Nottinghamshire County Council

Report to Health and Wellbeing Board

3rd of December 2014

Agenda Item: 5(a)

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

OVERVIEW OF CHIEF MEDICAL OFFICER ANNUAL REPORT 2013 – PUBLIC MENTAL HEALTH PRIORITIES: INVESTING IN THE EVIDENCE

Purpose of the Report

1. The Annual Report from the Chief Medical Officer (CMO) 2013, entitled 'Public Mental Health Priorities: Investing in the Evidence' was published in September 2014.
2. The purpose of this report is to present an overview of the CMO report and identify if there are any implications with regard to the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action (FfA) 2014-2017.
3. The proposed actions are given against the CMO's recommendations where any gaps have been identified within No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017.

Information and Advice

4. The CMO report looks at the evidence around the epidemiology of public mental health[±] and the burden of mental illness[*] in England. The report also outlines the importance of treating mental health as equal to physical health and focusing on the needs and safety of people with mental illness. The report gives specific sections on areas for action including:

    - Science and technology
    - Mental health across the life course
    - Economic case for better public mental health
    - Safety and needs.

Appendix 1 gives a summary of the CMO report

5. The table below gives a breakdown of the identified CMO recommendations gaps and the proposed actions that needs to inform the No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017

[±] Public mental health consists of 'mental health promotion', 'mental illness prevention' and 'treatment and rehabilitation'.

[*] Mental illness – description of the experience, defining attributes or diagnosis of those who meet ICD-10 or DSM-5 criteria for mental disorders. This includes common mental disorder (including anxiety and depression), which affects nearly 1 in 4 of the population, and severe mental illness, such as psychosis, which is less common, affecting 0.5–1% of the population.*

CMO Recommendation		Proposed Action & Responsible Agency
Recommendation 1	Commission and prioritise evidence based interventions for mental health promotion, mental illness prevention and treatment and rehabilitation.	Wellbeing interventions and wellbeing social marketing campaigns such as; 'The Five Ways of Wellbeing' should not be commissioned and rolled by Public Health until there is robust evidence on effective mental health promotion interventions in place.
		Public Health to reframe the No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017 section on public mental health in accordance with the WHO model of mental health promotion, mental illness prevention and treatment and rehabilitation.
Recommendation 2	Joint Strategic Needs Assessment (JSNA) the information needed to plan services to integrate the mental and physical health needs of their populations.	Public Health to update the Mental Health chapter of the JSNA that reflects the physical health needs of the mental ill health population
Recommendation 3	Develop a metric that recognises patient experience of the integration of their care and leads to rewards for effective integration around the patient's health and social care needs.	Clinical Commissioning Groups (CCGs), |Nottinghamshire County Council Adult and Children's' Social Care and Public Health to develop a performance outcome mental health metrics in line with the Public Health Outcomes Framework, NHS Outcomes Framework, Adult Social Care Outcomes Framework and the Children and Young People's Health Outcomes Framework to inform the HWB strategy mental health priority delivery plan
Recommendation 10	The evidence based 'Time to Change' programme should continue to reduce mental health stigma and discrimination	Nottinghamshire HWB to sign up and implement the 'Time to Change' programme
Recommendation 11	NHS England need to develop a programme of work to agree waiting times and access standards across mental health services, starting with the collection and publication of robust national data to underpin the development and implementation of this programme	CCGs and Nottinghamshire County Council Adult Social Care to review and align mental health commissioning intentions in line with Department of Health & NHS England Achieving Better Access to Mental Health Services by 2020 and the Crisis Concordat

Reasons for Recommendations

6. The implementation of the 'No Health without Mental Health Nottinghamshire's Mental Health FfA 2014-2017' will be aligned to the CMO report and based on the most up to date and effective evidence.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

8. There are none.

RECOMMENDATION

To endorse the proposed actions in order to align the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017 with the CMO report.

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Director of Public Health

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Constitutional Comments (LMC 06/11/14)

9. The recommendations in the report fall with the terms of reference of the Health and Wellbeing Board.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'Annual report of chief medical officer 2013 report – public mental health priorities: investing in the evidence. September 2014. Available online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf
- No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017. Available online: http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/mentalhealthstrategy/
- Department of Health and NHS England. Achieving Better Access to Mental Health Services by 2020 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

Electoral Divisions and Members Affected

- All

Appendix 1: Summary of the Chief Medical Officer (CMO) report - Public Mental Health Priorities: investing in the evidence (September 2014).

- ***Science and technology*** brings attention to the quality and breadth of scientific work currently underway to promote mental health, prevent mental illness and develop more effective treatments for those with and recovering from mental illness and covers advances in fields as diverse as neuroimaging, neuropsychology, genetics, blood based biomarkers and animal and cellular models of disease.

- ***Mental health across the life course*** considers that childhood behavioural problems, bullying and self-harm stand out as particular issues that warrant improved interventions and that children, young people and their families should be actively involved in service development and improvement.

  In order to understand and alleviate mental disorders in adulthood must take into account a life course perspective with particular reference given to risk factors affecting mental ill health such as: gender, ethnicity, economic context, debt, housing conditions, social relationships, caring responsibilities, working conditions/ unemployment and interpersonal violence.

  'The report acknowledges that older people are substantially underrepresented in policy, falling between the focus on 'mental health in working age adults' and 'dementia'. The evidence is compelling for action on the very treatable but often neglected problems of depression, substance misuse, psychosis, and related issues of social isolation, physical co-morbidities, delirium and frailty as well as dementia.

- ***The economic case for better public mental health -*** 'Improving Access to Psychological Treatments Service' (IAPTS) services is viewed as cost-effective. IAPT might in future usefully be integrated into existing services where relevant, particularly for those with long-term physical health conditions (LTCs). NICE recommends screening for depression in patients with LTCs but for this to be effective it must be done in tandem with the development of care pathways that offer a different approach to management once depression is detected.

  The report makes an evidence-based and ethical case for ***parity of esteem:*** treating mental and physical health outcomes as equally important. In order to give equal status to mental health, the report acknowledges that stigma and discrimination with regarding mental health illness needs to be addressed. The evidence for effectiveness of anti-stigma interventions (such as the modest gains made by England's 'Time to Change' programme), both local and national do reduce stigma and discrimination, if sustained over a sufficiently long term. Evidence is strongest for interventions using social contact.

  Needs and safety - The link between 'Violence and mental health' is complex and interrelated in terms of violence as a risk factor for the development of mental illness, and mental illness as a risk factor for being both a victim of and a perpetrator of violence. It is estimated that a quarter to a third of the burden of adult psychiatric disorders is attributable

to the effect of childhood abuse. Being a victim of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety and eating disorders, substance misuse, psychotic disorders and suicide attempts.

Summary of the CMO's report recommendations

The following recommendations were formulated by the CMO and include:

- Commissioning and service development

Public mental health is most usefully framed according to the World Health Organisation (WHO) model of 'mental health promotion', 'mental illness prevention' and 'treatment, recovery and rehabilitation'. There is a strong evidence base for effective interventions in these interrelated spheres which is drawn from several different academic fields. There is insufficient evidence for well-being interventions for adult mental health to be prioritised at this time.

Recommendation 1: Commissioners in Local Authorities, Health and Wellbeing Boards and Clinical Commissioning Groups should follow the WHO model in commissioning and prioritising evidence based interventions for mental health promotion, mental illness prevention and treatment and rehabilitation. Well-being interventions should not be commissioned in mental health as there is insufficient evidence to support this.

Recommendation 2: All Health and Wellbeing Boards should be informed by a Joint Strategic Needs Assessment (JSNA) which includes the information needed to plan services to integrate the mental and physical health needs of their populations.

Recommendation 3: The Outcomes Frameworks should work together to develop a metric that recognises patient experience of the integration of their care and leads to rewards for effective integration around the patient's health and social care needs.

- Information, intelligence and data

Good health support and services should be based on high quality, accurate data. The development of the Mental Health, Dementia and Neurology Intelligence Network (MHIN), which brings together the range of publicly available data presented by CCGs and Local Authority areas. This is an important step forward in parity and public transparency of data for public mental health.

Also identified was the need for better awareness and analysis of the links between employment status and mental health, which requires the need for better data.

Recommendation 4: Arrangements need to be put in place for mental health data collection that is no different to those put in place for physical health, in keeping with the stated policy of parity.

Recommendation 5: Employment is central to mental health and it needs to be a routine part of patient records. So, the Health and Social Care Information Centre, working with the Royal College of General Practitioners and other Royal Colleges, should review the existing taxonomy for the routine collection of employment data to ensure that it is usable

and can be coded across all care settings. Employment status should then become a routine part of all patient records.

Proposed action 4: CCG and Social Care mental health commissioners to address with mental health providers on the recording of patient employment status.

Recommendation 6: The ONS continue to work with expert psychometricians to further develop the Measuring National Wellbeing Programme and all other related activity.

Recommendation 7: The Mental Health Intelligence Network should link routine mental health data to longitudinal mental health survey data to better understand patterns of mental illness across the community, including those affected by the 75% treatment gap.

- Work

Mental illness is both a risk factor for 'worklessness', and an outcome of it. Individuals can get trapped in a cycle where their mental illness creates and maintains their 'worklessness', which in turn worsens their mental health. On the other hand 60–70% of people with common mental disorders (such as depression and anxiety) are in work and there is a strong economic imperative to keep them in work and address their mental health. Currently the Department for Work and Pensions' 'Health and Work Service' does not include any specific psychiatric input for people who have been out of work for 4 weeks and who may have a mental illness.

Recommendation 8: NICE should analyse the cost benefit of providing a fast and efficient integrated pathway for psychiatric provision for people with mental illness, who risk falling out of work, aimed at maximising their ability to stay in work.

- Workforce training and practice

As part of a drive to achieve parity of esteem for mental health, it is important that medical training and practice recognises the mental health needs of patients. This will require changes to the content and structure of training programme.

Recommendation 9: There should be a period of specific mental health training in GP training. A core part of the training should include specific training for awareness about the consequences of violence on mental health across the life course.

- Policy

Stigma and discrimination are major barriers to full participation in healthcare, education and citizenship in England. Since 2007 significant, but modest, gains have been made in the reduction of stigma and discrimination during the period of the 'Time to Change' programme. Most people with mental illness however, still experience these negative reactions.

Recommendation 10: The evidence based 'Time to Change' programme should continue to be funded and should continue to involve and empower 'people with lived experience'. Standards in physical healthcare drive prioritisation, investment, availability of service information and performance. This focus is needed for mental health services – while ensuring the adverse impact of targets is mitigated.

Recommendation 11: NHS England need to develop a programme of work to agree waiting times and access standards across mental health services, starting with the collection and publication of robust national data to underpin the development and implementation of this programme.