

PUBLIC MENTAL HEALTH STRATEGY

To: **Health Committee**

Meeting Date: **28th May 2015**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision: Yes**

Purpose: **To provide the Committee with an updated public mental health strategy following consultation.**

Recommendation: **The Committee is asked to agree the updated strategy as a final document and the proposed governance arrangements.**

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1. BACKGROUND

- 1.1 It was agreed at the Health Committee meeting on 10th July 2014 that there should be a public mental health strategy and that a version of the strategy should be completed for consultation in March 2015. The consultation was opened on 17th March 2015 and ran until 27th April 2015. At the request of Spokes on 30th April 2015, the consultation was extended for a further week (1st – 8th May 2015) with a focus on Facebook advertising.

2. MAIN ISSUES

Strategy Consultation

- 2.1 The strategy, together with a survey was produced and added to the council's consultation database and website. The consultation was publicised via attendance at a range of groups/forums, as detailed in Appendix 1. The consultation was also publicised via websites (CCC front page, Health Watch, Service User Network, MIND, Cambridgeshire & Peterborough CCG) as well as a press release and social media publicity (Twitter and Facebook).
- 2.2 A Facebook advertisement was funded at the cost of £100. The advertisement reached 58,208 people and received 1,047 'likes'. The post was shared 234 times and there were 34 comments received directly onto the Cambridgeshire County Council Facebook page.
- 2.3 To make the consultation widely accessible, paper copies were available as well as larger print versions of the survey and draft strategy. The Deaf Association also requested a bespoke event with an interpreter to engage those with severe hearing impairment. This focus group took place on the 1st May 2015 with 9 people.

Consultation Results

- 2.4 In addition to feedback being collated from the meetings/forums attended, as detailed in Appendix 1, there were:
- 31 online surveys received (8 of which were during the additional week of consultation)
 - 13 individual email responses (3 of which were received during the additional week of consultation)
 - 6 organisational responses received - Cambridgeshire & Peterborough Foundation Trust, Home Start, Arts & Minds, Citizens Advice Bureau, Police and Crime Commissioner, Blue Smile (one of which was received during additional week of consultation)
 - 34 comments via the Cambridgeshire County Council Facebook page.
- 2.5 Overall, the response has been very positive to the draft strategy, with many of the comments supporting points already made in the strategy.
- 2.6 The feedback was analysed for key themes in responses. Prominent themes, which had been raised once or more, were collated. As this work is focused on primary prevention, where the theme was more treatment/recovery focused, these have been collated and will be passed to the CCG to inform its mental health transformation work.

2.7 The table below shows the key themes that emerged and resulting changes to the strategy:

Area	Consistent Theme	Changes Made/Response
Children and Young People	<ul style="list-style-type: none"> Implementing mental health promotion programmes/anti-stigma/anti-bullying outside school The importance of parent wellbeing (in particular substance misuse and domestic abuse) in relation to child mental health. More counselling in schools More training for teachers Importance of transitions period 	<ul style="list-style-type: none"> Document makes clearer anti-stigma work will be conducted in wider community settings, as well as schools, as appropriate. Domestic abuse and substance misuse in parents are identified as risk factors for poor child mental health within the strategy. The link between the domestic violence strategy and the alcohol harm prevention strategy are highlighted in the strategy. As counselling is a treatment service, the services commissioned by the local authority for young people have not been included in the strategy, however a reference has been made to prevention work around LGBT assemblies for young people and work to reduce self-harm in schools. Free mental health training is commissioned by the local authority, therefore this has been made more prominent in the strategy. The importance of transition periods in life (primary school to secondary school, college to workplaces) have been highlighted as times of potentially greater need for support.
Social Isolation	<ul style="list-style-type: none"> Recognised the role of work/volunteering (including Time banks)/training Encourage more face to face interaction Encourage more social activities/connectedness 	<ul style="list-style-type: none"> The role of volunteering, including time banks, time credits, local authority and voluntary sector opportunities has been added. The above point regarding volunteering opportunities incorporates the value of face-to-face contact.

	<ul style="list-style-type: none"> • More social media and app usage (by providers) • More training in social media/internet use • More recognition of third sector provision • Transport 	<ul style="list-style-type: none"> • A clear link has been made with the digital inclusion strategy that is currently being written – this looks at digital and synonymously social inclusion. Current work includes training people to use tablets and loaning these out. • Particularly within social prescribing there is a recognised need to raise awareness amongst health professionals of the wider third sector provision. This is also recognised within the area of debt management provision too, which has been added to the strategy. • Considering the recent and detailed Transport JSNA report this has not been included as a focus.
Workplaces	<ul style="list-style-type: none"> • Recognition of third sector provision and promotion of these services • Recognition of schools and colleges as a workplace and the need for mental health awareness in staff • Greater employer education (covering awareness of mental health, disability and discrimination) • Return to work support 	<ul style="list-style-type: none"> • The new workplace post going forward will consider this. • Workplace health improvement initiatives will consider how to target schools as workplaces as part of the 'whole school approach'. • Within the action around anti-stigma, there has been a broadening to include disability and discrimination awareness. • The strategy includes information on council funding for the Richmond Fellowship which provides evidenced based support to those with mental illness. To further improve support for people in work with a mental health condition, or returning to work, the action plan will include identifying and funding appropriate training for employers.
Community/wider environment	<ul style="list-style-type: none"> • Inclusion of action around greater support for money advice/debt management 	<ul style="list-style-type: none"> • An action has been added stating that further information will be gathered

	<ul style="list-style-type: none"> • Addressing stigma – general public, workplaces and health professionals • Inclusion of housing and hoarding issues in relation to mental health • Considering wider determinants of mental health when undertaking new building projects or expansion of communities. • Role of Children's Centres (social isolation and work support) 	<p>on the additional support that can be provided to those who are more vulnerable to poor money management, starting with care leavers. Implementation of this work will depend on funding.</p> <ul style="list-style-type: none"> • A voluntary sector post is being funded to coordinate work around anti-stigma campaigns that will target the general public, workplaces and potentially wider healthcare environments. • An action has been added around hoarding – this will aim to get the issue adopted by the Adult Safeguarding Board and developing a new multi-agency countywide hoarding policy. • This action will be carried out through the New Communities Strategy, which reflects this strategy. • The action around early years workforce support has been expanded to potentially include looking at the role early years settings, such as Children's Centres, have in reducing social isolation and supporting people back to work.
Physical Health and Mental Health	<ul style="list-style-type: none"> • Look at interventions to reduce alcohol intake in those with mental illness 	<ul style="list-style-type: none"> • A further action has been added focusing on ensuring that there are consistent physical health checks offered across settings, and that there is consistent signposting from these to health improvement initiatives (which encompass diet, physical activity, smoking and alcohol support/interventions). This action will be primarily taken forward by the CCG, with linkage to the new group for physical health and severe mental illness.

Investment

2.8 A recurrent investment of £120k has been agreed in the 2015/16 business plan to support the implementation of the strategy. The proposed areas for investment were highlighted in the draft strategy and these are outlined below. The following are identified as areas for investment in the implementation of the strategy:

- Support for mental health promotion and anti-bullying work within schools and for parents.
- Cross agency anti-stigma campaign work taken forward through a post which will build on the recent Stop Suicide campaign, maximising social media opportunities and be located in the voluntary sector but work across agencies as the Stop Suicide work has done.
- Support for the mental health promotion element of workplace health initiatives, linking to the expansion of these initiatives to cover a much greater proportion of workplaces and particularly those working in more deprived areas or with a more deprived population.
- Focussed initiatives to support the physical health of those with serious mental illness, through preventive lifestyle interventions.

Debt management was a recurring issue raised in the consultation, as a result there is an action looking at potential support for care leavers in this area. Depending on the outcome of this work, and remaining funding, this may be considered for inclusion.

2.9 There are a number of other proposals that may require investment from other agencies. In particular the proposals around the mental health of those with long term conditions has implications for the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) transformation programme, and will be taken forward through that programme.

Governance

2.10 The action plan for delivering the first year of the strategy includes details of the governance for each of the actions. The majority are covered within existing governance frameworks, with the exception of actions relating to the physical health of those with severe mental illness. It is therefore proposed that no new governance structures are developed other than a multi-agency group led by Public Health, in turn reporting to Health Committee.

It is proposed that the progress of strategy implementation will be monitored by public health. As there will be an overlap in this strategy's action plan and that of the social care mental health strategy, prior to annual reports going to their respective committees (Health Committee and Adults Committee), there will be a review meeting. This meeting will take place in April 2016 and will allow for more integrated reports to both committees.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The strategy highlights the potential benefit of this work on the workplace and wider economy.

3.2 Helping people live healthy and independent lives

The strategy outlines proposals to support mental health and prevent mental illness.

3.3 Supporting and protecting vulnerable people

Those groups more vulnerable to poor mental health are highlighted in the strategy.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Resource implications are outlined in para 2.7 above and in the implementation plan. Resource implications for CCC are limited to the £120k already identified for this work.

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

The strategy sets out a number of ways it may address equality and so prevent mental illness and promote mental health.

4.4 Engagement and Consultation Implications

None. There has been a six week consultation on this strategy.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

This paper sets a strategy to promote mental health and prevent mental illness amongst those living in Cambridgeshire.

Source Documents	Location
<p><i>Annual Report of the Chief Medical Officer 2013. Public Mental Health Priorities: Investing in the Evidence. September 2014. Department of Health.</i></p> <p><i>World Health Organization. Strengthening Mental Health Promotion. (Fact Sheet No. 220). Geneva: WHO; 2001.</i></p> <p><i>No health without public mental health, the case for action. Royal College of Psychiatrists position statement 2010.</i></p> <p><i>A full list of supporting documents to the draft strategy is provided at the end of the attached document.</i></p>	<p>https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health</p> <p>http://www.who.int/mediacentre/factsheets/fs220/en/</p> <p>http://www.rcpsych.ac.uk/</p>