

The Emerging Mental Health and Wellbeing Strategy – A Scrutiny Members Perspective

Report of the Health & Adult Care Scrutiny Committee

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| Please note that the following recommendations are subject to confirmation by the Committee before taking effect. |
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Recommendation:

that a 6-month performance update should be presented to the June 2019 Committee to review progress in terms of the Mental Health & Wellbeing Strategy's implementation and delivery.

Background

Following 20 September 2018 Health & Adult Care Scrutiny it was agreed that a session be arranged for members to review the visions and priorities of the draft Mental Health and Wellbeing Strategy. In Phase 1 of the engagement programme, from 7 September 2018 to 8 October 2018, people across Devon were invited to share their thoughts and feelings about the vision and priorities for mental health and wellbeing. The outcomes of this engagement process will inform the vision and priorities in this Mental Health and Wellbeing Strategy.

The strategic aims for improving mental health and mental health services within the context of the Devon STP are:

- to ensure services meet local needs;
- to ensure the effectiveness of mental health spend and investment to achieve better outcomes;
- to improve the promotion of mental health and the prevention of mental illness in primary care and in communities; and
- to improve provision for those with severe long-term mental illness and people who have both mental health and physical health needs.

The following members of the Health & Adult Care Scrutiny attended a meeting on 11 October 2018 with the Head of Mental Health Commissioning, CCGs:

- Nick Way (Vice Chair)
- Richard Scott
- Jeff Trail
- Phil Twiss
- Carol Whitton
- Hilary Ackland (Health & Wellbeing Board)

Complex Mental Health Care – what it currently costs in Devon

Mirroring the national picture, treating complex mental health problems in Devon represents significant cost for a relatively low number of people, including £2 million per year in acute hospitals on 'specialising' – where people need 1:1 ward care, £3 million on out-of-area adult mental health inpatient beds, and £13 million on Individual Patient Placements.

Investment in and focus on the most complex cases could result in better outcomes for patients as well as significant savings. For instance, focusing on some of the people who have the most complex mental health needs through investment in Community Intensive Recovery Teams (CIRTs), as Sheffield has, could save £5.5 million a year.

The next group of people with complex mental health needs (220 people) could be supported in settings outside of acute beds through focussed assertive community treatment (ACT). Investment in this community service could improve outcomes and reduce the annual cost per person by £40,000, a saving of £8 million per annum.

Investment in mental health will bring benefits for local people by improving health and wellbeing and provides an opportunity for savings of up to £55m across the wider Devon health system over the next five years. This could contribute to the financial wellbeing of the whole health and social care economy.

There are a number of existing strategies relating to prevention, health and wellbeing and service delivery that are vital to the delivery of the strategy aims of this Devon STP Mental Health and Wellbeing strategy. Working from the principle that we want mental health to be everyone's business this strategy will link with, and in parts inform the following other strategies and programmes of improvement work¹:

- Prevention and early intervention (STP workstream)
- Children and young people (STP workstream)
- Primary Care (STP workstream)
- Integrated care model (STP workstream)
- Learning Disabilities (STP workstream)
- Acute Services Review (STP workstream)
- Children and young people (STP workstream)
- Workforce (STP workstream)
- Local Authority Health and Wellbeing Strategies
- Communities Strategy Devon County Council
- Five Year Forward View, Mental Health Concordat (suicide prevention, wider prevention)
- Wider Provider Networks

¹ Draft Mental Health and Wellbeing Strategy (Devon STP, 2018)

Issues Identified by Members

The following issues were identified by members and have been reported back to the officers from the CCGs who are leading the stakeholder engagement process to inform the vision and priorities in this Mental Health and Wellbeing Strategy.

Approach to Mental Health

- The most significant change in mental health is - deinstitutionalisation – shifting care and support of people with mental health problems from psychiatric institutions into community-based settings.
- Mental health is much more talked about societally. The momentum has changed but there is still a lot to do, as the focus in the system remains too much on the consequence of ill health.

Prevention

- Prevention is about addressing issues before they escalate. Prevention and a little intervention early on, such as post-natal support, can have a major impact and significantly reduce costs both to a person's health and financially to the system.
- The need to put more resource in mental health before it impacts on policing for instance because of failures in the system. Building resilience is key.
- The system requires joined up thinking. Try to reengineer in terms of reducing money going into acute care to be used in terms of prevention. Currently at a place of consequence and not getting to the point of understanding causal links to stop people getting into crisis, which takes money away from preventative work.
- For the Mental Health and Wellbeing Strategy to work, everyone needs to own it. The strategy needs to reflect communities and conversations about people's experiences and their lives focusing on prevention and wellbeing.
- The importance of social prescribing with GPs linking in with the third sector and local communities.
- Schools need to have a strong pastoral side.

Delays in Access

- Concern about the impact of delays when people need urgent help. It is essential to intervene as early as possible where support is required.
- Accessing relatively low-level therapy and crisis support is often hard, as is CAMHS access.
- There also needs to be equity across the County in terms of access and provision.

Voluntary Sector

- Voluntary sector funding is an issue. The contractual way of working for 12 months is problematic. Services fall as a result and then more people enter a system that is already overloaded. There is a need for longer 3-5-year contracts.
- Organisations need a clear outcomes framework. Work needs to continue to bridge the gap between strategy and local delivery – creating connections and links.
- Need to support organisations like the CAB to ensure good voluntary sector involvement, as well as promote it in areas which are less strong.

A Joined-Up System

- The different parts of the system are doing what they can do, but not always thinking about the pathway of a child for instance rather than what they have been commissioned to do.
- The need for a mental health partnership that would have oversight of multi-agency delivery of services across Devon.
- The need for the Adult Social Care 5 Year Plan to link in with this Mental Health Strategy.

Data

- Strategically the more data on mental health and wellbeing the better.
- Need to use data better and have the data analytics to do so.

Workforce Engagement

- The need to engage with large work forces to mitigate health outcomes.
- Work is underway to try to make every gym in Exeter dementia friendly, as well as to focus on mental health and wellbeing. Free training on mental health is being offered to local businesses in Exeter (small charge for bigger businesses). Exeter Chiefs Rugby and Exeter City Football Club are heavily involved.

Prison

- Concern about locking people up in prison with mental health problems. Prison is not the right place to get these people mentally healthy and off drugs.

Deprivation

- Recent surveying work showed that deprivation may not always be the key factor in terms of mental health and wellbeing, as there appears to be the same prevalence of issues identified in more affluent areas.

Housing

- Housing has a significant impact on mental health and is major factor in terms of health outcomes both mentally and physically.

Diagnosis Support for Terminally Ill/ Long Term Conditions

- Need to factor in guidance on psychological support for those diagnosed with terminal illness, cancer, HIV and this should include family and children.

Electoral Divisions: All
Local Government Act 1972

List of Background Papers
Contact for Enquiries: Dan Looker
Tel No: (01392) 382232

| <u>Background Paper</u> | <u>Date</u> | <u>File Ref</u> |
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Nil

There are no equality issues associated with this report