

Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Improving Mental Health and Wellbeing of Adults

Meeting Date: March 2013

Responsible Officer(s) Diane Gray Director of Strategy and System redesign

Presented by:

Action Required: It is recommended that the Health and Wellbeing Board

1. note the progress made by during 2012/13 in planning services that seek to improve outcomes for people with mental health conditions and the plan and the planned work to review the approach to mental health and dementia.
 2. consider the current position and the work underway through the Healthy Communities Older People partnership and the Mental Health and Learning Disability Change Programme Board (formerly QIPP Board) to modernise the current mental health system.
 3. note the baselines of the indicators agreed by the Board last year and consider the addition of dementia indicators; which will enable the Board to monitor improvement in access to memory services and to good/quality dementia care.
 4. consider how to continue support the suicide prevention agenda and to seek the support of the Local Economic partnership in Mental Health promotion and suicide prevention.
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Executive Summary

1. The health and wellbeing board identified improving mental health and wellbeing of adults as one of its priorities both to raise the profile and reduce stigma of mental health and wellbeing and to raise the understanding of the impact of poor mental health on other health and wellbeing priorities. This paper outlines work underway and sets out key actions to deliver improved outcomes and commitments in the Joint Health and Wellbeing strategy.

2 Background

In developing the Health and Wellbeing Strategy the Health and Wellbeing Board acknowledged that Mental health illness is a common but often ignored aspect of health and wellbeing. This view was supported by current data which shows that :

- at least 25% of the population will experience a mental health problem during their life, 1-6 adults has a problem at any one time, and almost half of adults will experience at least one episode of depression during their lives.
- Mental health problems are estimated to be the commonest cause of premature death and years of life lived with a disability.
- Poor mental health is associated with a variety of health behaviours including smoking, drug and alcohol misuse, poor diet and unwanted pregnancy.
- About 1 in a 100 people has a severe mental health problem and in Central Bedfordshire, based on 2011 census information, this suggests there are 1,980 CBC residents aged over 18 currently with a severe mental health problem.
- The position of the provision of care and support as perceived by the Health and Wellbeing Board was that there needed to be
 - Improve mental health through wellbeing and prevention services
 - reduced waiting times for assessment and treatment
 - maintenance of peoples mental health post treatment through better community and primary care services
 - increased access to psychological therapies (IAPT - through the IAPT programme)

	<ul style="list-style-type: none"> • improvement in the way care is delivered to people with dementia, and for their carers including improved access to memory clinics • continued support people to improve and keep their mental health through programme such as Chang4 Life and making every contact count (MECC) • improved peoples experience of mental health services • increase in the number of people with mental health issues treated appropriately within GP practice/primary care
3	The CBC and NHS Bedfordshire Joint Commissioning Strategy
	<p>The Central Bedfordshire joint commissioning strategy for mental health services for adults and older people 2011 – 14 was developed by CBC and NHS Bedfordshire commissioners and identified the following priorities for action, which also inform some of the key commitments in the Health and Wellbeing strategy:</p> <ul style="list-style-type: none"> • To modernise mental health services and introduce the mental health and wellbeing integrated stepped care and recovery model into the local pathway of mental health services and support • To ensure that universal services e g leisure, reablement, primary care make reasonable adjustments and are accessible to everyone in the community, including people who have a mental health condition. • To continue to support people with mental health conditions to retain their job or achieve employment. • To make sure primary care services are supported to care for people in the community where possible and appropriate. • To support initiatives and approaches to mental illness that tackle stigma e g World Aids Day, voluntary sector collaboration. • Work with NHS commissioners to ensure they understand the importance of housing, housing options and advice and benefits information and advice for people accessing NHS mental health services. <p>The implementation of the strategy is overseen by the Healthy Communities & Older People group with representation from CBC, NHS Bedfordshire and more recently been joined by the Lead BCCG GP for CBC.</p>

4 Measures of Success

The list of indicators and baselines to measure the key areas in the priority includes:

Indicator	Baseline and year	Benchmark (England, East of England or statistical neighbour)
Increased proportion of people with mental illness in settled accommodation	51.0% (2011/12)	57.8% (2011/12)
Increased proportion of people with mental illness in paid employment	5.3% (2011/12)	8.0% (2011/12)
Increasing the proportion of people with anxiety and/or depression who receive psychological therapies	10% target in place	n/a
Mortality from suicide and injury undetermined (DSR per 100,000)	6.5 per 1000 (2008-10)	7.9 per 1000 (England) 7.5 per 1000 (East of England)

Currently the list does not include dementia measures. Both CBC and the CCG are working to improve dementia care and targets are in place to measure access to services. Including these indicators would enable the Health and Wellbeing Board to measure performance in an area where they are keen to see improvement.

Work is underway to finalise all the targets for the indicators for 13/14, and this plan is due to be presented to the Joint Strategic Commissioning Group (JSCG) at their next meeting on the 5 April.

5 Actions taken during 12/13

Access to universal services

An increase in the take up of direct payments has meant more people are now accessing more universal services, such as sports centres and gyms to assist with physical and mental wellbeing to counter social isolation and depression.

The network of Citizen Advice Bureaus across Central Bedfordshire provide a range of information and advice in relation to benefits/welfare issues, accessing health and social care services and housing related support.

Access to employment

To support people in maintaining their current employment and others in regaining employment, the Retain/Regain employment service operated by the Richmond Fellowship has had its funding confirmed for a further 12 months until March 2014. This service now covers the whole of Central Bedfordshire and provides practical assistance to enable employees and employers to understand and manage mental health issues which could impact on the persons ability to carry out their work.

This service also provides job preparation support for people who have been unemployed for some time, who also have some form of mental illness.

The Empowa service operated by SEPT, provides a similar range of support services for people with more chronic forms of mental illness, which would require a longer period of employment coaching to prepare them to re enter the job market.

Voluntary sector providers such as MIND also as part of the Recovery Star Model prepare and support people with more enduring mental illness to undertake a range of employment from voluntary placements to full employment.

Modernising mental health services

The Mental Health & Learning Disability Change Programme Board (formerly QIPP Board) is currently overseeing two major change projects that are reviewing the current model and putting in place a modernised system. The projects continue the work undertaken in the last few years to fully implement the evidence based stepped care model (described in appendix 1). One project, (step 1- 3), covers mild to moderate mental health problems and the other project (step 4-5) covers severe and enduring mental health problems. The scoping phase of these projects is due to end in the next 3 months.

An integrated early diagnosis and post diagnosis dementia support care pathway will be implemented during 2013/14. This will see the number of people with dementia receiving an early diagnosis continue to increase in line with the recommendations outlined in the National Dementia Strategy.

The proportion of people with anxiety and depression has been increased to 3.7%.

Primary care services

A primary care link worker service model has been piloted in some areas of BCCG including Leighton Buzzard, and the draft evaluation of the service has recently been received. Once the evaluation is completed the outcomes will inform future commissioning models.

Tackling stigma

We have continued to support people to improve and keep their mental health through programmes such as change 4 life and making every contact count (MECC)

Housing and benefits information and advice for people accessing NHS mental health services

Central Bedfordshire Council's Housing section provides a wide range of information and support relating to accessing housing and such welfare entitlement as council tax relief and housing benefit. Similar support is provided through the other Housing Associations but principally Aragon Housing Association who are the main social landlord in the Ivel Valley and West Mid Beds areas of Central Bedfordshire.

The access to appropriate forms of housing for people with mental health issues is a key priority for 2013/14 as there can still be difficulties in getting the housing and care and support arrangements right. A Housing Workshop is being planned for April 2013 to map the current process for accessing housing and identify the gaps which need to be addressed especially around models of more supported accommodation for people who are recovering from an episode of mental illness.

Suicides

During 12/13 there was an increase in the numbers of suicides in Central Bedfordshire from 11 (9 males and 2 females) in 2011 to 16 (11 males and 5 females) last year. Public health undertook a suicide audit in 2012 and concluded that the increase was no worse or no better than in other comparable authorities and that the increase reflects the national situation.

The suicide group has produced a new action plan to reflect the findings and have highlighted the need to target specific groups including men in full time in employment and to :

- Raise the awareness of new triggers for suicide (relationship breakdown, loss or impending loss of employment and debt) within healthcare and voluntary settings.

- To encourage men to talk about their issues – Public health are in the process of working with Samaritans and MIND to produce posters to urge men to pick up the phone and talk.
- To improve data collection for attempted suicide.

BCCG Strategic Priorities

During 12/13 the BCCG lead GP has been discussing MH priorities with local GP's and other stakeholders to ensure that the BCCG develops and agrees strategic priorities and objectives that align with the clinical commissioning group's strategic plan, are supported by GP's , service users/patients, carers, and partners and reflect the change in the NHS landscape. A document is currently in draft and is expected to be shared with partners in April 2013.

6 . Conclusion and Next Steps

Historically there were joint working arrangements in place across the authority with the PCT. Over the past few months these have been developing to include Clinical Commissioning Group representation. As the CCG takes on statutory responsibilities including commissioning NHS mental health care from 1 April 2013 plans are in place to review the approach to mental health and dementia services.

Work has been and will continue with a wide range of partners and stakeholders to deliver modernised fit for purpose mental health services and better outcomes for people with mental health conditions and their carers through transforming the current pathway of care and support.

Actions to reduce stigma and promote positive attitudes to mental health remain important.

Work is underway to agree performance targets for 13/14, the addition of the dementia access targets to the indicator list will strengthen the implementation of the strategy

Increasing IAPT to ensure 10% of the population can access the service by March 2014 and early dementia diagnosis to 53% of the dementia population will require investment in these areas for 13/14. Currently commissioners are developing business cases to support these developments. They will need to move rapidly to focusing on implementing the business cases to ensure the expansion of services can happen in a timely manner .

A clearer understanding of the resources available and current performance across health and social care against the key indicators is required

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Issues	
Strategy Implications	
7	<p>Improving mental health and wellbeing is one of the priorities within the Health and Wellbeing Strategy</p> <p>There is clear alignment with the BBCG strategic commissioning plan and the areas of focus, care right now, care for my condition into the future & care when its not that simple (Mental Health & Learning disability programme)</p>
Governance & Delivery	
8	<p>There are two key groups involved in the delivery of this priority, the Mental Health Delivery Board as part of HCOP which is jointly chaired by CBC and the CCG lead GP for Central Bedfordshire and the Mental Health and Learning Change Programme Board (formerly QIPP Board) chaired by the BCCG lead GP has CBC membership.</p>
Management Responsibility	
9.	
Public Sector Equality Duty (PSED)	
10.	<p>The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>
	<p>Are there any risks issues relating Public Sector Equality Duty Yes/No</p>
No	Yes <i>Please describe in risk analysis</i>