

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

DATE OF MEETING: 6 OCTOBER 2016 AT 10.00 A.M.

**PROGRESSING MENTAL HEALTH IMPROVEMENT ACROSS THE
POPULATION: A SYSTEMS APPROACH**

Report of the Director of Public Health

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1.0 Purpose of report

1.1 To set out plans and progress in developing a population approach to mental health across Hertfordshire, taking a system wide focus involving all key partners.

2.0 Summary

2.1 Good mental health is fundamental to quality of life and getting the most out of life, with close links to physical health. Mental ill health is the largest cause of disability in the UK and preventing long term mental illness can lead to significant cost savings.

2.2 A system wide approach to mental health improvement is needed to ensure progress on a range of interlinked issues, by a number of different organisations, at a time of increasing pressure on budgets. Public Health has some dedicated resource to support this work for the system, and plans are evolving with key partners. Direction is underpinned by Hertfordshire's mental health needs assessment, a developing consensus statement of what a whole system approach looks like (Appendix A) and by the Five Year View for Mental Health (<https://www.england.nhs.uk/mentalhealth/taskforce/>). A system wide approach does not rely on mental health services to be the whole system but identifies leadership and action across four major domains of population mental health, at all life stages:

1. Promoting wellbeing – a good and positive state
2. Promoting psychosocial resilience – giving people skills to cope with stressors and life

3. Preventing ill-health – spotting signs, intervening early with basic interventions
4. Addressing and recovering from mental ill-health – the emphasis on best possible coping, functioning and recovery

2.3 The following report is an update on initiatives relevant to better system wide working which have been progressed with varying levels of public health input and by varying parts of the system. The initiatives are listed below.

2.4 The list below includes leadership from Hertfordshire Partnership Foundation Trust (HPFT), NHS Trust, Clinical Commissioning Groups (CCGs), Public Health, Adult Social Care, Childrens' Services, Voluntary Agencies and others:

- Work on Young Peoples Mental Health
- Promoting mental health in children and young people
- Developing a suicide prevention action plan
- Developing a Physical Health Strategy for Herts Partnership Foundation Trust (HPFT)
- Year of Mental Health: impact & legacy
- Wellbeing Recovery College
- Progress since the Mental Health Needs Assessment workshop (April 2016)
- Hertfordshire's Mental Health Strategy – subject of another report to this meeting

3.0 Recommendation

3.1 The Board is asked to note the contents of this report and endorse the current focus for system wide working.

3.2 The Board is asked to consider how we build a whole system approach to mental health (prevention, wellbeing, resilience, services and recovery) and further suggestions for focus areas to improve system working across partners would be welcomed.

3.3 The Board is asked to consider receiving a periodic update on progress on this work.

4.0 Background

- 4.1 Good mental health is fundamental to quality of life and getting the most out of life. It is closely linked to physical health: poor physical health often leads to anxiety and depression, while poor mental health itself affects recovery from conditions, as well as our ability to self-care/prevent conditions developing. Mental ill health is the largest cause of disability in the UK and preventing long term mental illness can lead to significant cost savings.
- 4.2 People with mental health conditions have considerably poorer life expectancy and a greater burden of disability. This has prompted the parity of esteem movement to ensure that the care of mental health conditions mirrors that of physical health conditions. And with people living longer, the debilitating effects of social isolation is a key issue for promoting independence and wellbeing in later life. Organisations across Hertfordshire are committed to addressing related health inequalities.
- 4.3 A system wide approach to mental health improvement is needed to ensure progress on a range of interlinked issues, by a number of different organisations, at a time of increasing pressure on budgets. Public Health has some dedicated resource to support this work for the system, and plans are evolving with key partners. Direction is underpinned by Hertfordshire's mental health needs assessment, work led with partners by the Director of Public Health (Appendix A) and by the Five Year View for Mental Health (<https://www.england.nhs.uk/mentalhealth/taskforce/>).
- 4.4 It can be seen that Hertfordshire, through leadership from the commissioners and key agencies like Hertfordshire Partnership Foundation Trust (HPFT) and third sector agencies, is seeking to bring together a systems approach to mental health at population level. There remain gaps
- 4.5 Since the publication and approval of the Children and Adolescent Mental Health Service (CAMHS) Review, a CAMHS Transformation Board has been investing in key priorities for children and young people and this has been separately reported to the Board. In addition, a range of projects on young peoples' mental health improvement are being progressed, with various agencies leading:
- CAMHS Transformation (previously reported to the Board)
 - Promoting mental health in children and young people:
 - Tackling perinatal mental health, including a new network
 - Developing pastoral leads in schools

- Mental health first aid youth
- Child & Adolescent Mental Health in schools pilot
- Support for pupils through the School Nursing service
- Responding to self-harm, training for teachers
- Training in MindEd , a free educational resource for parents & professionals

4.6 A Suicide Prevention Action Plan is in development. All local areas need to have a multi-agency suicide prevention plan in place by March 2017, as stipulated by the Five Year Forward View for Mental Health. A sub-group involving Public Health, HPFT, and Herts County Council Mental Health Commissioners has met on several occasions to develop the approach, before engaging with wider stakeholders at specific event. The group is currently working to complete a first draft action plan, drawing on the National Suicide Prevention Strategy and practice in other areas, to ensure effective action around six common themes

1. Reducing the risk of suicide in key high risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to the means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection, and monitoring

4.7 The draft action plan will be presented to a stakeholder engagement event on Wednesday 9 November for further input. The event will set out key activities underway for each of the six action areas, interspersed with personal testimony from survivors, affected families, and professionals affected (e.g. train drivers). The latest updated Suicide Audit, if completed, will be presented at the event to inform next steps as well. The action plan will then be finalised drawing on feedback from the event and from key informants, before being signed off by various key meetings across the system. It will be for all ages and will link in, where appropriate, on action to address self-harm.

4.8 A Physical Health Strategy for Hertfordshire Partnership Foundation Trust (HPFT) is in development. HPFT are building on their work around smoking cessation to address wider aspects of improving

physical health for their patients. A strategy is being drafted, focusing on meaningful actions around alcohol, physical activity, weight management, smoking, and dental health. Once completed, progress will be monitored through the quality metrics in the CCG's contract with the Trust.

Year of Mental Health Legacy

- 4.9 The Year of Mental Health has been the subject of previous reports. It sought to tackle mental health stigma and discrimination, improve access to treatment and care, and to ensure parity of access to treatment for both mental and physical health. Member Mental Health champions have been identified and trained in each District. 510 individual pledges were made around personal action to improve mental health, and there was extensive community engagement. An opportunity has arisen to bid for sponsorship from the private sector to continue the engagement work through a Mental Health Network. This will be further explored.

Wellbeing College

- 4.10 A pilot Hertfordshire Wellbeing College is currently being scoped with partners. The aim is for the pilot to run for 2 years and the College would be open to all Hertfordshire residents aged 18 and over. The Recovery College model will be used, will be self-selecting for students, and will solely focused on educational programmes. The Recovery College will provide courses that benefit both physical and mental health.

Immediate Priorities from Needs Assessment Workshop

- 4.11 At the Mental Health Needs Assessment workshop (13 April 2016) three themes at the workshop that were explored in depth; suicide prevention, workplace health and mental health and housing. These were not meant to be exclusive but some first areas for action.
- 4.12 Progress on suicide prevention is detailed above
- 4.13 The workplace programme commissioned from Business in the Community is scheduled to end in January 2017 unless external funding is identified to continue the programme. Over 1,000 people have been trained in Mental Health First Aid (lite), and a newsletter and network to support these individuals was launched in July this year. The workplace programme has extensively engaged with the four NHS Trusts to extend the scope of their staff wellbeing plans. Developing these plans was a national requirement for all NHS Trusts, but guidance was limited for Trusts on getting the most out of the opportunity. Two practical checklists were developed by public health against which the draft plans have been assessed. Hertfordshire's proactive approach has been commended by Public Health England.

4.14 Progress around Housing for people with mental health problems or at risk of crisis is being taken forward by the Mental Health Crisis Care Concordat. Their action plan includes addressing

- Good access to housing for general needs via district/borough councils e.g. tenancy support
- Ensuring appropriate access and support in maintaining good quality accommodation
- Providing support to people experiencing additional pressure due to worries about homelessness or accommodation
- Considering the use of Individual Budgets to acquire rent deposits and tenancy support
- Ensure relevant district and borough council services are represented at, or contribute to, CPA planning meetings and in reviews.

Crisis Care Concordat

4.15 The Crisis Care Concordat reports into the Health and Wellbeing Board, and there are a number of housing networks which will pick up on mental health issues, including the new Supported Housing Strategic Board (led by Iain MacBeath). Public Health has mapped the various networks on behalf of both the Public Health Board and Health and Wellbeing Board, to gain oversight of the housing and health agenda across the board.

Further areas for work

4.16 Ensuring that we drive down section 136 admissions across drugs and alcohol and mental health is currently being worked on by both the Crisis Care Concordat, Police and Public Health (as drug and alcohol service commissioners.) More work is being scoped on these areas.

4.17 There remain further areas for work and gaps. A systems approach will enable us to map these as part of responding to the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

5. Hertfordshire's Mental Health Strategy

5.1 Work outlined above fits well with Hertfordshire's emerging Mental Health Strategy, subject of another report to Board today. The Strategy has five identified themes

- Listening and responding to service users and carers
- Early and fair access to diagnosis, treatment and support
- Valuing mental and physical health equally
- responding to crisis
- From recovery to independence

5.2 The population health or systems approach outlined in this report is complementary to the Strategy and linked with it.

6. Financial Implications

6.1 This workstream has no dedicated budgets and is not at this stage seeking resource. It focuses on system working and better aligning existing resources to improve outcomes across Hertfordshire.

6.2 Continued and meaningful engagement will be vital to achieving this as budgets are tightened.

Report signed off by	Jim McManus
Sponsoring HWB Member/s	Teresa Heritage & Jim McManus
Hertfordshire HWB Strategy priorities supported by this report	Improving population mental health is relevant to each of the life stages identified within the new Health and Wellbeing Strategy
Needs assessment (activity taken) A comprehensive needs assessment was carried out in 2014. This is available on the JSNA web pages	
Consultation/public involvement (activity taken or planned) – consultation and public involvement underpins progress for many of the key issues identified in this report that contribute to better system working	
Equality and diversity implications improved system wide working will help improve outcomes and address current mental health related inequalities through more effective use of available resources and better co-ordination between agencies.	
Acronyms or terms used. eg:	
Initials	In full
COPD	Chronic Obstructive Pulmonary Disease

Appendix A: A whole system approach to mental health

In development by the Public Mental Health Interest Group, led by Jim McManus, DPH for Hertfordshire with the National Collaborating Centre for Mental Health and Professor Jonathan Campion,

The four big tasks of population mental health

- 5 Promoting wellbeing – a good and positive state
- 6 Promoting psychosocial resilience – giving people skills to cope with stressors and life
- 7 Preventing ill-health – spotting signs, intervening early with basic interventions
- 8 Addressing and recovering from mental ill-health – the emphasis on best possible coping, functioning and recovery

The System Must Dos to get good outcomes for good population mental health

With thanks to Andy Bell, Centre for Mental Health

These are presented as a lifecourse approach, which should help develop a population mental health programme. We have also adjusted these so that they each track to one or more outcomes from our Needs Assessment.

1. Invest in good parenting – reducing the cost of conduct disorder and other problems in later life
2. Maternal Mental Health during and after pregnancy, including quick access to cognitive behavioural therapy as a priority
3. Ensuring the key role of schools in mental health is delivered
4. Primary School is key, and the first major external influence on childrens' resilience
5. The whole school approach is the most effective thing you can do
6. Ensure good adult resilience and early intervention
7. Workplace interventions pay off – the positive and supportive psychosocial working environment is a key part of this
8. Early identification
9. Reducing loneliness – a big task for resilience as well as recovery
10. Address alcohol issues especially where it's used for self-medication. You could do the same on drugs and tobacco
11. Zero suicide – we have to be ambitious
12. Relapse Prevention especially for psychosis
13. Support Recovery , always and in every service
14. Ensure you address physical and mental health –cardiovascular health, smoking, weight and other physical health issues are disproportionately seen in people with mental ill-health. We must address these because they reduce life expectancy, worsen burden of disease and disability and are important in getting people to better mental health

15. Identify and address unmet need, especially in people with long term conditions
16. Liaison Psychiatry in every Hospital
17. Smoking – get people off tobacco,
18. Make it happen using a system public health approach
19. Reduce stigma and increase awareness

Systems within Systems

Andy Bell suggested, to some issues within the school as a system:

Target young people at the greatest risk for mental ill health and reducing resilience. The Good news here is there are lots of interventions which demonstrate value for money

Adolescence – ensure good resilience here especially because there is mounting evidence of worsening wellbeing among girls. Involve young people in service design and re-design.

Target young people involved in gangs and crime to provide safe and credible routes out and into support. This will pay off later

The System Critical Success Factors

Within the system itself, there are a number of critical issues which help determine success or failure in getting a systems approach to mental health. We call these Critical Success Factors.

1. A clear shared view of the system
2. Ability to focus up and down from system to particular issues
3. Leadership across the system
4. Understand need using data and peoples knowledge
5. Set outcomes
6. Identify and prioritise interventions
7. A balanced scorecard approach to this
8. Multiple actors, multiple partnerships, shared vision – a programme approach
9. Evaluate and iterate