Health and Wellbeing Board

9 January 2019

Public Mental Health and Wellbeing Update

Recommendation(s)

- 1. To note the developments within mental health and wellbeing.
- 2. To consider how partners represented on the Board can further support this agenda.

1. Mental Health within the Better Health Better Care Better Value Partnership

- 1.1. Mental Health is receiving increasing focus and attention nationally and is a key priority for NHS England and for local commissioners. Warwickshire Public Health and Strategic Commissioning mental health leads are supporting developments within the Better Health Better Care Better Value Partnership to improve the quality and responsiveness of services, and to promote population-level mental health and wellbeing. This work covers a large and complex portfolio delivered through four work-streams: community resilience, primary care, specialist care and acute and crisis care.
- **1.2.** Key priorities within the partnership include suicide prevention, dementia diagnosis and support, improving the physical health of people with enduring mental illness and parent and infant mental health. Updates in relation to these priorities are provided in the report below.
- **1.3.** An overview of the full content of the BHBCBV Mental Health and Emotional Wellbeing programme can be accessed via the link below: https://www.bettercarecovwarks.org.uk/our-priorities/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/

2. Suicide Prevention

- 2.1. Warwickshire has a higher than average suicide rate (figure 1), largely driven by deaths by suicide among males. In light of this the Coventry and Warwickshire BHBCBV partnership was awarded additional funding by NHS England to be used in 2018/19-2019/20 to reduce deaths by suicide.
- **2.2.** Activity funded through the additional NHS England funding complements the work of the existing Multi-agency Suicide Prevention Group and the Warwickshire Suicide Prevention Strategy 2016-2020.

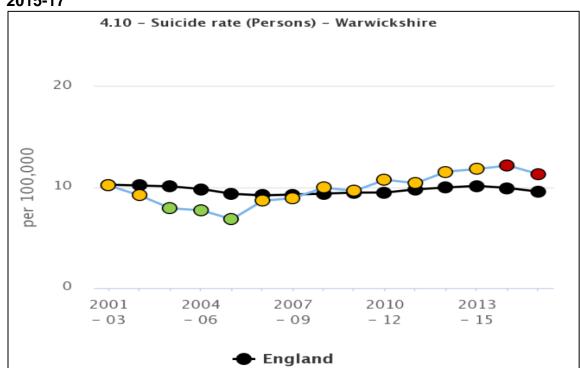


Figure 1: Suicide rates in Warwickshire compared to England, 2001-03 to 2015-17

2.3. NHS England funding update

- **2.3.1.** A number of change initiatives are being launched to reduce the risk of suicide among Coventry and Warwickshire residents. These have been launched following the receipt of additional funding from NHS England to reduce deaths by suicide among middle-aged men. £350,000 per year for 2 years (2018/19-2019/20) was awarded to the Coventry and Warwickshire Better Health Better Care Better Value partnership.
- 2.3.2. A large proportion of the funding (c. £120,000 per year) is being used to provide 'Safe Havens' in Warwickshire, for which Warwickshire County Council Public Health and Strategic Commissioning team is leading the tender process on behalf of partners. Market engagement activities with voluntary and community sector organisations have taken place and the tender is due to launch in December.
- 2.3.3. Suicide prevention and mental health awareness campaigning is being scaled-up through investment in the It Takes Balls to Talk initiative to increase reach into male-dominated environments and workforces. Suicide prevention training will also be delivered to community-based organisations and to health, social care and public sector staff working with higher risk groups.
- **2.3.4.** A co-production project to engage with men who have had experience of suicidal thoughts or have been affected by suicide will be commissioned. This will provide the STP Suicide Prevention Group with a point of reference

to influence future suicide prevention activities. A creative enquiry approach will also be used to explore what has helped them cope.

- **2.3.5.** A number of small-scale change initiatives are also being progressed and developed using quality improvement methods, which will be scaled-up if appropriate:
 - A review and revision of risk management tools and developing assetbased safety plans within the Crisis Resolution and Home Treatment Team (CRHTT) and the Adult Mental Health Assessment Team (AMHAT).
 - Co-location of 'Change Grow Live' staff within Mind Wellbeing Hubs.
 - Review of the IAPT inclusion/exclusion criteria in line with NHS England Guidance published in June 2018.
 - Scoping the feasibility and appropriate delivery model for a local 'postvention' suicide support service.
 - Each of the three Warwickshire Health and Wellbeing Partnerships have been allocated £10,000 to commission and evaluate communitybased initiatives aimed at improving mens' mental health and wellbeing.

3. Warwickshire Suicide Prevention Multi-agency Group

- 3.1. The Warwickshire multi-agency suicide prevention group continues to meet to progress actions within the Warwickshire Suicide Prevention Strategy. The group have noted significant overlap in membership and priorities with the Coventry multiagency group and hence have agreed to align work where possible, whilst maintaining a local focus and local action plan as required by Public Health England. The two groups have agreed to meet twice-yearly and to establish joint task groups where appropriate. Task groups will include developing joint plans for suicide prevention training and a common approach to reviewing coroners records of deaths by suicide.
- 3.2. A working group has recently been established to review and improve the support available to people who self-harm. Around 2% of people who self-harm are likely to go on to make a suicide attempt. Early intervention and support to address emotional distress and improve coping mechanisms is likely to both reduce self-harming behaviours and reduce suicide risk.
- 3.3. Self-harm rates among young girls (16-19) have shown an increase nationally and locally in recent years, hence the working group includes representation form the School Health and Wellbeing service as well as RISE (the child and adolescent mental health service), Public Health and Strategic Commissioning and Clinical Commissioning Groups.
- 3.4. The working group are leading a self-assessment of the quality of support for people self-harming based on published NICE guidance and Quality Standards.

4. Dementia

- **4.1.** NHS England requires CCGs to achieve a dementia diagnosis rate of at least 66% of the number of people estimated to be living with Dementia amongst their registered population.
- 4.2. Currently none of the CCGs in Coventry and Warwickshire are achieving this target (figure 2). Feedback from primary care has indicated that the reduced diagnosis rate may in part be due to concerns about the availability of post-diagnostic support and a limited appreciation of the benefits of an early diagnosis.

Figure 2: Dementia diagnosis rate of those estimated to be living with Dementia. 2018

Area	Count	Value ▲▼		95% Lower CI	95% Upper CI
England	435,574	67.5	-	60.8	73.1
West Midlands NHS region	31,338	63.3	_	57.1	68.6
NHS Birmingham Crosscity	4,574	65.5	<u> </u>	58.8	71.2
NHS Birmingham South And	1,789	76.3	\vdash	67.9	83.5
NHS Coventry And Rugby CC	2,898	59.4	-	53.2	64.8
NHS Dudley CCG	2,689	64.7		57.9	70.6
NHS Herefordshire CCG	1,659	56.7	—	50.6	62.2
NHS Redditch And Bromsgro	1,335	63.6	-	56.3	69.9
NHS Sandwell And West Bir	2,839	62.9		56.3	68.7
NHS Solihull CCG	1,970	60.4	\vdash	53.9	66.1
NHS South Warwickshire CC	2,371	60.0	-	53.6	65.6
NHS South Worcestershire	2,527	58.3	\vdash	52.1	63.7
NHS Walsall CCG	2,171	70.3	-	62.8	76.8
NHS Warwickshire North CC	1,322	58.7	\vdash	52.0	64.6
NHS Wolverhampton CCG	2,205	73.3	H-1	65.6	80.1
NHS Wyre Forest CCG	989	58.4	—	51.4	64.4

Notes: Red bars indicate where diagnosis rates are significantly below the 66% target set by NHS England, orange bars are in line with the target, green bar are well above the target. The data is based on estimated dementia prevalence, therefore confidence intervals (on the end of the bars) are included to give an indication of the range within which the true value lies.

- **4.3.** Commissioners with in Public Health and Strategic Commissioning are working closely with CCG commissioners to reduce the levels of unmet need among people living with dementia.
- **4.4.** A Dementia Steering Group has been established to develop and implement plans to improve diagnosis rates across the county and ensure individuals can access post-diagnosis support. This will include working with primary care to raise awareness of the benefits of early diagnosis and the support available to patients and carers after a diagnosis has been made.

- **4.5.** The steering group are also leading a review of the Warwickshire Dementia Navigator service with a view to improving integration with place-based health teams, including GP practices and the Out of Hospital programme.
- **4.6.** Support for people living with Dementia and their carers can be enhanced through the use of 'Assistive Technology'. Warwickshire County Council has recently published an 'Assistive Technology in Warwickshire Statement 2018-2021' which aims to:
 - Improve and increase the AT offer to customers across Warwickshire;
 - Support people in Warwickshire to stay safe, healthy and independent via the use of technologies;
 - Clearly position the use of AT as crucial to delivering WCC's prevention and early intervention agenda;
 - Reduce, delay or prevent the need for ongoing care by using AT at an earlier stage in people's lives;
 - Promote and provide opportunities for the citizens of Warwickshire to access AT products, information and advice;
 - Promoting a culture of self-care within the population;
 - Work with partners across Coventry and Warwickshire to develop a joined up approach to AT.
 - 4.4 A delivery plan is being developed in response to the Statement of Intent which enhance the local AT offer commissioned through Millbrook Healthcare which largely provides telecare services and traditional AT equipment to support emergency responses, falls detectors, movement and pressure sensors and medication dispensers. The delivery plan will ensure residents, social care and support staff can access clear information and advice regarding the benefits of, and how to access a range of AT services and equipment.

5. Improving the physical health of people with serious mental illness

- **5.1.** People with severe mental illnesses (SMIs) face stark inequalities in health outcomes and are less likely to have their physical health needs met, both in terms of identification of physical health concerns and access to appropriate, timely screening and treatment.
- **5.2.** Compared to the general population, individuals with SMI (such as schizophrenia or bipolar disorder) die around 15-20 years younger than the general population. Smoking prevalence is three times higher and they have twice the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia (imbalance of lipids in the bloodstream).
- 5.3. A BHBCBV Steering Group is overseeing developments to improve the physical health of this cohort. This includes the development of a pathway to deliver annual comprehensive physical health checks in primary care and the provision of appropriate follow-up support. Work is underway with CCGs to implement comprehensive health checks in primary care.

- **5.4.** Smoking cessation training will be provided to staff within CWPT, Mind Wellbeing Hubs and primary care to support people in this cohort to reduce and stop smoking.
- 5.5. A trial of the SHAPE (supporting health and promoting exercise) programme will also be delivered. SHAPE was originally developed as a joint enterprise between Worcester Health and Care Trust and the University of Worcester. It is a Healthy Lifestyle programme supporting people with a diagnosis of mental health difficulties (primarily psychosis) and is the first real evaluation model in the UK. CWPT are working with the Recovery and Wellbeing Academy and Sky Blues in the Community (Coventry City Football Club) to roll-out three 6-week programmes across Coventry and Warwickshire in 2019.
- 5.6. Stakeholder workshops are being held (one in August and one in November) to engage with community and voluntary sector providers to identify the roles that this sector can provide in supporting this agenda. This work will build upon the existing offer provided by the local Mind Wellbeing Hubs and by the locally commissioned Community Links service to increase engagement with people with SMI both in the annual health checks and in follow-up clinical and healthy lifestyle interventions.

6. Parent and infant mental health

- **6.1.** 1 in 5 mothers and 1 in 10 fathers experience poor mental health in the perinatal period (from conception until the baby turns 1). The first 1001 Critical Days (from conception to age 3) is a key developmental stage for infants in which the interactions with primary care givers are key to developing secure attachment relationships, shaping brain and mind development in the infant and influence resilience in later life.
- **6.2.** A Parent and Infant Mental Health and Wellbeing Steering Group is overseeing the development and implementation of a local strategy and action plan to build positive parent-infant relationships, identify parents who are struggling and improve early intervention and support for parents. A subgroup has been developing a pathway to ensure appropriate support is provided to parents from pre-conception, during pregnancy and following birth.
- 6.3. The pathway includes sign-posting to community-based support and self-help resources for those at low risk and improving access to the perinatal mental health team for those at higher risk. The action plan also includes building community assets to support parents, establishing a professional network to share learning and best practice and a communications campaign to normalise mental health challenges in the 1001 Critical Days and to encourage parents to seek early help.

- **6.4.** NHS England transformation funding of £304,550 was received in 2018/19 to expand the Perinatal Mental Health Team. Local CCGs have committed recurrent funding of £380,350 to deliver an additional 7.85 whole time equivalent posts in the team.
- **6.5.** A Parent and Infant Mental Health Conference was held on 5th November 2018 to bring together health and care professionals, including health visitors and midwives, and people with lived-experience of perinatal mental health challenges. The conference provided the opportunity to share developments to date, including gaining feedback on the proposed pathway and updating attendees on the latest evidence and practice around supporting parents preand post-pregnancy. Peer-support initiatives in Coventry and Warwickshire shared feedback on how such approaches can support parents to cope, in part through challenging perceived norms about parenting in the early years. Speakers with lived experience also highlighted the importance of challenging stigma and improving awareness of mental health challenges during pregnancy, among both mothers and fathers.
- **6.6.** Feedback received from the conference is being used to develop the Coventry and Warwickshire action plan.

7. Addressing the wider determinants of mental health

7.1. Employment

Warwickshire County Council commissions Rethink to provide the Individual Placement Support employment services. This aims to get people with mental ill health back into work through identifying individual skills and interests and working with employers to support a return to work. Commissioners are working closely with Rethink to improve the quality and outcomes from the service during 2018/19. IPS workers are now embedded within CWPT community teams, including Early Intervention in Psychosis and Mental Health and Wellbeing teams to promote engagement with the service.

7.2. Housing and homelessness

Following a commitment of additional funding from Warwickshire County Council to support people experiencing mental health, substance misuse and homelessness or rough sleeping a partnership working group was formed to develop an outreach mental health service for rough sleepers. The group brings together Warwickshire County Council, CCGs, P3 (accommodation support and street outreach service) and CLG (substance misuse service providers). A model for embedding a mental health nurse within the P3 Street Outreach team has been developed and work is underway to get the service into place.

7.3. Promoting engagement in meaningful activities

Following the recommendation of the Loneliness task and finish group that engaging in creative activities can help to reduce loneliness and social isolation a Creative Health Alliance is being established across Coventry and Warwickshire. This builds on the recommendations of the All Party Parliamentary Group on Arts, Health and Wellbeing report published in July

2017. The local Alliance will strengthen links between community-based arts organisations and the health and care system and look for funding opportunities to increase provision of arts-based initiatives to promote health, wellbeing and social connections.

Background papers

- An overview of the BHBCBV Mental Health and Emotional Wellbeing programme can be accessed via the link below: https://www.bettercarecovwarks.org.uk/our-priorities/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/
- 2. The full APPG Inquiry Report 'Creative Health' and briefings on the benefits of arts and health for the health and care system can be accessed via: http://www.artshealthandwellbeing.org.uk/appg-inquiry/

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The report was circulated to the following members prior to publication:

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