

**Summary Update on Progress with the
Mental Health/Mental Well-being Needs and Assets Review
2015**

1. Introduction

The purpose of this paper is to provide the Health and Wellbeing Board with a brief summary and overview of the work undertaken to date and the findings underpinning the Mental Health & Wellbeing Assets & Needs Assessment (MHWANA).

The following is covered, in brief:

- Background to the review
- The policy context for the review
- Overview of the data analysed to inform the review and key findings
- Stakeholder engagement
- Next Steps and Recommendations

2. Background to the Review

The last in depth Mental Health Needs Assessment in Coventry was published in 2008. However, Mental Health has recently been recognised as a priority in a number of areas, for example as follows:

- Research commissioned on the impact of the welfare reforms highlighted the increased risk of mental health problems as a likely consequence
- The Coventry Community Safety Strategic Assessment highlighted issues around mental health and substance misuse that needed further exploration.
- The implementation of CWPTs transformation programme highlighted the need/opportunity to look at Mental Health provision more generally.
- A joint meeting between the City Council's People Directorate and CCG early in 2014 identified the need for an in depth review to inform the future strategic direction for Mental Health services.
- At its last board meeting, the Health and Wellbeing Board requested a more detailed discussion on mental health in the city.

As such there was a recognised need to get a better understanding of current population needs, available assets, and an overview of the Mental Health services currently commissioned by the Local Authority and the CCG. In light of this information, together with an assessment of the evidence for interventions, a set of recommendations will be agreed that should inform the future commissioning of mental health services.

3. Links to Relevant Policies, Strategies and Plans

The review has been undertaken in the context of other related work, including the following national policies and strategies:

- Government strategy 'No health without mental health' (NHS England, 2011)
- NHS 5-Year Forward View (2014)
- Better Care Fund (Integrated Health and Social Care)
- Crisis Care Concordat
- Social Care Act (2015)

Mental health is also a key priority in other current local work streams, including:

- Redesign of Child & Adolescent Mental Health Services (CAMHS)
- Implementation of the Dementia Strategy
- Development of a Maternal Mental Health Pathway
- Review of Increasing Access to Psychological Therapies (IAPT) services (Arden CSU, August 2014)
- Action plan for delivering the Crisis Care Concordat
- The Marmot programme of work also has many aspects that are key to improving the mental wellbeing of the Coventry population

4. Review Process

A steering group has overseen the review process, chaired by Cllr Hetherington the LA Mental Health champion, with membership as shown in appendix 1.

The overall review process has included a detailed analysis of relevant data alongside a comprehensive approach to stakeholder engagement. Whilst there has been a review of relevant evidence, this has not been a full systematic review. It is noted that there is a substantial volume of NICE guidance relevant to the delivery of adult mental health services currently available to commissioners.

5. Data analysis and key findings

Information on the wider determinants of mental health and wellbeing; 'at-risk' or vulnerable groups; the epidemiology of common mental health disorders, severe mental illness and suicide; and indicators of population wellbeing has been collated from the following sources of publicly available, routine data:

- Public Health Outcomes Framework – Public Health England
- Mental Health Intelligence Network
- Projecting Adult Needs and Service Information System (PANSI)
- Projecting Older People Population Information (POPPI)

- Armed Forces Compensation Scheme Statistics - Ministry of Defence
- Quality & Outcomes Framework (QOF)

Data for Rugby as well as Coventry has been included where possible, although there is less detailed information available relating to the Rugby population.

In addition analysis of the available local data reflecting service use has been included as follows:

- National IAPT Data Set for Coventry & Rugby (from Arden CSU)
- Contract Monitoring Minimum Data Set (MDS) (from Arden CSU)
- People in receipt of community-based services provided by CCC
- People in receipt of services commissioned by CCC or CRCCG
- General practice activity snapshot – bespoke dataset from Park Leys Medical Practice including full range of mental health-related consultations (as reed coded) over a two month period
- Use of powers under the MH Act (sections)
- Self-harm data
- Primary Care prescribing for mental illness

Despite considerable effort we were not able to gain access to any meaningful data in relation to the Mental Health services commissioned by NHSE (specialised services).

Key Findings

- Overall, factors that are associated with an increased risk of poor mental health and well-being are higher in Coventry than the national average reflecting higher levels of socioeconomic deprivation in the city.
- There is a marked social gradient in the prevalence of psychiatric disorders with the lowest socioeconomic groups experiencing the highest rates of illness.
- Within the population there are a number of groups with increased risk of developing mental illness e.g. people with a disability or long term health problem, looked after children etc.
- Our most recent estimates suggest that approximately 67,028 people in Coventry aged 16-74 have a common mental health disorder e.g. anxiety, depression, phobias etc. These estimates are broadly similar to or below the England average with the exception of mixed anxiety and depressive disorders, which is slightly higher.
- Rates of severe mental illness are broadly similar to or lower than the national average, with the exception of emergency admissions for self-harm, which is significantly higher.

- The suicide rate in Coventry is 10 deaths per 100,000 population. This is slightly higher than the regional (8.3) and national (8.8) averages, but is not statistically significant.
- Mental health services are commissioned by Coventry and Rugby CCG and the Local Authority from NHS and voluntary sector providers at a total cost in 2014/15 of £44.7 million.
- Outpatients: First attendances have decreased overall over the past 3 years.
- Admissions: numbers of patients admitted for their mental illness has decreased over the past 3 years. In the age group 18-64 men are more likely to get admitted and in the over 65s age group it is women more likely to be admitted.
- There is an emerging consensus that from a client's first presentation the overall model of care should be more integrated across primary care, social care, specialist care and the third sector.
- Mental Health Services also need to change. They need to be well-being and recovery focussed promoting control and striving to achieve user defined outcomes. This can be achieved in part by enhancing links to existing individual, family and community assets.

6. Stakeholder engagement

Discussions have taken place with representatives of council-run services, CWPT, Coventry & Rugby CCG, primary care, Healthwatch Coventry, patient involvement and user groups, Coventry Carer's Centre and a range of third sector and other organisations through workshops and focus groups

There has also been recognition of the need to make appropriate links to the service engagement work being undertaken by CWPT, as they are consulting on recent service changes.

7. Next Steps and Recommendations

A draft report detailing the review findings and the provisional recommendations will be made available to commissioners at the Adult Joint Commissioning Board providing them with an opportunity to comment on the priorities for action.

Recommendations

- *The HWB is requested to delegate the Adult Joint Commissioning Board with the responsibility for moving this work forward.*
- *The HWB also requests that having considered the report and its recommendations that the Adult Joint Commissioning Board develop a joint response to be presented back to the HWB in June 2015 outlining a proposed way forward for Mental Health in the city.*

John Forde

Consultant in Public Health

Appendix 1

Mental Health Assets Needs Assessment Steering Group Membership

Tanya Richardson	Coventry City Council
Orsolina Martino	Coventry City Council
Lavern Newell	Coventry City Council
Jon Reading	Coventry City Council
Cllr Patricia Hetherton (chair)	Coventry City Council
Matt Gilks	Coventry and Rugby Clinical Commissioning Group
Harjeet Matharu	Voluntary Action Coventry
Andy Smithers	Coventry and Rugby Clinical Commissioning Group
Kay St Clair	Coventry and Warwickshire MIND
Lynne Fairhurst	Coventry and Rugby Clinical Commissioning Group
Andrew Collis	Coventry AIMHS Limited
Berni Lee	Coventry City Council

Appendix 2

Mental Health and Mental Wellbeing Expert Group Membership

Orsolina Martino	Coventry City Council
Matt Gilks	Coventry and Rugby Clinical Commissioning Group
Lynne Fairhurst (apologies received)	Coventry and Rugby Clinical Commissioning Group
Sally Eason (apologies received)	Arden CSU
Jon Reading (apologies received)	Coventry City Council
Andy Smithers (discussion prior to meeting)	Coventry and Rugby Clinical Commissioning Group
Sarah Stewart Brown (discussion prior to meeting)	Warwick University
Surinder Chaggar (apologies received)	
Lavern Newell	Coventry City Council
Simon McGarry	Coventry City Council
Celine McRea (apologies received)	Coventry and Warwickshire Partnership Trust
Robert Holmes	Coventry and Warwickshire Partnership Trust
John Brady	Arden CSU
Irma Tomschey	Coventry City Council
Berni Lee	Coventry City Council