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Report of the Director of Public Health to the meeting of The Health and Wellbeing Board to be held on 03/02/15.

Subject: Mental Health, Public Mental Wellbeing **N**

Summary statement:

This report considers three areas of particular current focus related to mental health. The concept of Mental Wellbeing, particularly in a population health context, has been a growing influence on thinking and policy in a number of sectors over recent years. It has grown out of an increasing understanding of the importance of personal and community resilience, equity and fairness and asset approaches to local infrastructure social protection and an active labour market.

The is a growing and increasingly robust evidence base for the effectiveness of interventions in Public Mental Wellbeing - a number of National Institute for Health and Care Excellence Guidance documents cover this area. In particular, it has been Demonstrating, using robust published evidence, the effect that improved Mental Wellbeing can have in the workplace, primarily through:

- **Reduced absenteeism and presenteeism**
- **Increased productivity**

There is scope to integrate Public Mental Wellbeing into commission and provision of services across the life course, with a particular focus on workplaces.

Allied to this, considerable work has been undertaken to maximise the mental wellbeing of those who find themselves in crisis and/or detained under the Mental Health Act. This report also updates the board in relation to progress on jointly managed aftercare arrangements under Section 117 of the Mental Health Act 1983, across the Local Authority and Clinical Commissioning Groups.

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Portfolio:

Adult Services and Health
Overview & Scrutiny Area:

Health and social Care

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

1. SUMMARY

The concept of Mental Wellbeing, particularly in a population health context, has been a growing influence on thinking and policy in a number of sectors over recent years. It has grown out of an increasing understanding of the importance of personal and community resilience, equity and fairness and asset approaches to local infrastructure social protection and an active labour market.

The is a growing and increasingly robust evidence base for the effectiveness of interventions in Public Mental Wellbeing - a number of National Institute for Health and Care Excellence Guidance documents cover this area. In particular, it has been Demonstrating, using robust published evidence, the effect that improved Mental Wellbeing can have in the workplace, primarily through:

- Reduced absenteeism and presenteeism
- Increased productivity

There is scope to integrate Public Mental Wellbeing into commission and provision of services across the life course, with a particular focus on workplaces.

Allied to this, considerable work has been undertaken to maximise the Mental wellbeing of those who find themselves in crisis and/or detained under the Mental Health Act. This report also updates the board in relation to progress on jointly managed aftercare arrangements under Section 117 of the Mental Health Act 1983, across the Local Authority and Clinical Commissioning Groups.

2. BACKGROUND

The concept of Mental Wellbeing (MWB), particularly in a population health context (Public Mental Wellbeing (PMWB)), has been a growing influence on thinking and policy in a number of sectors over recent years. It has grown out of an increasing understanding of the importance of personal and community resilience, equity and fairness and asset approaches to local infrastructure social protection and an active labour market.

In particular, the importance of understanding the distinction between **Mental Wellbeing** and **Mental Health/Illness**. It is possible to have high levels of subjective wellbeing despite having a mental illness, and vice versa. For example, a person with well controlled schizophrenia, functioning well in society with a happy home life can have a high level of MWB, whereas a person with no mental illness who has chronic rheumatoid arthritis, is in constant pain and cannot work, can have very low Mental Wellbeing

The is a growing and increasingly robust evidence base for the effectiveness of interventions in PMWB - a number of National Institute for Health and Care Excellence (NICE) Guidance documents cover this area. In particular, it has been Demonstrating, using robust published evidence, the effect that improved MWB can have in the workplace, primarily through:

- Reduced absenteeism and presenteeism
- Increased productivity

Locally, meetings have taken place with Occupational Health specialists at Morrisons supermarkets. Morrisons have undertaken the journey from evidence to implementation of MWB based workplace interventions with some success and are happy to share learning with the Council.

2.1. Key Initial Discussion Points

- Effect on Resilience – underpinning theme across sectors
- Balance with strategies to manage mental illness – must not confuse and contaminate to detriment of effectiveness and generalisability
- Balance between emerging evidence base and local innovation
- Inclusion across the life course – older people, younger people, parents
- Benefits across sectors – financial/productivity, resilience, demand for services

2.2. What can we do?

2.2.1. Evidence-based commissioning

2.2.1.1. Commissioning for Children and Young People
2.2.1.2. Building emotional resilience into early years development
2.2.1.3. Providing assistance to parents in maximising the emotional wellbeing of their children
2.2.1.4. Strategic focus on emotional resilience across the lifecourse, beginning in childhood.

2.2.2. Intervention for those of Working Age/Economically Active

2.2.2.1. Improving working lives
2.2.2.2. Quality of life across health and social care sectors

2.2.3. Improving quality of life for Older People

2.2.3.1. Acknowledging the extent of and impact of loneliness and isolation
2.2.3.2. Focus on improving quality of life for older people

2.2.4. Improving outcomes in those with Long-Term Conditions

2.2.4.1. Participation – providing equitable access to health improvement programmes
2.2.4.2. Acknowledging and addressing Issues around abuse and safeguarding across the lifecourse
2.2.4.3. Addressing the physical health of those with mental illness
2.2.4.4. Consideration of the impact of alcohol and substance abuse

2.2.5. Workplace Mental Wellbeing

2.2.5.1. Understanding and modifying precursors such as pre-existing physical/mental illness, chaotic home circumstances
2.2.5.2. Prevention – primary and secondary prevention of physical and mental illness
2.2.5.3. Increased understanding of stress and anxiety in the workplace and how to address this.
2.2.5.4. Focus on reduced absenteeism and increased productivity as tangible outcomes/gains

3. OTHER CONSIDERATIONS

3.1. <u>The Crisis Care Concordat – Bradford and Airedale Background</u>

The Crisis Care Concordat (CCC) was launched in 2014 by Norman Lamb following a declaration by a number of national agencies to work together to improve crisis services for people with a mental heath problem.

The main targets for the CCC are:

- Commissioning to provide more effective and responsive crisis services
- Access to earlier intervention support and planning to avoid crisis
- Urgent and emergency access to services when required
- Good quality treatment and care when a person is on crisis
- Services to support recovery and staying well
- A better quality of response for people detained under s136 MHA 1983 (this is the power of the police to detain people for up to 72 hours in a place of safety for assessment.)
- No young people under 18 held in police cells
- A major reduction in the number of adults held in police cells

- Parity of esteem between physical and mental health (This refers to the idea that mental health should be given the same importance as physical health issues)

These improvements are monitored through a national website that supports regions to upload local declarations and action plans and provides a platform for supporting good practice. This is based at www. crisiscareconcordate.org.uk. There are two outcomes that have to be met. These are to agree a declaration as to how local crisis services will be improved (by December 31st 2014) and to agree a local action plan outlining how local services will be developed in line with the Crisis Care Concordat. (by March 31st 2015)

3.2. Issues and objectives for Local Agencies

The local Crisis Care Concordat working group is a multi agency partnership that had been meeting regularly to provide an overview and forum for local agencies to discuss how to develop crisis services in Bradford and Airedale/Craven.

The local objectives set out within the CCC are:

1. To set up a working party of local agencies to identify the local issues and work together to develop and improve services.
2. To develop and sign up to a regional declaration of out intention to improve and develop crisis services.
3. To develop and agree a comprehensive action plan that identifies our outcomes and how we will achieve them.
4. To commission and implement the developments we have agreed.

Locally the agencies involved in crisis support have worked together to identify the problems and challenges they have experienced in providing crisis support for people in Bradford and Airedale and how best to resolve these. Part of the development of the CCC has been the joint working between BDCT, CBMDC, the Police and other agencies to have an honest debate about these problems, the consequences for service users and agencies and a commitment to work together to improve this.

The main issues identified locally can be summarised as:

- A need to improve the response to people experiencing mental health crisis
- Delays to starting and completing Mental Health Act assessments, especially out of hours
- Provision to respond to mental heath crisis, especially out of hours
- The ability to access and use the health based place of safety, especially out of hours
- The number of people being held in the police cells as a place of safety and the time spent in these cells prior to assessment or transfer.

- The ability of local services to divert people from police custody, A and E or the use of the mental health act, especially our of hours
- The time spent by the police in supporting people detained under S136 of the Mental Health Act

The agencies in our CCC partnership are:

- Bradford District Care Trust
- West Yorkshire Police Bradford Division
- Bradford Council
- Public health
- Mind
- Sharing Voices
- Police and Crime Commissioner
- Bradford District CCG
- Bradford City CCG
- Airedale CCG
- Bradford Teaching Hospitals NHS Foundation Trust
- Airedale NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- NHS England Yorkshire and Humber

Housing and Probation agencies have recently been invited to join the group.

There are local partnerships with North Yorkshire Police and North Yorkshire Council where they attend each others meetings and keep each other updated.

3.3. <u>Current situation:</u>

All Bradford and Airedale agencies have now signed up to a regional declaration agreed with agencies across the West Yorkshire area, and the declaration was uploaded to the Crisis Care Concordat website in early December. The next stage is to develop a comprehensive action plan that is local to Bradford and Airedale. The action plan is a blueprint that identifies the best practice and priorities for development and commissioning.

This needs to be agreed in early 2015 and the CCC working group already has a comprehensive draft of this ready to be agreed. There is a meeting of the CCC working group to consider and approve this action plan on January 28th. When the plan is completed this will go to the boards and internal governance process of all member organisations prior to being uploaded onto the national website.

As part of the action planning process, new ideas and services are being developed as part of the CCC development that will be linked in to the action plan. These are currently being developed but can be summarised as:

3.3.1. An integrated Crisis care pathway agreed across all agencies that links our approach and services and so provides a more consistent level of care and support to people in crisis.

3.3.2. A new multi agency approach to the prevention of Mental Health crisis through improved crisis planning, advanced statements that involve service users in planning their own crisis support and a focus on the prevention of crisis. This fits in with the recovery model of Mental health support that is being implemented by the council, CCG's and BDCT through the mental health services.

3.3.3. An integrated 24 hr 'First Response' service that will support people in crisis and also triage and divert people from police custody. This service has been developed by BDCT in partnership with the LA, public health and the police and crime commissioner. The First Response team will provide an initial contact point for people in crisis and can respond quickly to service users and agencies to support people in crisis. This has set up by the Care Trust through non recurrent funding by the CCGs. Bradford District Care Trust is working to ensure that this service can continue to be funded through a redesign of service provision.

3.3.4. An integrated Intensive Home Treatment (IHTT) model developed by BDCT with out of hours support for people at risk of hospital admission or who can be discharged from hospital.

3.3.5. The development of the Approved Mental Health Professional service by integrating it with the First Response and IHTT service to provide faster and more co-ordinated response and to increase diversion from detention under the mental health act when possible. This will also involve the Development of the out of hours AMHP service by creating close working relationships and joint pathways with the Emergency Duty Team and extending the hours and availability of the AMHP service to reduce delays in assessments.

3.3.6. The development of the existing psychiatric liaison services to the acute wards to improve the level of coverage and include access to social care professionals who can respond and divert people needing a social care response.

3.3.7. An improved response to people detained by the police under s136 or s135 of the mental health act.. These parts of the act allow the police to detain a person in a public place (s136) or enter a property with a warrant to ensure the safety of a vulnerable person. This will involve the redesigned and development of s136 health based places of safety that can be staffed when needed and reduce the number of people held in police cells. The development of the First Response team will also include a response to the police to reduce the number of people detained under s136. The CCC is also exploring how to reduce the need of the police to monitor vulnerable people so that they hand this role over to staff in the mental health services.

3.3.8. The development of a new project to set up a sanctuary or safe space or people in mental health distress is being developed in partnership with MIND and Sharing Voices voluntary sector groups.

3.3.9. Development of arrangements with the police and ambulance services in relation to the Mental Health Act to improve our response to service users.

3.3.10. The development of age appropriate services (especially places of safety) for young people in Mental Health crisis.

3.3.11. The reduction of the number of young people held in police cells on S136 to zero.

3.3.12. More effective access to urgent housing or support for vulnerable homeless people through joint developments with the councils housing services.

3.3.13. The development of parity of esteem between mental and physical health issues.

3.3.14. To develop links with partner agencies in North Yorkshire and Leeds.

There is a great deal of enthusiasm and energy being put into this project by all those agencies and individuals involved.

NHS Yorkshire and Humber has just given us feedback that they feel Bradford and Airedale has one of the more advanced CCC partnerships in the region and they are recommending our approach to other areas.

3.4. <u>Aftercare under Section 117 of the Mental Health Act 1983</u>

Section 117 imposes a duty on health and social services to provide aftercare services to certain patients who have been detained under section 3 or 37 of the Mental Health Act 1983. Aftercare covers a range of health and social care issues that a person may require upon discharge from hospital in order to keep them well

and prevent readmission. S117 aftercare services cannot be charged for.

Locally, a joint policy has been developed between the Clinical Commissioning Groups (CCG's), Bradford District Care Trust (BDCT) and the Council. In general terms, the understanding of how many local residents are eligible for Section 117 has been greatly enhanced as are the processes in relation to managing them in relation to their eligibility.

S117 arrangements have been subject to an audit by Bradford Council and a review by the CBMDC, BDCT and 3 CCG's. This process has led to a number of recommendations that are currently being implemented.

3.5. Progress

A S117 After Care Joint Policy Agreement has been developed and agreed between CBMDC, BDCT, and 3 CCG's. It was formally adopted in September 2014. This provides a clear position on eligibility for S117 after care, the approach to reviewing and clear guidance on when and how the arrangements for aftercare can be ended. We have recently received information that our policy is being considered to be adopted across West Yorkshire as it is felt to be of such a high standard.

Implementation of this policy has been supported by training provided to CMHT staff and other key personnel. Care Programme Approach (CPA) Training also now includes coverage of s117 after care. CPA is a care planning and review process for mental health service users that was introduced in 1991 and then updated in 1999 and 2010.

A major review of information held on the S117 register has been completed to cleanse the records and identify any issues. This provides a basis for ensuring the regular reviewing of all qualifying individuals including a number who are no longer actively monitored via CPA but where no decision had previously been made regarding After Care status. The register has been shared with social care and NHS records to identify any anomalies and action taken to review these.

Each care plan for people under S117 is being reviewed as part of the Care Programme Approach and s117 status will be updated as part of each review.

The BDCT electronic care record system, Rio has been updated to capture S117 after care issues enabling monitoring of the regular reviewing of after care plans and tracking of any that are outstanding.

Formal discussions have taken place to work towards agreeing a shared approach to the funding of after care between local organisations. The NHS and Local Authority are working together to ensure that joint budget decisions are made in the best interests of the service user.

The S117 policy specifies that an information sharing agreement in relation to s117 is required and that this should be attached to the overarching high level information sharing arrangement between partners in the District. A plan has been agreed to complete this work and individuals identified to take it forward. The governance leads from the 3 organisations have been tasked with facilitating this.

Where there is a question over charging have been identified and we are resolving these on a case by case basis and making decisions informed by legal advice and service user needs where appropriate.

All of these measures enable a greater rigour, organizational integration and confidence in the delivery of s117 after care, that plans are up to date, outcome focused, ended when no longer required. In addition we now have a joint approach to oversight and management of risks including legal and financial liabilities.

4. FINANCIAL & RESOURCE APPRAISAL

4.1. As this area of strategy develops, it may be necessary to consider investment, for example in workforce Wellbeing initiatives. This should be carefully planned to reflect concomitant gains in productivity and reduced absenteeism.

4.2. Tackling inequalities in physical health that people with mental illness can experience requires long term commitment and investment. Much of this already exists and is reflected in the priorities set out in the Health Inequalities Action Plan.

4.3. A key recommendation from the audit of S117 aftercare was that a formal cost sharing agreement should be developed and agreed by Adult and Community Services and the Clinical Commissioning Group (CCG). Informal cost sharing arrangements are in place which are based on individuals aftercare arrangements. The costs of aftercare for Adult and Community Services and the CCG are being reported to an Integrated Personalised Commissioning Group which has senior officer representation from Adult and Community Services, CCG and Bradford District Care Trust (BDCT). People with mental illness in receipt of social care who are not entitled to free S117 aftercare are now being asked to contribute to their care costs.

4.4. The joint list of people who are in receipt of S117 aftercare is now agreed. There have been a small number of people who have been charged for care services who should not have been because they are entitled to S117 aftercare. People have been refunded the money they have paid in charges.

4.5. The Crisis Care Concordat implementation plan has received some additional Department of Health funding this year and the CCG's have funded BDCT to pilot aspects of the Crisis Care Concordat including the First Response Service. The "NHS Forward View into action: planning for 2015/16" recommends parity between mental health and physical health and how the commissioning of crisis services are to be achieved in local areas. Additional investment is being made available to CCG's

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

As mentioned above there is a risk that there will be financial liabilities as a result of identifying service users that have been wrongly charged. All cases are being reviewed and refunds are being made where charges have been inappropriately applied.

The NHS and the council are jointly managing the work and the governance arrangements are being formalised within a joint operating procedure.

6. LEGAL APPRAISAL

6.1. Part 1 of the Act places legal responsibility for Public Health within Bradford Council. Specifically Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area. There is a Public Health department now in the Local Authority to support the performance of this duty.

6.2. Section 31 of the Act requires local authorities to pay regard to guidance issued by the Secretary of State for Health when exercising their public health functions and in particular local authorities are required to have regard to the Department of Health's Public Health Outcomes Framework.

6.3. S117 is part of the Mental Health Act 1983 that provides for After Care on discharge from hospital following detention on section 3 or 37 of the Act or transfer under hospital direction under section 45A or transfer under section 47 or section 48 of the Act. Aftercare is not defined but can include health or social care type services, specialist accommodation, support to access employment or daycare. Aftercare should be agreed as part of the discharge care plan and continues for as long as it is needed to provide appropriate post discharge care and to prevent re-admission to hospital.

7. OTHER IMPLICATIONS

7.1. EQUALITY & DIVERSITY

The Public Sector Equality Duty under the Equality Act 2010 requires the council when exercising its functions to have due regard to the need to

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) foster good relations between person who share a relevant protected characteristic and person who do not share it
d) relevant protected characteristics include age disability, gender, sexual orientation, race, religion or belief

7.2. SUSTAINABILITY IMPLICATIONS

Environmental awareness acts as a springboard for improving health and wellbeing. Acting on climate change is a catalyst for behaviour change that acknowledges the impact on aspects such as waste, pollution and biodiversity. There are also economic advantages to reducing emissions that can benefit all parts of society. Ensuring that the dwelling stock in the district is more sustainable in terms of reducing domestic carbon emissions will have a positive effect on reducing fuel poverty and improving health and wellbeing in the district by reducing excess winter deaths; improving health and educational opportunities for children; increasing work and training opportunities; and helping households to reduce domestic energy bills thereby alleviating poverty.

7.3. GREENHOUSE GAS EMISSIONS IMPACTS

Actions to improve health outcomes will largely reduce greenhouse gas emissions. Active travel is a good example, achieving multiple outcomes for the environment and the health of the population. However it is important to recognise that energy and emissions can be linked with better standards of living - such as car ownership, domestic energy, good diet and flights abroad. Work needs to take place to ensure that improvements in wellbeing do not therefore automatically lead to increased carbon emissions.

7.4. COMMUNITY SAFETY IMPLICATIONS

7.4.1. The scope of Public Mental Wellbeing means that some of its priorities may impact on community safety considerations, including specific issues such as the impact of drug and alcohol use on health; working in communities to develop employment activities; and developing community capacity and participation.

7.5. HUMAN RIGHTS ACT

7.5.1. By virtue of the Human Rights Act 1998 all public bodies (including local government) carrying out their public functions have to comply with the rights set out in the European Convention on Human Rights. Developing priorities of the type set out above and promoting their effective delivery means that the Council will be supporting the principles behind the Convention in particular respect for private and family life, the right to an education, the right to life and the right to be protected from the effects of discrimination.

7.5.2. Action taken to reduce health inequalities is likely to have a positive impact on human rights issues across all aspects of Wellbeing.

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

7.7.1 A number of issues governing Public Mental Wellbeing are more prevalent in wards which are identified as experiencing multiple deprivation. Longer term plans will therefore need to engage with a wide range of active organisations on a ward, or sub-ward, basis. This is likely to require the involvement of the Area Committees, local citizens and activists and ward politicians as well as relevant provider agencies

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

9.1. Consider and agree that MWB should be considered as a strategic theme in light of both tangible and indirect benefits

9.2. Support ongoing work to develop this across Council workforce, working with Morrisons and other local providers

10. RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. **Endorses adopting a strategic approach whereby Public Mental Wellbeing is considered as a strategic theme in light of both tangible and indirect benefits**

2. **Support ongoing work to develop this across Council workforce, working with Morrisons and other local providers**

3. **Are invited to comment on progress in implementing the Crisis Care Concordat and the joint S117 Aftercare Policy.**

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None