



Haringey Council

Report for:	Overview and Scrutiny Committee 7 th October 2013	Item Number:	
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Title:	Scoping report – mental health and physical health
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Report Authorised by:	Cllr Gina Adamou Chair of the Adults and Health Scrutiny Panel
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Ward(s) affected: All	Report for Key/Non Key Decisions:
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1 Describe the issue under consideration

- 1.1 The Adults and Health Scrutiny Panel have agreed to undertake two projects focused on mental health:
- Physical health and mental health;
 - Access to accommodation for people with mental health needs;
 - It is anticipated that both of these projects will have a specific BME strand.
- 1.2 . The following provides a scope of the planned work on mental health and physical health which is to be agreed by the panel.

2 Cabinet Member Introduction

2.1 N/A

3 Recommendations

- 3.1 That the Adult and Health Scrutiny Panel discuss and agree the terms of reference and objectives set out in this report.

4 Other options considered

4.1 N/A

5 Background information

5.1 Under the agreed terms of reference, the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

5.2 In this context, the Adults and Health scrutiny panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant non-executive Committee arising from the outcome of the scrutiny process.

5.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. Project work undertaken by the Adults and Health Scrutiny Panel on mental health was agreed as part of this work programme by the Committee on the June 17th 2013.

6 National context

6.1 The [Health and Social Act of 2012](#)¹ put a responsibility on the health secretary to secure improvement “in the physical and mental health of the people of England”.

6.2 The government’s mental health strategy, “[No health without mental health](#)”² aims to mainstream mental health. The strategy includes a number of objectives to improve the mental health of the population. Most relevant to this project is objective 3:

More people with mental health problems will have good physical health:

- Fewer people with mental health problems will die prematurely; and
- More people with physical ill health will have better mental health.

6.3 The following points are taken from “[Whole person care: from rhetoric to reality – Achieving parity between mental and physical health](#)”³:

6.3.1 Poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems. Mental health affects physical health and vice versa.”

¹ Health and Social Care Act 2012, www.legislation.gov.uk

² No health without mental health, 2011, HM Government

³ Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

6.3.2A 'parity response' should enable health and social care services to provide a holistic 'whole person' response to each individual and should ensure that people's mental health is given equal status to their physical health.

6.3.3 Research shows that people with mental health problems have higher rates of physical ill health and die earlier than the general population, largely from treatable conditions associated with modifiable risk factors such as smoking, obesity substance misuse and inadequate medical care. These factors lead to a reduced life expectancy and higher levels of physical ill health several decades later (relevant to Domain 2).

6.3.4 The life expectancy of those with severe mental illness is on average 20 year less for men and 15 years less for women, when compared to the population as a whole.

6.3.5 People with severe mental illness are significantly more likely to have worse physical health than those without; for example, those aged under 50 years of age are 3 times more likely and those aged 50-75 are 1.9 times more likely to die from coronary heart disease.

6.3.6 Efforts to reduce premature mortality must include a strong focus on increasing the life expectancy of people with mental health problems. This can contribute to achieving a reduction in deaths across all aspects of Domain 1 (NHS Outcomes framework Domain 1: Preventing people from dying prematurely).

6.3.7 People with mental health problems are less likely to receive interventions to address or prevent such behaviour. For example people with severe mental illness appear to be less likely to be prescribed several common medications for physical health conditions (largely cardiovascular problems).

6.3.8 **Smoking**

- People with mental health problems smoke more than the general population.
- Smoking is the largest cause of health inequality in people with mental disorder yet only a minority receives smoking cessation intervention.
- NHS stop smoking services do not record whether someone has a mental health problem or is taking medication for a mental health problem, despite national guidance requiring up to 50% reduction in doses of some medications for mental health problems within 4 weeks of cessation to prevent the risk of toxicity.
- Royal College of Physicians' Tobacco Group will publish a report on smoking and mental disorder in 2013.

6.3.9 **Diagnostic overshadowing**

- This describes what happens when healthcare staff incorrectly attribute symptoms of physical health to a mental health condition. For example people with diabetes who present at A&E are less likely to be admitted to hospital for diabetic complications if they have a mental illness.

6.3.10 Major public health issues, such as cardio vascular disease, cancer and obesity have complex presentations, encompassing both mental and physical health

and social care interventions must be designed to respond to this complexity. For example, depression is associated with:

- 50% increased mortality from all disease
- Two fold increased risk of coronary heart disease and diabetes
- Three fold increased risk of death in the subsequent 4 years.

Schizophrenia is associated with:

- A two fold increased risk of diabetes and a two to three fold increased risk of diabetes.
- A two and a half times increased rate of mortality from all disease.
- Reduced life expectancy of 20.5 years for men and 16.4 years for women.
- Increased likelihood of death from coronary heart disease.

Source: Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

7 Local Policy context

7.1 The Haringey [Health and Wellbeing Strategy](#) is the Borough's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the east and west. The strategy is informed by the Joint Strategic Needs Assessment and supported by a delivery plan.

7.2 The Strategy sets out three objectives:

- Outcome 1 - Every Child has the best start in life;
- Outcome 2 - A reduced gap in life expectancy; and of particular reference to this project
- Outcome 3 - Improved mental health and wellbeing

“We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates *and a suitable and stable place to live.*”

7.3 Priorities for outcome 3:

- Promote the emotional well being of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of problematic drug users in treatment

8 Mental health needs assessment

8.1 The Panel received a presentation by Public Health at its Panel in July 2013. This presentation, '*Mental Health and Wellbeing*' provides an overview of the demographics and mental health needs in the borough.

8.2 The presentation can be found at Appendix A.

9 Aims, objectives and outcomes from scrutiny involvement

9.1 Terms of Reference:

To make an assessment of the physical health interventions and advice given to people with mental health needs across the care pathway in order to improve their physical health and wellbeing.

To include:

- Smoking
- Obesity/weight management
- Physical activity
- Alcohol use
- Drug use

To make recommendations to improve the physical health of people with mental health needs in Haringey based on available evidence.

9.2 Objectives

- To gain an understanding of the link between physical health and mental health of Haringey residents.
- To identify the barriers for access to physical health intervention and advice for people with mental health needs (both personally and within the care pathway).
- To gain an understanding of the health interventions and advice available to people with mental health needs across the whole care pathway.
- To gain an overview of how partners are working together in order to improve the physical health of people with mental health needs in the borough.
- To ensure that a specific strand of the project focuses on BME communities.

10 Project Plan

Evidence session 1

Aim: To gain an understanding of the physical health needs of people with mental health needs in Haringey.

- What do we know about the physical health of people with mental needs in Haringey (in acute care and in the community)?

Evidence session 2

Aim: To gain an overview of what services are currently provided to improve the physical health of people with mental health needs.

- Current public health programmes targeting people with mental health needs.
- Current work undertaken by GPs to improve the physical health of people with mental health needs.
- Current work undertaken by BEH MHT to improve the physical health of people with mental health needs.

- Current work undertaken by the VCS to improve the physical health of people with mental health needs.

Evidence session 3

Aim: To gain an insight into patient experiences.

- Report back on patient survey
- Report back on patient/carer diaries
- VCS

Evidence session 4

Aim: to discuss and agree conclusions and recommendations.

Stakeholders

- BEH Mental Health Trust
- Public Health
- Clinical Commissioning Group
- Local Pharmaceutical Committee
- Healthwatch Haringey
- Haringey Association of Voluntary and Community Organisations
- Mental Health Support Association
- Mind in Haringey
- Patients
- Polar Bear Community
- Haringey User Network

	Aug. 13	Sept.	Oct.	Nov.	Dec.	Jan. 14	Feb.	Mar.	Apr.
Scoping									
Scoping agreed by Panel									
Scope agreed by OSC									
Meetings 1									
Consultation									
Reporting									
OSC									
Cabinet									

6. Comments of the Chief Financial Officer and Financial Implications

6.1 There are no finance implications arising directly out of this report. The work to support it will be carried out by officers of the stakeholder budgets and all costs should be met from existing resources.

7 Head of Legal Services and Legal Implications

7.1 The Head of Legal Services has been consulted on this Report. The draft Terms of Reference and Objectives are within the remit of the Panel.

8. Equalities and Community Cohesion Comments

8.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern
- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

8.2 A number of engagement processes will be used as part of the work of the Adult and Health Scrutiny Panel and will seek to include a broad representation from local stakeholders. It is expected that any equalities issues identified within the consultation will be highlighted and addressed in the conclusions and recommendations reached by the panel.

9. Head of Procurement Comments

Not applicable.

10. Policy Implications

10.1 Haringey's Corporate Plan 2013/14 - 2014/15 sets out the council's strategic direction for the next two years and includes a number of outcomes being sought and the priorities associated with each outcome.

10.2 This project aims to contribute to

Outcomes linked to projects

Safety and Wellbeing for all: A place where everyone feels safe and has a good quality of life.

Priority – Reduce health inequalities and improve wellbeing for all

Opportunities for all: A successful place for everyone

Priority - Ensure that everyone has a decent place to live

11. Use of Appendices

11.1 All appendices are listed at the end of the attached report.

10.1 Appendix A – Mental Health and Wellbeing

12. Local Government (Access to Information) Act 1985