

## Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

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<b>Board meeting:</b>	January 25 <sup>th</sup> 2017	<b>Next meeting at which this Priority Outcome will be discussed:</b>		September-December 2017		

**Priority Outcome: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health**

### **Priority Actions:**

- 1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it**
- 2. People with long-term mental health problems will have healthier lives**
- 3. People with, or at risk of, poor mental health will be able to access and remain in employment**
- 4. People who are, or at risk of, loneliness and isolation will be identified and supported**

### **For information**

Key Progress to bring to the Board's attention:

#### **Highlight update on indicators in this reporting period:**

#### **1. Access to support**

- Indicators and targets are informed by the [five year forward view for mental health](#) (mh5yfv)
- Access to psychological therapy services: The targets for increasing access have been redefined in line with the [Mental Health Taskforce recommendations](#). These will now be reported as the number of people accessing treatment (annual total). The national target of 50% each year has been set for percentage of people who finished a course of psychological therapy treatment and moved to recovery, therefore the local trajectory has been removed.
- Early intervention in psychosis (EIP): The target for 2017/18 is 50% of people to receive treatment within 2 weeks of referral. The latest figure for the City was 61%. There will be a published indicator to show the proportion of people receiving treatment with a NICE approved package of care. The baseline for this is not yet available.

#### **2. Physical health**

- The latest national indicator on excess mortality has not been released yet at

	<p>national level on the Public Health Outcomes Framework. However Public Health England have published a toolkit that has enabled further analysis of the number of early deaths of people known to mental health services and the causes. This will support prioritisation of actions in the action plan.</p> <ul style="list-style-type: none"> <li>• In 2014/15, there were approximately 155 excess deaths in Nottingham among people aged under 75 years with serious mental illness. Numbers of excess deaths due to specific causes have been considered over a three year period. In 2011/12 to 2014/15, the highest number of excess deaths in Nottingham was estimated to be due to cardiovascular disease, at 96. The second highest number of excess deaths was due to cancer (estimated 80 excess deaths) whilst the third highest was due to respiratory disease. An estimated 59 excess deaths were due to liver disease.</li> <li>• Nottinghamshire Healthcare Trust have confirmed that local smoking status data will be available, and have suggested including some aspects of the national CQUIN on 'cardiometabolic screening'</li> </ul> <p><b>3. Health and employment</b></p> <ul style="list-style-type: none"> <li>• Health and employment service: There are no figures to report yet</li> <li>• Individual Placement Support. Target covers a full year's activity, therefore no figures to report against the target.</li> </ul> <p><b>4. Loneliness and isolation</b></p> <ul style="list-style-type: none"> <li>• No update on indicators at present as Citizens Survey results due out Feb 2017</li> </ul>
<p><b>Key progress on delivery of action plans themes in this reporting period</b></p>	<p><b>1. Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it</b></p> <p><b>People in Nottingham will know how to get support for mental health problems</b></p> <ul style="list-style-type: none"> <li>• The Wellness in Mind hub service has been established. Service has successfully mobilised and is delivering all functions as required. Data will be presented in next H&amp;WBB update. Although people are accessing the service for support, early indications show low use of telephone helpline and website - plans are being explored to address this. Need for on-going promotion and awareness raising across all partners to reach its potential.</li> <li>• Mental health training programme delivered by Harmless has begun second year of delivering free training to frontline workers and communities in Nottingham and is being independently evaluated.</li> <li>• A week long series of events under the Every Colleague Matters programme was very successful with a wide range of sessions and high uptake by the children's and adults' workforce.</li> <li>• Services to reach specific groups: STEPS continues to build its profile as a culturally specific mental health support service for BME communities. During Apr-Sept 2016, 61 service users received 1:1 support, 20 group support sessions were delivered and a range of other MH promotion events were held to engage local BME communities. During 16/17, a number of peer support</li> </ul>

mentors have been trained and are now active– a number of these have been previous STEPS service users, and there have been positive further training and employment outcomes for some peer mentors.

- The Nottingham Counselling Service have announced that they will launch a new website in January to improve access to their services.

**Support children's and young people's emotional and mental health and wellbeing (in line with the Nottingham City Transformation Plan)(2015-2020)**

- Children's services will receive mental health training through new funding, and consultancy and advice is being provided by the Targeted CAMHS service.
- Children and young people in the city are able to access support from a range of services including Base 51, Kooth, Targeted and Specialist CAMHS. The average wait for assessment across services varied from 12 days to 39 days in quarter 2.
- The CAMHS Crisis Resolution and Home Treatment team has been operational since January 2016. The team provides community assessments and intensive home treatment to young people experiencing mental health crisis, in order to avoid acute or mental health inpatient admission where possible. The team provides in-reach to the acute trusts where a young person has been admitted to a paediatric ward following attendance at the emergency department for mental health needs/self-harm. All community assessments in the first seven months of the pilot were undertaken within four hours.

**Improve support to women who experience mental health problems during and after pregnancy**

- A maternal mental health pathway is being developed in partnership with CCGs and the Local Authority. Workstreams have been identified and mapping is being undertaken.
- 3 years funding has been secured to enhance and expand existing perinatal mental health provision and implement the new pathway. This will ensure the national objectives are met locally and improve access.

**Access to mental health services within a primary care setting**

- A Primary Health, Wellbeing and Recovery College has been established and a range of courses is available. Service review of first term was positive and showed that 83 people enrolled and completed an individual learning plan, with 83% going on to commence courses.
- New Primary Care Mental Health Service commenced at end Dec-16 and will have a key role in supporting effective response of primary care to mental health needs and integration.
- CCG commissioners have set up a Primary Mental Health Services Steering Group. The aim and aspirations of the group are to support more effective functioning of the services to ensure it's easier for people to access the right level of support in a more timely fashion. Better functioning and more integrated pathways/relationships are already developing and commitment across all services/providers is positive.
- Wider CCG plans for integration of physical and mental health pathways are still being refined but this programme will gather pace in 2017 to support delivery of key outcomes required as part of the Five Year Forward View.

- There are now 4 psychological therapy providers. Commissioners continue to work closely with all psychological therapy providers to monitor waiting times and identify issues relating to access. Validated data is available up to Sept-16 where City performed higher than the national targets. During Apr-Sept 16 3462 people entered treatment, higher than the national target. during this period. There are also increased rates of recovery, 50% in April-Sept 2016, an improvement on the overall 2015/16 position of 48.6%.

#### **Access to care for those with more serious or urgent mental health problems**

- Waiting time targets for 'Early Intervention in Psychosis' services (EIP) are being met and work is underway to ensure care is NICE compliant and recommendations from the external review are being implemented.
- Work continues through the Crisis Care Concordat to ensure an effective service response to mental health crisis. There have been no U18s detained in police custody under S136.
- A bid for NHSE funding to enhance the acute liaison service at NUH to ensure it meets expected standards is being submitted.
- A baseline position for out of area beds is being developed. Nottinghamshire Healthcare Foundation Trust have set up a "step down" service to help reduce out of area placements.
- The Tomorrow project delivered by Harmless, have launched a new service to support those at risk of suicide and those bereaved by suicide. This is funded by the East Midlands Academic Health Science Network.

#### **Access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.**

- Commissioners are exploring how to link Wellness in Mind into future plans related to social prescribing. The service currently operates in a way to support delivery of this milestone and its whole philosophy is based on taking a holistic approach to managing people's mental health and wellbeing.
- Protocol for delayed discharges from hospital for mental health inpatients has been agreed which outline a clear escalation route and timescale.
- Review of supported mental health accommodation provision has begun.
- Connection between mental health and financial advice services is measured. Data on the numbers of people being supported to access appropriate support to help with financial difficulty is a routinely reported measure in Wellness in Mind.

#### **Ensure services are equitable and based on need**

- Agreement has been received that Opportunity Nottingham learning will be included in Local Authority commissioning and with the Sustainability and Transformation Plan (STP). The Practice Development Unit (PDU) will go live in April 2017. There is also commitment to include a 'Psychologically Informed Environment' (PIE) requirement within future commissioned services.
- Primary mental health services are able to report varying levels of data on demographics of those accessing services. Some of the newer services (Wellness in Mind, Primary Health & Wellbeing College etc.) have insufficient data as yet to draw suitable conclusions on access.
- A Health Equity Audit is currently being undertaken of access to psychological

therapy services and this will lead to recommendations.

- The new Primary Mental Health Services Steering Group will also play a key role in looking at access issues for priority groups and identify how services can work in a more integrated way to ensure improvements are made across the system.

## **2. People with long-term mental health problems will have healthier lives**

### **Poor physical health outcomes are prevented**

- In line with NICE guidance (PH48), Nottinghamshire Healthcare Foundation Trust launched the revised smokefree policy on 3<sup>rd</sup> October, together with the revised nicotine procedure to ensure quick access to nicotine replacement therapy for people admitted to hospital. Extensive training has taken place and a specialist smoking cessation advisor has been recruited. A e-cigarette pilot is also taking place in defined teams.
- People with mental health problems are a priority in commissioning intentions for smoking cessation in 2017/18
- People with mental health problems are identified as priority groups in the Health & Wellbeing Strategy action plans for physical activity and obesity and the Physical Activity, Obesity & Diet Strategy.

### **Identify physical health problems early**

- NHFT have employed an ECG trainer as part of the Physical Healthcare Team
- This supports the national quality incentive (CQUIN) to undertake cardio metabolic screening for defined groups (those in EIP teams on Care Programme Approach-to be extended in 2017to all patients with psychosis). The CQUIN aims to support good practice in identifying needs, developing appropriate care plans and communicating effectively with primary care. It also supports care to be compliant with NICE guidance.
- The PHT complete quarterly training as part of a physical healthcare workshop which includes training on physiological measurements, diabetes, infection control, use of the physform and information around the CQUIN and use of appropriate documentation including the 'National Early Warning Score' (NEWS), as well as training on sepsis.
- Patients on GP Practice "Serious mental illness" registers are identified as a priority group in the NHS Health Checks commissioning for 2017/18
- The Screening Access Project - improving access and choice about screening for people known to mental health services continues to develop in Nottinghamshire Healthcare Foundation Trust. The project is currently

providing training for patients, carers and clinicians in NHFT developing awareness and understanding and how to access the four national screening programmes. The project team is working closely with those that use mental health services in the development of its approaches. In 2017 the project will begin to focus on directly following up patients known to have had a request but who have not accessed screening.

- The enhanced Physform project has been developed by the CCG to support primary care improve the physical health screening of people on their 'serious mental illness' register with a view to linking with secondary care and other providers to plan better health care with patients and carers. The pilot is being independently evaluated..

**Interdependence of mental and physical health reflected across the health and care system**

- Mental health is now part of the integration programme in Nottingham City

**Increased understanding of health inequalities experienced by people with mental health problems**

- Training session offered as part of Every Colleague Matters on physical health inequalities and infographics developed to explain this aspect of the Health and Wellbeing Strategy.
- Additional modelling undertaken by Public Health to identify which interventions will have most impact on reducing the health gap for people with mental health problems

**3. People with, or at risk of, poor mental health will be able to access and remain in employment**

**People in Nottingham are able to access a holistic health and employment support**

- A new health and employment support service has been commissioned for August 2016 to July 2019.
- There was a smooth transition between the old service and the new one and interim reporting indicates that they appear to be on their way to achieve their targets.
- A strategic, cross-sector health and employment steering group, which aims to improve partnership working and develop joint action, held its first meeting in December 2016.

**People in contact with mental health services are assisted to work**

- Individual Placement Support (employment support for people with serious mental illness): Since April 2016 there have been 38 new referrals from Nottingham City, and the team have a caseload of 70 people overall. 30 on the caseload are in paid employment and since April 2016 out of the 30, 16 are

	<p>new job starts</p> <ul style="list-style-type: none"> <li>The DWP are investing to ensure that qualified employment advisers are fully connected to local psychological therapy services and Nottingham City CCG has been approached to take part in the pilot phase due to commence in Spring 2017.</li> </ul> <p><b>4. People who are, or at risk of, loneliness and isolation will be identified and supported</b></p> <p><b>Identify those most at risk of loneliness and isolation</b></p> <ul style="list-style-type: none"> <li>Work underway to better understand loneliness and map loneliness across the city – aided by latest academic research and results from 2016 Citizens' Survey.</li> <li>"Cross-sector partnership group established to own and help drive reduction of loneliness. Sub-group tasked with further developing action plan</li> </ul> <p><b>Create supportive conditions and environments conducive to social inclusion</b></p> <ul style="list-style-type: none"> <li>Two month 'Looking After Each Other' communications campaign successfully delivered, focused on "25 ways to help", loneliness awareness and self-care</li> <li>Age Friendly Nottingham's 'Take a seat' continues to gain momentum with over 210 premises signed up. Roll out across all areas of the city is on track for completion by end of March 2017. Evaluation will commence Jan 2017</li> <li>International older persons day (1 October) focussed on cohesion between diverse groups of older people in the city</li> <li>Integrated health &amp; social care on line directory (LiON): loneliness pages developed, testing and soft launch in place</li> <li></li> </ul> <p><b>Promote wellbeing and social inclusion of citizens</b></p> <ul style="list-style-type: none"> <li>"Extra plate" campaign delivered to address key problem of loneliness at Christmas. Several hundred people known to have attended special Christmas Day events.</li> <li>Range of key initiatives being either piloted, rolled-out and/or scoped which help address loneliness, including: Social Prescription, Community Navigators,</li> </ul>
<p><b>Examples of how health inequalities are being considered in this reporting period</b></p>	<p><b>Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it</b></p> <p>A key focus is on increasing access to carers as well as the other priority groups identified as key to targeting inequalities</p> <p><b>People with long-term mental health problems will have healthier lives</b></p> <p>People experiencing mental health problems are a group who are at greater risk of dying younger from physical health problems. Training sessions have taken place to raise awareness of this aspect of inequality across the health and care system.</p> <p><b>People with, or at risk of, poor mental health will be able to access and remain in employment</b></p> <p>61% of referrals to the Health and Employment Support Service have been from people who are unemployed.</p> <p>Psychological therapy pilot will take place in Jobcentres ie the focus will be entirely on</p>

	<p>those who are unemployed with mental health problems.</p> <p><b>People who are, or at risk of, loneliness and isolation will be identified and supported</b></p> <p>Targetted approaches developed by partners Special, locally based, initiatives such as Community Navigators commissioned</p>
Amendments to the action plans (report appendix)	
<p>Overarching targets are being refined as described in indicators section above.</p> <p><b>Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it</b></p> <p>None identified</p> <p><b>People with long-term mental health problems will have healthier lives</b></p> <p>Public Health modelling to be undertaken to identify which actions likely to have greatest impact on targets and therefore to prioritise actions. More sensitive monitoring of progress related to smoking has been proposed by NHFT.</p> <p><b>Health and Employment</b></p> <p>None currently. A more detailed plan is being developed by the Health and Employment Steering Group</p> <p><b>People who are, or at risk of, loneliness and isolation will be identified and supported</b></p> <p>Action plan needs to be broadened to ensure ownership from a wider-range of partners, and ensure actions from different organisations are better aligned. It also needs a greater emphasis on “all age” loneliness dimensions. The development of the action plan is being taken forward by the steering group and an updated plan will be presented for consideration in early 2017</p>	

## For consideration/discussion

<b>Key risks and issues</b>
<p><b>Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it</b></p> <p>There is concern about the capacity of the psychological therapy workforce to deliver ever increasing access targets by 2020 – this is a major concern locally and the H&amp;WBB is asked to consider how this can be supported through the STP and workforce processes as an enabler eg through the role of Local Workforce Action Boards.</p> <p>There are budget pressures which may impact on statutory and voluntary sector response to mental health needs, and some initiatives do not have future funding agreed.</p> <p><b>People with long-term mental health problems will have healthier lives</b></p> <p>Some of the initiatives to address physical health inequalities are funded through non-recurrent funding streams.</p>



### **Health and employment**

Employers can be reluctant to employ disabled people or people with long term conditions eg in 2013 30% of disabled working age benefit claimants saw 'attitudes of employers' as a barrier to seeking work, finding work or working more hours .

The eligibility criteria for the Health and Employment Support Service have changed. The service is only able to accept referrals where an individual has been off sick for less than 4 weeks after which time they must be referred to the national Fit for Work service. GPs have expressed that in most cases, they would prefer to refer to just one service.

### **People who are, or at risk of, loneliness and isolation will be identified and supported**

Budget cuts affecting mainstream health and social care services may impact on services' response to reducing loneliness and isolation.

In addition a number of small well established organisations who support lonely and isolated people are known to be at risk of closing due to lack of funds

Reducing loneliness and isolation may not be an expressed priority within key organisations

Other points for the attention of the Board.

### **Children and adults with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it**

There remains feedback that people (citizens, GPs, providers) do not know where to find help for mental health problems. What can Health and Wellbeing Board Members suggest to improve this across the City? The CCG is exploring ways to better promote services to GPs and the wider public but what role can other H&WBB partners play so that a consistent message is given in terms of the services and how to access them.

### **People with long-term mental health problems will have healthier lives**

The physical health inequalities experienced by people with mental health problems

### **Health and Employment**

Organisations in the Health and Wellbeing Board have the opportunity to lead by example by

- Addressing stigma and encouraging disclosure
- Ensuring inclusive recruitment, tailored wellbeing and ill-health prevention activity
- Signing up to initiatives such as Mindful Employer or being Disability Confident
- Exploring whether the use of procurement could encourage suppliers to provide employment and other opportunities to disadvantaged groups

### **People who are, or at risk of, loneliness and isolation will be identified and supported**

- Each partner organisation is requested to commit to at least one direct action for the revised action plan
- Each partner to reaffirm their commitment to reducing loneliness and isolation, and prioritise time and resources accordingly