

**TITLE OF REPORT:** Mental Health Review – 6 month update

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### **Summary**

The Committee focused the 2014-15 review on mental health and well-being. This was due to the fact that in Gateshead the percentages of those diagnosed with mental health conditions, including common disorders such as anxiety or depression, are significantly higher than national averages.

A final report, which analysed the issues identified during the review and made recommendations for future action, was discussed and agreed at the committee on April 21<sup>st</sup> 2015. This report provides an overview of progress against the identified recommendations.

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### **Background**

1. One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years.
2. Mental health is high on the government's agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with a mental illness.
3. In Gateshead, the percentages of those diagnosed with mental health conditions are significantly higher than national averages. This could be due to a number of local factors, including higher detection and diagnosis of these illnesses. However local partnership work has also suggested that austerity and Welfare Reform is impacting negatively on the mental health and wellbeing of affected residents.
4. The rates of hospital admission for self harm and unintentional injury for both under 18s and adults are significantly higher than national averages. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) is lower than the national average.

5. The Gateshead suicide rate is similar to the national average, but small numbers annually means that looking at the rate for a single year must be viewed with caution. A suicide audit will be completed in 2015 which will clarify the current position.
6. Most people are given treatment with anti-depressant medicines and some are offered 'talking therapies' through the IAPT service.

### **Headline findings**

#### **Inequality and parity of esteem with physical health**

7. It was clear from the evidence provided that people with mental illness suffer from significant inequalities in relation to a range of health outcomes.
8. It was agreed that consideration of the major factors contributing to physical illness and early death in this population was needed. The aim of this was to ensure the provision of appropriate preventative interventions (e.g. stop smoking services).

**Priority 1: Ensure the physical health needs of people with mental illness are addressed alongside their mental health. This includes the need to address aspects of lifestyle behaviours that negatively impact on physical health e.g. smoking.**

#### **Continue to improve the quality of local mental health services**

9. From the evidence submitted it was evident that the NewcastleGateshead CCG and Northumberland Tyne and Wear Mental Health Trust were committed to engaging with colleagues in their review of mental health services.
10. The CCG informed the Committee that the next stage of the review was to develop potential future options. It was agreed that it was important that all colleagues across health and social care continue to work to identify improvements in the treatment pathway for those people with mental illness.

***Priority 2: Ensure the review of mental health services results in the provision of both high quality and accessible services for the Gateshead population. Particular consideration needs to be given to accessibility for family members and carers.***

***Priority 3: Review current working arrangements for the management of people with dual diagnosis (substance misuse and mental illness) in order to identify opportunities for improving outcomes.***

## Prevention and the role of Social Prescribing

11. The review identified that social isolation was both a cause and a consequence of mental illness. It also acknowledged that social relationships are particularly important for people with mental health problems.
12. Social prescribing was outlined as offering a ‘more than medicine’ approach involving clinicians prescribing social activities to improve a person’s mental health instead of or as well as medication.

***Priority 4: Develop a sustainable model of social prescribing in Gateshead.***

***Priority 5: Build on existing work to reduce social isolation through the mental health and the older people’s partnership***

***Priority 6: Continue to build on the work within the Financial Inclusion Partnership to ensure the holistic needs of people affected by welfare reform are considered, particularly mental health.***

### Progress against the recommendations

**Priority 1: Ensure the physical health needs of people with mental illness are addressed alongside their mental health. This includes the need to address aspects of lifestyle behaviours that negatively impact on physical health e.g. smoking.**

<b>Action</b>	<b>Progress</b>
<b>Action 1:</b> Public Health should complete a health needs assessment of people with mental illness to understand the physical health needs of this group.	Public Health has been preparing a health needs assessment to inform the CCG re-commissioning.
<b>Action 2:</b> Public Health should work with the Gateshead coroner to complete an audit of deaths which may have been suicide to identify any common themes.	A suicide audit has been completed and a report has been presented to the Gateshead Mental Health and Wellbeing Board.
<b>Action 3:</b> Public Health should establish some focussed work with mental health treatment providers to address lifestyle issues e.g. reduce the prevalence of smoking in mental health services.	Work has commenced with NTW, supported by regional programme FRESH, to specifically consider ways to mitigate the impact of smoking on this group of people. The initial focus is on inpatient services but it has been acknowledged that future work will be needed to consider an appropriate approach for those in community services.

<p><b>Action 4:</b> Public Health should support the development a local suicide prevention plan through the Gateshead Mental Health and Wellbeing Group.</p>	<p>A Mental Health and Wellbeing strategy has been developed. This was developed following a consultation event with key local stakeholders. The outcome from the suicide audit was also presented and a suicide prevention plan is now included within the Gateshead strategy.</p>
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**Priority 2: Ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.**

Action	Progress
<p><b>Action 5:</b> The OSC and Council Departments (e.g. Adult Social Care and Public Health) should continue to work with the CCG and NTW to ensure the review of mental health services results in the provision of high quality and accessible services for the Gateshead population.</p>	<p>Work is ongoing through the Gateshead and Newcastle Mental Health Programme Board. Key staff will be involved in the next stage of consultation.</p>
<p><b>Action 6:</b> Ensure the analysis of travel, undertaken by the Council, is formally fed into the consultation around the future model of service delivery for secondary care mental health treatment services.</p>	<p>The CCG have received a copy of the travel analysis reports prepared for the OSC. Travel was identified as one of the considerations for future commissioning arrangements during the early engagement phase.</p>
<p><b>Action 7:</b> Ensure OSC members are notified and invited to future consultation events related to the CCG review of mental health treatment.</p>	<p>An event took place to consider the 'mental health pound'. The event was hosted by CCG and NTW colleagues and participants were asked to consider the most important elements for the future model.</p> <p>There are plans for OSC involvement in the next stage of consultation.</p>

**Priority 3: Review current working arrangements for the management of people with dual diagnosis (substance misuse and mental illness) in order to identify opportunities for improving outcomes.**

Action	Progress
<p><b>Action 8:</b> Establish a working group which includes, Public health, Adult Social Care and the CCG to streamline working arrangements so that outcomes are improved for individuals.</p>	<p>A working group has been established and has met once. The group includes colleagues from the CCG, Public Health, Housing, treatment services and Primary Care (GP with a special interest). Actions have been agreed and the group will meet next on October 12<sup>th</sup>. In addition to</p>

	this an operational forum has been established between NTW and the Drug and Alcohol service to discuss cases where dual diagnosis is an issue.
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**Priority 4: Develop a sustainable model of social prescribing in Gateshead.**

<b>Action</b>	<b>Progress</b>
<b>Action 9:</b> Through the Gateshead Mental Health and Wellbeing group, review the evidence base for social prescribing and agree a 'Gateshead approach' to social prescribing.	A working group has been established between Council staff and the CCG. The group has been considering the definition and approach for Gateshead. A study visit has been arranged for October to a nationally recognised social prescribing project.
<b>Action 10:</b> The Gateshead Mental Health and Wellbeing Group should complete a feasibility study for the implementation of a robust, sustainable social prescribing model for Gateshead.	The working group has been preparing a workshop for colleagues in the partnership and the Health and Wellbeing Board. The workshop is booked for November 23 <sup>rd</sup> 2015. The aim of the workshop is to complete the feasibility study and consider the implications for Gateshead.
<b>Action 11:</b> The Health and Wellbeing Board should consider the output from the social prescribing feasibility study.	Following the workshop the Health and Wellbeing Board will consider and agree the next steps.

**Priority 5: Build on existing work to reduce social isolation through the mental health and the older people's partnership.**

<b>Action</b>	<b>Progress</b>
<b>Action 12:</b> Review existing work to address social isolation ensuring it is linked closely to the actions identified on social prescribing.	<p>A report on social isolation was presented to the Health and Wellbeing Board on June 5<sup>th</sup> 2015. It was agreed that social isolation would be considered further within the work stream around social prescribing.</p> <p>A joint bid has been submitted between the Older People's Assembly and Equal Arts to the Accelerating Ideas Fund (Big Lottery). The bid aims to tackle isolation and loneliness. The outcome of the bid is expected in the next month. Further to this specific work has been undertaken to develop arrangements to reduce isolation including a monthly Sunday afternoon tea party.</p>
<b>Action 13:</b> In response to needs identified through the Care Act 2015	Work is underway to further develop the 'Our Gateshead' website.

<p>ensure the availability of good quality information on preventative services.</p>	<p>Social Care and the Council web team have updated the website relating to information and advice. Early feedback is very positive which is particularly shown through an increase in access to the site.</p> <p>Colleagues are considering the development of an prevention and early intervention strategy. Models from around the country have been reviewed and are being considered with regard to Gateshead.</p>
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**Priority 6: Continue to build on the work within the Financial Inclusion Partnership to ensure the holistic needs of people affected by welfare reform are considered, particularly mental health.**

<b>Action</b>	<b>Progress</b>
<p><b>Action 14:</b> Review the membership for the Financial Inclusion partnership to ensure representation from all key partners including mental health.</p>	<p>A review was completed earlier in the year. However as there have been many changes subsequent to the review a further review of membership is planned.</p>
<p><b>Action 15:</b> Monitor priorities emerging from the implementation of welfare reform through the financial inclusion partnership. This needs to include consideration of mental illness.</p>	<p>The group continues to monitor emerging issues. The position has been continually changing and a particular focus recently has been on actions to mitigate the impact of universal credit on personal circumstances.</p>

### **Recommendations**

It is recommended that Overview and Scrutiny Committee is asked to:

- Note the progress made against each recommendation
- Give views on progress
- Identify any aspects that could be strengthened.