Report to:	**HEALTH AND WELLBEING BOARD**
Date:	21 September 2017
Executive Member / Reporting Officer:	Clare Watson, Director Commissioning, Tameside and Glossop Single Commission Angela Hardman – Director of Population Health Pat McKelvey, Head of Mental Health and Learning Disabilities, Tameside and Glossop Single Commission Anna Moloney, Consultant Public Health
Subject:	**MENTAL HEALTH AND WELLBEING**
Report Summary:	This report provides the Health and Wellbeing Board with an update on mental health commissioning highlighting the key strategic national and regional drivers; and how this has impacts on local mental health service delivery. This report covers the following areas: • Adult mental health; • Children and young people transformation; • Public Mental Health.
Recommendations:	The Health and Wellbeing Board are requested to note the strategic drivers for mental health service development and the progress that has been made locally in prevention and early intervention, treatment and recovery delivery models.
Links to Health and Wellbeing Strategy:	This report is relevant across the life course, and supports the Strategy underpinning principles of: no health without mental health, focussing on prevention and early help, and working together to tackle inequalities.
Policy Implications:	There are no direct policy implications in relation to mandated functions or services.
Financial Implications: **(Authorised by the Section 151 Officer)**	The mental health investment standard mandates that we invest 2% more on mental health during 2017/18 that we did in 2016/17. In addition to this there is some money available at Greater Manchester level to support the 5 year forward view in mental health. A financial plan which supports the strategic ambition of this paper is in the process of being refined and developed.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is a necessary requirement that funding is spent to achieve agreed priorities in accordance with an agreed business case that is fit for purpose, there are systems in place to monitor compliance and refresh when required, and demonstrate rational, consistent and up to date approach based on best practice.
Risk Management:	There are no risks associated with this report.

Access to Information:

The background papers relating to this report can be inspected by contacting Pat McKelvey, Head of Mental Health and Learning Disabilities:

Telephone:0161 342 5500

e-mail: pat.mckelvey@nhs.net

1. NATIONAL IMPACT OF MENTAL ILL HEALTH[1]

1.1 Mental illness is the largest single cause of disability and represents 23% of the national disease burden in the UK. It is the leading cause of sickness absence in the UK, accounting for 70 million sick days in 2013. However, there is a very significant overall treatment gap in mental healthcare in England, with about 75% of people with mental illness receiving no treatment at all.

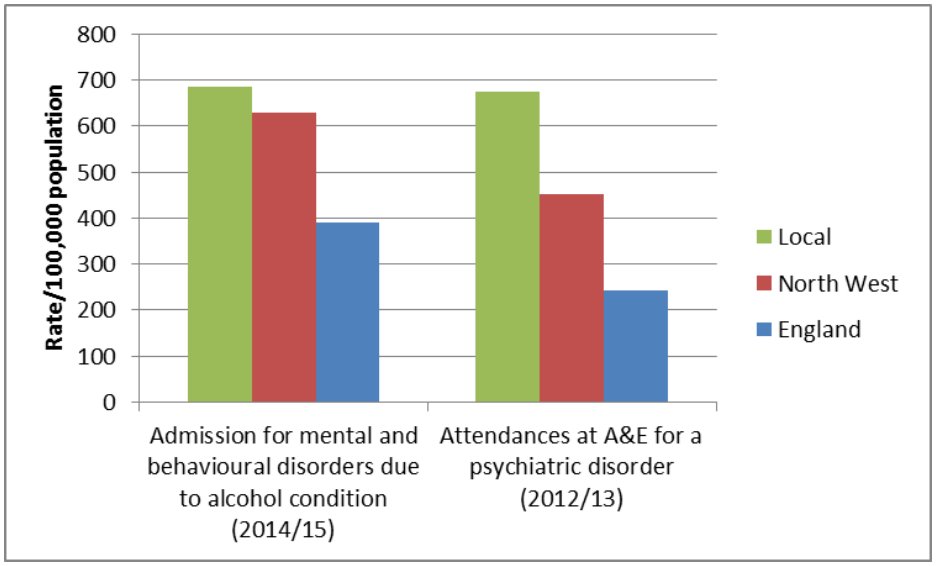
1.2 There is an unacceptably large 'premature mortality gap', as people with mental illness die on average 15–20 years earlier than those without, often from avoidable causes.

1.3 The economic cost of a completed suicide for someone of working age in the UK exceeds £1.6 million.

2. LOCAL IMPACT OF MENTAL ILL HEALTH

2.1 The data set out in Figure 1 below give a brief indication of the level of need and outcomes associated with mental health in Tameside. Attendances at A&E and admissions for mental health conditions are higher locally compared to the North West and England averages.

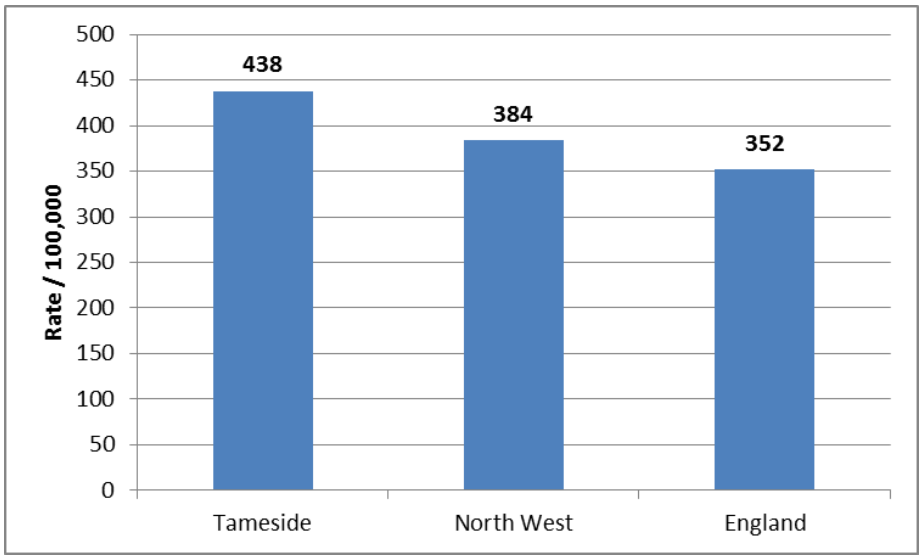
2.2 Figure 1: Admissions and attendances for specific mental health conditions



Note: Local data collection: Tameside borough for admissions and Tameside and Glossop for A&E attendance. Source: Public Health England Crisis Care profile and Community Mental Health profile.

2.3 The following data in figure 2 demonstrates the inequality that exists between people with mental ill health and the general population. If people with mental ill-health experienced the same mortality rates as the general population, there would be zero excess deaths.

Figure 2: Excess under 75 mortality rate in adults with serious mental illness, 2013/14.



Source: HSCIC data in the Public Health Outcome Framework.

2.4 In summary, there is a greater need for mental health support in Tameside as described by the lower levels of self-reported wellbeing and high hospital admissions and attendances. There is also great inequality experienced by people with mental ill health. In addition, suicide rates, particularly amongst men, have been rising in recent years but are comparable to those seen over a longer period of time.

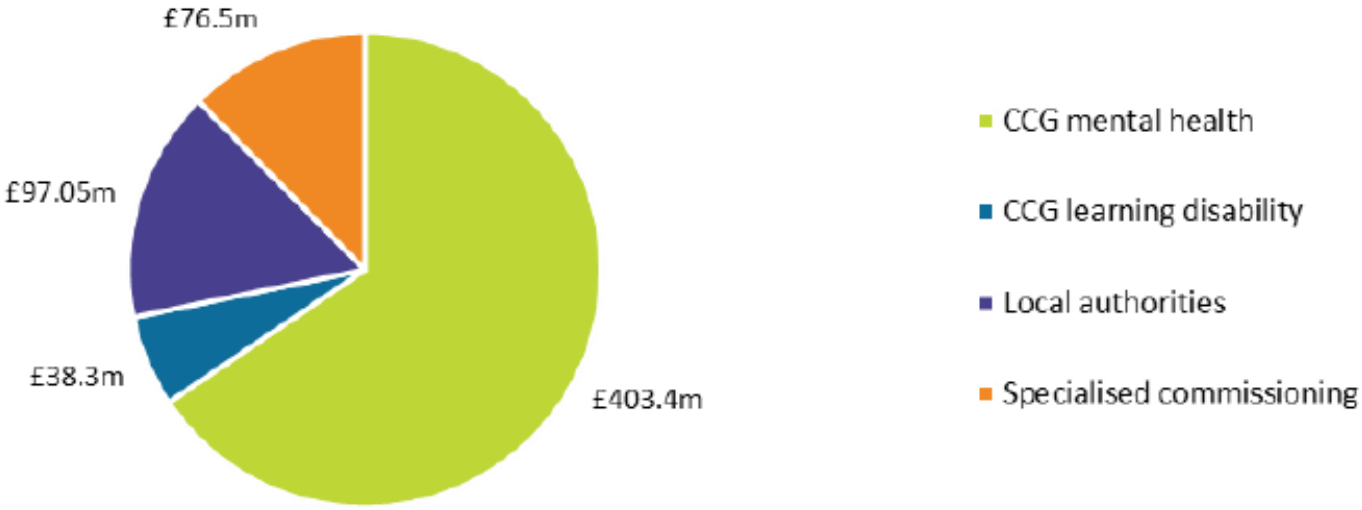
3. LOCAL SPEND ON MENTAL HEALTH

3.1 Spend on mental health comes from local authorities as well as Clinical Commissioning Groups. Significantly more is spent on mental health across Greater Manchester than the majority of UK cities. Figures 3 and 4 show the Greater Manchester wide direct costs of mental health in 2014/15 and the cost of Clinical Commissioning Group funded mental health services in Greater Manchester, per capita.

In 2014/15, the Greater Manchester total spend was calculated as £615.3 million, with a wide variance across localities:

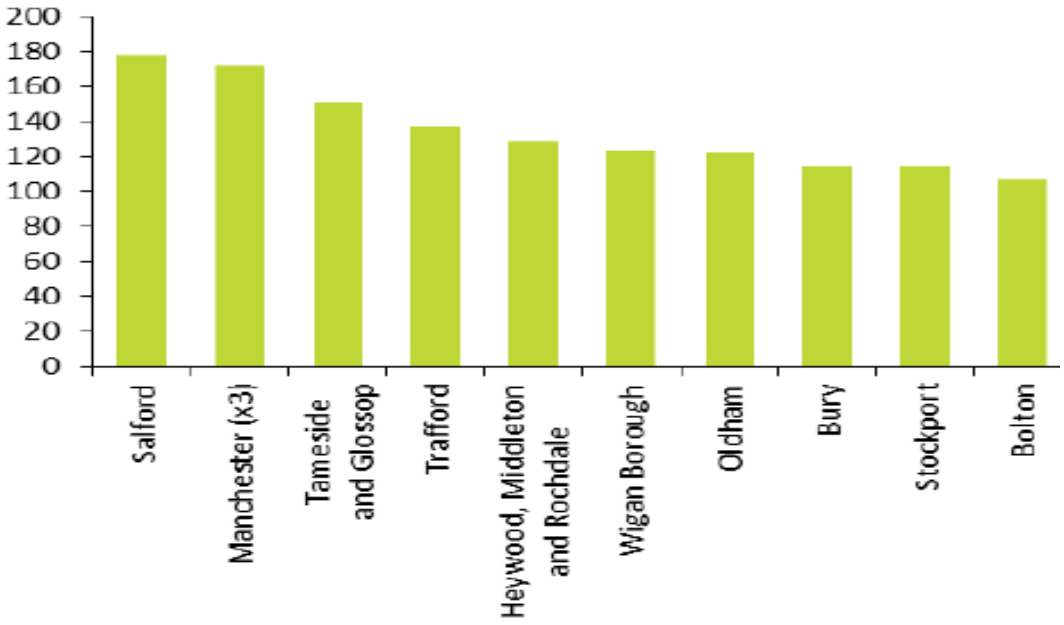
- Local authority spend (£97.05m);
- Clinical Commissioning Group Learning Disability spend (£38.3m)
- Clinical Commissioning Group Mental Health Specialist Commissioning (£76.5m) (which includes specialist units);
- Clinical Commissioning Group Mental Health Spend (£403.4m) - Approximately £30.1m of this is spent on out-of-area inpatient treatment (7.27% total Clinical Commissioning Group spend) including acute admissions due to capacity shortfalls and longer terms placements with complex needs

Figure 3: GM Wide Direct Costs of Mental Health, 2014/15.



Source: GM Mental Health Strategy[2]

Figure 4: Cost of CCG funded Mental Health services in GM, per capita.



Source: GM Mental Health Strategy

3.2 Latest information shows that NHS Tameside & Glossop forecast a spend of £37.8m on mental health during 2017/18, and Tameside MBC expect to spend just under £4.5m.

4. NATIONAL DRIVERS

4.1 The Five Year Forward View for Mental Health (2016) lays out 58 recommendations to improve standards of care for people with mental health needs against the following key themes:-

[1]Greater Manchester Mental Health and Wellbeing Strategy (v 23rd February 2016).

- Genuine Parity of Esteem between Physical and Mental Health;
- Prevention;
- Improved Waiting Times & New Commissioning Approaches to Transform Services;
- Integration of Physical and Mental Health Care;
- High Quality 7-day Services for People in Crisis;
- Provision Close to Home for those with Acute Intensive Needs, particularly Young People;
- Focus on Targeting Inequalities.

4.2 The strategy includes a commitment of an additional £1bn NHS Investment by 2020/21 to help an extra one million people of all ages.

4.3 The 'Must Do' priorities are as follows:

a. **Improving Access to Psychological Therapies (IAPT)**
   - Waiting time targets
   - Access – increase access for up to 25% of eligible population
   - Integrated (Long-term conditions / employment)
   - Recovery rate target

b. **Severe Mental Health Illness**
   - Early intervention in psychosis waiting times and NICE treatment compliant
   - Serious Mental Illness IAPT
   - Individual placement and support
   - Physical health care – smoking / obesity

c. **Dementia United**
   - Diagnosis (rate and waiting times)
   - Post-diagnostic support
   - Carers

d. **Armed Forces**

e. **Children and Young People (CAMHS)**
   - Waiting times
   - Community Eating Disorder services
   - Crisis care support & acute mental health liaison
   - Inpatient Care (Tier 4 collaborative)
   - Early intervention and prevention – iThrive+
   - Perinatal and Infant Mental Health – Specialist and early help
   - Transforming Care (learning disabilities)

f. **Crisis care**
   - A&E Psychiatric liaison – core 24 / RAID
   - All-age acute care pathway redesign (including Crisis Resolution Home Treatment and Primary Care MH)
   - Crisis care triage / support
   - Custody / liaison and diversion

g. **Suicide prevention**

h. **Secure care pathways**

5. GREATER MANCHESTER

5.1 The overarching Greater Manchester ambition for Mental Health is described within the Greater Manchester Mental Health and Wellbeing Strategy[3], and the governance framework for development and implementation of Greater Manchester Mental Health strategies is set out in **Appendix 4**.

[3] Greater Manchester Mental Health and Wellbeing Strategy (v 23rd February 2016)

5.2 The Greater Manchester Mental Health Strategy Vision is to:-

- Improve child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of Greater Manchester communities.
- Shift the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in Greater Manchester requires simplified and strengthened leadership and accountability across the whole system.
- Enable resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well-being of Greater Manchester residents.

5.3 The strategy articulates four strategic principles for improved mental health and wellbeing:

- Prevention: Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
- Access: Responsive and clear access arrangements connecting people to the support they need at the right time.
- Integration: Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies and voluntary organisations.
- Sustainability: Ensure the best spend of the Greater Manchester funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT and investing in new workforce roles.

5.4 Further extracts from the strategy such as the plan on a page, financial impact of proposed interventions, and economic impact of metal ill health can be seen in **Appendices 1, 2 and 3.**

5.5 There is also a Greater Manchester Suicide Prevention strategy[4] that complements the vision of the Greater Manchester Mental Health strategy and focuses on preventing suicide across the life course. It reflects the six priorities set out in the national suicide prevention strategy. It is led by the Greater Manchester Suicide Prevention Executive Committee, which in turn reports to the Greater Manchester Mental Health Implementation Board.

6. LOCAL APPROACH TO MENTAL HEALTH

6.1 The Locality Plan[5] sets out the ambition for transforming local services. The Plan recognises that poor mental health and wellbeing has a significant impact on individuals, families and communities and that low mental wellbeing is associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions.

6.2 More specifically, mental health is prioritised within the early intervention and prevention work stream using a life course approach: starting and developing well, living and working well and ageing and dying well. However, mental health also forms a crucial part of locality based services and the development of neighbourhood delivery models and multidisciplinary teams.

6.3 The Single Commissioning Board and the Locality Executive Group have agreed the Integrated Commissioning to Improve Mental Health Outcomes Proposal. This ensures that all additional investment is aligned to support transformation and meet the Five Year Forward View targets. The additional investment is as follows:

---

[4] Greater Manchester Suicide Prevention Strategy (2016-2021)

[5] A Place-Based Approach to Better Prosperity, Health and Wellbeing, Tameside and Glossop Locality Plan, November 2015, v 10.

Source	Investment	Status
Clinical Commissioning Groupd Mental Health Investment Standard uplift	£1,3m	Recurrent
Adult Social Care Transformation	TBC	Non-recurrent
Care Together	£280,000	Non-recurrent
Greater Manchester Mental Health Transformation - Locality developments	TBC Potentially £66k in 2017/8 rising to £415k in 2020/21	Potentially Recurrent
Greater Manchester Mental Health Transformation – Greater Manchester developments	n/a	Non-recurrent

6.4 Business cases are currently being developed in line with the Integrated Commissioning Strategy as follows

i. **Self-Management Education College**

- Effective local model for all health needs is being developed, building on existing good practice

ii. Neighbourhood Mental Health offer

- Integrated IAPT Plus – establishing a single service to include Healthy Minds and Voluntary and Community Sector pilot embedded within the Neighbourhoods;
- Neighbourhood MH development - Identify existing resources and develop a model embedded within the Neighbourhoods with phased investment plan;
- Neighbourhood Dementia development including Alzheimer's Society Pilot.

iii. Mental Health Crisis Care

- Mental Health Crisis Care – identifying existing resources and designing a new model of mental health crisis support;
- Greater Manchester Core 24 Mental Health Liaison Transformation development - connect with Greater Manchester developments re Healthier Together sites.

iv. Recovery Peer Support

- Identify existing resources and models of good practice to propose local model taking account Social Prescribing / ABCD developments.

v. Autism Support

- Expansion of autism support – integrated model.

vi. Secondary Care Mental Helath Services

- Early Intervention in Psychosis expansion of capacity;
- Approved Mental Health Practitioner expansion;
- Pennine Care Foundation Trust Mental Health Strategy;
- Pressures in Acute Mental Health Services;
- Secondary care Mental Health new models of care;
- Perinatal and Infant Mental Health – revise integrated care pathway in line with Greater Manchester Specialist Community Perinatal and Infant Mental Health team.

6.5 The local approach has also been aligned to the life course and complements the priorities and actions of the various Greater Manchester strategies. Nevertheless, the majority of the system wide resource available is applied to the 'treatment and recovery' portion of the model, which is mostly provided by Pennine Care NHS Foundation Trust. Their 2016-2021 Strategic Plan, shared in December 2016, is working towards the delivery of whole person, place-based care so that all of their patients, carers and families to receive care that meets all of their mental, physical and social needs. The Plan's standard operating model includes

services offers across Community resilience, Primary care, Intermediate care and Urgent and acute care.

7. LOCAL APPROACH – CHILDREN AND YOUNG PEOPLE

7.1 The substantial Children and Young People's Mental Health and Emotional Wellbeing Transformation Programme supported with funding from NHS England has previously been described to Board. As part of this programme the public health offer includes counselling services to young people aged 10 to 25 years old living in Tameside. The service provides a flexible service in partnership with a wide range of partners, including; Public Service HUB, GPs, Schools, Healthy Young Minds (CAMHS), The Phoenix Team, The Probation Service and the wider voluntary sector. The offer to young people itself includes non-appointment drop in sessions and series of 1-2-1 counselling sessions. More recently their offer has expanded to include online messaging board, online (skype) counselling and downloadable affirmations.

7.2 The Emotional Health and Wellbeing Resilience Programme is a universal offer to all secondary and primary (including special) schools and includes a package of interventions:

- Mental health and emotional wellbeing assemblies appropriately targeted at transition year pupils in order to provide a universal approach for relevant information and support through signposting.
- Resilience workshops for pupils, either targeted groups of young people with emerging emotional issues or whole year groups to encourage positive coping strategies and educate on good emotional wellbeing, positive self-esteem & self-confidence and challenging negative coping mechanisms.
- Staff training sessions to educate on how to support young people with maintaining emotional wellbeing and resilience. This will enable staff to become assets within the school setting and to drive sustainable prevention and early intervention.
- Parent training sessions to educate on how to support their child's emotional wellbeing outside of school setting in order to provide young people with a whole community support approach to their emotional wellbeing. This will not only enable assets within the family setting buy the community setting too.

7.3 **Emotional Health and Wellbeing Consultancy Programme (15 school pilot).** This intervention builds and sustains the previous programme as well as enhancing the emotional health and wellbeing assets of a school and encouraging schools to take ownership of their whole school community. The proposed outcomes are:

- Staff, parents and pupils within selected schools will have improved understanding, knowledge and skills to feel enabled to sustain positive mental health and emotional wellbeing throughout the whole school community.
- Staff will feel confident they can maintain a model of positive emotional wellbeing and mental health within their school for the benefit of staff, parents and pupils but engaging in an asset-based learning model where staff will be encouraged to build on their strengths and develop their current good practice. This will be developed through skills training provided by TOG Mind.

7.4 The Teens and Toddlers Programme targets young people (aged 14-15) who are identified as 'at risk' of becoming NEET (not in employment, training or education) and to deliver a programme across several weeks designed to help support these vulnerable young people. Teens and Toddlers aims to raise the young people's aspirations, self-esteem, resilience and sense of responsibility, so they can make informed positive decisions about their education, their health and their future. As the programme involves pairing up a young person with a small child, it also benefits the smaller child as the young person supports the learning of the

younger child with specific skills in order to improve their cognitive and emotional development, resulting in the smaller child's readiness for school.

8. LOCAL APPROACH – ADULTS

8.1 The focus amongst adults has been the promotion of resilience and positive mental wellbeing, i.e. mental health promotion.

8.2 In association with local partners, several key national campaigns have been promoted annually, such as "Time to Change"[6]. This national campaign is a growing movement of people aiming to change how we all think and act about mental health problems. It is led by Mind and Rethink Mental Illness, and is funded by the Department of Health, Comic Relief and the Big Lottery Fund. There is a range of resources available to promote the issue; and the accumulation of activities focus on the annual February 'Time to Talk Day', which aims to get people talking openly about mental health and their mental health experiences. In February 2016, Tameside MBC committed to sign the employer pledge, which is a commitment to change how we think and act about mental health within the workplace and has an action plan aiming at improving people's experience.

8.3 The national '5 ways to Wellbeing'[7] (Connect, Be Active, Take notice, Keep Learning, Give) promotion continues to be used to underpin many of our and our partners' interventions.

8.4 **Community resilience.** Tameside & Glossop Mind has been commissioned to continue their previous project that aimed to promote and enable community resilience in relation to mental wellbeing. The programme has been refreshed and the main objectives are to build resilience and promote self-care; to ensure people have information about how to help themselves and where to go for the right help when they need it, rather than immediately accessing more complex emotional wellbeing support services.

9. LOCAL APPROACH - OLDER PEOPLE

9.1 Dementia has not been included in this portion of the report. It is often associated with discussions about mental health, however, it is more appropriate to be included in discussions about ageing well in general.

9.2 Loneliness and social isolation are therefore the most widely recognised significant and entrenched mental health issues facing our ageing society. Around 10 per cent of people over 65 experience chronic loneliness at any given time. We also know that lonely individuals are more prone to depression[8]; loneliness and low social interaction are predictive of suicide in older age[9] and that loneliness puts individuals at greater risk of cognitive decline[10]. One study also concluded that lonely people have a 64% increased chance of developing clinical dementia[11].

9.3 The local aim is to enable partners to tackle loneliness and social isolation by enabling community projects and social activities that support people to remain connected to their communities, and to develop and maintain connections to friends and family. Commissioned programmes include:

---

[6] http://www.time-to-change.org.uk/
[7] http://neweconomics.org/search/?_sft_project=five-ways-to-wellbeing
[8] (Cacioppo et al, 2006) (Green et al, 1992)
[9] (O'Connell et al, 2004)
[10] (James et al, 2011).
[11] (Holwerda et al, 2012)

i. **Manchester Camerata** to develop a music and drama model building on the lessons learnt through Asset Based Community Development (ABCD) work to reduce the sense of loneliness by allowing older members (and their carers) of the community to take the lead in shaping their own health care. The model 'A Tameside Opera Phase 1 and 2' highlighted the profound impact that music and drama can have on several types of mental health, and its ability to decrease medication use and decrease the need to access health services.

ii. **The Storybox Project** is a unique participatory story making project that uses creativity and imagination to enliven, engage and empower people living with dementia, alongside the people that support them. The Storybox project delivers the participatory story making project in a Library setting, and also through bespoke training sessions with care home staff to enable them to deliver similar sessions.

9.4 A local network of partners have signed up to the National Campaign to End Loneliness[12] with the aim of working in collaboration to tackle the huge issues of Social Isolation and Loneliness. A WOW (What's on Where) Guide in electronic and hard formats has been developed. The guide provides information about well-established community groups and support services.

10. LOCAL APPROACH – SUICIDE

10.1 The Tameside Self Harm and Suicide Prevention Group ago is chaired by Tameside MBC's Public Health and Greater Manchester Police. The aim is for partners to work together better to ensure people of all ages in Tameside and their families get the help they need when they need it and the right support at times of crisis, with the hope of reducing self-harm, suicide attempts and suicide.

10.2 The Group reports to the local 'Mental Health Crisis Care Concordat', which is a national agreement between services and agencies involved in the care and support of people in crisis. In Tameside, the Crisis Care Concordat provides a framework for agencies to work together and share information to ensure people suffering a mental health crisis get the right care when they need it.

10.3 The Tameside Self Harm and Suicide Prevention Action Plan is a live document which is regularly updated. It focuses on six key points that echo the six priority areas that have been set out in the National Suicide Prevention Strategy and the Greater Manchester Suicide Prevention Strategy:

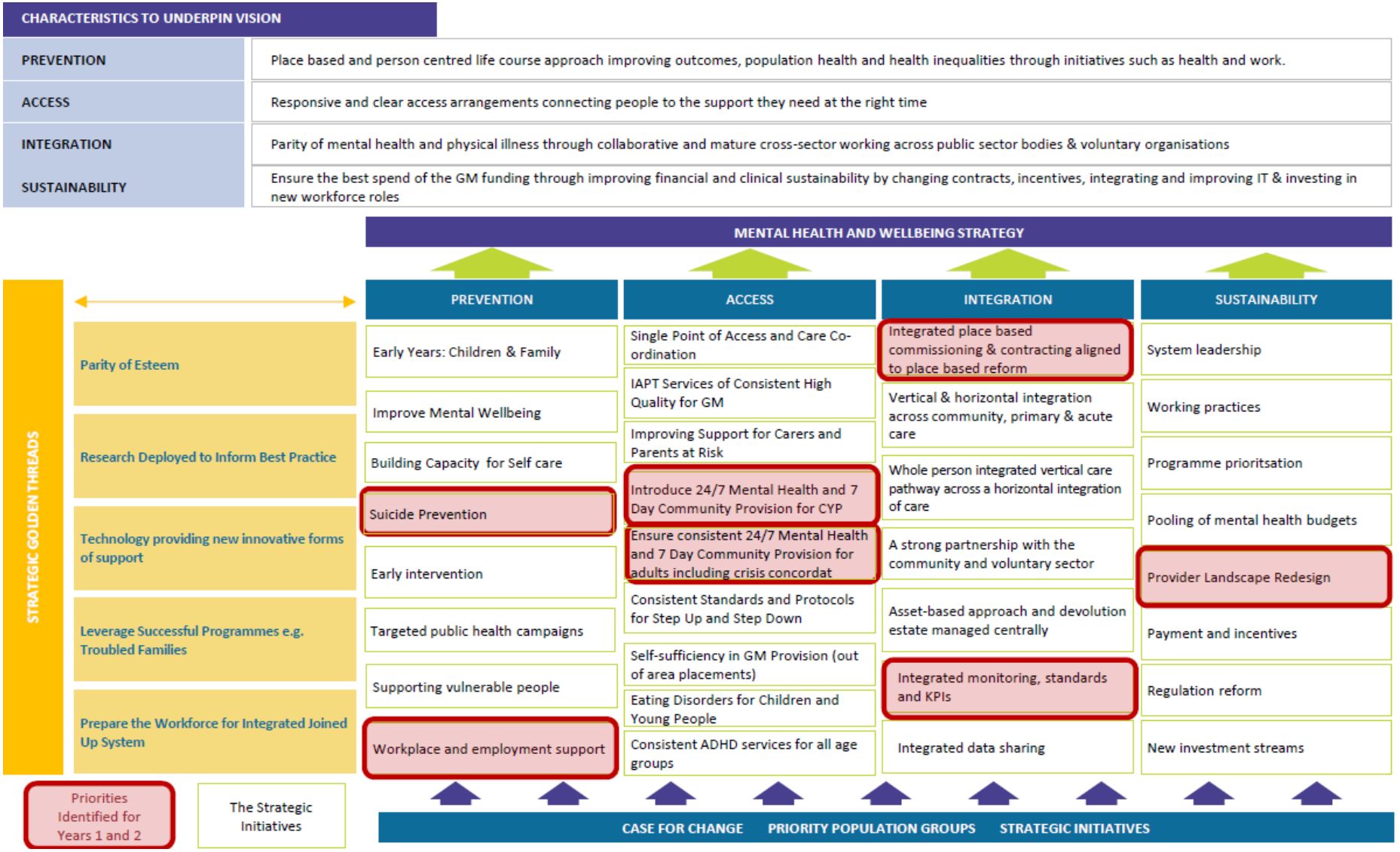
1) Reduce the risk of suicide in high-risk groups;
2) Tailor approaches to improve mental health in specific groups;
3) Reduce access to the means of suicide;
4) Provide better information and support to those bereaved or affected by suicide;
5) Communications, Media and Campaigns for Suicide and Self Harm;
6) Support research, data collection and monitoring.

11. RECOMMENDATIONS

11.1 As set out on the front of the report.

[12] http://www.campaigntoendloneliness.org

Appendix 1: Greater Manchester Mental Health and Wellbeing Strategy (v 23rd February 2016): Strategic Plan on a Page.



Appendix 2: Economic case – wider cost of MH across GM; Source: Greater Manchester Mental Health and Wellbeing Strategy.

Cohort	Volume/Impact on GM economy	Cost (£)
GM Population Unemployed with Mental health conditions	• **144,000** Individuals on Employment Support Analysis/Incapacity benefit across GM. Up to **80%** of benefits claimants have a mental health condition.[1]	**£1.05 bn** Based on £9,091 fiscal cost per claimant per year.
Children with conduct disorder	• **5.8%** of children (~2200 in each GM year group cohort) estimated to have conduct disorders. [2]	**£330m public sector costs** Based on £150,000 over the lifetime of each child (including NHS, social services, education and criminal justice). [2]
Alcohol misuse	• **504,263** Alcohol-related hospital admissions and attendances across GM (2013) (1,155 deaths directly attributable to alcohol).	**£167m** [3] (hospital admissions, A & E attendances). **£1.2bn** in wider costs due to lost productivity, crime, health and social care costs
Substance misuse	• **2,994** Estimated OCU (Opiate or Crack) Users not in treatment in GM in 2014/15. [4] • **86%** of Troubled Families with mental health issues also have issues with substance misuse	**£78m cost of crime** (this is a conservative estimate and does not include other drugs such as Amphetamines, Cannabis, prescription drugs and legal highs) [4] Based on cost of crime for those not in treatment of £2924 per person.
Mental Health bed based-inpatients	• **44%** of total CCG MH spend on bed-based inpatients. [5] • On average, **10,495** occupied bed days for MH inpatients in GM per 100, 000 population (higher than the 7,199 national average).	**£176m** CCG spend on bed based-inpatients. [5] (£21m uncategorised by CCGs).
Suicides	• **277** suicides registered in Greater Manchester (2014). [6]	**£2.9m** in direct costs to the NHS and policing **£442.7m** wider costs due to lost waged and non-waged output, as well as intangible human costs . Based on total cost per suicide of £1.6m [6]
Homelessness	• **25-35%** of all those accessing homelessness services present with mental health as their main need.	**£2.8m** cost to Local Authorities Based on total GM spend on homelessness of £9.45m per year[7]

Source:
(1) GMCA Mat Ainsworth Working Well: Supporting long term ESA claimants into sustained employment. http://stats.cesi.org.uk/events_presentations/SeminarSeries2014/TacklingEmployment/MatAinsworth.pdf
(2) a) http://www.hscic.gov.uk/catalogue/PUB05116; b) http://www.nice.org.uk/guidance/qs59/documents/qs59-antisocial-behaviour-and-conduct-disorders-in-children-and-young-people-support-for-commissioning2
(3) http://www.alcoholconcern.org.uk/training/alcohol-harm-map/
(4) a) 'ITEM 6 - Substance Misuse in Greater Manchester', GMCA; b) http://www.nta.nhs.uk/uploads/whyinvest2final.pdf
(5) a) CCG programme budget returns; b) Mental Health Benchmarking 2012to13 vs 2013to14 v4.
(6) a) ONS, Suicides in England and Wales by local authority, 2016; b) Scottish Executive, Evaluation of Choose Life, 2006
(7) Local authority outturn returns 2014/15

Appendix 3: GM Mental Health & Wellbeing Strategy: Investment Case and the Potential Benefits

Scheme	Cost	Fiscal Benefits[1]	Additional Public Value Benefits[2]
Early years	£15.1m	£15.8m	£28.1m
Education: School based social and emotional learning	£5.8m	£44.4m	Unknown
Troubled families	£22.8m	£33.4m	£75.2m
Alcohol Misuse: Screening and brief early intervention	£1.3m	£5.9m	Unknown
Suicide Prevention: Suicide awareness training and intervention	£0.4m	£0.3m	£48.0m
Working well	£3.0m	£5.1m	£13.0m
Workplace screening for depression and anxiety	£1.2m	£0.7m	£2.2m
Promoting wellbeing in the workplace	£0.04m	£0.0m	£0.5m
Housing step down support facility	£0.5m	£5.2m	Unknown
RAID - Psychiatric Liaison	£1.5m	£2.4m	£0.2m
Intermediate Care for patients with delirium	£9.6m	£12.7m	Unknown
Crisis prevention through IAPT	£6.9m	£11.6m	Unknown
Assertive Outreach for individuals with complex dependency	£1.0m	£1.5m	£1.4m
Total of above schemes	**£69.3m**	**£139.0m**	**£168.4m**

[1] the financial or 'fiscal' impacts to government agencies
[2] the overall public value created by a project including economic benefits to individuals and society; and wider social welfare/wellbeing benefits

Appendix 4: **Governance framework for implementation of the GM Mental Health Strategy for Greater Manchester.**