

LGA Mental Health Report

Purpose

For discussion and direction.

Summary

This paper sets out the proposed purpose, objectives, scope, structure and launch of an LGA report on mental health and the role of local government.

Recommendation

That the members of the Community Wellbeing Board give further direction on the purpose, objectives, scope and methodology of the LGA mental health report proposed.

Action

Officers will undertake the direction in the development of the report.

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LGA Mental Health Report

Background

1. The mental health of our communities and individuals is a priority for local government. Councils have statutory duties on mental health. Under the Mental Health Act 1983 councils must provide step-down support to individuals with a mental health condition moving out of hospital, and they must employ Approved Mental Health Practitioners (AMHPs) under the 2007 amendments to the Act to provide community-based mental health support.
2. Councils also have broader interactions with those experiencing mental health illness and suicide and drugs and alcohol issues within their services such as social care, housing, and public health. Councils also have an influence on the wider determinants of wellbeing and mental wellness, such as the design of homes, spaces, and leisure facilities.
3. The Prime Minister in her [announcement](#) on 9 January stated that one in ten children in the country has a diagnosable mental health condition, and that children with behavioural disorders are four times more likely to be dependent on drugs, six times more likely to die before the age of 30, and 20 times more likely to end up in prison.
4. Mental health is estimated to account for a quarter of the country's 'burden of disease', whilst it receives 11 per cent of NHS funding. [BBC Panorama](#) reported on 6 February 2017 that deaths in NHS Trusts have increased by 50 per cent over the last year, a change in how the data is recorded according to NHS England. According to the 2016 '[lightning review](#)', waiting times for children and young people to access mental health services can be up to 200 days.
5. The MIND-led 2016 [Mental Health Taskforce NHS 5-year-forward-view report](#), states that "the quality of local mental health commissioning is variable. We found a twofold difference in apparent per-capita spend by CCGs, a more than threefold difference in excess premature mortality in people with mental health problems in England and a fourfold variation in mortality across local authorities. For children and young people there is wide variation in spend in both the NHS and local authorities. Detentions under the Mental Health Act continue to rise steadily year on year. Similarly, we know that many adults cannot get the right care locally, a clear demonstration of poor quality commissioning and a lack of investment to meet local need. Reductions in local authority budgets are also leading to rising pressures on important components of mental health care e.g. social care and residential housing."
6. Recent initiatives, reports and Government announcements have failed to fully recognise the statutory role that councils have, the support services they provide, or how they contribute to the wider determinants of mental wellness. For example, the aforementioned Mental Health Taskforce NHS 5-year-forward-view report deemed councils as out of scope, as it was a NHS report, except where Public Health England (PHE) could be held to account for local government action. As such, PHE were given the following targets:

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- 6.1. The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and **supported by new investment**.
 - 6.2. PHE should develop a national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place updated Joint Strategic Needs Assessment (JSNA) and joint prevention plans that include mental health and co-morbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017, with the target of every council having a suicide prevention strategy by the end of 2016, and all councils signing up to a mental ill-health prevention concordat by the end of 2017.
7. Responding to the NHS 5-year-forward-view report on mental health, funding of up to [£1 billion until 2020](#) was announced for the NHS.

Issues

8. Council members and officers have expressed concern that the role of local government is not being acknowledged nationally. There are fears that the outcome of the silo-approach to mental health and wellness is that the system is becoming more fragmented, that collectively we are not giving the help and support a person experiencing mental illness needs, that we are not intervening early enough to prevent mental ill-health from escalating, and that we are not creating the conditions for mental wellness.
9. Additionally there is the concern that with the on-going pressure on local government finances, particularly the £2.6 billion shortfall for Adult Social Care and the 10 per cent reduction to the public health grant to 2020, that councils will not be able to utilise their position in the system.
10. MIND's December 2016 FOI-based announcement that local authorities [spend on average less than one per cent of their public health budget](#) on mental health has also received much press attention, even though this only takes into account public health spend specifically identified as for mental health, rather than the suite of statutory and non-statutory services provided by public health and all council services.
11. As a result, the LGA is intending to develop a report that sets out the key role of local government in the landscape of mental health. The **purpose** of this report is to address the under-representation of the local government sector in national discussions, to address misconceptions about council spend on mental health and set out the case for adequate national investment to strengthen the local role.
12. The **objectives** of the report are to:
 - 12.1. Set out a vision of what a 'mentally well' place is;
 - 12.2. Articulate what councils do on mental health;
 - 12.3. Highlight examples of good practice;
 - 12.4. Set out the inter-dependencies between the health sector and local government on mental health; and
 - 12.5. Set out a case to Government for investment.

13. It is intended to include in the **scope**:

- 13.1 Statutory social care duties on mental health – as well as general social care support, carers' mental health support, supporting people complex needs and the links with learning disabilities, dementia, etc;
- 13.2 Crisis care and the Mental Health Crisis Care Concordat;
- 13.3 Public health – suicide prevention, loneliness, obesity, drinking and alcohol services, smoking cessation, wellbeing;
- 13.4 Housing – the role of housing officers, supported housing and step-down housing, as well as issues around homelessness;
- 13.5 Schools and education – early intervention as well as life-long learning;
- 13.6 Design of place – green spaces, noise, transport connections, telecommunication infrastructure, places to meet other people, activities, events, etc; and
- 13.7 Culture, leisure and local identity.

14. Other areas being considered within the scope are links with employment and growth, planning, community safety, community resilience, children in care and young carers.

15. The aim is to launch the report at the **LGA Annual Conference in early July 2017**. The timescales will in-part dictate the methodology we will be able to use to develop the report.

16. We will need to sign off the report four to six weeks before the Annual Conference in order to secure adequate design and print time, which allows for around 14 weeks development time.

17. It is proposed that the **structure** of the report has:

- 17.1 Contributions from key organisations similar to the format adopted in the [State of the Nation report for adult social care](#).
- 17.2 A core narrative developed by LGA officers in consultation with member authorities, ADASS and ADCS.
- 17.3 Some quantitative analysis to articulate the contribution that local government makes to the mental health landscape, and how councils save other organisations money.
- 17.4 Examples of good practice.
- 17.5 Proposals for future ways of working, including a call for a comprehensive whole-system review of mental health.

18. **Organisations** that we would seek to engage with and contribute to the report include:

- 18.1. MIND
- 18.2. Mental Health Foundation
- 18.3. Centre for Mental Health
- 18.4. Young Minds
- 18.5. Member Mental Health Champions
- 18.6. Rethink Mental Illness
- 18.7. Royal College of Psychiatrists
- 18.8. National Suicide Prevention Advisory Group
- 18.9. Public Health England

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- 18.10. ADASS
- 18.11. ADCS
- 18.12. Kings Fund
- 18.13. West Midlands Combined Authority Mental Health Commission
- 18.14. Forces in Mind Trust
- 18.15. Woodland Trust

19. Public Health England are also developing a **‘mental ill health prevention concordat**, in accordance with the recommendation in the NHS 5-year-forward-view which “aims to help areas across England plan for how they best prevent mental illness and promote good mental health.” This practical guide seeks to set out:

- 19.1 what we mean by ‘preventing mental illness and promoting good mental health’;
- 19.2 a range of actions and interventions local areas can take to improve mental health in their area;
- 19.3 a framework of five domains for effective planning for better mental health all local areas should consider;
- 19.4 a framework for how local areas can improve, regardless of their starting point, along and across these five domains; and
- 19.5 a range of case studies and further resources which local areas should seek to draw on in putting together their plans locally.

20. The LGA is on the steering group set up to help PHE develop this ‘guidance’. The guide is due for publication in April 2017, and we have been asked to consider how to make the LGA report and the PHE guide ‘complementary’.

21. It is the intention to also hold an LGA conference on mental health during the 2017/18 year.

Implications for Wales

22. The WLGA will also be invited to contribute to the report.

Financial Implications

23. The quantitative analysis to articulate the contribution that local government makes to the mental health landscape, and how councils save other organisations money, may require commissioning and LGA expenditure.

Next steps

24. Members are asked to:

- 24.1 Identify if there are other organisations the LGA should engage with on this report.
- 24.2 Consider the purpose, objectives, scope, structure and launch of the mental health report as set out above and to provide officers with any comments.