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<b>Classification:</b>	General Release
<b>Title:</b>	<b>Briefing paper for Like Minded - a programme to develop a Mental Health &amp; Wellbeing Strategy across North West London</b>
<b>Report of:</b>	Thirza Sawtell, Director of Strategy & Transformation Team, NHS NWL
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Mental health and wellbeing
<b>Financial Summary:</b>	As the strategy is still being developed, there are not yet any financial implications identified.
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## 1. Executive Summary

- 1.1 The Collaboration Board of NWL CCGs and the NWL Mental Health Programme Board have approved the commencement of a programme to develop a NWL-wide Whole System Mental Health & Wellbeing Strategic Plan. It will build on the previous NWL Mental Health Strategy (Shaping Healthier Lives) and the Whole Systems approach to involving health and social partners as well as service users and the voluntary sector. A launch event for the programme '*Like Minded: Working together for mental health and wellbeing in NW London*' was held on 6 February 2015.
- 1.2 The programme plan is to:
  - develop a case for change and agree priority strategic areas (c.4 months)
  - develop care models for those areas (c. 7 months)
  - hold a joint health & social care public consultation (if required) (c. 3 months)
  - revise the care models further to consultation feedback (c.4-5 months).
- 1.3 CCGs, Local authorities and the broader constituent members of Health and Wellbeing Boards will play an essential role in commissioning and provision

of mental health and wellbeing services, and therefore their commitment will be crucial to the success of this programme.

- 1.4 The Like Minded Programme has embedded co-production as a touchstone or how we work – and we know to make this real we need the commitment and involvement of Service Users, practitioners and the broader community in the Like Minded programme.
- 1.5 Governance arrangements ensure that quality and safety are reflected – by including senior clinical and professional representation from across all partner organisations.

## **2. Key Matters for the Board**

- 2.1 Recognising that Mental Health is a key priority area for the Board the Like Minded team want to secure the support of the Board, and also feedback now and as the programme progresses to ensure that the approach meets local Westminster requirements.
- 2.2 We would like members to share details of any concurrent work that Like Minded should link to and also any key local representatives we should involve in our work. We are aware of the Westminster review of public mental health services and will ensure we continue to link Like Minded to the emerging outputs of that programme to ensure clarity and reduce duplication.

## **3. Background**

- 3.1 The NWL Mental Health and Wellbeing Transformation Board is developing a refreshed vision for mental health services which further defines the overall aim:









**'Excellent, integrated** mental health services to **improve mental and physical health**, secured through collaboration and determination to **do the best** for the population of North West London.

- 3.2 The people and the organisations of North West London have a commitment to, and a passion for, ensuring that mental health has an equal priority with physical health and that everyone who needs mental health care should get the right support at the right time.
- 3.3 Wellbeing covers both physical and mental wellbeing, and is impacted by many factors, including those within the influence of local authorities, such as public health services, housing and education. Poor wellbeing leads to low educational attainment and employment levels, anti-social and criminal behaviour. It also leads to worse mental and physical health, often resulting in increased mortality.

### 3.4 Mental health problems are common and expensive:

- At least one in four of us will experience a mental health condition at some point in our lives and one in six adults has a mental health condition at any given time.
- One in ten children (aged 5-15) has a mental health condition and half of all people with lifelong mental health conditions have developed them by the age of 14. Therefore schools have a key role.
- Sickness absence due to mental health problems costs the UK economy £8.4bn a year and also results in £15.1bn in reduced productivity.
- The cost of mental health in England is estimated to be £105bn and the cost of health services to treat mental illness could double over the next 20yrs.
- Mental illness accounts for 23% of the total burden of disease in the UK; more than cardiovascular disease or cancer.
- One in three people over 65 will develop dementia; two-thirds of whom will be women.

### 3.5 Changing demographics, including an ageing population, mean the demand for services is increasing, creating pressure on service quality and outcomes, as well as on the sustainability of the current system over time.

Age	 'Mostly' healthy (rest of the population)	 One or more physical or mental long-term conditions	 Cancer	 Severe and enduring mental illness	 Learning disability	 Severe physical disability	 Advanced dementia, Alzheimer's etc.	 Socially excluded groups
0-12	'Mostly' healthy children 1	Children and young people with one or more long-term condition or cancer		Children with intensive continuing care needs		9	N/A	Homeless individuals and/or families (including children, young people, adults and older people), often with alcohol and drug dependencies
13-17	'Mostly' healthy young people 2			Young people with intensive continuing care needs		10		
18-64	'Mostly' healthy adults 3	Adults with one or more long-term condition 6	Adults and older people with cancer	Adults and older people with severe and enduring mental illness	Adults and older people with learning disabilities	Adults and older people with physical disabilities	Adults and older people with advanced dementia and Alzheimer's	
65+	'Mostly' healthy older people 4	Older people with one or more long-term condition 7						8

### 3.6 Within Like Minded we are using the NWL population segmentation approach (remaining mindful that there in real life people do not necessarily fit within particular population segments). What this does ensure is that we consider the needs of those groups who are often under-served and where evidence shows there is increased risk of mental health needs, or barriers to accessing current services. This work stream aims to ensure those needs are considered separately, but also factored into the work on other population groups.

- 3.7 To date we have held workshops covering;
- Children and Young People (with good representation from Westminster across sectors). We are working closely with Steve Buckerfield and Jacqui Wilson to ensure Like Minded and the required response to the new national strategy *Future in Mind* are mutually supportive.
  - Under-served populations (with again great input from some of the local voluntary sector organisations working with specific groups such as the homeless)
  - Prevention and Wellbeing (primarily public health focused to scope this work stream. It should be noted that this is the workstreams which has generated most excitement and where there is an understanding that ‘upstream’ interventions have the potential to have the widest individual and system-wide impact)
  - Mental Ill-health (covering both common and serious mental health needs).
- 3.8 The outputs of these workshops are shared with participants and inform the Case for Change alongside data, mapping current services and evidence of effective Models of Care and interventions across the whole population.
- 3.9 Without pre-judging the outputs of the Case for Change (which is currently in early stages of development and will be brought back to the Board) we know there are areas of particular interest in Westminster which will be reflected
- Current provision of services (and current needs) across a wide range of sectors – health, social care, public health, leisure, education, voluntary sector, employment etc.
  - Linked to this the wider pathway for those with a diagnosed mental health need – including early intervention, primary care, acute services and the broader range of social support that is evidenced to provide most effective support to recovery.
  - A Children and Young People’s approach which focuses on the national recommendations set out in *Future in Mind* and assessing what the first priorities for NWL are, as well as how these may differ across boroughs.

#### **4. Options / Considerations**

- 4.1 The programme is taking a ‘Whole System’ approach (i.e. looking across health and social care services) to transforming the way that mental health and wellbeing services are delivered in NWL.
- 4.2 Within our proposed governance structure we have included representation from local authorities (Directors of Adult Services, Directors of Children’s Services and Public Health). We will need Local Authority representation in order to have an informed debate about the services they commission that impact on mental health and wellbeing.

- 4.3 We recognize that each Local Authority will have a formal role in signing-off any proposals to make changes to mental health and wellbeing services they commission, and in order to do so they will need to input into the governance of this programme developing those proposals.
- 4.4 We are seeking to work collaboratively with members of the wider community – Service Users, their families and carers, Voluntary sector organisations (including via the VCS), Education teams, housing, leisure services and other statutory and local services. This includes in the formal governance structures of the programme – and within working groups on particular areas and populations.

## **5. Legal Implications**

- 5.1 As the programme is in mobilisation phase, and there are not yet any proposals that impact on services, there has not been the need to seek legal advice.

## **6. Financial Implications**

- 6.1 One of the stated objectives of the programme is to develop improved outcomes – and ensure a financially sustainable system for at least the next 5 years. In working up detailed models with partners both the qualitative and financial impact will be key considerations. At this stage in the programme these cannot be quantified.
- 6.2 The NHS NWL Collaboration Board recommended that significant additional resource would be required to develop the Whole Systems Mental Health & Wellbeing Strategy, which has been taken into account in developing the 2015/16 budgets across NHS NWL.
- 6.3 Within the proposed programme governance arrangements there is a Financial and Technical Reference Group, whose role will be to scrutinise financial and activity models, and provide assurance on them to the programme Transformation Board. Representation from Local Authority Finance Departments will be required to enable sign-off of plans that might have a financial or activity impact on services they commission.

**If you have any queries about this Report or wish to inspect any of the**

**Background Papers please contact:**

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