

	<u>Agenda Item: 9</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	30 th September 2015
TITLE:	IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS – CONSULTATION ON STRATEGY DIRECTION
Organisation	Mental Health System Strategy Group
Presenting Officer	Dr. Adrian Phillips – Director of Public Health

Report Type:	Discussion/Endorsement
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1. Purpose:

The Mental Health System Strategy Group is currently consulting with stakeholders on the direction of the 'Improving Outcomes for People with Mental Health Problems Strategy'. The Health & Wellbeing Board is asked to discuss whether the current direction is appropriate.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3. Recommendation

In line with the consultation questionnaire currently being completed by stakeholders across Birmingham, the Health and Wellbeing Board is invited to comment on the strategy and its direction.

4.	Background
4.1	'Improving Outcomes for People with Mental Health Problems', sets out a vision for mental health services across Birmingham. Delivery of the strategy is overseen by the Mental Health System Strategy group. This group includes representation from NHS Birmingham Cross-City, Birmingham South Central and Sandwell and West Birmingham CCGs, alongside Birmingham City Council.
4.2	While lots of progress has been made in delivering this strategy to date, in order to reflect the changing needs of a diverse city like Birmingham, leaders from across the city have come together to review the strategy direction, to make sure we are still focusing on the areas that need our attention most.
4.3	The 4 recommended outcomes of the strategy are as follows: <ul style="list-style-type: none"> • Prevent mental ill-health and get earlier help for people starting to suffer poor mental wellbeing; • Protect those who are most vulnerable from the adverse effects of mental ill-health; • Better management of mental health crises and preventing them from occurring; and • Recovery of people with mental health problems into everyday life.
4.4	The strategy document is attached as Appendix A .

5.	Compliance Issues
5.1	<i>Strategy Implications</i>
	<p>The attached strategy affects all aspects of the strategy concerned with mental health and wellbeing i.e.</p> <ul style="list-style-type: none"> • Make children in need safer. • Improving the wellbeing of vulnerable children. • Increase the independence of people with a learning disability or severe mental health problem.
5.2	<i>Governance & Delivery</i>
	Any actions raised by the Health & Wellbeing Board will be reported to the Operations Group and back to the MH System Strategy Group.
5.3	<i>Management Responsibility</i>
	Adrian Phillips – Director of Public Health

6. Risk Analysis
No identified risks relevant at this stage. Analysis will be carried out upon decision of any future actions concerning this document from the Health & Wellbeing Board

Appendices
Appendix A - Improving Outcomes for People with Mental Health Problems.

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	<i>P. Hamilton</i>
Date:	<i>18/09/2015</i>

The following people have been involved in the preparation of this board paper:

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Improving outcomes for people with mental health problems

We want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems.

We recognise that this will not be a quick or simple task, so will be focussing on the following four outcomes in the first instance.

1. Prevent mental ill-health and get earlier help for people starting to suffer poor mental wellbeing;
2. Protect those who are most vulnerable from the adverse effects of mental ill-health;
3. Better management of mental health crises and preventing them from occurring; and
4. Recovery of people with mental health problems into everyday life.

So, what will this look like?

- 1. Prevent mental ill-health and get earlier help for people starting to suffer poor mental wellbeing**

What will this mean?

We want to increase the 'resilience' of young people to withstand episodes of low mental wellbeing, such as that related to exam stress or family disputes. We know that employment (or education) is important in promoting mental wellbeing. We would like more children in care and ex-offenders in work (paid or unpaid), or in training. Domestic abuse and all types of violence are also major causes of mental illness, which affect whole families and future generations. We want to tackle these huge issues much earlier.

How will we measure success?

We will see:

- a. Fewer children affected by their parents poor mental health;
- b. Fewer 0-25 admissions to A&E for deliberate self-harm;
- c. Fewer suicides;
- d. Improved school survey relating to mental wellbeing;
- e. Fewer repeat violent episodes; and
- f. Fewer children and young people reporting they are frequently bullied.

What are some of the things we need to do?

We need to describe the effect of poor adult mental health and behaviour on children and families.

We need to be much better at understanding the change from child to adult, and the consequences for some on their mental health.

We need to understand the effects of isolation on wellbeing and how we can improve this.

2. Protect those who are most vulnerable from the adverse effects of mental ill-health

What will this mean?

Mental ill-health impacts upon certain groups more than others.

These include: the homeless; people who were in 'care'; prisoners and ex-prisoners; people who misuse alcohol and drugs and members of the LGBT and Afro-Caribbean community. We want to ensure these very vulnerable people have excellent support to protect them from declining mental health. Additionally we know that certain groups are vulnerable to crime and other types of anti-social behaviour.

How will we measure success?

We will see:

- a. Fewer Afro-Caribbean men in mental health services;
- b. Fewer unresolved dual diagnosis (mental health and substance misuse) clients;
- c. Fewer homeless people;
- d. Fewer repeat offenders;
- e. Better physical health of these groups; and
- f. Fewer people with dementia and learning disability suffering crime.

What are some of the things we need to do?

We need to redefine complexity and recognise that our systems aren't simple to understand, especially for the most vulnerable. Put simply, complexity is about our systems and organisations, not people. We also need clear rules on managing people who have both mental ill health and misuse substances.

We also need better intelligence on these very vulnerable groups.

3. Better management of mental health crises and preventing them from occurring

What will this mean?

Fewer people of all ages will have mental health crises or develop urgent problems, due to misuse of drugs and alcohol. We will see fewer people with deteriorating mental health problems in police cells and emergency departments. People with chronic mental health disorders will have excellent management plans to prevent rapid worsening of their condition. We will provide better support for all carers to prevent and reduce crisis, especially people with dementia.

How will we measure success?

We will see:

- a. All crisis assessments will be within four hours;
- b. No children in police cells;
- c. Fewer repeat admissions for mental health crises; and
- d. Fewer acute medical admissions precipitated by dementia.

What are some of the things we need to do?

We need to get faster access to specialist mental health support, to the police and probation services and emergency departments. We need to ensure that there is adequate professional support to processes which manage people with multiple needs e.g. MAPPA and IOM. We need to re-define a crisis, which must be about the person, not the organisation. We need support to be much more accessible to those affected by a crisis. We need to make sure that carers of people suffering dementia can get meaningful help quickly in a crisis.

4. Recovery of people with mental health problems into everyday life

What will this mean?

It means all of those things that we take for granted such as having a job, having a home, having relationships and not being discriminated against. For young people it means going to school, having friends and not being bullied or made fun of.

How will we measure success?

We will see:

- a. Less re-offending;
- b. More people who previously misused substances at work;
- c. More young people in education, training or employment;
- d. Employment of people with chronic mental health problems;
- e. Reduced adult homelessness; and
- f. Reduced youth homelessness.

What are some of the things we need to do?

We need to re-define the purpose of mental health services; especially for people over 25 to return to normal life and not to treatment. We need to link with services which aim to increase education and employment. We also need to recognise that lack of a job is a crucial factor in developing chronic conditions and perpetuating discrimination.