Mental Health Action Group Update

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Adrian Barker
Item for:	Please select:

1. Purpose of the Report

1.1 This report provides more detail of the mental health action plan presented to the Board at its meeting on 24th November 2017.

2. Recommendation

2.1 The Board is asked to note and endorse the proposed way forward.

3. How the Health and Wellbeing Board can help

3.1 The Board can help through a commitment to the approach proposed, including the principle of co-production, with backing from the Board as a whole but also each of the partner bodies.

3.2 While it is recognised that resources are extremely limited, support will be needed, at least through such things as staff time, use of premises and equipment. It is understood how constrained funding is, currently, but even quite small amounts of pump priming can go a long way (no specific funding is requested in this report).

3.3 The co-production approach proposed does not lend itself to project management and the identification of specific targets in advance. This does not mean that 'anything goes': there should be regular monitoring, evaluation, feedback and adjustment, learning from practice. The Board is therefore asked to accept that, similar to such schemes as the community conversations, this approach may throw up successes but also problems, that are not foreseen at the outset, but that through rapid review and modification it can chart an effective course.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

4. Introduction/Background

4.1 The Mental Health Collaborative was set up by the Board to develop a strategic approach to mental health issues. This led on to a 'deep dive' on 21st June 2017, which agreed to set up a group to progress more immediate action. That new body, the Mental Health Action Group took suggestions from the Collaborative and the Deep Dive and produced an outline plan for the next three years, presented to the special Health and Wellbeing Board on 24th November 2017.

4.2 This report provides more information for the year 1 proposals and seeks the Board's support in progressing them. The five areas for action are: community

navigation (also called community connections), peer support, a digital community resource directory, investigating preventable deaths of people with serious mental illness, and working with users and the Berkshire Health Foundation Trust (BHFT) to co-produce improvement to patients' experience in crisis.

5. Supporting Information

5.1 The approach proposed in this report is in line with the draft Mental Health Strategy produced by the Mental Health Collaborative. That proposed a shift, over the long term, towards more prevention and early intervention, so reducing demand on services to treat problems. That would require an input of resources to allow for both more prevention and existing services, until the benefits of more prevention feed through. Given constraints on public sector funding, the strategy proposed drawing on resources within the community, from patients, carers and the public more generally. That could come through such things as peer support, making more effective use of community resources through social prescribing and through the promotion of mental health literacy. The strategy also recognised the inter-relationships between the elements and the need for a system wide approach, and proposed a co-produced solution.

5.2 The rest of this section briefly reviews each of the five areas for action in the first year proposed in the report to the Board on 24th November 2017.

5.3 **Community navigation** is already well established in this country, with well over 100 schemes. It is sometimes also called 'social prescribing' but the action group has been keen to avoid that term, with its implication that this can only be done by GPs. The term 'community connections' has been suggested instead. Social prescribing has been defined as:

5.4 *"Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing."*

5.5 There are four elements to it. (1) A referrer (who has typically been a GP but could be social worker, voluntary organisation, carer or other), who (2) refers the client or person with the problem, to (3) a link worker or community navigator, who jointly with the client works out what activities would be most helpful to them and helps them access (4) relevant voluntary and community sector activities.

5.6 There is some evidence that community navigation can be effective, but the evidence is not definitive. One scheme (covering health generally and not just mental health) estimated that it would pay for itself within 18-24 months. Other studies have suggested social rates of return on investment of between £2 and £3 per £1 invested. However, a systematic review published in 2017 found that the evaluations it identified were not of sufficient quality to be absolutely sure of whether it is cost-effective.

5.7 A sub-group of the Mental Health Action Group has already started considering community navigation.

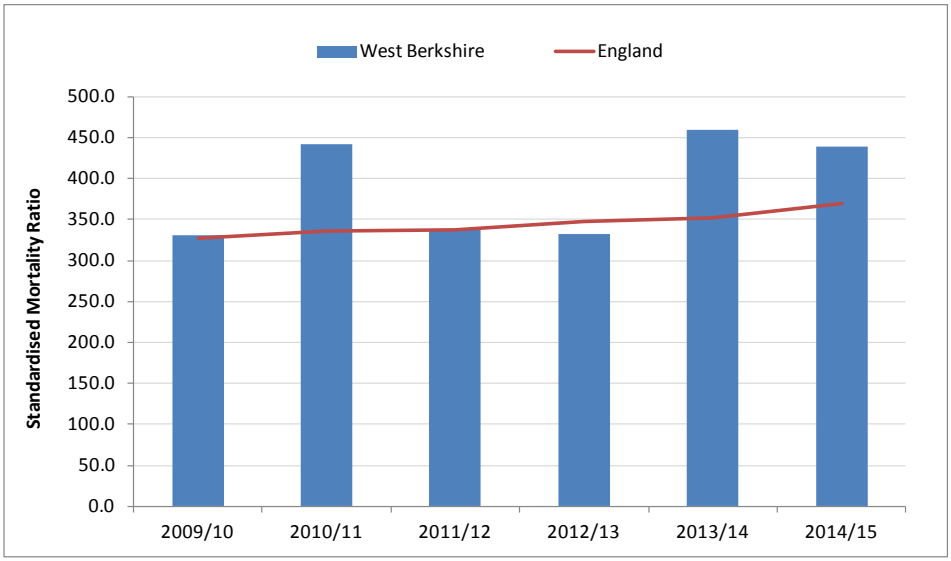
5.8 The second area for action is **peer support**, which is: "*offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.*" The social support provided could be: "*emotional (providing*

empathy and care), instrumental (helping with practical tasks), informational (providing advice), and appraisal (offering feedback and reflection)".

5.9 There are many different types of peer support, such as face-to-face groups, one-to-one support by telephone or face to face and online platforms such as discussion forums. It is therefore hard to generalise on how beneficial the schemes are but a review of the evidence by Nesta and National Voices found evidence of effectiveness for people with mental health issues in a number of forms of implementation. A summary of research on peer support for children and young people's mental health commissioned by the Department for Education found a number of schemes with a positive effect although the evidence was often weak. A systematic review on peer support for depression found that it was superior to 'usual care' and as good as group-based CBT.

5.10 Work has already begun on the fourth issue, **investigating preventable deaths of people with serious mental illness**. This is something on which West Berkshire is an outlier. The graph below shows the excess under-75 mortality rate in adults with serious mental illness in West Berkshire (aged 18 to 74 years) from 2009/10 to 2014/15 using a measure known as the 'standardised mortality ratio'. In statistical terms, this relates to fairly small numbers so it is possible that this has magnified the difference (and the figures were broadly in line with the national average for half of these years, but were above it in the last two years for which figures are available). There may also be some issues of how deaths were coded and recorded. A number of GPs are therefore looking at the particular records of those involved to try and establish any patterns and underlying causes.

Excess under 75 mortality rate in adults with serious mental illness in West Berkshire (aged 18 to 74), 2009/10 - 2014/15



Source: Mental health data linked over years and to the PCMD. ONS mortality data and ONS mid-year population estimates

5.11 The fourth proposal was to explore introducing a **digital community resource directory** to support prevention, recovery and self-care.

5.12 A request for a directory of community resources has come up regularly in meetings involving stakeholders in mental health, but has also been reported as a common

request in other meetings, wider than mental health. However, there are already a number of existing directories (such as the Social Care Information Point, the former EWB's directory of community organisations, one on emotional wellbeing in West Berkshire, the DSX system used by GPs and a similar directory used by NHS 111 ***[check if actually in use or just planned]***). It will be important to build on these but also to understand what is needed in any revised or new resource that will enable it to fulfil the needs that are currently being expressed but not being met.

5.13 The core requirement to support community navigation is a directory of local organisations. While there are existing directories, more work is needed on exactly what information is required, which will be more than just name, address and contact details. For instance, to enable people make referrals, it may be helpful to know about range of activities, times of operation, any criteria for involvement and capacity to take new people.

5.14 While it should start simple, it would be missing a valuable opportunity if the early thinking and design did not allow for expansion in future. This is partly in relation to subject matter, with the potential to develop from mental health to health and wellbeing more generally. But there is also the potential for much wider functionality in a digital or online resource, to be added in future years, such as: provision of, and links to, information about a range of mental health issues; links to other sources of support including national sites; material to influence people's attitudes to mental health, such as case studies; forums, blogs and sharing of documents; and provision of, or more likely links to, tools to help deal with particular problems, such as guided eCBT.

5.15 Part of what people are looking for in a digital resource is a 'single place to go'. So rather than creating a new, stand-alone resource which tries to do everything it might better as a single point of entry, which as well as providing information directly, also allows access to other websites and facilities.

5.16 The first stage in taking this forward is to investigate other examples of good practice, such as that implemented in Bracknell, with the support of Public Health. A business case and project plan can then be developed. It is unlikely that it would be possible to develop this without financial resources.

5.17 The fifth of the proposals, **co-producing improvements to patients' experience in crisis**, is to be addressed at the next Thinking Together event, which involves both mental health service users and service commissioners and providers. That event is to be held in March and there may be a need for subsequent meetings to work through the detail of whatever comes out of it. Reports on progress will be brought back to subsequent meetings of this Board.

5.18 The rest of this report considers the way forward on social prescribing, peer support and a digital resource.

6. Options for Consideration

6.1 There are a number of ways in which the identified actions could be implemented. The 'traditional' approach would be to commission the services, probably with a procurement exercise to select an appropriate private or third sector provider.

6.2 There would also be a choice as to whether to commission each of the services separately or to try and integrate them in some way. While integrating them would make most sense from a systems point of view, it would be considerably more complex to manage through a top-down, contractual approach. It would also require the contractor to have (or obtain) a much wider range of skills and capacities.

6.3 A significant problem with commissioning whole new services is the cost. A social prescribing scheme alone could cost several hundred thousand pounds. Given the current state of public finances in both the council and CCG, this is probably unrealistic at this time (at least until a convincing business case could be made). There is also a risk that this approach eclipses or dilutes the current services rather than supporting and building on them. A commissioned service, with specific requirements and accountabilities could also reduce the flexibility for developing a service over time using a co-produced approach.

6.4 The option favoured here is to co-produce a combined scheme, working initially with the organisations already delivering forms of peer support and community navigation. They would be: the village agents scheme (community navigation); Open for Hope (mainly peer support); and Recovery in Mind (elements of both). If there are others who are keen and with the capability to be involved at this stage (such as, perhaps, BHFT's 'Hub' which takes calls from clients and directs them to the appropriate health (and in some cases social care and voluntary sector) support their participation would be welcomed.

6.5 Social prescribing and peer support are different sorts of scheme, but there is potential for considerable overlap between them. A community directory would be fundamental to social prescribing but as part of a digital resource which could expand over time, this could be an important enabler for promoting mental health over the longer term.

6.6 Part of the role of a peer supporter could be helping identify suitable community and other activities and helping the person supported to access them. The social prescribing infrastructure could support them to do this. One of the facilities to which community navigators might refer people could be peer support schemes.

6.7 The aim of this approach would be to start with what those bodies are already doing and to build on it. Exactly what that looks like needs to be worked up and agreed between those bodies, the commissioners and service providers, but an idea of the ways in which collaboration could produce more than the sum of the parts, is given below, under 'proposals'.

7. Proposals

7.1 The proposal is that which was presented to the Board on 24th November 2017, namely, to "celebrate, promote and connect existing resources, especially those who provide Community Navigation and Peer Support." The second recommendation in that report, to explore the introduction of a digital community resource directory, is integral to the first.

7.2 The Mental Health Action Group also favours the use of co-production as a fundamental principle. This is all the more justified given that this approach relies

as much on the input of third sector organisations, patients, carers and the public as it does on public sector bodies.

7.3 There are five ways in which the various initiatives can be connected to make them more than stand alone activities, which need to be addressed in the coming months. They are: providing support and sharing good practice; ensuring arrangements are in place for safeguarding and protecting against risks; clarifying any minimum standards that participants can expect from the service; the provision of necessary infrastructure to enable a collaborative approach; and monitoring and evaluation. These are now each briefly considered in turn.

7.4 **Support and shared learning for good practice**. There is already a good deal of expertise in the existing bodies, but there are benefits from sharing this good practice and ensuring ongoing learning and development.

7.5 **Protecting against risks and safeguarding**. It will be necessary to ensure that all participating bodies have the requisite safeguarding arrangements. There should also be clear and effective arrangements for knowing when, how and to whom to refer people with more serious problems, including those in crisis.

7.6 **Establishing minimum standards**. An advantage of the approach being proposed is that it builds on existing good practice and allows for a variety of approaches. The risk should be avoided of constraining this through precise requirements and specifications. However, there will be certain minimum standards of practice that all participants could reasonably expect.

7.7 **The provision of infrastructure** to enable a collaborative approach. This would include such things as the digital resource and directory, governance arrangements, facilities for the participating organisations to keep in contact (online and face to face) and perhaps making premises available.

7.8 **A common approach to monitoring and evaluation.** Methods to monitor and evaluate progress, both quantitatively and qualitatively, will need to be set up from the start. This will allow for learning and improvement but also for reporting back to the Health and Wellbeing Board and other stakeholders. Identifying appropriate indicators and mechanisms jointly should reduce the burden on individual organisations.

7.9 While this approach makes the most of community and public resources, enhanced by capitalising on the synergies between existing activities, there is likely to be a need for financial input in due course. The case for funding will need to be made at the time, and a variety of sources sought, including, perhaps, charitable grants.

7.10 The next stage is to further work up the proposals and bring together the founding organisations to co-produce the approach.

8. Conclusion

8.1 This report recommends that the proposals outlined in the presentation to the Board meeting of 24th November be pursued as described. In particular a combined approach to community navigation, peer support and a digital community resource should be developed through co-production. Ways in which a combined approach can produce more than the sum of the individual schemes are addressed in the report.

9. Consultation and Engagement

9.1 The Mental Health Action Group has representatives of service users and service-user organisations (including Recovery in Mind, Open for Hope, the Berkshire Mental Health User Group), the Volunteer Centre, as well as West Berkshire Council and Newbury and District CCG. As well as participating in the monthly meetings of the group, they have been consulted on the preparation of this report.

10. Appendices

Appendix A –

Background Papers:

None

Health and Wellbeing Priorities 2017 Supported:

☐ Reduce alcohol related harm for all age groups
☐ Increase the number of Community Conversations through which local issues have been identified and addressed

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

☐ Give every child the best start in life
☒ Support mental health and wellbeing throughout life
☒ Reduce premature mortality by helping people lead healthier lives
☐ Build a thriving and sustainable environment in which communities can flourish
☐ Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by increasing early intervention and prevention of common mental health problems and investigating the causes for premature mortality of those with serious mental illness.

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