
TITLE OF REPORT: Mental Health Review – 1 Year update

REPORT OF: Carole Wood, Director of Public Health.

Summary

The Committee focused their 2014-15 review on mental health and well-being. This was due to the fact that the proportion of people in Gateshead diagnosed with mental health conditions, including common disorders such as anxiety or depression, is higher than Regional and national averages (*See Appendix 1*).

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 21st 2015. A 6 month update was given on 15th September 2015 identifying progress against each of the six identified recommendations. This report provides a further progress update.

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 been estimated at £105.2 billion (Centre for Mental Health, 2010), 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. This has been backed up by The NHS Five Year Forward View which sets out some new ideas about how health services can adapt to meet new challenges and offer a better service for people's mental as well as physical health (NHS England, 2014).

Specifically in relation to Mental Health "Closing the gap: Priorities for essential change in Mental Health" (DH: 2014) sets out 25 priorities for change. It details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years. and includes a focus on; Increasing access to Mental Health services, Integrating physical and mental health care, starting early to promote mental wellbeing and prevent mental health problems and improving the lives of people with Mental Health problems.

3. In Gateshead, the percentages of those diagnosed with mental health conditions are higher than regional and 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 higher than national averages. The figures point towards a very clear difference in admission rates per 100,000 population for self-harm with the North East of England recording triple the rate of admissions according to population size than London.
5. The recovery rate for those people being treated by the Improving Access to Psychological Therapies (IAPT) Service is higher than the national average. The national average recovery rate is around 40% and Gateshead is regularly performing at 50% or above. The service is also above average for access rates. Figures for Q4 2014/2015 show:
 - 56.2% completed treatment i.e. 880 of 1565.
 - 53.4% hit recovery and 52.3% hit reliable recovery.
 - 72.7% hit "Reliable improvement" i.e. 640 out of 880. This is those who may not have hit recovery but made significant enough progress to be classed as a reliable improvement.
6. The Gateshead suicide rate is below 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 was completed in 2015 and this will be repeated in June 2016 for the two year data 2014 & 2015. The suicide rate as calculated by the Office of National Statistics is among the lowest in the North East region, there are on average 12 deaths per annum in Gateshead. The rate does not appear to be changing significantly over time although for half year figures in 2014 there appeared to be an upward trend.
7. The use of anti-depressant medication is quite high in the North East in comparison to England as a whole, averaging 1.7 against an England average of 1.3 in 2015/2015. Newcastle / Gateshead CCG area has the second highest spend in the North East and Cumbria area, only North Durham spending more on anti-depressants. Both these have increased since the last reporting period of 2013/2014 (PHE Community Mental Health Profiles website).

8. **Progress against the recommendations identified in OSC report of April 2015**

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.

Action	Progress
<p>Action 1: Public Health should complete a health needs assessment of people with mental illness to understand the physical health needs of this group.</p>	<p>Public Health carried out a Health Needs Assessment in relation to Suicide Prevention during 2015 and carried out an Audit of suicides over a three year period, 2011 – 2013.</p> <p>Work was completed as part of the Deciding Together Process to understand mental health needs across Gateshead and Newcastle.</p>
<p>Action 2: Public Health should work with the Gateshead coroner to complete an audit of deaths which may have been suicide to identify any common themes.</p>	<p>A suicide audit has been completed and a report was presented to the Gateshead Mental Health and Wellbeing Board.</p> <p>A repeat Audit will be carried out in June 2016.</p>
<p>Action 3: 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.</p>	<p>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> <p>On the 09 March 2016 NTW went SmokeFree, i.e. smoking is not permitted in any premises and grounds owned by the Trust.</p> <p>Service users and staff are being supported to either quit or manage their nicotine addiction through a new SmokeFree Policy. There are three options available to smokers:</p> <ol style="list-style-type: none"> 1. Temporarily abstain from smoking whilst on Trust sites (including buildings and grounds) with support via a nicotine management programme 2. Temporarily abstain from smoking whilst on Trust sites (including buildings and grounds) without support 3. Make a quit attempt and get support via a nicotine management programme <p>As part of this development, public health has been working with NTW to ensure a consistent training package is</p>

	<p>developed across the region. Work is also ongoing with the community and voluntary sector to help them support clients in their cessation attempts.</p> <p>In addition to this, Gateshead CCG has chosen to target “reduction in the number of people with severe mental illness who are currently smoking” as one of four mandatory indicators that all practices have to focus on in 2015 – 2016. Prevalence remained static between April 2015 and December 2015 (Quarters 1 – 3) at 42.1%. There was a slight improvement up to end February 2016 with the prevalence at 41.16%.</p> <p>In year performance at a locality level has remained largely unchanged; with Gateshead improving slightly from 40.5% to 40.3% at the end of Quarter 3. A slight improvement was seen by end February 2016 with 39.58% prevalence.</p>
<p>Action 4: Public Health should support the development a local suicide prevention plan through the Gateshead Mental Health and Wellbeing Group.</p>	<p>A Draft Gateshead Mental Health and Wellbeing strategy has been developed. This was developed following a consultation event with key local stakeholders.</p> <p>The outcome from the suicide audit was also presented and a suicide prevention plan is now included within the Draft Gateshead Mental Health and Wellbeing strategy.</p> <p>The Strategy will be presented to the Gateshead Mental Health and Wellbeing Partnership for sign off in April 2016.</p>

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>Action 5: 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>The Deciding Together consultation was launched on 12 November 2015 and several events have been arranged to enable Gateshead residents to express their views on the proposed changes. The consultation ended on 12 February 2016 and we are awaiting the final report and recommendations.</p> <p>Two public feedback sessions have been arranged; one in Newcastle on the 24 March 2016 and one in Gateshead on 6 April 2016, and reports will be available on the CCG website.</p> <p>The Overview Scrutiny Committee were engaged in the consultation which included an additional session arranged at Gateshead Civic Centre near the end of the process to enable key issues to be raised for clarification.</p> <p>Council Departments were also engaged throughout the</p>

	<p>consultation phase ensuring partner organisations were aware of the opportunities for engagement and encouraging community members to have their say.</p> <p>A public decision will be announced at a CCG Governing Body meeting of 24 May 2016 and communicated to stakeholders and the public on the same day.</p>
<p>Action 6: 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>The CCG commissioned an independent travel survey.</p>
<p>Action 7: 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>Consultation took place at a range of venues across Newcastle and Gateshead including:</p> <ul style="list-style-type: none"> - Launch event on 12th November 2015 - Brunswick Methodist Church, Newcastle on 18th November 2015. - Newcastle City Library 3rd December 2015. - Gateshead Civic Centre 13th January 2016. - St Edmund's Chapel, Gateshead 6th February 2016. - A joint OSC with Gateshead and Newcastle was held at Gateshead Civic Centre on 26th January 2016. A follow up meeting to consider the outcome of the public consultation was held on March 31st in Newcastle. <p>OSC members have also attended site visits for three of the options presented during the 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>Action 8: Establish a working group which includes, Public</p>	<p>A working group was established including representation from the CCG, Public Health, Housing, treatment services, NTW and Primary Care (GP with a special interest). Actions</p>

<p>health, Adult Social Care and the CCG to streamline working arrangements so that outcomes are improved for individuals.</p>	<p>were agreed and the group has met several more time to progress this subject area.</p> <p>In addition an operational forum has been established between NTW and the Drug and Alcohol service to discuss cases where dual diagnosis is an issue.</p> <p>Further work has progressed with the partnership including work on a Health Needs Assessment of Homeless people, a high proportion of who have Dual diagnosis.</p> <p>Learning from this forum has been taken into other areas of work with the Drug Related Death (DRD) process being used for real time suicide death reporting.</p>
--	--

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

Action	Progress
<p>Action 9: Through the Gateshead Mental Health and Wellbeing group, review the evidence base for social prescribing and agree a 'Gateshead approach' to social prescribing.</p>	<p>Further work has been carried out on establishing a Social Prescribing model for Gateshead. This includes:</p> <p>Establishment of a working group between council staff, CCG and the VCS. The group has been considering the definition and approach for Gateshead.</p> <p>A study visit was arranged in October 2015 to a nationally recognised social prescribing project in Bromley by Bow.</p> <p>A workshop was held on 23 November 2015 with stakeholders consulting on key areas linked to social prescribing.</p> <p>A report will be taken to the Health and Well Being Board in April 2016 proposing next steps based on feedback from the workshop and work carried out by the social prescribing working group. Options in the report for Gateshead will include the proposal to develop a social prescribing framework for Gateshead.</p> <p>Members of the group are also attending and linking into a national forum on social prescribing.</p> <p>The Social Prescribing Network consists of health professionals, researchers, academics, social prescribing practitioners, representatives from the community and voluntary sector, commissioners and funders, patients and citizens. Gateshead is helping inform the national debate around social prescribing. The network looks to share knowledge and best practice, to support social prescribing at a local and national level and to inform good quality research and evaluation.</p>

<p>Action 10: The Gateshead Mental Health and Wellbeing Group should complete a feasibility study for the implementation of a robust, sustainable social prescribing model for Gateshead.</p>	<p>The workshop, as outlined above, was held on 23 November 2015 to complete the feasibility study and consider the implications for Gateshead.</p>
<p>Action 11: The Health and Wellbeing Board should consider the output from the social prescribing feasibility study.</p>	<p>Following the workshop the Health and Wellbeing Board will consider and agree the next steps. A report will be taken to the Health and Well Being Board in April 2016 proposing next steps based on feedback from the workshop and work carried out by the social prescribing working group. Options in the report for Gateshead will include the proposal to develop a social prescribing framework for Gateshead.</p>

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

Action	Progress
<p>Action 12: Review existing work to address social isolation ensuring it is linked closely to the actions identified on social prescribing.</p>	<p>A report on social isolation was presented to the Health and Wellbeing Board on 5 June 2015. It was agreed that social isolation would be considered further within the work stream around social prescribing.</p> <p>The Gateshead Innovation Fund award process opened in January 2016. Funding awards, totalling £200,000 will be made to organisations in the voluntary community sector, charities or social enterprises. Applicants were asked to submit applications for projects that address social isolation across the life course. The winning applicants will be informed April 2016.</p> <p>The joint bid between the Older People's Assembly and Equal Arts to the Accelerating Ideas Fund (Big Lottery) was unsuccessful.</p> <p>Over the next few months partners in Gateshead and Newcastle will be undertaking work to consider what more can be done to make these areas into places where people make and maintain good quality relationships.</p> <p>The work, entitled Connected People, Connected Communities, intends to build on and add value to existing developments such as; introducing asset based approaches, health and care integration and developing social prescribing</p>

	<p>models. It will also enable us to consider how other areas of activity, such as housing, urban design or transport, can make a difference to social relationships. The event on the 7th June 2016 will aim to bring together a range of people from Gateshead and Newcastle to draw on conversations to date and consider where we should be focussing our energy in the future. Around 160 people are expected at the event who will be invited on the basis of the perspective they bring, ensuring that diverse views are surfaced and shared and we reach into a range of networks and professions.</p>
<p>Action 13: In response to needs identified through the Care Act 2015 ensure the availability of good quality information on preventative services.</p>	<p>Work is underway to further develop the 'Our Gateshead' website.</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 a prevention and early intervention strategy. Models from around the country have been reviewed and are being considered with regard to Gateshead.</p>

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.

Action	Progress
<p>Action 14: Review the membership for the Financial Inclusion partnership to ensure representation from all key partners including mental health.</p>	<p>The newly formed Gateshead Financial Inclusion Partnership has now been formed and had its first sitting as its new entity in February 2016. Public Health are represented in the partnership as are key strategic partners such as CAB, Jobcentre Plus, Credit Union and local support organisations and charities. The first meeting helped identify some key areas of work and will see all partnership members working within their organisations to deliver on those goals. Growth of Credit Unions to offer fair and affordable finance was one such key area of work, which clearly works alongside money related mental health issues.</p>
<p>Action 15: Monitor priorities emerging from the implementation of welfare reform through the financial inclusion partnership. This needs to include consideration of mental illness.</p>	<p>Universal Credit has been live in Gateshead since June 2015 and to date a number of issues are yet to be resolved locally, regionally and nationally. The council's revenue and benefits section are maintaining a two way dialogue with DWP/JCP colleagues in a bid to address some of the most common issues, as are The Gateshead Housing Company. The changes to Universal Credit have been stressful for many residents, and are particularly difficult to cope with for those residents with poor mental health or with already stressful lifestyles due to circumstances and debt. The Gateshead Financial Inclusion Partnership is working together to</p>

	<p>develop a system that will see residents knowing where to access the right support at the right times, although there is little that can be done about government policy where waiting times for payments are concerned.</p> <p>The recently reduced benefit cap is also due to come into effect from autumn this year, where maximum household benefit will reduce from £26K to £20K per year. Early scans from DWP indicate that up to 400 Gateshead households could be affected and lose a significant portion of their income. Work is already underway to ensure every household that will be affected is contacted and offered support to manage this reduction.</p>
--	--

9. 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.

Appendix 1- PHE Health Profiles Common Mental Health Disorders



Indicator	Period	Gateshead		Region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Prevalence of Mixed anxiety and Depressive disorder: Estimated % of population aged 76+ ■	2012	14,220	9.63%*	8.91%	8.92%	5.27%		14.70%
Prevalence of Generalised anxiety disorder: Estimated % of population aged 16-74 ■	2012	8,227	5.6%*	5.1%	4.5%	2.8%		7.8%
Prevalence of Depressive episode: Estimated % of population aged 16-74 ■	2012	5,192	3.51%*	3.24%	2.48%	1.11%		4.10%
Prevalence of All phobias: Estimated % of population aged 16-74 ■	2012	3,269	2.21%*	2.05%	1.77%	0.96%		3.59%
Prevalence of Obsessive compulsive disorder: Estimated % of population aged 16-74 ■	2012	1,594	1.08%*	1.02%	1.10%	0.53%		2.45%
Prevalence of Panic disorder: Estimated % of population aged 16-74 ■	2012	1,570	1.06%*	0.98%	0.65%	0.12%		1.20%
Prevalence of eating disorders: Estimated % of population aged 16+ ■	2012	10,064	6.81%*	6.57%	6.73%	5.74%		7.90%
Prevalence of post traumatic stress disorder (PTSD): Estimated % of population aged 16+ ■	2012	4,538	3.07%*	2.99%	3.02%	2.53%		3.25%
Perinatal mental health: Estimated number of women requiring support during pregnancy or postnatal period ■	2012	275	275	-	-	-	-	-
Depression and anxiety among social care users: % people who use services who report that they feel moderately or extremely anxious or depressed ■	2013/14	-	52.2%	52.2%	52.8%	36.7%		61.2%
Self-reported well-being: % of people with a low satisfaction score ■	2013/14	-	7.9%	6.5%	5.6%	-	<i>Insufficient number of values for a spine chart</i>	-
Self-reported well-being: % of people with a low worthwhile score ■	2013/14	-	5.1%	5.0%	4.2%	-	<i>Insufficient number of values for a spine chart</i>	-
Self-reported well-being: % of people with a low happiness score ■	2013/14	-	12.4%	11.6%	9.7%	5.8%		15.0%
Self-reported well-being: % of people with a high anxiety score ■	2013/14	-	24.9%	21.6%	20.0%	9.3%		29.3%
Future prevalence of Mixed anxiety and Depressive disorder: Estimated % of population aged 16-74 ■	2021	14,262	9.51%*	8.81%	9.26%	5.25%		14.65%
Future prevalence of Generalised anxiety disorder: Estimated % of population aged 76+ ■	2021	8,291	5.5%*	5.0%	4.7%	2.8%		7.8%
Future prevalence of Depressive episode: Estimated % of population aged 16-74 ■	2021	5,247	3.50%*	3.20%	2.62%	1.09%		4.19%
Future prevalence of All phobias: Estimated % of population aged 16-74 ■	2021	3,283	2.19%*	2.00%	1.85%	0.95%		3.56%
Future prevalence of Obsessive compulsive disorder: Estimated % of population aged 76+ ■	2021	1,603	1.07%*	1.00%	1.14%	0.51%		2.41%
Future prevalence of Panic disorder: Estimated % of population aged 16-74 ■	2021	1,597	1.06%*	0.98%	0.70%	0.12%		1.23%