

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 25 MAY 2011**

**CHIEF EXECUTIVE'S REPORT**

**ACTION:**

This is the CEO's briefing of current and emerging issues and our responses to those to date. The Board of Directors are required to digest this information; seek points of clarification and debate the direction of travel that this contextual briefing will have upon our future plans and decision making as a Board.

**1 Summary of No health without mental health - a cross Government mental health outcomes strategy for people of all ages**

This document sets out the DOH strategy for mainstreaming and establishment of parity between services for people of all ages and backgrounds with mental health and physical problems aiming to improve outcomes for all. The guiding principles are underpinned by the coalition government principles of freedom fairness and responsibility. The outcomes are defined in relation to:

- Physical health and life expectancy
- Better educational achievement and increased skills
- Reduced health risk behaviours such as smoking and alcohol misuse
- Reduced risk of mental health problems, and suicide
- Improved employment rates
- Reduced anti social behaviour and criminality
- Higher levels of social interaction and participation

The strategy is more of an aspirational service improvement plan than a strategy per se, seeking to promote a transformation in public attitudes towards mental health issues and making positive mental health a priority for Public Health England, the new national public health service.

The key themes within this document are organised around the driving principle that centre around "mental health is every ones business" looking to communities as well as the state to promote independence and choice. The strategy focuses on outcomes and how people can be empowered to lead lives they want to lead and how front line practitioners can best support service users to this end. Families and communities are expected to contribute to these aims, at an individual level whilst the Government will take the lead and will be held to account for improving mental health outcomes on a population basis. Every person receiving services and support should have choice and control regardless of the care setting, personalised budgets for long term conditions and the personalisation agenda support this philosophy. At the heart of this strategy is the continued requirement to tackle stigma and discrimination, promoting human rights, equality and reducing inequality.

There are six main high level objectives in improving outcomes in mental health, and outlines of what is required to achieve these, with agreed key areas for action. These are described below:

<b>NATIONAL SHARED OBJECTIVE</b>	<b>KEY ISSUES</b>	<b>KEY ACTIONS</b>
1. More people will have good mental health	Promote good mental health and Prevent people from becoming unwell. Ensure fewer people develop mental health problems. Continue to reduce national suicide rate.	Ensure good start in life.  Reduce social and other detriments that lead to mental health problems e.g. social isolation in elderly.
2. More people with mental health problems will Recover.	Different approaches required For children and young people, AWA etc. Focusing on recovery through good relations employment, purpose etc.	Identify mental health problems earlier and intervene across all age groups.  Ensure equality of access including the most disadvantaged e.g. those sleeping rough.  Build support and care around outcomes that matter to people e.g. housing employment.  Offer age and developmentally appropriate services.  Ensure all people with severe mental health problems receive high quality care and treatment in the least restrictive environment in all settings.  Work with whole family using family assessments.
3. More people with mental health Problems will have good physical Health.	Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50%. People with severe and enduring illnesses are likely to die on average 16 – 25 years sooner than the general population, with higher rates of respiratory problems, cardiovascular disease and other infectious disease and of obesity abnormal lipid levels and diabetes.	Fewer people with mental health problems should have poor physical health.  Fewer people with mental health problems should die prematurely.  Fewer people with physical ill health including those with long term conditions and medically unexplained symptoms should have mental health problems.
4. More people will have a positive experience of care and support.	Putting people at the heart of services is key in people as far as possible control and manage their own support. Privacy and dignity of people will be respected by those caring.	Services should be designed around the needs of individuals, ensuring appropriate, effective transition between services without discriminatory professional organisational or location barriers.

	<p>An individual focused approach that results in non discriminatory services for people of all backgrounds. This principle particularly important for those with mental health problems and families and carers.</p> <p>The mental health act and use of should where possible minimise restriction of liberty having regard to the purpose for which the restrictions were imposed.</p>	<p>Where ever possible services should listen to and involve carers and others with a valid interest with information about patient care, to ensure that confidentiality does not become a barrier to delivering safe services.</p>
<p>5. Fewer people will suffer avoidable harm</p>	<p>Ensuring human rights, safety and dignity in inpatient facilities e.g. Acute care declaration</p> <p>Although few people with mental health problems harming others is a rare occurrence learning lessons from serious incidents and appropriate sharing of information</p> <p>Awareness of young people's requirement to services, When self harming 10 – 15% of 15 – 16 year old self harm. Awareness required of how and when to refer.</p> <p>Continued focus on reducing suicide rates.</p>	<p>Fewer people suffering avoidable harm from care and support they receive.</p> <p>Fewer people harming themselves</p> <p>Fewer people suffering harm from people with mental health problems.</p> <p>Further progress on safe guarding children young people and vulnerable adults</p>
<p>6. Fewer people will experience stigma and discrimination.</p>	<p>Stigma and experiences of discrimination continue to affect significant numbers of people with mental health problems. It can stop people seeking help, keep people isolated stop people accessing employment</p>	<p>Reduce stigma by shifting public attitudes.</p> <p>Reducing institutionalised discrimination inherent in many organisations, including support services.</p> <p>Commitment to supporting and working actively with partners on reducing stigma for people of all ages and backgrounds.</p>

Finally the strategy considers the requirement to improve quality and make the most of the resources available. The key themes discussed in this area relate to:

- Improving quality and efficiency of current services.
- Radically changing the way that current services are delivered so as to improve quality and reduce cost.
- Shifting the focus of services towards, promotion of mental health, prevention of mental illness and early identification and intervention, as soon as mental illness arises.
- Broadening the approach taken to tackling the wider social detriments and consequences of mental health problems.

The strategy states “At a time of financial and demographic pressure improving quality while increasing productivity and effectiveness will be vital for any improvements in care”. This is further outlined in the use of the quality innovation, Productivity and prevention programme (QUIPP) designed to address this challenge over the next two years 2011/2012. There are three main work streams in relation to this:

- Acute pathway – avoiding hospital admissions, through joined up community care and avoiding unnecessarily long lengths of stay.
- Out of area care - Getting better quality and better value through ensuring that appropriate in area care is available where this is a better solution and commissioning effectively so that care is managed well in both terms of care pathways and unit costs.
- Physical health and co-morbidity – Getting better diagnosis and treatment of mental health problems with those with long term physical conditions and getting identification and treatment for those with medically unexplained symptoms.

In conclusion this strategy sets out the coalition government’s commitment to improving mental health and mental health services. Committing to improving the mental health and well being of the population. Keeping people well and ensuring that more people with mental health problems regain a full quality of life as quickly as possible. Outcomes will be delivered by putting more power in people’s hands at local level to ensure effective commissioning of services that meet locally agreed needs. Accountability being the key driver of the current reforms.

The Government will establish a Mental Health Strategy Ministerial Advisory group, which will work to realise the strategy. Its aim will be bring together the new NHS commissioning Board and Public Health England with GP consortia, the local Government association of Directors of Adult Social Services, the association of Directors of children’s Services, other government departments, the care quality commission, monitor, professional bodies, commissioners mental health providers, voluntary and community sector, people with mental health problems and carers.

Sue Turner  
CEO  
May 2011