned to support school staff to manage challenging behaviour where a nurturing approach is best to meet the needs of the child. From September Place2Be will be providing a counselling service in selected Primary Schools and Brighter Futures will run the Nurture Outreach Service for targeted children from all primary schools.

A "Get Set" programme is now offered through the Education Psychology Service for those children who have been identified as needing more support for starting school. This programme allows school staff to be released to regularly visit children in their pre-school settings and Early Years staff to subsequently visit the child in their schools.

For older children and young people, a pilot of MindFull - an online information, peer-support and online counselling service - has been commissioned jointly by B&NES CCG and Public Health and will commence in September. Its online nature makes it accessible and is the preferred medium for some young people. The counselling provides support for young people to self-refer for milder mental health problems which may not meet the criteria of specialist mental health services.

There are also exploratory conversations with Oxford Health regarding young people aged 16-18 being able to self-refer to their services. This may help address "reluctant" young people being referred from other services who subsequently do not engage with treatment.

The Director of Public Health Award is given to those schools that improve the school setting to promote wellbeing and demonstrate change within their pupils. Mental wellbeing has been added to the criteria used for reviewing schools working towards the award.

The key development to promote wellbeing amongst adults at high risk of poor mental health is the commissioning of a Wellbeing College. This is a joint development between B&NES CCG, Adult Care and Public Health starting in September 2014. Work is underway to provide courses which help people manage their long term conditions and mental health, develop a healthy lifestyle, manage key social issues such as housing, employment and debt and achieve wellbeing through learning new skills and pursuing interests. The work of the College will be integrated with mainstream community activities and education in its broadest sense and will provide an umbrella concept for the delivery of many of our existing groups etc.

Through a "college" approach a range of educational courses and access to resources can be made available for people to understand their conditions, share their experiences, learn ways to manage their conditions, build their skills, support one another and take control. The college is informed by national evidence of effectiveness in mental health recovery collages and Expert Patient/peer facilitation programmes and designed around the principles drawn from the peer-led Bridging the Gap research in B&NES.

A joint approach to improving the physical health of people with severe mental illness is also being implemented. This will require more systematic checks of key lifestyle risk factors amongst people using the services of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). People with severe mental illness have a very much reduced life expectancy compared to the general population. Smoking and other lifestyle risk factors often account for a significant proportion of this gap.

Somer Valley FM have been piloting an information campaign to promote the Five Ways to Wellbeing amongst local people. These are a range of evidence based actions to improve wellbeing, including: Connect, Be Active, Take Notice, Keep Learning, Give.

Sirona Care and Health's Healthy Lifestyle Service are also incorporating mental health in to their overall workplace wellbeing programme which works with local employers to make changes that support the health of their staff and productivity of their business. **Further**

***advice and support from the Health and Wellbeing Board on reducing stigma about mental health and promoting wellbeing is welcome***

## **2.2 Self-harm**

A new programme of support for people who attend the RUH emergency department following self-harm starts in September 2014. We expect to see a reduction in the number of people who are readmitted in the future. This is jointly commissioned by B&NES CCG, B&NES Public Health and Wiltshire Public Health. As part of this commission a self-harm register is now helping us have better insight in to people attending for self-harm, their key risk factors and the quality of the care they receive. Examples of recent focus have been people using high fatality methods and also older people who are at higher future risk of suicide than younger people but are less likely to receive psychosocial assessment.

## **2.3 Suicide prevention**

In addition to the above actions to promote wellbeing and reduce self-harm, we are working closely with specialist mental health services for young people and adults to ensure that key national recommendations for reducing suicide risk are being implemented locally.

The feasibility of setting up a bereavement support group for people affected by the death of a family member or friend is being explored, which is a current gap in the West of England area.

Three training sessions on suicide were provided during the Spring of 2014 to around 150 front line staff across B&NES. These staff were largely non-clinical coming from a range of organisations such as schools, housing providers, teachers, employment advisers, drug treatment staff, etc. The rationale being that most clinical staff already receive opportunities for training and the majority of people taking their life in B&NES are not in touch with mental health services.

We are working closely with colleagues across the West of England, Bristol University and AWP to develop a joint system for monitoring suicide data from the Avon Coroner. This would provide more timely and insightful data than has been available previously.

## **3. Mental Health services update**

### **3.1 Primary Care and Community Services**

During 2013-14, local commissioners and providers built upon our previous successes and re-emphasised our commitment to deliver more personalised, recovery focused mental health community services, with people able to improve their health through self-management of conditions and peer support and education.

Our aspirations above will be further realised during the next two years through the model of care and associated services outlined below:

- A continued increase in the development of peer support and service user/carer led activities through the Building Bridges to Wellbeing and Creative Arts projects as well as maintaining funding into Quartet grants.

- An increase in the self-management of long-term health and mental health conditions through piloting a Wellbeing College.
- Fully develop a Single Point of Entry Primary Care Mental Health service combining the Primary Care Talking Therapies and Liaison teams in order to expand the range and types of intervention available and meet the national target of 15% of the prevalent population accessing services by the end of 2014-15.
- The provision of an episode of mental health reablement normally for up to 6-8 weeks (or up to 12 weeks in a smaller number of cases) at the beginning of a pathway of care providing intensive support to resolve acute social care related issues that may be undermining mental wellbeing.
- The development of a short stay Respite facility attached to the reablement team for those who would benefit from short periods in a different environment.
- A remodelling of Sirona Care and Health floating support services, to staff an expanded reablement service and a Community Links service (previously Community Options).
- Supporting service users who have received long term support from Sirona Care and Health to access an alternative provider of floating support by October 2014 (or by January 2015 in exceptional circumstances).
- The establishment of a social prescribing service across B&NES to link with new domestic violence initiatives.
- The re-design of the vocational and job retention employment service in the context of low levels of employment compared to the rest of the population. **Further advice and support from the health and wellbeing Board on this issue is welcome.**

### 3.2 Specialist Acute Mental Health services

Following reorganisation of services by the Avon and Wiltshire Specialist Mental Health Trust we now have a locality management team working alongside commissioners and other providers in a more focused way to:

- Improve the local integration of specialist mental health services into all the pathways of care as described above. AWP are key to ensuring the success of many of the initiatives above through information and signposting as well as shared delivery of service where appropriate.
- Enable mainstream health and public sector services to realise their roles in attending to the physical healthcare needs of people with mental health problems as well as the mental health needs of people with physical health problems (Parity of Esteem - national agenda). Developments in this area are evidenced in AWP's excellent mental health liaison services into the RUH, care homes and community hospitals as well as commissioners' plans to transform the pathways of care for people with long term conditions to, for example, include psychological and wellbeing support with training and service support from AWP. **Further advice from the Health and Wellbeing Board about how to embed this approach in B&NES is welcome.**
- Facilitate appropriate responses to people in a mental health crisis or requiring urgent care in B&NES in line with National Crisis Concordat work. This work is not restricted to implementation by and investment into mental health services but requires a whole public sector system response. E.g. it is planned to pilot the ambulance service having internal mental health clinical hubs for advice to front line staff. **Further advice from**

***the Health and Wellbeing Board about how to embed this approach in B&NES is welcome.***

- Continue to address the falling levels of people with mental health problems on CPA living independently in what is known as settled accommodation. On review of the data which covers people who are 18-69 (not 65) the predominant numbers of people who are home owners are between 65-69 with younger people being in supported accommodation or having tenancies. Of these tenancies the number that are through private landlords is lower than through housing associations. We are continuing to investigate these trends as AWP provide the data but not service in this area in order to understand what effects any benefit changes may be having on our younger and more vulnerable clients. ***Further discussion with the Health and Wellbeing Board about ways to improve accommodation options for people with mental health problems is welcome.***
- Work with commissioners to improve the quality of local in-patient facilities. The current configuration of wards means B&NES has two stand-alone specialist acute Mental Health assessment units (Sycamore and Ward 4) so, whilst it is imperative to address the immediate environmental concerns on Sycamore Ward in Hillview Lodge (following serious concerns from staff and CQC about the environment on the ward) we also need to “future proof” capacity and provision to ensure we deliver high quality, skilled in-patient care to both our functional and dementia patients.

Initial ideas for moving forward have been discussed with clinical and managerial staff as well as stakeholders at the:

- Mental Health Project Board (29/04/14)
- B&NES CCG senior leadership team (29/05/14)
- Dementia Care pathway Group (26/06/14)
- Mental Health and Wellbeing Forum (01/07/14)

Soundings from these early discussions are that doing nothing is not an option, that having new purpose built facilities is a positive opportunity and that commissioners and AWP should:

- Continue to investigate options for a rebuild/new build that includes the dementia assessment beds being on the same site as the acute functional mental health beds
- Investigate the option to retain a presence on the RUH site but in another part of the site and maximise benefits of linking mental health with physical health facilities
- Explore an option of decanting, demolishing and rebuilding Hillview to accommodate extended in-patient (wider than B&NES basis) services and community teams
- Pursue a purpose built option, whether on the RUH or another site, as this offers the potential for developing new partnerships with other providers of complementary services
- Consider whether new / remodelled accommodation in the B&NES locality could also include the potential for an “all age” Section 136 suite



#### **4. Conclusion**

A great deal of work is taking place to support mental health and wellbeing in B&NES in line with the Health and Wellbeing Strategy's themes and crossing cutting principles. Based on these principles further advice and support from the Health and Wellbeing Board is sought on:

- Embedding the notion of Parity of Esteem for physical and mental health
- Embedding support for people in a mental health crisis across all sectors
- Ways to improve accommodation options for people with serious mental health problems in B&NES
- Ways to improve the employment options for people with serious mental health problems in B&NES
- Reducing stigma about mental health and promoting wellbeing.

**Please contact the report author if you need to access this report in an alternative format**