

Nottingham Health and Wellbeing Board - 30th April 2014

Title of paper:	Parity of esteem – valuing mental health equally with physical health	
Director(s)/ Corporate Director(s):	Dr Chris Kenny, Director of Public Health, Nottingham City/Nottinghamshire County Councils	Wards affected:
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Other colleagues who have provided input:	Dr Marcus Bicknell, GP executive Mental Health Lead, Nottingham City CCG	
Date of consultation with Portfolio Holder(s) (if relevant)	April 2014	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		x
Deliver effective, value for money services to our citizens		x
Summary of issues (including benefits to citizens/service users):		
<p>In our society mental health does not receive the same attention as physical health. People with mental health problems frequently experience stigma and discrimination, not only in the wider community but also from services.</p> <p>A recent report from the Royal College of Psychiatrists, Whole-person Care: from rhetoric to reality, (2013) highlighted the significant inequalities that exist between mental and physical health and outlined key areas for action. This paper summarises these priority areas and makes recommendations for further work required in Nottingham to achieve parity between mental and physical health. In addition, this paper updates the Health and Wellbeing Board on the progress of the Nottingham Mental Health Strategy.</p>		
Recommendation(s):		
1	The board is asked to endorse the parity of esteem approach to ensure equal status for mental and physical health	
2	That all organisations represented on the board, nominate a mental health lead to champion the parity of esteem approach and work collectively to steer the implementation of the forthcoming Nottingham Mental Health Strategy	
3	That a development session is scheduled to consider the Board's role in supporting the mental health strategy and parity of esteem	

1. REASONS FOR RECOMMENDATIONS

- 1) The aim of the Nottingham City Health and Wellbeing Board is to improve health and specifically reduce inequalities for Nottingham City residents. Significant inequalities currently exist between mental and physical health. Adopting the parity of esteem approach is essential in order to tackle this inequality.
- 2) Collective, co-ordinated action by the Health and Wellbeing Board will be required to drive significant improvements in mental health in Nottingham. Nominating champions from each organisation will give the mental health agenda the high level collaboration and steer required to push this agenda forward.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Parity of esteem is the principle by which mental health must be given equal priority to physical health and it was enshrined in law by the Health and Social Care Act 2012.

Mental health problems are the largest source of disability in the United Kingdom- almost one in four British adults and one in ten children experience a diagnosable mental health problem at any given time. However, despite the availability of effective, evidence-based interventions, unlike physical conditions, only a quarter of those with mental illness receive treatment.

Among people under 65, nearly half of all ill health is mental illness, and mental illness tends to be more debilitating than most chronic physical conditions. One in three avoidable deaths is linked to mental illness. People with severe mental illness on average die 15-20 years younger than people without mental illness and people with long term conditions are two to three times more likely to suffer from depression, which often remains undiagnosed and untreated. Mental health disorders (including dementia and substance misuse) account for 23% of the overall burden of disease, but national spending on mental health services is only 13% of total NHS expenditure.

In 2013 the Royal College of Psychiatrists published a report, *Whole-person Care: from rhetoric to reality*, to highlight these significant inequalities that exist between mental and physical health. The report outlined key areas for action for health and social care providers and wider partners. The attached paper, Parity of esteem- valuing mental health equally with physical health: the implications for policy and service development in Nottingham, summarises these priority areas and makes recommendations for further work required in Nottingham to achieve true parity between mental and physical health.

The draft Nottingham Mental Health Strategy, *Wellness in Mind*, has adopted this parity of esteem approach as an overarching theme. It has recently been out for extensive consultation and is now awaiting the inclusion of children's mental health, further to the completion of the children's mental health needs assessment. It will be launched later this year as an all ages, life course mental health strategy. Mental health is already one of four priorities within the Nottingham City Joint Health and Wellbeing Strategy and Health and Wellbeing Board members are now asked to nominate a mental health lead for each represented organisation to champion the parity of esteem agenda and to steer the implementation of the Nottingham Mental Health Strategy.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

6. **EQUALITY IMPACT ASSESSMENT**

Not needed (report does not contain proposals or financial decisions)

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Whole-person Care: from rhetoric to reality (achieving parity between mental and physical health)
Royal College of Psychiatrists (2013)

Nottingham City Joint Health and Wellbeing Strategy 2013-2106

Parity of esteem – valuing mental health equally with physical health: the implications for policy and service development in Nottingham.

The term “parity of esteem” was introduced in the cross-government national mental health strategy, “*No health without mental health*” (2011) and is now reflected in a number of national documents on health service development including the NHS Mandate. The Health and Social Care Act specifically refers to the Secretary of State’s duty in relation to both physical and mental health, with regard to service improvement, prevention, diagnosis and treatment, and states that both should be treated equally. Norman Lamb, minister of state for care and support has made clear the government’s intention to ensure that the policy is translated into action.

As summarised in the 2012 London School of Economics report, “*How mental illness loses out in the NHS*”, the level of inequality in the way the NHS treats mental illness compared to physical health conditions is considerable. Among people under 65, nearly half of all ill health is mental illness and mental illness is generally more debilitating than chronic physical conditions, and yet only a quarter of those with mental illness are in treatment, compared with the vast majority of those with physical conditions.

This paper relates this national parity of esteem agenda to services in Nottingham and is based on the Royal College of Psychiatrists’ report “*Whole-person care: from rhetoric to reality*”, commissioned by the Department of Health (2013). This report focused on the domains of the NHS Outcomes Framework, whilst recognising that parity should apply to the public health and social care outcomes framework too.

This focus is timely given the cuts to health and social care budgets, as more holistic care from assessments to intervention should result in more effective and efficient healthcare. Furthermore, improvements to mental health and wellbeing should bring economic benefits to individuals, workplaces and the wider community. The longer term goal of truly integrated care can only be successfully achieved if the mental health component is adequately addressed and so this work is a vital first step towards achieving that objective.

What is parity of esteem?

A “parity approach” ensures that holistic care is provided across health and social care and that all publicly funded services give equal value to mental and physical health problems.

The report identifies the implications of giving equal status as follows:

- Equal access to the most effective and safe care and treatment
- Equal efforts to improve care
- Equal allocation of time, effort and resources in relation to need
- Equal status within healthcare education and practice
- Equally high aspirations of service users
- Equal status to the measurement of health outcomes.

The report goes on to identify the key features of a parity approach as:

- It applies to all ages, from pre-birth onwards and includes those most at risk of mental and physical health problems.
- There should be equal access to care; comparable waiting times, equitable treatment, based on need with equivalent choice and quality
- Holistic care that views the mind and body as integrated, with education across health, social care and the wider population to reflect this.
- Investment in prevention of mental health problems and mental wellbeing in proportion to need.
- Investment in mental health research in proportion to need

- Investment of clinical, managerial time and funding in proportion to the prevalence and scale of the problem.
- Expectation that the care and outcomes will improve as in other areas of healthcare
- Respect and dignity for those with mental health problems

From the above the following points were identified as aspirations for commissioners:

1. The parity approach will be adopted for all health and social care provision from pre-birth and throughout the life course.
2. Commissioners will understand that physical and mental health is inextricably linked, and that it is not possible to treat or support one without affecting the other.
3. Commissioners will give the same priority to addressing and preventing mental health problems as they do to addressing and preventing physical health problems.
4. Generic health and social care policy, planning and services will integrate mental health and wellbeing from the outset.
5. Service providers will be expected to have and to fulfil aspirations for the recovery of people with mental health problems in the same way as for people with physical health conditions.
6. People who present with a physical health problem will receive assessment to identify potential mental health problems, and appropriate intervention to prevent escalation of any existing mental health problem.
7. Mental health problems will be recognised as a risk factor in physical illness and vice versa.
8. Continuity of care will be a guiding principle for the commissioning and provision of both mental and physical healthcare.
9. Public mental health and well-being will be an integral part of both national and local public health services, programmes and campaigns.
10. Mental health research will receive funding that reflects the prevalence of mental health problems and their cost to society.

People with mental health problems should then:

1. Receive timely and appropriate treatment, as is expected for physical health conditions
2. Have parity of life expectancy and similar rates of physical illness compared with those without mental health problems
3. Receive the same quality of physical healthcare as those without a mental health problem
4. Express the same levels of satisfaction with health and social care services as people with physical health conditions. This includes experiencing the same levels of dignity and respect from health and social care staff
5. Be offered appropriate intervention and support to address the factors affecting their much higher rates of health risk behaviour (e.g. smoking)
6. Receive social care on the same basis as people with physical health problems – according to the impact of the condition on the quality of their day-to-day life and the risk of a deterioration in health without such support from health or social care
7. Be given the same level of choice and control over their care, including discussions about choice of treatment and access to personal budgets. Where necessary, advocacy will be provided to enable this to happen.

Parity of Esteem in Nottingham

This paper reviews the key recommendations in the Royal College of Psychiatry report in relation to services in Nottingham and recommends the action required to make parity of esteem a reality in this city. In line with national guidance, the recommendations have been grouped together under the headings of leadership, stigma and discrimination, parity of

outcomes, parity of care and treatment, comorbidity, public health, overall funding and research.

In Nottingham we have an excellent foundation to build upon; Nottingham has a national reputation for work relating to early intervention. The Health and Wellbeing Strategy includes mental health as one of its four key priorities. The Clinical Commissioning Group has likewise prioritised mental health as one of its key themes. We have a draft Nottingham Mental Health Strategy, *Wellness in Mind* due to be formally agreed and launched by the Health and Wellbeing Board this year.

1) Leadership

Leadership is needed to show commitment to whole person care and the recognition of the importance of lifelong coordinated care across health and social services. This will help to begin the process of cultural change within each organisation. To this end the report recommends:

- That local authorities should have a lead councillor for mental health to ensure adequate attention in commissioning and service delivery to mental as well as physical health and the social factors affecting both.
- All providers of physical health care should have a board member leading on mental health issues for their patient population and
- Mental health providers should have a board member leading on the physical health issues of their patients with mental health problems.

Nottingham is unusual in having providers attending the Health and Wellbeing Board (HWB), which facilitates an integrated approach between commissioning and public health, health and social care delivery. The chair of the Nottingham Health and Wellbeing Board (the portfolio holder for health) has already agreed to be the lead champion for mental health for Nottingham City and has signed up to 'The Mental Health Challenge' joining a national network of such leads. The Clinical Commissioning Group (CCG) has a mental health clinical lead and the local authority has a public health consultant lead for mental health and wellbeing and a public health consultant lead for children (including children's mental health). Nottingham University Hospitals has agreed in principle to a mental health lead and Nottinghamshire Healthcare NHS Trust is currently exploring having a physical health lead at board level.

Proposed actions for Nottingham:

- a. To develop the role of mental health leads in all major healthcare providers (including City Care) and other key organisations represented on the Health and Wellbeing Board.
- b. For the nominated mental health leads to work collaboratively to steer the mental health agenda, including the delivery of the forthcoming mental health strategy.
- c. For the roles of the lead officer and councillor for mental health in Nottingham City Council to include raising awareness across all local authority services (whether commissioned or directly provided) of the potential to improve mental health and to promote mental health awareness across the community.
- d. For the HWB to consider parity of esteem in all aspects of its work and in particular work to tackle inequalities in physical and mental health and mental health discrimination.
- e. For the HWB to receive an annual report on progress as part of the mental health strategy.

2) Tackling stigma and discrimination.

Time to Change, a national Government funded body, set up to end mental health discrimination, notes that discrimination, misunderstanding and stigma remain, and that mental health professionals are not exempt from this. Derogatory comments are not

infrequently made both of those with mental health problems and the professionals caring for them.

Nottinghamshire Healthcare NHS Trust has signed the Time to Change pledge to end mental health discrimination and is working on improved awareness and support for those with mental health problems in the workforce.

There is a local pilot of a national project involving faith communities across Nottinghamshire, Nottinghamshire Healthcare NHS Trust, Time to Change and the Royal College of Psychiatrists to improve mental health awareness in faith communities

Proposed actions for Nottingham:

- a. Lead commissioning and provider organisations in Nottingham should review their equality and diversity policies to ensure that:
 - Policies address mental health discrimination
 - Staff are encouraged to challenge and report inappropriate behaviour
 - Training is made available to support the policy
 - Promote equality of opportunity for people living with long term mental health problems including the requirement to make 'reasonable adjustments' to the way services are delivered.
- b. For Nottingham City Council and health providers to review and where necessary, improve mental health awareness and support for staff in their organisations and to disseminate the benefits of this approach to local employers.
- c. For all organisations on the HWB to promote mental health awareness across the local community.

3) Parity of outcomes: preventing premature mortality.

Those with severe mental illness can on average expect to live 15-20 years less than their counterparts. This appears to be due to a number of factors including poor lifestyles, side effects from medications and less physical healthcare interventions.

Much of the premature mortality is due to cardiovascular disease, often attributable to smoking. 42% of tobacco is consumed by those with mental health disorders in this country. Both the mental and physical health issues of those with severe mental illness can limit the likelihood of them accessing smoking cessation support. Nottingham's aim to reduce smoking can only be achieved by including a specific focus on those with mental health problems.

Nottingham has developed a form across primary and secondary care to review the physical health status of those with mental health problems (the "phys form"), which has received national interest. This assessment and review tool is to be used across primary and secondary care.

Proposed actions for Nottingham:

- a. Ensure that the Nottingham Tobacco Control Strategy further improves the accessibility of smoking cessation support and services to those with mental health problems.
- b. Ensure the effective use of the phys form for physical health needs assessment in secondary care.
- c. Develop the use of the phys form so that it includes a focus on outcomes. This would specifically include monitoring to ensure reduction in cigarettes smoked, effective treatment of cardiovascular disease and diabetes.
- d. Undertake a Health Equity Audit of key health improvement services for those with severe mental illness
- e. Ensure that in primary care those with mental health problems have the same access to physical health care monitoring, promotion and interventions.

4) Parity of care and treatment

Equality should be expected across physical and mental health services in relation to access to NICE recommended treatments including psychological therapies. The most recent national morbidity survey showed that only 24% of those with a common mental health disorder and 65% of those with a psychotic disorder received treatment in the past year. Comparable figures in high-income countries are over 90% for diabetes and hypertension, over 70% for heart disease and over 50% for asthma. NICE guidance CG91 recommends that services treating people with long term physical health problems routinely assess for common mental health problems.

Access should be equivalent for those with physical and mental health problems, including crisis care. Commonly those with mental illness and their carers express uncertainty as to how to access crisis care. There should be adequate service provision including the provision of approved mental health professionals (AMHPs) to ensure prompt assessment of those detained under section 136 of the Mental Health Act out of hours (the assessment should commence within 3 hours).

Parity should extend to cover the ambulance provision for those with acute mental health problems. In particular, the ambulance contract should specify a response time within 30 mins for those detained under s136 of the Mental Health Act, in line with national guidance.

Proposed actions for Nottingham:

- a. The CCG to review waiting times across secondary healthcare services to ensure parity based on need.
- b. To act of the findings of the forthcoming review of Improving Access to Psychological Therapies (IAPT) services to ensure all receive the appropriate level of evidence based interventions, as they would in physical healthcare, across the lifespan.
- c. The CCG to identify mental health issues where NICE recommended treatments are not routinely commissioned (such as post traumatic stress disorder) and to work to address this.
- d. Ensure that local reviews of crisis care consider equality of access for those with mental health problems, within and out of hours. .
- e. Review the provision of AMHPs by the local authority to ensure adequate staffing to comply with national commissioning guidance.
- f. Review of ambulance contract to ensure that national commissioning guidance is followed.
- g. Ensure that the police have suitable training for their role in providing support for those with mental health problems including training from those with lived experience of mental health problems. This training should be for those working in custody suites as well as in the community.
- h. Raise awareness of NICE guidance CG91 with Commissioners and providers of physical health care.

5) Parity of integrated care: addressing co and multi-morbidity of mental and physical health conditions.

All political parties recognise the need for more integrated care and this includes social care. The care of those who have both physical and mental health conditions is more costly than if they had one or other condition. Thus integrated care is more likely to result in cost savings.

Nottingham has a limited mental health liaison service for adults, compared with other equivalent cities. This service covers the Emergency Department and the wards of Nottingham University Hospitals. The service for older adults has been recently expanded and there are also workers focussing specifically on substance misuse

Proposed actions for Nottingham:

- a. Ensure that all assessments, whether undertaken by healthcare staff of the acute or mental health trust or social care assessments cover mental, physical and social care needs and the care plan addresses all the problems identified.
- b. To review staffing of liaison services. To consider cost effectiveness of a community based component of the service e.g. for those with medically unexplained symptoms.
- c. For the HWB to work towards greater integrated care, embracing parity within it. This should include information transfer between clinicians to avoid duplication of assessments.
- d. Ensure that the future CCG strategy includes co-morbidity in each work stream.

6) Parity and public health.

A parity approach should be evident in the work programme of public health in relation to health promotion and public health commissioned services. The mental health aspect of those and drug and alcohol use should be considered. Access to physical health interventions should be targeted at those with mental health problems according to need, and adjustments made to ensure equity of access.

The Nottingham Health and Wellbeing Strategy has a strong focus on mental health and specifically prioritises early intervention in mental health. The specific issues covered under this heading are the assessment of and parenting intervention for children with behavioural problems and improving the mental health of those in work and supporting those with mental health problems to find work.

The new mental health strategy for Nottingham is currently being finalised and parity of esteem is an overarching priority, providing a backdrop for the whole document.

Proposed actions for Nottingham:

- a. Ensure parity of funding between physical and mental health within public health in line with the rates of disability
- b. All public health policies and reports should consider both physical and mental health
- c. Ensure that public health funded services such as Healthy Change seek to maximise mental health promotion
- d. To develop an integrated approach across all Health and Wellbeing Board members for health promotion and wellbeing.

7) Parity across the life course.

All recommendations above cover the whole population. Specific issues for young people include ensuring that all those working with them have sufficient understanding of mental wellbeing, including signs of abuse and neglect and know how to respond. Schools should implement the NICE public health guidance on mental health promotion in schools. Early intervention in mental health problems is highly cost-effective. One in 10 children will have mental health difficulties and parity should apply to the resources allocated to the mental and physical problems of childhood. Antenatal and post natal classes should include the mental wellbeing of both the infant and parents.

It is important that within services for adults access should not be determined solely by age thresholds, rather patients should be offered the service that can best meet their needs.

In Nottingham two of the four priorities of the Nottingham Health and Wellbeing Board Strategy relate to integrated care for the older age group and increased support for priority families. A third focuses on early intervention in mental health includes early intervention for children with behavioural problems.

Proposed actions for Nottingham:

- a. Ensure that the mental health strategy for Nottingham adopts a life course approach.
- b. Advocate that schools implement NICE guidance around mental wellbeing.
- c. Review the interface between young people's services and adult mental health services to ensure that there is seamless transition of care where appropriate.
- d. Review how services and funding will be realigned to reflect the needs of an increasing older population.
- e. Consider long term financial gain of investing in child mental health in the forthcoming children's mental health needs assessment.

8) Parity and funding.

There should be evidence that funding is proportionate to the identified need across mental and physical health. This should apply across all ages and take into account the growing population with dementia.

Proposed action for Nottingham:

- a. For CCG and Nottingham City Council to demonstrate parity with regard to funding in relation to need across physical and mental health.
- b. Consider greater funding of interventions in young people to reduce long term mental health conditions in adulthood.

9) Parity and research.

Whilst this is a national issue to ensure that research funding is related to clinical need, locally we can work together to promote more inter-agency research. This could include evaluation of interventions in relation to the Nottingham Health and Wellbeing Strategy, the Nottingham Mental Health Strategy or specific parity of esteem issues such as smoking and mental health.

Proposed developments for Nottingham:

- a. For the Health and Wellbeing Board, Clinical Commissioning Group and health providers to work with our partner institutions to encourage research that will promote integrated care and parity of esteem.

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