

# HEALTH AND WELLBEING BOARD

7 July 2015

<b>Title:</b>	<b>Mental Health Needs Assessment</b>		
<b>Report of the Director of Public Health</b>			
<b>Open Report</b>	<b>For Decision</b>		
<b>Wards Affected: All</b>	<b>Key Decision: Yes</b>		
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<b>Sponsor:</b> Matthew Cole, Director of Public Health			
<b>Summary:</b> <p>This paper presents the Barking and Dagenham Mental Health Needs Assessment which has been delivered to the Health and Wellbeing Board Mental Health Sub-group. The needs assessment has been approved by the sub-group and is available in full.</p> <p>A summary of the recommendations that were made in the needs assessment are included at Attachment 1.</p> <p>This paper provides the Board with information on the mental health needs of the child, adolescent and adult population of Barking and Dagenham; and based on the needs assessment, the recommendations set out for discussion the next steps to move mental health services in the borough toward parity of esteem with physical health services.</p>			
<b>Recommendation(s)</b>			
The Health and Wellbeing Board is recommended to:			
(i) Note and discuss the content of this paper;			
(ii) Require that the mental health sub-group produces a detailed delivery plan that addresses mental health prevention, treatment and recovery services for adults and children in Barking and Dagenham;			
(iii) Request six monthly progress and performance reports on the implementation of the delivery plan;			
(iv) Require a detailed understanding of the mental health needs of Barking and Dagenham children and adolescents. To be delivered through a children and adolescent mental health needs assessment			
(v) Request that the Mental Health Sub-Group takes the recommendations of the			

Mental Health Needs Assessment into account when it is developing a Mental Health Strategy and looking at the future re-design of mental health services.

### **Reason(s)**

The recommendations of the Mental Health Needs Assessment are based on a robust analysis of the mental health needs of the population of Barking and Dagenham. The needs assessment was undertaken in partnership with the Health and Wellbeing Mental Health Subgroup and Delta Consulting. The recommendations are agreed by the mental health sub-group of the Health and Wellbeing Board and will support the delivery of a delivery plan to be presented to the HWB in July 2015.

## **1. Introduction and background**

- 1.1 Nationally there is a renewed focus on mental health with national government launching a mental health strategy No Health Without Mental Health in 2011 and Closing the Gap: Priorities for Essential Change in Mental Health in 2014.
- 1.2 Central to *Closing the Gap: Priorities for Essential Change in Mental Health* is **parity of esteem** between mental health services and physical health services.
- 1.3 The Mental Health Needs Assessment was done to better understand the local picture of mental health need and the vision for improving services:
  - Understand the prevalence of mental illness in Barking and Dagenham and patterns of future need.
  - Consult with key stakeholders including carers to obtain a wide range of views on current services and unmet needs.
  - Produce an agreed set of recommendations and supporting actions that can be used to improve the state of mental health care in the borough.
- 1.4 There has been an increasing focus on mental health in the London Borough of Barking and Dagenham (LBBD). As part of the substructure arrangements for the Health and Wellbeing Board, the establishment of a Mental Health Group was agreed in April 2013.
- 1.5 The sub-group has responsibility for developing plans for the joint improvement of mental health treatment and care services in Barking and Dagenham and this needs assessment provides background information to define the vision and to inform the delivery plan.

- 1.6 After reviewing the needs assessment the mental health sub-group of the Health and Wellbeing Board agreed a set of 25 recommendations. From these the recommendations and delivery plan will be presented to the July meeting of the Health and Wellbeing Board.

## 2. Methodology and consultation

- 2.1. Delta Public Health Consulting worked closely with the health intelligence team and used the Joint Strategic Needs Assessment (JSNA) as well as other service representatives to access relevant demographic, epidemiological and service data.
- 2.2. Mental health need across the life course was in-scope. This broad scope resulted in the needs assessment being strategic and not addressing in detail special groups e.g. LAC children.
- 2.3. Engagement with adult service users and carers was through two co-production events one held in October (on World Mental Health Day) and one in November 2014. The events attracted 105 attendees including 24 service users and 8 carers.
- 2.4. Engagement with children and young people was through one event held in November 2014 which was attended by 15 children and young people.
- 2.5. An on-line questionnaire was distributed and completed by 36 people. Of these 10 identified themselves as service users.
- 2.6. Face-to-face and telephone interviews were held with 12 services managers in health and social care, 8 service managers in other agencies, 7 strategic health and social care managers and 3 service users or carers.
- 2.7. UK models of good practice were identified.
- 2.8. Two interim draft reports were presented to the Health and Wellbeing Mental Health Sub-groups.

## 3. Report highlights

- 3.1. From the needs assessment it is clear that in the Barking and Dagenham **we do not know exactly how many children and adults in the borough are mentally ill**. This is not a position unique to Barking and Dagenham, but a national one.
- 3.2. **The data on children is based on national estimates and there is a gap between the number of children we'd expect to be treated for mental illness and the number who are treated**. In the borough we need a clearer understanding of who our mentally ill children are and we need to ensure that once diagnosed that these children have access to appropriate mental health services.
- 3.3. **In the borough we have clearer information on the numbers of adults with common and enduring and severe mental illness, but there are adults in Barking and Dagenham who have mental illness that has not been diagnosed and treated**. The data on adults is based on the numbers treated. There is a gap between the number of adults that we would expect to be diagnosed and the

numbers that are diagnosed. This is the case for depression and severe and enduring mental illness.

- 3.4. **In 2014 Barking and Dagenham residents reported the lowest scores for life satisfaction and highest scores for anxiety when compared with statistical neighbours.** Wards in the borough that appear to have particularly low reported wellbeing are Chadwell Health, Village, Goresbrook, and Heath. The ward reporting the most positive wellbeing was Longbridge. Because feelings of wellbeing are closely linked with mental health people who have low feelings of wellbeing are more at risk of common mental illnesses like anxiety and depression. Also adults who are mentally ill can have a negative impact on the mental health of their children.
- 3.5. **In 2012 data from a 2004 survey was extrapolated and it was calculated that 4,500 boys and girls in Barking and Dagenham had a clinically significant mental health condition.** The calculated 4500 boys and girls was estimated in the 2012 JSNA using the total number of boys and girls living in the borough and calculating the percentage of this number that would be likely to be suffering from a mental illness. This rate was modelled and not actual. It was pointed out that while not all those children would require clinical interventions, social and education support for the children and families would be needed for many
- 3.6. **Of the children who had mental health issues boys are more likely to have behaviour and hyperactive disorders and girls are likely to have emotional disorders.** Across England it is estimated that one in ten children and young people aged between 5–16 have a clinically diagnosed mental disorder. It's likely that the Barking and Dagenham figure is close to the England figure of one in ten children but this is not absolutely accurate because actual numbers of children diagnosed are not recorded for our borough.
- 3.7. **In 2014 three in every twenty adults in Barking and Dagenham had a common mental health disorder.** Common disorders include neurosis, phobias, depression, general anxiety, obsessive compulsive disorder, panic disorders and other mental health problems. This is similar to England rates and there were 19,567 people in the borough with common mental health disorders. This Barking and Dagenham prevalence was modelled using the Public Health England on-line Fingertips tool and local information on the number of people living in Barking and Dagenham. Evidence from GP Quality Outcome Framework scores suggest that not all cases of common mental illness are diagnosed. Of those who are diagnosed more women than men had common mental health disorders and there are also higher rates of mental health disorders in black and Asian communities than in white communities.
- 3.8. **In 2014 fifty-two people in Barking and Dagenham were diagnosed with psychosis, this is higher than the England average.** We would have expected thirty-two people to be diagnosed with psychosis include schizophrenia, bipolar depression and psychotic depression.
- 3.9. **The council is helping residents to stay well and resilient** by providing support through children's centres and to adults the Mental Health First Aid initiative. Children's centres are widely distributed through the borough but the Mental Health First Aid programme reached 466 people. These were trained in mental health first aid and as part of the course they were asked to do out reach and to talk to other about mental health.

3.10. Residents who need mental health services are served by GPs, NELFT Adult Mental Health Services and NELFT Child and Adolescent Mental Health Services. Drug and Alcohol services are commissioned by the council and the CCG. Independent Mental Health Advocacy and Independent Mental Capacity Advocacy, personal budgets, day opportunities and support into employment and other services are commissioned by adult social care. Other services are provided by the 3<sup>rd</sup> sector and local authority direct provision.

#### 4. Key feedback about services in Barking and Dagenham:

##### 4.1. Are the needs of children with mental health disorders met?

**Our children and adolescents wait only a short period between referral and assessment.** Rapid access to CAMHS is essential because this gives children and adolescents access to the treatment pathway and also provides support to carers. We do know that more than half (64%) of children and young people are assessed within one week of being referred and nearly all are assessed within three weeks.

4.2. **It is likely that some children with diagnosable mental health disorders are not being picked up and treated in Barking and Dagenham.** In 2012 it was estimated that 4,500 children in Barking and Dagenham had a clinically diagnosable mental health disorder.

4.3. A total of 2165 individual children with mental health disorders were seen in year 2012/13 by CAMHS an unknown number were seen by The Listening Zone, paediatricians, early intervention psychosis service or eating disorder services.

4.4. Recommendations specific to the needs of children are made in this needs assessment.

4.5. It was noted that consideration of specific groups with special mental health needs was outside the scope of this needs assessment.

##### 4.6. Are the needs of adults with common mental health disorders met?

Access to health and social care services is important to people with common mental illness in Barking and Dagenham because services enable the individual to continue being an active member of society. This done by providing early support to services e.g. talking therapy (IAPT), sign posting to services and access to support through the voluntary sector.

In registering common mental illness **it's likely that some GP practices are missing cases of depression.** The number of cases of depression reported by GP practices varies across the borough. Some GP practices report many more cases than expected and other GP practices report many less cases than expected.

Talking therapy is effective in the treatment of common mental health disorders and **access to talking therapy in the borough is rapid, there are however big differences in the number of referrals to talking therapy between the ethnic populations in the borough.** A person referred to talking therapy is usually seen within two weeks of referral. People of white background are more likely to be

referred to talking therapy compared to residents of mixed origin, Asian or Black residents. Because people from Asian and Black populations are more likely to have a common mental illness and so it we should have seen more referrals from these groups than from White groups. **Therefore it's likely that some diagnoses are being missed in these populations.**

#### 4.7. **Are the needs of adults with severe and enduring mental illness met?**

Access to health and social care services is important to people with severe and enduring mental illness because services enable the individual to be an active member of society. In part this is achieved by supporting daily living, for example, providing support to employers, and advice on housing. This is also achieved by providing quick access to health support – GPs, mental health services and home treatment; access to health support e.g. community psychiatric nurse.

Barking and Dagenham's severe mental illness profile (Public Health England) shows a range of indicators for which the local value is low in comparison with England. These are:

- i. Number of people with severe and enduring mental illness known to GPs (QOF).
- ii. People in contact with mental health services.
- iii. Mental health admissions to and discharges from hospital.
- iv. Exemptions from mental health checks.
- v. Care Programme Approach adults in employment.
- vi. Access to psychological therapy for those with psychosis.
- vii. Social care mental health clients in residential care or receiving home care aged 18-64.

**It's clear from the profile that not everyone who needs support for severe and endure mental health care accesses support**, Barking and Dagenham do not have the expected numbers of people being treated and it is likely that some people who need support and treatment aren't getting it. This could be up to 450 people.

There are some reports of a lack of a clear post-discharge care for stable patients with severe and enduring mental illness. This may lead to lack of confidence in primary care managing these patients. There are some unconfirmed cases where people could be discharged from the care of NELFT but because of these issues they have not been discharged.

There may be unmet need beyond clinical care. Employed people on Care Programme Approach is low in Barking and Dagenham compared with the England average; however, these people are more likely to be in stable and appropriate accomodation.

Finally one in three patients who attended A&E in a 2013 survey had a chronic mental illness, suggesting that people with this type of illness are more likely to use A&E. This is an issue that is being targetted in A&E by a social worker specifically employed to support individuals who need support.

#### 4.8. Key findings

A lot has been done and is being done to improve mental health services for citizens across health and social care in Barking and Dagenham, examples include Barking and Dagenham Council has awarded a tender for Independent Mental Capacity Advocacy and Independent Mental Health Advocacy; and specialist employment service. Access to talking services (IAPT) have been improved, there is no waiting list. From the needs assessment there are other actions that would further improve services.

- The partnership needs to take action based on best practice to close the gap between the numbers of people, children and adults, who have mental illness in the borough and those who are accessing treatment.
- Models of good practice have been identified in the needs assessment. These models can be used to guide improvements in Barking and Dagenham practice.
- Citizens would have more life satisfaction if they had better general mental health this could be achieved by promoting positive mental health. This should start in childhood.
- Common mental illness like depression is at a high level in the borough and children and adults who go to primary care are not always diagnosed early. This means that they are not treated early enough even through the talking therapy service (IAPT) for adults has very short waiting time. It also means that children and adults are not signposted appropriately to supporting services.
- Severe and enduring mental illnesses such as psychosis are at high levels in the borough. People are being treated successfully in the community but people are not diagnosed soon enough. Also people being treated are not always clear about their ultimate outcome or the transfer plan back to primary care. This creates uncertainty and lack of confidence for people who are ill and practitioners.
- It's clear that GPs are not always confident in diagnosing common or severe and enduring mental illnesses. This means that citizens are not always treated early or appropriately to meet their need. It also means that GPs are not always confident of accepting patients with stable conditions back to their care.
- There may be unmet need care need. Employed people on Care Programme Approach is low in Barking and Dagenham compared with the England average however, these people are more likely to be in stable and appropriate accommodation.

Based on the findings of the mental health needs assessment of the Mental Health Sub Group agreed a set of 25 recommendations (Attachment 1). **The assessment also concluded that there is significant strategic development to address mental health needs of adults and children underway across the Barking and Dagenham public sector at a time when services face resource constraints and ever increasing demand.** Any opportunity to make investments in mental health services should ensure that an offer is developed that supports the holistic needs of a range of patients, and has an 'open door' policy.

## **6. Mandatory implications**

### **6.1. Joint Strategic Needs Assessment (JSNA)**

The needs assessment uses the analysis from the JSNA and offers new information that will be embedded in the refresh.

Along with the information included in mental health section of the JSNA, in order to ensure a robust systematic approach is taken to improving both mental health and appropriate support services in the borough, the following workstreams need to be integrated

- The findings of this Mental Health Needs Assessment
- Health and Adult Services Select Committee action plan
- “Closing the Gap” assessment and remedial action
- The 2013 Annual Public Health Report recommendations
- The Barking and Dagenham Integrated Care Coalition’s 5 year strategy plan recommendations

This will be co-ordinated through the Mental Health Subgroup of the Health and Wellbeing Board.

### **6.2 Health and Wellbeing Strategy**

If agreed and taken forward, the recommendations from the report will contribute to a number of the Health and Wellbeing Strategy outcomes:

- Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.
- Every resident experiences a seamless service.
- Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
- More older people feel healthy, active and included.
- Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

### **6.3 Integration**

The implications for integration are highlighted in the report and will be taken forward by Health and Wellbeing Mental Health Subgroup.

### **6.4 Financial implications**

There are no financial implications directly arising from the recommendations in this report as they are to generally be met from within existing resources.

Since November 2011 there has been a Section 75 agreement between London Borough of Barking and Dagenham and North East London NHS Foundation Trust (NELFT), integrating the functions and funding of mental health and social services.



The Mental Health service budget for local authority services in 2014/15 was £3.434m, which included a social care grant allocation of £0.5m. The Mental Health service for health funded services is £7.346m. The 2015/16 budgets have been based on the 2014/15 allocations.

Implications completed by: Roger Hampson, Group Manager Finance (Adults and Community Services).

## **6.5 Legal implications**

There are no implications from this report which intends to implement recommendations from the MHNA report finalised in March 2015, which I have not seen.

Implications completed by: Dawn Pelle, Adult Care Lawyer.

## **7. Background papers used in preparation of the report:**

- Mental Health Needs Assessment, prepared on behalf of the Health and Wellbeing Mental Health Subgroup (available on request).

## **8. List of attachments:**

- **Appendix 1:** Mental Health Needs Assessment recommendations