Appendix

Warwickshire Public Mental Health Strategy 2014-16

DRAFT

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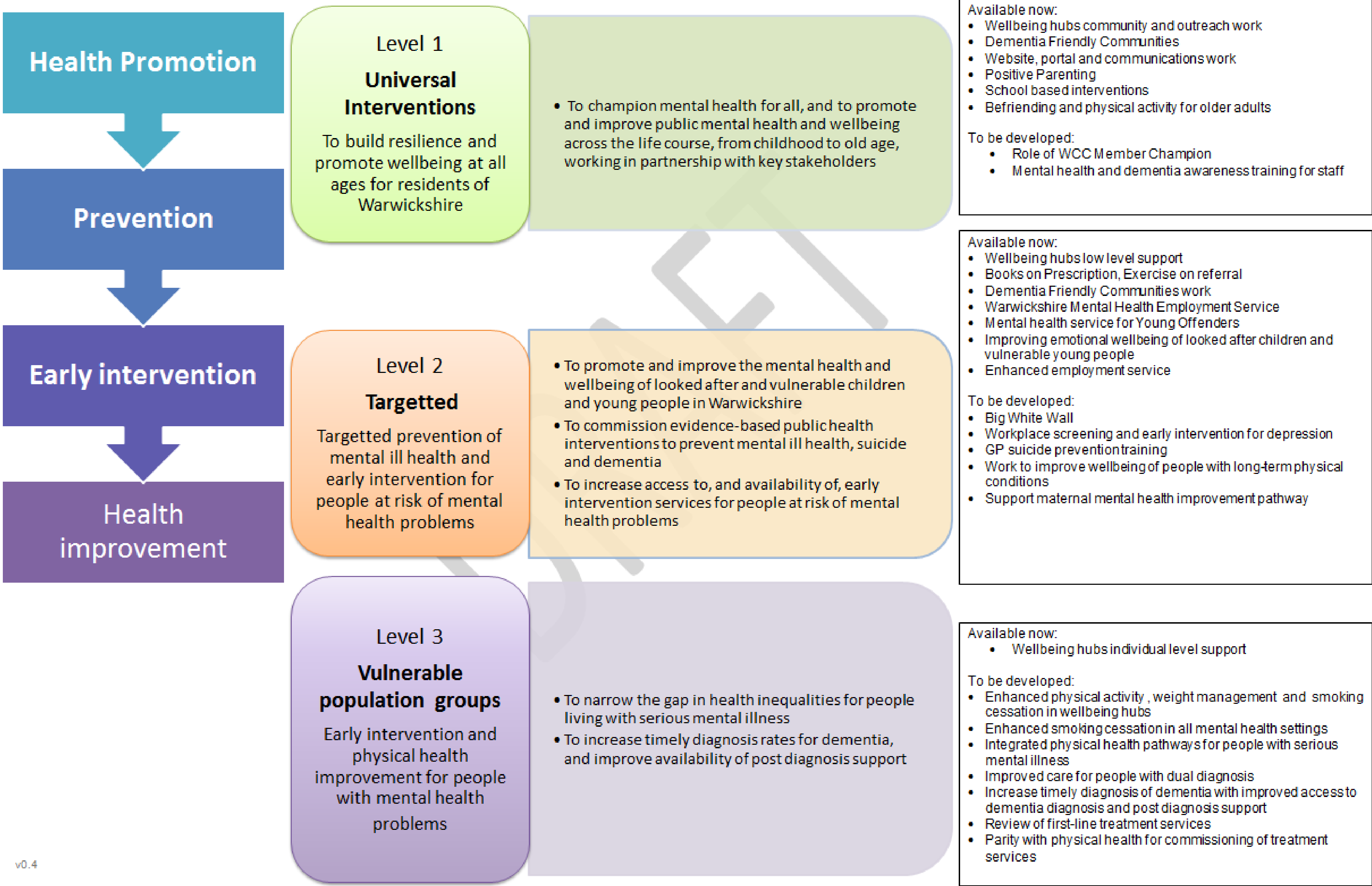
Contents

Contents	Page
Strategy summary	3
Overall aim and vision	4
Why have a Public Mental Health Strategy?	6
Background facts and figures	8
Local facts and figures for Warwickshire	9
Health inequalities	10
Economic reasons for investment in public mental health	12
Evidence base for interventions	13
The national strategy	14
The three tier approach	15
Key aims	16
Proposed priorities	17
Level 1 Universal interventions	19
Level 2 Targetted prevention	21
Level 3 Early intervention/health improvement	24
Developing an Action Plan	28
Proposed investment areas	30
Outcomes and timescales	31
Key supporting documents and references	33

Warwickshire's Three Tier Mental Health and Wellbeing Strategy Summary



Overall aim and vision

Public Health Warwickshire aims to provide and commission good information, evidence, support and resources to improve the mental health and wellbeing of people living in Warwickshire, working in partnership with key strategic groups and organisations across Warwickshire.

This strategy outlines our work programme towards this aim for 2014-16.

Our partners

It will form the basis for work undertaken through and alongside Warwickshire's Health and Wellbeing Board, and in partnership with the following:

Warwickshire County Council's People Group and Localities Programme

Warwickshire's District and Borough Councils (North Warwickshire, Nuneaton and Bedworth, Rugby, Stratford and Warwick)

Clinical Commissioning Groups (Warwickshire North, Coventry & Rugby, South Warwickshire)

Arden Commissioning Support Unit (CSU)

Coventry and Warwickshire Partnership Trust (CWPT)

Warwickshire's Youth Justice Team

Voluntary Sector and independent organisations (Rethink, Coventry & Warwickshire Mind, Friendship, Care & Housing, Age UK, Alzheimers Society among others)

And most importantly, mental health service users, carers and the public (including consultation through user involvement services)

Definitions:

The terms ‘mental wellbeing’ ‘mental disorder’ and ‘mental illness’ are used in this strategy with the following definitions:

- **Mental health and wellbeing** refers to a combination of feeling good and functioning effectively. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence and affection, and having a sense of purpose such as working towards valued goals, and experiencing positive relationships. It also includes strengthened resilience in coping with physical or mental illness, or social disadvantage.
- **Mental disorder** includes mental illnesses as well as personality disorder and alcohol and drug dependency
- **Mental illness** refers to depression and anxiety (‘common mental disorder’) as well as schizophrenia and bipolar disorder (‘severe mental illness’)

Please note that learning disability is not covered directly in this strategy but improving wellbeing and physical health for people with learning disability is a priority which will be considered in a separate strategy document. In addition there is already a Warwickshire Dementia Strategy, which is currently being refreshed, and this should be considered in parallel with this Mental Health Strategy as there is considerable overlap.

Why have a Public Mental Health Strategy?

The title of the Government's national mental health strategy states that there is "no health without mental health"[7]. Improving mental health and wellbeing is an integral part of improving the public's health[8] and good mental health provides the bedrock for good physical health and for a range of other important life skills, capacities and capabilities[3].

The following are selected key messages for commissioners of public mental health services developed by the Joint Commissioning Panel for Mental Health (www.jcpmh.info) – a national group of organisations which includes the Royal Colleges of GPs, Psychiatrists and Nursing, Mind, Rethink, and the Mental Health Network, who aim to inform high-quality mental health commissioning in England[3]. This strategy quotes extensively from the JCPMH Guidance for Commissioning Public Mental Health Services.

1. Mental wellbeing is associated with a wide range of improved outcomes in health, education and employment, as well as reduced crime and antisocial behaviour.
2. Mental disorder starts at an early age and can have lifetime consequences. Opportunities to promote and protect good mental health begin at conception and continue through the life-course, from childhood to old age.
3. Improved mental wellbeing and reduced mental disorder are associated with: better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning, better quality of life
4. Public mental health involves: a) an assessment of the risk factors for mental disorder, the protective factors for wellbeing, and the levels of mental disorder and wellbeing in the local population
   b) the delivery of appropriate interventions to promote wellbeing, prevent mental disorder, and treat mental disorder early
   c) ensuring that people at 'higher risk' of mental disorder and poor

wellbeing are proportionately prioritised in assessment and intervention delivery

5. Good evidence exists for a range of public mental health interventions. These can reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment.
6. Public mental health is a central part of the work of Health and Wellbeing Boards, which are responsible for developing strategic plans to address the public health of the local population.
7. Despite evidence based interventions with a broad range of impacts, only a minority of people with a mental disorder currently receive any treatment. Furthermore, spending on the prevention of mental disorder and promotion of mental health represents less than 0.1% of the annual NHS mental health budget.
8. Investment in the promotion of mental wellbeing, prevention of mental disorder and early treatment of mental disorder results in significant economic savings even in the short term. Due to the broad impact of mental disorder and wellbeing, these savings occur in health, social care, criminal justice and other public sectors.

Background facts and figures

The following also highlight the importance of prioritising public mental health given the scale and impact of mental health problems nationally:

- *At any one time, at least one person in six is experiencing a mental health condition* (McManus et al, 2009). Depression and anxiety affect about half of the adult population at some point in their lives.

- *Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprises just 13% of NHS spending.* Three quarters of people affected never receive any treatment for their mental health condition (LSE 2012).

- *Mental ill health costs some £105 billion each year in England alone.* This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health 2010).

- *Half of all lifetime mental health problems emerge before the age of 14* (Kim-Cohen et al, 2003; Kessler et al, 2005)

- *People with a severe mental illness die up to 20 years younger than their peers in the UK* (Chang et al, 2011; Brown et al 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC 2012).

- *People with mental health conditions consume 42% of all tobacco in England* (McManus et al, 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is, among people with severe mental illness, higher levels of smoking (Brown et al 2010)

Local facts and figures for Warwickshire

Figures from Warwickshire's Joint Strategic Needs Assessment (JSNA)[1] the Community Mental Health Profile 2013 for Warwickshire[2] show the following:

- 4.5% of 16-18 year olds were not in employment, education or training in 2011 (England average 6.2%)
- There were 101 hospital admissions caused by unintentional and deliberate injuries in under 18s in 2009/10 (England average 123)
- 10.6% of adults over 18 in the county had depression in 2010/11 (England average 11.68%)
- The rate of hospital admissions for alcohol attributable conditions, per 1000 population, 2011/12 was 21.1 (England average 23.0)
- By 2014 more than 9,500 people aged 65 and over are projected to have depression in Warwickshire
- The allocated average spend for mental health per head for Warwickshire in 2011/12 was £167 (England average £183)
- The number of total contacts with mental health services, as a rate per 1000 population in Warwickshire, 2010/11 was 308 (England average 313)
- In 2009 there were 39 suicides in Warwickshire. The suicide rate is comparable to both the England rate and the West Midlands regional rate
- The excess under 75 mortality rate for adults with serious mental illness in Warwickshire 2010/11 was 1048 (England average 921)
- The percentage of adults (18+) with dementia 2011/12 was 0.57% (England average 0.53%)
- This equates to an estimated 7000 people in the county living with dementia, ranging from over 1,800 people in Stratford-on-Avon to around 700 in North Warwickshire
- Of these around 40% have been formally diagnosed, as the ratio of recorded to expected prevalence of dementia, across Warwickshire, in 2010/11 was 0.39 (England average 0.42)

The early analysis for the recent ‘Living in Warwickshire’ survey (September 2013) shows that for the shortened WEMWBS questions (Warwickshire Edinburgh Mental Wellbeing Scale – a recommended and validated measure of wellbeing) a majority of people responded that in the last two weeks they had been feeling useful, had been dealing with problems well, had been thinking clearly, feeling close to other people, and been able to make up their mind about things either often or all of the time. However for the two questions on optimism and feeling relaxed in the last two weeks, 36.9% of people responded that they had felt optimistic about their future for only some of the time, and 15% had felt optimistic either rarely or not at all. Of the 4.3% who reported not having felt optimistic about their future at all in the last two weeks, this represents 1 in 23 of the 7500 Warwickshire residents who responded ie 323 people. In addition, 41.9% of people reported feeling relaxed for some of the time, and 17.5% had felt relaxed either rarely or not at all.

Health inequalities

Wider health inequalities are affected by levels of mental wellbeing - people with mental health problems are more likely to have a poor diet, take less exercise, smoke more and misuse drugs and alcohol. For those with serious mental illness, increased health inequalities are very marked in that people with a diagnosis of serious mental illness die on average 20 years younger than the general population, mainly because of poorer physical health linked to heart disease and stroke.

Public mental health interventions can reduce and prevent health and social inequalities which impact on individuals, communities and higher risk groups. Such inequality underlies many of the risk factors for mental disorder, and mental disorder itself causes further inequalities in poor health and social functioning which can be prevented by: early identification and treatment, early interventions for

health risk behaviours and early treatment of physical illness in those with mental disorder, and targeted wellbeing promotion to facilitate recovery of those with mental disorder. Conversely improving mental wellbeing overall leads to improvements in the factors associated health inequalities – reducing risky lifestyle behaviours, and increasing educational attainment and employment.

A number of recent reports have highlighted the negative mental health impact of the economic downturn with employment problems, falling incomes, welfare reforms and increasing poverty and homelessness all contributing to poorer mental health, with resulting higher rates of anxiety, depression and suicide[6]. This adds some sense of urgency to redressing these effects where possible.

Economic reasons for investment in public mental health

There are good economic reasons for investing in public mental health and there is good evidence that public mental health interventions deliver large economic savings and benefits[4]. Improved mental health leads to both direct and indirect savings in NHS costs – for example reduced use of GP and mental health services, improved physical health and reduced use of alcohol and smoking consumption. Improved mental health also leads to savings in other areas: reduced sickness absence due to mental ill health, reduced costs to individuals and families, and to reduced spending in education, welfare and criminal justice, as well as increasing the overall economic benefits of wellbeing for individuals and families.

In 2011 the Department of Health published a report by Knapp et al "Mental Health Promotion and Mental Illness Prevention; the Economic Case"[5] which outlined significant savings which can be made from public mental health interventions. Some examples were summarised in a table showing that for every £1 invested in public mental health interventions, the net savings were:

- £84 saved – school-based social and emotional learning programmes
- £44 saved – suicide prevention through GP training
- £18 saved – early intervention for psychosis
- £14 saved – school-based interventions to reduce bullying
- £12 saved – screening and brief interventions in primary care for alcohol misuse
- £10 saved – work-based mental health promotion (after one year)
- £10 saved – early intervention for pre-psychosis
- £8 saved – early intervention for parents of children with conduct disorder
- £5 saved – early diagnosis and treatment of depression at work
- £4 saved – debt advice services

[= Total returns on investment (all years): economic pay-offs per £1 expenditure quoted by Knapp et al]

The evidence base for interventions

A review of current evidence on public mental health interventions has shown that the following are effective in improving mental health with a clear underlying evidence base[4,5,8,9]

- Promoting parental mental health and positive parenting
- Commissioning mental health training – awareness, support, signposting, first aid – for all frontline staff
- Improving physical health for people with mental health problems
- GP suicide prevention training
- Reducing isolation and loneliness among older people, and encouraging exercise

In addition the following were evaluated using economic analysis to establish cost-benefits, and were shown to generate significant economic benefits, including savings in public expenditure, as well as achieving gains in health and quality of life by improving mental health:

- Parenting programmes to prevent conduct disorder
- School-based programmes to prevent conduct disorder
- School-based anti-bullying programmes
- Workplace mental wellbeing programmes and screening/early intervention for depression
- Debt advice
- Employment

The government's national strategy "No Health Without Mental Health"[7] outlines priority work areas and what local public health services can do

We have based this strategy on these national recommendations.

- **Develop a clear plan for public mental health** – (incorporating the three-tier approach to improving public mental health)
- **Champion 'mental health for all'** – articulating the many benefits, including financial benefits, of prevention, promotion and early intervention in mental health for everyone in their communities, and ensuring mental health is integrated across policy areas
- **Support positive parenting** – this can play a vital role in supporting attachment and linking parents with evidence-based interventions to support their child's wellbeing
- **Commission or provide evidence-based mental health training for non-mental health professionals** – training builds awareness of mental health issues, addresses myths and stigma, and enables professionals to support and signpost to the right services
- **Ensure health improvement efforts consider the specific physical health needs of people with mental health problems** – targetted interventions for people with mental health problems, including severe mental illness, can help deliver improved public health outcomes
- **Strengthen services and access for people with complex needs including severe and enduring mental illness** – especially for those with dual diagnosis of mental health problems and substance misuse
- **Set ambitious expectations and monitor outcomes** – including data on health inequalities

The three tier approach

The three tier approach to a public mental health strategy includes:

1. Universal interventions to build resilience and promote wellbeing at all ages
2. Targetted prevention of mental ill health and early intervention for people at risk of mental health problems
3. Early intervention and physical health improvement for people with mental health problems

Level 1 mental health promotion interventions focus on increasing mental health and wellbeing including: starting well, developing well, living well, working well and ageing well.

Level 2 prevention interventions prevent mental illness and a range of associated issues including: mental disorder and dementia, health risk behaviour, inequality, discrimination and stigma, suicide, violence and abuse.

Level 3 early intervention occurs in the following areas: treatment of mental disorder and sub-threshold mental disorder, promotion of physical health and prevention of health risk behaviour in those developing mental disorder, promotion of recovery through early provision of a range of interventions, and recognition of mental disorder.

Key aims for a Warwickshire Public Mental Health Strategy

Using needs assessment data available in Warwickshire's JSNA, and national priorities outlined above, the following have been identified as key aims for the Warwickshire Public Mental Health Strategy at each of the levels of the three tier approach.

Level 1

- To champion mental health for all, and to promote and improve public mental health and wellbeing across the life course, from childhood to old age, working in partnership with key stakeholders

Level 2

- To promote and improve the mental health and wellbeing of looked after and vulnerable children and young people in Warwickshire
- To commission evidence-based public health interventions to prevent mental ill health, suicide and dementia
- To increase access to, and availability of, low level support and early intervention services for people at risk of mental health problems

Level 3

- To narrow the gap in health inequalities for people living with severe mental illness
- To increase timely diagnosis rates for dementia, and improve availability of post diagnosis support

Proposed priorities and developing an action plan

Linking the three tier approach and key aims, the following sections outline what we already have in Warwickshire, what we can do more of with existing resources, and proposed investment for commissioning public mental health interventions in selected priority areas.

We have prioritised interventions which are evidence based, particularly those which have been shown to be cost-effective, but have also selected other priorities and proposed actions on the basis of needs assessment and consultation with users and carers. The actions listed below are suggested as current priorities for the coming year, and include proposed investment areas. We will continue to develop the action plan towards 2015-16.

What we already have in place and work underway

Current Public Mental Health support services we commission in Warwickshire:

Warwickshire Wellbeing Hubs - services in Nuneaton, North Warwickshire, Rugby, Stratford and Leamington which provide information, a listening ear, practical support, and sign-posting on a 1 to 1 basis for people with issues affecting their mental health and wellbeing. The hubs also offer drop-in support and outreach services across Warwickshire.

Rugby Dementia Day Service – the Bungalow is a day service in Rugby for people with dementia. The service adopts a person-centred approach, providing a variety of activities which help maintain the independence and wellbeing of the person with dementia while giving carers a break.

Warwickshire Mental Health Employment service (countywide) – this provides employment and training services for people with mental health

problems. The services help people access employment, retain their jobs and regain self-confidence and independence.

Warwickshire User Involvement Service – this is for individuals over the age of 18 who have accessed mental health or dementia services. The service is available to ensure individuals are actively involved and engaged in the planning, commissioning and delivery of mental health services in Warwickshire.

Mental Health Service for Young Offenders (countywide) – this service aims to improve emotional and mental wellbeing of young people who are in contact with the Youth Justice System and to reduce their offending and re-offending, improve their physical health and the emotional functioning and wellbeing of their families.

Work is also currently ongoing to progress tenders for Advocacy Services (which includes Independent Mental Health Advocacy) and the Big White Wall (early intervention on line support service for people experiencing mental health issues).

Partnership services have been developed for the Books on Prescription Scheme (self-help books available in libraries) and Exercise on Referral Schemes, including for people with dementia.

Communications and website development includes the recent production of mental health pages on the Warwickshire Direct website containing details of mental health services in Warwickshire (mainly those commissioned by health and social care) at www.warwickshire.gov.uk/mentalhealth and the dementia portal containing advice and information for people with dementia and their carers www.livingwellwithdementia.org

Public health is also leading the Awareness and Understanding workstream of the Warwickshire Dementia Strategy, in particular promoting Dementia Friendly Communities, with a focus on pharmacies, libraries and the Fire Service, and working with CCGs to increase the timely diagnosis of dementia.

Level 1: Universal interventions to build resilience and promote wellbeing at all ages

Key aim:

- **to champion mental health for all, and to promote and improve public mental health and wellbeing across the life course, from childhood to old age, working in partnership with key stakeholders**

1.1 WCC has recently appointed a councillor Member Champion for Mental Health, Cllr Dave Shilton, whose role will be to promote mental health, and reduce stigma and discrimination for people with mental health problems, across the council in all its work areas.

We will work closely with Cllr Shilton to develop and support this role, and also the work of the Health and Wellbeing Board in improving mental health and wellbeing in Warwickshire. We will use evidence-based national programmes including 'Five Ways to Wellbeing', the campaign against discrimination 'Time to Change' and through the Making Every Contact Count (MECC) campaign.

We will promote and improve mental wellbeing by ensuring that the above programmes are supported through

- **Developing services (both commissioned and partnership)**
- **Developing a suite of resources**
- **Engaging service users**
- **Promoting community wellbeing (eg by engaging with locality teams and community resources)**

1.2 There is good evidence that commissioning of mental health training – awareness, support, signposting and first aid – for frontline staff is an effective public health intervention.

From feedback received in Warwickshire we are aware that a range of practitioners have requested additional support in this area, including developing awareness and their ability to signpost to other services.

We will commission mental health and dementia awareness training for selected frontline staff in Warwickshire County Council and in the five borough and district councils (North Warwickshire, Nuneaton & Bedworth, Rugby, Stratford and Warwick), and in health, social care and voluntary sector settings.

1.3 We will aim to promote and improve the mental health and wellbeing of children and young people in Warwickshire. There is good evidence that positive parenting programmes are cost-effective as public health interventions. They should follow an evidence-based model (such as the Triple P model), be easily accessible to families at highest risk, and be linked with health visitors, general practice and maternity services.

We will provide evidence to help underpin and target positive parenting, working with CCGs, NHS community services and Warwickshire County Council's People Group to support the development of cost-effective positive parenting programmes in Warwickshire.

1.4 The recently revised CAMHS needs assessment for Warwickshire[1] highlights the importance of early intervention and mental health awareness training for schools, pre-school workers and health professionals. There is good evidence that school-based programmes to prevent both bullying and conduct disorder are cost-effective as public mental health interventions.

We will work with colleagues in Education, CAMHS commissioning, children's' services and the voluntary sector, and will provide the evidence to support development of cost-effective programmes with these aims.

1.5 For older people, reducing isolation and loneliness, and encouraging physical exercise, have both been shown to improve mental wellbeing and reduce the risk of depression. Improving the quality of older people's lives through psycho-social interventions and enhanced physical activity

has been shown to improve mental and physical health, reduce use of health and social care services, and reduce A&E attendances and hospital admissions.

We will work with CCGs, WCC People Group and WCC Localities Programme, as well as the voluntary sector, to support the development of befriending schemes for older adults and enhanced opportunities for older people to be physically active, and will support the development of a broader multi-agency piece of work aimed at tackling rural isolation and loneliness.

Level 2: Targetted prevention of mental ill health and early intervention for people at risk of mental health problems

Key aims:

- **To promote and improve the mental health and wellbeing of looked after and vulnerable children and young people in Warwickshire**
- **To commission evidence-based public health interventions to prevent mental ill health, suicide and dementia**
- **To increase access to, and availability of, low level support and early intervention services for people at risk of mental health problems**

2.1 Public Health Warwickshire has begun commissioning the Big White Wall – a clinician-led online support system for people with mental health problems which GPs can refer patients to directly.

We will monitor the Big White Wall implementation and outcomes and commission increased access for Warwickshire residents if it is shown to work well in practice locally.

2.2 Public Health Warwickshire and WCC's People Group currently commission Wellbeing Hubs in several venues across the county which offer low level support, one-to-one counselling, signposting to other services, and outreach for people at risk of common mental health problems.

We will work with CCG GP leads to increase referrals to the Wellbeing hubs, and to increase access and take-up of the one-to-one sessions available. We will commission increased community outreach work of the wellbeing hubs ensuring their mental wellbeing messages have a higher profile among communities in Warwickshire, and helping with early intervention for common mental health issues.

2.3 Public Health Warwickshire currently commissions the mental health component of the Youth Justice team, from Coventry & Warwickshire Partnership Trust. Young people in the youth justice system are at least three times more likely to have mental health problems than the non-offending population and problems may be exacerbated by contact with the youth justice system[1].

We will continue to support the Youth Justice mental health service and will provide evidence to support the commissioning of Speech and Language services to young offenders with communication difficulties, currently a gap in service provision.

2.4 Children in the care of the local authority often experience a greater degree of health risks and problems than their peers[1]. Their wellbeing is impacted by poverty, abuse and neglect which can lead to debilitating mental health problems. Warwickshire's JSNA includes the aim to narrow the gap in outcomes for looked after children and young people as compared with that of the general population.
In addition the children of parents with mental health or substance use problems, who often act as their carers, are vulnerable to developing mental health problems themselves.

We will work with CAMHS commissioning colleagues and CCGs and will provide evidence to underpin programmes aimed at improving emotional wellbeing of looked after children and other vulnerable groups of children and young people.

2.5 There is also good evidence for cost-effectiveness of programmes aimed at improving working lives – support for the unemployed, creating healthy working environments, early recognition of and intervention for depression in employees, and supported work for those recovering from mental illness. The Royal College of Psychiatrists is currently running a campaign aimed at improving working lives, recognising the impact employment has on mental health. Public Health Warwickshire currently commissions an employment service for people with mental health problems in Coventry and Warwickshire.

We will seek to consider enhanced Coventry and Warwickshire employment services to support more people with mental health problems to retain existing employment and in obtaining work, as well as tackling employment issues and discrimination for people with mental health problems at work.

2.6 In line with the evidence around improving working lives, workplace screening for depression followed by intervention such as cognitive behavioural therapy has been shown to be effective.

We will explore the potential to commission targetted workplace screening and early intervention for depression and anxiety disorders.

2.7 Suicide prevention is one of our identified priorities and a review of the evidence has shown that investment in GP suicide prevention training is highly cost-effective with economic savings in the wider public sector as well as health, and reductions in the more intangible costs of pain and suffering to individuals and families.

We will work with CCGs and Coventry and Warwickshire Partnership trust, and the voluntary sector, to develop and commission suicide prevention education programmes specifically for GPs.

2.8 People with long term physical conditions (LTCs) are vulnerable to developing mental health problems.

We will link with practice nurses and other frontline staff to ensure effective signposting for people with long-term conditions to wellbeing hubs and other wellbeing support sessions.

2.9 We recognise the impact of poor maternal health on women, babies and families and will support work which is already underway in Warwickshire on this.

We will work with key partners and provide evidence to underpin a Warwickshire maternal mental health strategy, and help to develop a pathway that includes heightened awareness by practitioners of women at risk of postnatal mental health problems.

Level 3: early intervention and physical health improvement for people with mental health problems

Key aims:

- **To narrow the gap in health inequalities for people living with severe mental illness**
- **To increase timely diagnosis rates for dementia, and improve availability of post-diagnosis support**

3.1 Tackling the Excess Under 75 Mortality Rate for adults with serious mental illness has been identified as a clear priority in Warwickshire, and this is reflected in national public health priorities. In 2010/11 1048 adults with serious mental illness died prematurely, and the average life expectancy of people with serious mental illness is 20 years less than that of their peers.

The mental health charity Rethink has recently produced a stark report on the health inequalities experienced by people with serious mental illness (Lethal Discrimination report 2013[10]). This highlights the fact that the excess mortality is not due to suicide but is mainly due to cardiovascular disease, with increased likelihood of a poor diet, obesity, lack of exercise and smoking as contributory risk factors. There is much that can be done to tackle this and the report emphasises improved physical healthcare and smoking cessation as the priority areas.

Targeted smoking cessation in mental health settings should be a priority for commissioning, as outlined in the recent NICE guidance[11,12]

We will work with CCGs, smoking cessation co-ordinators and Coventry & Warwickshire Partnership Trust to support commissioning of enhanced supported smoking cessation to people using mental health services in all settings, and we will encourage the use of MECC (Making Every Contact Count) in all such settings.

3.2 Improving physical health for people with mental health problems has good evidence as a public mental health intervention. There is already work underway in developing exercise on referral programmes for people with dementia or mental health problems in Warwickshire.

We will consider an enhanced role for the Wellbeing hubs, with a greater emphasis on physical health and activity, weight management and smoking cessation for service users.

3.3 There needs to be clearer shared care across primary and secondary care for the physical health of people with serious mental

illness, ensuring an integrated approach to physical health. This includes improving access and take-up of GP health checks for people with serious mental illness and targeted reduction of risk factors for cardiovascular disease.

We will work with the Clinical Reference Group (clinicians from CWPT and GP leads) to support the development of more effective integrated physical health pathways for people with serious mental illness ensuring that there is a sustained and targeted reduction in cardiovascular risk factors for all.

3.4 Less than 50% of those living with dementia in Warwickshire are thought to have been formally diagnosed. A timely diagnosis enables maximum support for individuals and their families to live well with dementia, optimise health and slow disease progression.

There is already a considerable amount of work going on in Warwickshire through the multi-agency Dementia Strategy Board to increase awareness of dementia and to improve the lives of people living with dementia.

We will work with CCGs to increase timely diagnosis rates across the county and so ensure people can access dementia support services when it is appropriate for them to do so.

3.5 Increasing timely diagnosis of dementia requires improved access to specialist diagnosis through memory clinics

We will work with CCGs and CWPT to provide evidence for development of clear pathways and improved access to memory clinic assessment and diagnosis, with effective tailored post diagnosis support for those identified as having dementia and their carers. This will include development of dementia community support provision to include 'dementia navigators' (to provide information, advice and low level support).

3.6 There have been several recent reports highlighting the importance of achieving parity between mental health care and physical health[13,14]

We will work closely with the Health and Wellbeing Board and with CCGs to assist in developing their commissioning intentions and to ensure an ongoing focus on improving mental health commissioning and services, so that treatment of mental illness is managed with the same urgency and importance as physical illness.

3.7 Dual diagnosis and co-morbidity between mental illness and alcohol or substance misuse often creates barriers to services and makes people less likely to receive help they need, increasing their disadvantage in both mental and physical health terms.

We will work with CCGs, Arden CSU and CWPT, as well as colleagues in Warwickshire's drug and alcohol team to support improved service access and care for people with dual diagnosis.

3.8 IAPT (Individual access to psychological therapies) services which are firstline treatment services for people with mental health problems are currently being reviewed in Warwickshire.

We will work with Arden CSU, CCGs and CWPT to provide the evidence to support the development first line mental health services which are responsive, link effectively with community mental health teams, and meet patients' needs.

Developing an Action Plan

Of the proposed interventions at Levels 1,2 and 3 above, the majority of these require strengthened partnership working and could be developed within existing resources.

PRIORITY AREA	TIMELINE
1.1 Champion mental health for all	Develop plan for Health and Wellbeing Board by March 2014
1.3 Positive Parenting	Review of what is currently available in Warwickshire and development plan established with partners by May 2014 – with WCC People Group
1.4 Schools based mental health awareness, bullying and conduct disorder prevention programmes	Review of what is available and develop plan with multi-agency colleagues by June 2014
1.5 Loneliness campaign, befriending schemes and increased physical activity for older people	Multi-agency working group established by January 2014 with work plan identified by June 2014
2.3 Investigate commissioning of speech and language services to support Youth Justice mental health service and consider option appraisal	By March 2014
2.4 Wellbeing of looked after children and vulnerable children/young people	Support engagement with People Group, CAMHS commissioners and CCG colleagues - ongoing
2.8 Support for people with long term	Work with CCGs and Social Care, Healthwatch and others - ongoing

physical conditions	
2.9 Maternal mental health	As above
3.1 Smoking cessation in mental health settings	Work with CCGs to commission enhanced smoking cessation services in mental health settings by April 2015
3.3 Integrated physical health care for people with serious mental illness	Develop and implement integrated physical health plan by October 2014 – CCG clinical leads and CWPT Clinical Reference Group (CRG)
3.4 and 3.5 Timely diagnosis of dementia	Ongoing work on Dementia Awareness and Understanding. Support commissioning of memory clinic pathway by March 2014 (Dementia Strategy Board and CRG)
3.6 Parity with physical health	Ongoing – CCGs
3.7 Dual diagnosis and co-morbidity	Ongoing – CCGs and Clinical Reference Group
3.8 Firstline treatment services (IAPT review)	Ongoing as above

Proposed investment areas

The following are proposed as potential priority investment areas for commissioned services.

Intervention	Timing
1.2 Mental health and dementia awareness training for frontline staff	Tender for and commission appropriate training by March 2014
2.1 Extend access to online mental health support	Commission as appropriate following Big White Wall evaluation
2.2 Enhanced role of wellbeing hubs	Consider increased community outreach work of hubs, increase access and take-up of low level support
2.5 Enhanced employment services	Review enhanced employment services for people with mental health problems in Warwickshire 2014-15
2.6 Workplace screening and early intervention for depression programme	Review options to commission workplace screening and intervention beginning with local authority and health staff- if appropriate develop business case. By December 2014
2.7 Suicide prevention training for GPs	Develop plan, tender and commission by October 2014
3.3 Enhanced role for wellbeing hubs for improving physical health and wellbeing	Commission enhanced physical wellbeing support by March 2014
3.5 Dementia post-diagnosis Community Support	Develop plan for dementia navigators, tender and commission by December 2014

Outcomes and timescales

The overarching outcomes indicators for this work are from the national Public Health, Adult Social Care and NHS Outcomes Frameworks as below: We will monitor progress towards these overarching outcome indicators and in addition set interim targets to measure progress based on the six key aims and priority areas.

Public Health Outcomes Framework 2013-16

Improving the wider determinants of health

1.8 Employment for those with long-term conditions….. including adults who are in contact with secondary mental health services (also in NHSOF, ASCOF)

Health improvement

2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s

2.8 Emotional well-being of looked after children

2.23 Self-reported wellbeing

Healthcare public health and preventing premature mortality

4.9 Excess Under 75 mortality rate in adults with serious mental illness (also NHOF 1.5)

4.16 Estimated diagnosis rate for people with dementia (also NHSOF 2.6i)

NHS Outcomes Framework 2013-14

Enhancing quality of life for people with mental illness

2.5 Employment of people with mental illness (also PHOF as above)

Enhancing quality of life for people with dementia

2.6ii A measure of the effectiveness of post diagnosis care in sustaining independence and improving quality of life

Improving experience of health care for people with mental illness

4.7 Patient experience of community mental health services

If the strategy priorities are agreed we will develop a more detailed Action Plan building on the above to include detailed costings, specific progress measures and outcomes, as well as reporting timescales to the Health and Wellbeing Board.

KEY SUPPORTING DOCUMENTS AND REFERENCES

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3. Guidance for Commissioning Public Mental Health Services: Joint Commissioning Panel for Mental Health, July 2013 www.jcpmh.info
4. Promoting Mental Health and Preventing Mental Illness: the Economic Case for Investment in Wales. Friedli and Parsonage, October 2009
5. Mental Health Promotion and Mental Illness Prevention: the Economic Case (Knapp et al, Department of Health, April 2011)
6. UCL Institute for Health Equity: The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London
7. No Health without Mental Health National Strategy and Implementation Framework: Department of Health 2012
8. No Health without Mental Health – Briefing Guide for Directors of Public Health (Mental Health Strategic Partnership, 2012)
9. Commissioning Mental Wellbeing for All – a Toolkit for Commissioners (National Mental Health Development Unit, NMHDU November 2010)
10. Rethink Mental Illness - Lethal Discrimination Report, September 2013
11. NICE Guidance 2013 – Smoking Cessation in Secondary Care Settings
12. Smoking and Mental Health. Joint Report by the Royal Colleges of Physicians and Psychiatrists, 2013

13. Whole-person Care: from Rhetoric to Reality – Achieving Parity between Mental and Physical Health, Royal College of Psychiatrists, March 2013
14. Parity of Esteem, Centre for Mental Health Briefing Note, October 2013

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