

Action plan to increase support for mental health and tackle inequalities across communities

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Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

- 1.1. The refreshed Joint Local Health and Wellbeing Strategy (JLHWS) and action plan include a priority to increase support for mental health and tackle inequalities across communities who have poor outcomes and access to mental health services. This requires working in an integrated way across health systems, addressing individuals holistic needs with new and targeted approaches to address inequality including those living in more deprived areas, people from certain ethnic groups and those with serious mental illness.ⁱ
- 1.2. Mental and physical health are equally important components of overall health and are often connected. For example, depression increases the risk for many types of physical health problems, particularly long-term conditions like diabetes and heart disease. Mental health is also important in a wide range of social and economic outcomes such as: better

educational achievement, increased skills, healthy lifestyles, employment, productivity at work, reduced anti-social behaviour and reduced criminality.

- 1.3. Good mental health is particularly important in the first five years of life - these years have a lasting impact and in adolescence, where social and environmental influences may change. Children from deprived areas have increased risks of mental ill health. This report provides the action plan for this theme of the health and wellbeing strategy and updates the board on progress and proposed way forward for the measures, targets, and actions for partners.

2. Recommendation to the Health and Wellbeing Board

- The Health and Wellbeing Board are asked to note the measures, targets and actions set out within the report and in appendix B & C.
- The Health and Wellbeing Board are asked to commit their respective organisations to deliver their actions.

3. Content of report

3.1. Reducing and improving the treatment of mental health conditions is a priority under the Joint Local Health and Wellbeing Strategy's Start Well, Live Well and Age Well themes. Mental illness is a contributor to the gap in life expectancy and healthy life expectancy between people living in our most deprived and least deprived areas. This is the case for all age ranges.

3.2. The reasoning for these aims are as follows:

- In Buckinghamshire it is estimated 1 in 10 children will have a clinically diagnosed mental disorder in childhood, that half of all mental disorders will emerge before the age of 14, and three quarters will emerge before the age of 25. Children from deprived areas have an increased level of risk. Therefore, prevention and early intervention is of key importance for children and young people and a targeted approach is needed for those most at risk.
- Whilst mental illness can affect anyone, residents living in our most deprived areas and people from certain ethnic groups are at a higher risk.
- People living with serious mental illness (SMI) face one of the greatest health inequality gaps in England. This population group is at risk of dying on average up to 15 to 20 years earlier than the general population, mostly due to preventable physical diseases such as cardiovascular disease.

3.3. Dementia is an increasing concern across the county, although there is no cure for dementia at the moment, an early diagnosis means its progress can be slowed down in some cases, so the person may be able to maintain their mental function for longer and get the right support and treatment.

3.4. There are specific multiagency groups that are working together to deliver these themes.

Their membership includes representatives from primary care networks, local GPs, Social Care, Education, Integrated Care Board, Public Health, Healthwatch Bucks, Buckinghamshire Healthcare NHS Trust, voluntary sector, Carer and Patient representatives.

- The ICP Mental Health, Learning Disability and Autism Delivery Board
- The Children's and Young People Strategic group
- The Joint Mental Health and Well Being, Community Mental Health Framework Board
- The Buckinghamshire Dementia Strategy Group, (this group is reviewing the recommendations from the Health and Social Care Committee rapid review to further inform the Dementia action plan and will be coming to board in September)

3.5. The Priorities for the themes are as follows.

- Increase access to early mental health support for Children and Young People in response to need. Prevention and early intervention is important for children and young people's outcomes and a targeted approach is needed for those most at risk.
- Address inequalities in access to mental health support for Children and Young People in Opportunity Bucks Wards and ethnic minority Children and Young People.
- Improve access to perinatal mental health services for women from ethnic minority background, for young mothers (age 16-25) and for women living in deprived areas.
- Improve access, experience, and outcomes from services, particularly for people from Opportunity Bucks wards, ethnic minorities, older people and other marginalised groups with mental health problems. This includes activities to reduce the stigma of mental illness, increase local knowledge and access, take actions to prevent suicide. Including focused provision for individuals who do not access mental health services in new and flexible ways i.e. outreach services for people with Personality Disorder and peer support groups.
- NHS Talking Therapies provide evidence-based support for adults with common mental health problems (such as depression, anxiety and stress). However, only a quarter of people who could benefit access therapy and certain groups of people are less likely to be referred, enter treatment and recover. Work to engage with more deprived and ethnic minority communities, provision of services in different languages, tailored communications to specific groups such as young people, older people and ethnic minority groups and the provision of services in primary care and university settings are all a part of the approach to improve access.
- Focused approaches to improve smoking cessation, physical health checks for people with Serious Mental Illness and specific physical activity provision for people with mental health illness will all contribute to improvements in physical health.

3.6. The priority targets for this theme are as follows:

- Increase the Mental Health Support Teams offer to cover all schools in Opportunity Bucks Wards.
- Increase in people accessing NHS Buckinghamshire Talking Therapies.
- Increase in the number of people with mental illness who stop smoking.
- Increase in individuals accessing serious mental illness checks to 60%.
- Increase the number of people with a dementia diagnosis to the national target of 66.7%.

3.7. The action plan for the Working Groups is included as Appendix B & C. These plans set out how the groups are working collectively to deliver the targets.

3.8. Over the last 12 months a variety of actions have been taken by partners on these priorities. Below is a brief summary of key actions;

- Voluntary sector partners have delivered 'saving lives' programme following investment into 5 voluntary sector organisations.
- Some improved linkage to ethnic minority communities by the NHS Buckinghamshire Talking Therapies services resulting in an increase from 22% to 24% of people accessing the service from ethnic minority communities.
- Provision of physical activity for people with mental illness via Sports in Mind.
- Work on developing an outreach model to increase the percentage of people with serious mental illness to receive a physical health check.
- Research into the needs of people suffering inequality completed by Healthwatch.
- A service for people with multiple risk factors for mental illness who do not engage with services commissioned on an outreach basis via Elmore.
- 20 active Champions of Change recruited to reduce mental health stigma.
- Development of an approach to deliver dementia assessment in nursing and care homes.

3.9. Over the next 12 months initiatives will be continuing, and new ones will be starting. Below is a selection of work for these priorities:

- Increase dialogue with Faith leaders and communities to understand the barriers to engagement and develop/deliver projects/pathways together to improve access and engagement as well as reduce stigma.
- Disseminate and action findings from Healthwatch research into inequalities.
- Increase number of people trained in MH first aid and suicide prevention targeting the Opportunity Bucks wards.
- Develop more accessible Talking Therapies services through promotion targeting specific groups and in locations closer to home such as in primary care or in universities.
- Increase the percentage of physical health for people with serious mental illness by increased communications and targeted approaches.

- Increase the number of people accessing dedicated physical health services for those with mental illness with a focus on older adults and perinatal groups.
- Increase the number of people with mental illness who are supported to reduce smoking by proactive approaches by mental health and primary care staff.
- Develop an improved offer for people in the perinatal period with a focus on the young and on women in deprived areas.
- Review the recommendations from the Health and Social Care Committee rapid review to further inform the Dementia action plan.

4. Next steps and review

- 4.1. Partners will continue to work together to deliver the action plan for this priority, and updates will be provided to the Health and Wellbeing Board as appropriate.
- 4.2. Improving mental health is also a priority for the Opportunity Bucks programme at Buckinghamshire Council, which aims to promote opportunities to level up health in Buckinghamshire. This provides a way to work with communities to identify what would work for them to improve their health and quality of life. These relationships are important for delivering the action plan in a sustainable way.

5. Background papers

- 5.1. Appendix B - Buckinghamshire Joint Health and Wellbeing Board Strategy: Start Well - Mental Health Action Plan
- 5.2. Appendix C - Buckinghamshire Joint Health and Wellbeing Board Strategy: Live Well - Mental Health Action Plan

ⁱ Buckinghamshire Joint Strategic Needs Assessment refresh on mental health, due to be published July 2023 and available on request