NHS
Herefordshire
Clinical Commissioning Group

Mental Health Needs Assessment

December 2014

Opening Messages

I am very pleased to see the results of many months of hard work come to fruition.

Over the last few years there has been increasing recognition of the impact of mental illness, while the concept of 'mental wellbeing' has become a way of describing a positive or ideal state of mental health. The movement towards parity of esteem has compared mental and physical health, and highlighted the differences in provision and resources allocated to each. Documents such as 'No Health without Mental Health' have described the societal and healthcare costs of mental ill health, and exposed the true economic costs of not tackling the issue. The overlap between physical and psychological symptoms is becoming better understood, and attention is focusing more on prevention of mental illness and addressing the societal determinants of mental ill health.

Mental health care within Herefordshire has changed significantly over the last few years, with a move away from a reliance on bed-based care, towards a model where patients are cared for closer to home, and an increased role for primary care in supporting patients with mental ill health. To ensure that these changes are appropriate for the county, and to plan for the future, we need to understand where and how mental ill health affects our population.

This document is a comprehensive attempt to define the prevalence of mental ill health within the population, trying to understand the size of the whole iceberg, rather than just the visible tip. We know that many patients with mental ill health do not seek help, and that milder symptoms can often go undetected or be hidden behind physical complaints. Using national prevalence data, we can estimate levels of illness, which will then inform decisions around where and what care is best provided.

Numbers, of course, can only give part of the story. This document attempts to address these concerns by looking at the experience of service users, carers and healthcare professionals, to add depth and understanding to the pictures that the numerical data give us. Understanding the current state of mental health within our population is the key to providing effective services in the future. I hope this document explains, provokes and challenges us all to make the changes we can to improve the mental health and wellbeing of the people of Herefordshire.

Dr Simon Lennane, GP Mental Health Lead
Herefordshire Clinical Commissioning Group

Mental ill health is a challenge for individuals, families and communities. Nearly a quarter of ill health in England is mental ill-health: a greater "burden of disease" than either cancer or heart disease. Unfortunately, it is a topic that people are often afraid to talk about and that stigma can often make things seem worse, preventing people from accessing the help they need.

Healthwatch Herefordshire is very pleased to be part of the CCG mental health needs assessment. We welcome the inclusion of patient, service user and carer voices in developing the evidence base and recommendations.

Mental health deserves the same attention and support as that given to physical health. We strongly support these first steps in a larger, system wide effort to ensure that people in Herefordshire have a sufficient, effective and accessible provision that promotes good mental health, prevents mental ill health and provides early intervention and rehabilitation when we need it.

Ian Stead, Mental Health Lead

Herefordshire Healthwatch

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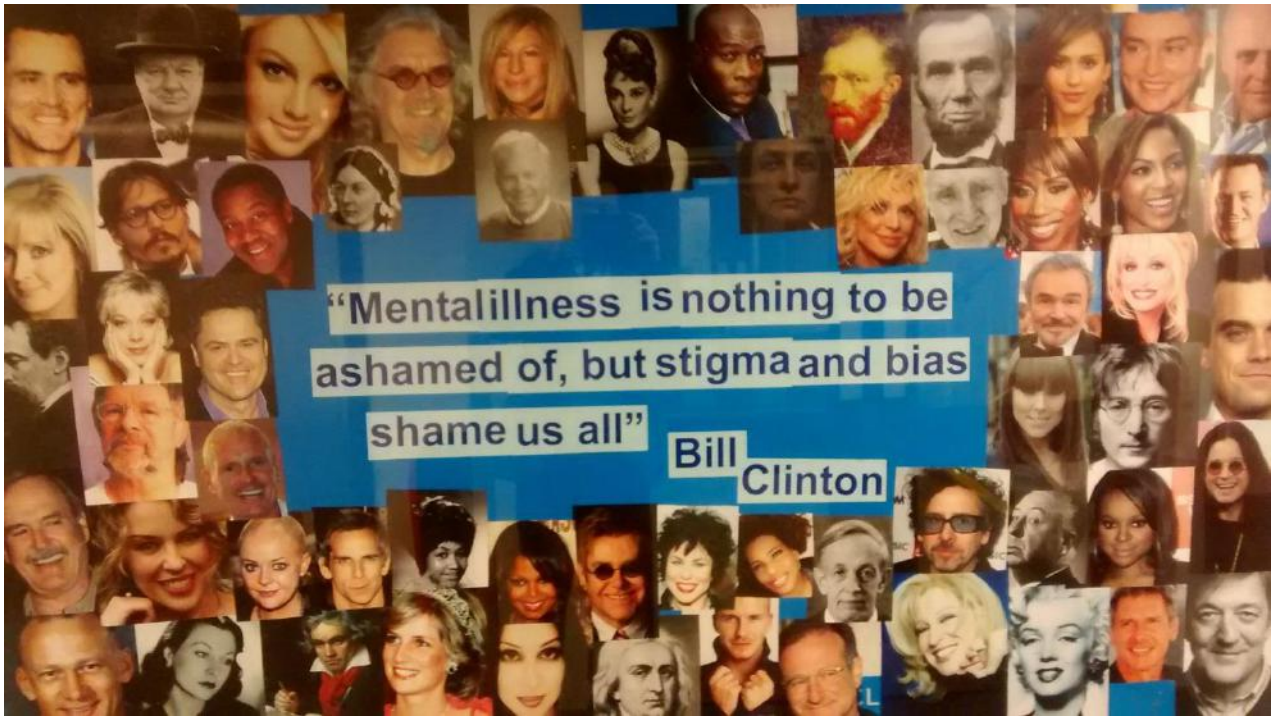
Chapter 1: Introduction



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Chapter 1: Introduction

This Assessment is about mental health in Herefordshire. It has been constructed with each chapter addressing an aspect of mental health. The chapters cover broad areas formulated so that they can be read together or in isolation from other chapters. A summary of the findings are contained in chapter 12, focussing on the outcomes that are needed for people in Herefordshire, rather than prescribing services that may achieve them.

1.1. What do we mean by Mental Health?

Improved mental health is associated with better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and better quality of life. The effect of impaired mental health can be seen on many levels, for the individual, within families, communities and across society as a whole.

Understanding what is meant by mental health helps to frame action to support it. The World Health Organisation (WHO) defines mental health as a positive health position as:

> *"A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community… it is not merely the absence of disease or infirmity"* (2013).

Within this definition, having good mental health is about more than "not being ill", but rather describes how an individual experiences and engages with the world around them. Someone with symptoms of mental illness may have relatively high levels of wellbeing and vice versa. The model below (figure 1.1) illustrates the types of mental health that this needs assessment is concerned with.

Figure 1.1: The relationship between mental illness and wellbeing [i]

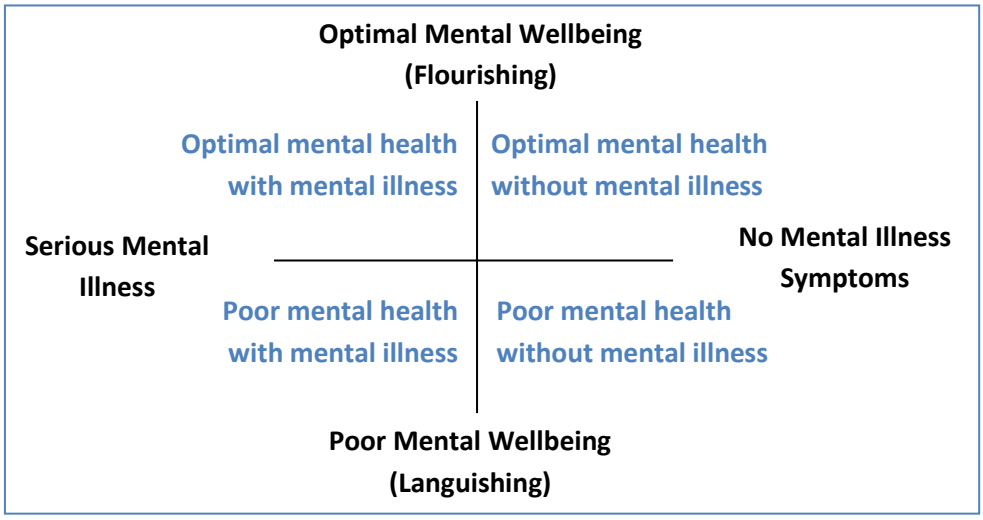


Figure 1.1 has a synergy with what people in Herefordshire said about what good mental health meant to them. In most cases, this had nothing to do with a diagnosed condition, but rather how they were able to live their lives, experience relationships and view the world. Many spoke of mental health as something that enabled them to deal with "life's ups and downs", and simply come to terms with their own self.

"Being happy and able to be a full part of your family, work and community."

"I have bipolar so good mental health & wellbeing for me means a stable mood, content with life and having an equal balance between work, rest and play."

"Being able to cope with life's ups and downs in an ordinary way. Not feeling swept away, frightened and unable to cope."

"Having the confidence to feel (and maybe know), that these problems can be solved or improved..."

"To be happy and appreciate the things I have; To be able to accept the appreciation of others."

"Having an enjoyment and appreciation of living."

"Being able to cope with a certain amount of stress but to do this one has to look after oneself i.e. diet, sleep, exercise and friendships."

"To live what you consider a good and fulfilling life accepting yourself for who you are."

Box 1.1: What Mental Health Means to Patients and Service-users in Herefordshire

The views, experience and expectations of people are a fundamental part of this needs assessment. By listening to people that have received support from local services; or work in and with mental health services offers a perspective of what is working well, requires improvement or the extent of unmet need.

1.2. Why a Mental Health Needs Assessment?

Mental health issues are responsible for a larger burden of disease than any other health problem (23% of the total burden of disease in England compared to to 16% each for cardiovascular disease and cancer)[ii]. Mental ill health affects 18% of working age adults at any one point in time and over a third of adults during the course of a year. Lifetime risks vary from one in four of the population to one in two in different settings. However, it is estimated that only 32% of those with clinical levels of mental illness receive treatment[iii].

A health needs assessment is the first stage in understanding an issue or topic. A health needs assessment (HNA) is:

> "A systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities." (Cavanagh and Chadwick, 2005 p.6).

Within a HNA, need may be identified as "capacity to benefit"[iv], to contrast with what populations may demand, but which may be of no practical benefit. An HNA identifies the needs of a population, drawn from statistical and demographic data sources; maps current service provision and service use and reviews evidence of effectiveness of services in the form of national or local guidance of "what works". An HNA therefore is intended as a practical document to guide the allocation of resources to improve outcomes and identified need within a population.

Within its 5 year plan, Herefordshire Clinical Commissioning Group is committed to achieving parity of esteem in the provision of mental and physical health services. In 2015, Herefordshire Clinical Commissioning Group will be considering the future provision of secondary and community mental health services in the county.

The aim of this piece of work is to provide a robust evidence base to enable reprocurement of Herefordshire Clinical Commissioning Group commissioned mental health services, using an outcome based approach to focus on those outcomes that those services must achieve.

This needs assessment begins and ends with consideration of service user and provider views. Given the system-wide implications of mental health provision, it was intended that any recommendations:

- Ensure that HCCG commissioned services fit seamlessly within a future mental health and wellbeing strategy;
- Integrate with other services and other system resources, including the voluntary and community sectors; and
- Contribute to the achievement of improved outcomes, for the individual and for Herefordshire, in terms of good mental health.

Inclusions and Exclusions

This needs assessment is a comprehensive examination of mental health illness affecting people of all ages. The scope of this Needs Assessment does not include the needs of:

- People with learning disabilities
- People with acquired brain injury
- People with autism.
- People with substance misuse

1.3. National Policy Context

There are a number of key documents that provide the strategic context for this Needs Assessment. These will be discussed briefly below:

a) New Horizons (December 2009)[v] , the cross-government programme of action, had the twin aims of improving the mental health and well-being of the population and improving the quality and accessibility of services for people with poor mental health by 2020. It set out a vision to move towards a society where people understand that their mental well-being is as important to their physical health if they are to live their lives to the full.

b) Healthy Lives, Healthy People: Our strategy for public health in England[vi] (2010) noted the need to improve children's development and health to reduce risk of mental ill health.

c) In February 2011 the Department of Health published the national public health strategy *'No Health without Mental Health: A cross government mental health outcomes strategy for people of all ages'*[vii]. This provided objectives and principles to guide all commissioning of mental health Services in England. Underpinning these principles was the concept of "parity of esteem" between mental and physical health. The six objectives are:

   - More people will have good mental health
   - More people with mental health problems will recover
   - More people with mental health problems will have good physical health
   - More people will have a good experience of care and support
   - Fewer people will suffer avoidable harm
   - Fewer people will experience stigma and discrimination

d) The Health and Social Care Act (2012) put parity of esteem into legal context, securing explicit recognition of the Secretary of State for Health's duty towards both physical and mental health.

e) In the same year, the Prime Minister's dementia challenge was launched[viii] to drive improvements in health and social care, encourage the development of dementia friendly communities and support research.

f) In addition, a number of crisis documents have been produced. *Transforming care: A national response to Winterbourne View Hospital* (December 2012)[ix] highlighted the need for vulnerable people to receive appropriate care and the highlighted that it is the responsibility of commissioners and provider staff, at all levels, to ensure that this is achieved.

g) In February 2014 the Crisis Care Concordat[x] was published, laying out key principles for health staff, police officers and approved mental health practitioners to work together to support people in crisis.

h) The Care Act 2014 has the intention of reforming, simplifying and making more equitable the laws around care in England, improving support for carers, including those who care for people with mental health issues. Critically, it introduced and national minimum threshold for eligibility for carer support.

1.4. Local Policy Context

Reflecting the national policies outlined above, as well as a commitment to parity of esteem between mental and physical health, the following local policy frameworks inform and guide this needs assessment. It should be noted that this in turn will feed into and inform wider partnership work to develop an all age, system wide mental health strategy.

- Herefordshire Joint Strategic Needs Assessment, 2013[xi]
- Herefordshire Carers Strategy 2012-2015[xii]
- Living well with Dementia in Herefordshire 2010-2013[xiii], updated May 2014
- Herefordshire Council's Local Investment Delivery Plan 2011-2026[xiv]
- The Herefordshire Sustainable Communities Strategy 2010[xv]
- Herefordshire Clinical Commissioning Group 2 year plan
- Herefordshire Clinical Commissioning Group 5 Year Strategic Plan
- NHS Herefordshire CCG Medicines Optimisation strategy highlights:
    - Only 16% of patients who are prescribed a new medicine take it as prescribed, experience no problems and receive as much information as they need
    - 30-50% of medicines are not taken as intended and that ten days after starting a new medicine 30% of patients will be non-adherent
    - Sub-optimal use of medicines leads to extensive waste in the system and lost opportunities in improving health.

1.5. Methodology

The Mental Health Needs Assessment has been undertaken by Herefordshire Clinical Commissioning Group, with support from Herefordshire Council Public Health Department. The contribution of patients/ service users, carers and 2gether NHS Foundation Trust was a crucial source of expertise and experience. The large number of contributing organisations who supported the needs assessment have resulted in a rich breath of expertise for this largely qualitative needs assessment.

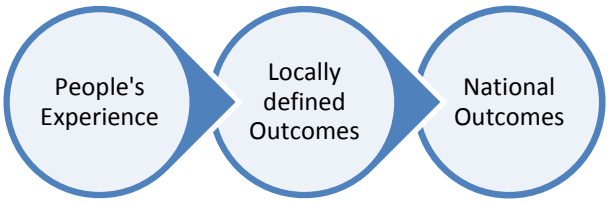
Governance for the Mental Health Needs Assessment was provided by the HCCG Mental Health Steering Group and an expert stakeholder group (see Appendix 1 for details) that met frequently to advise on research design, methodology and information sources. An Authors' group (see Appendix 2) met fortnightly to discuss and collate data collected.

Outcomes

People's experience, whether as a patient, carer or practitioner have all contributed to our local understanding of what it is to live with a mental health condition and how to ensure good mental health. People's experience has been used to identify the outcomes most valued by service users. These outcomes link to the national six objectives published in 'No Health without Mental Health: A cross government mental health outcomes strategy for people of all ages' (2011).

The model for outcomes can be illustrated as in figure 1.2. The draft outcomes are outlined in Chapter 12.

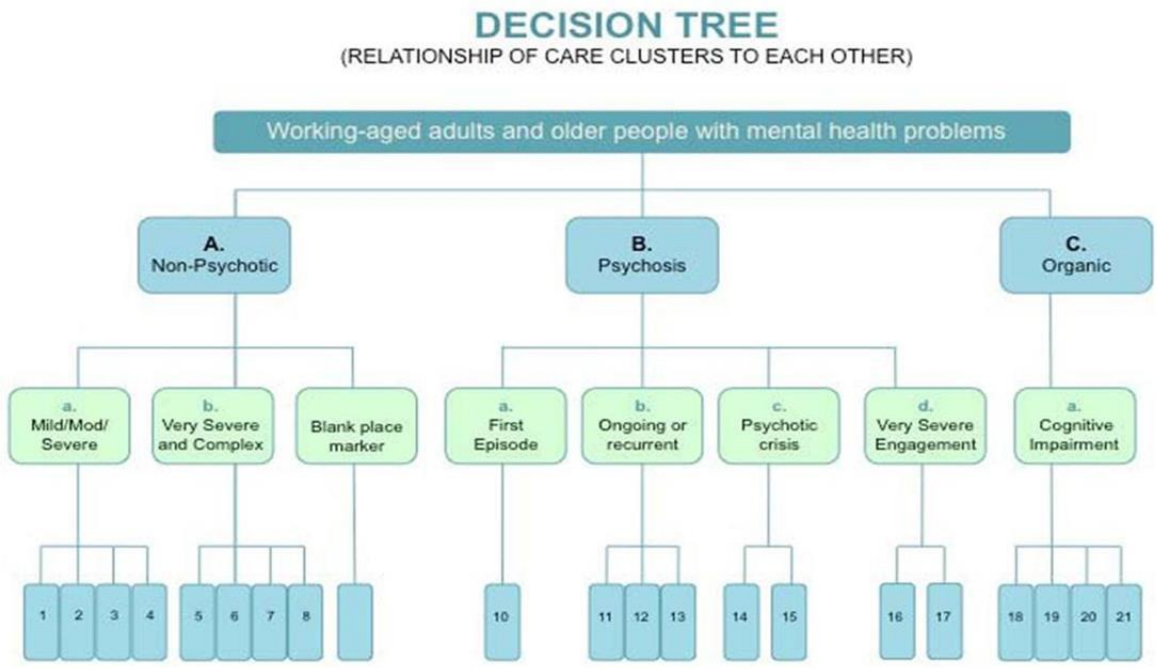
Figure 1.2: Local process for Outcomes determination



Structure of Mental Health Needs Assessment

The national payment by results classification of mental health clusters (adults) underpins the content of this Needs Assessment (with the exception of the chapter on children and young people). The clusters are a global description of a group of people with similar characteristics. It is important to note that people's needs change, as will the allocation of individuals to a cluster as people can move through clusters. Figure 1.3 illustrates the 21 mental health clusters. Appendix 3 provides a definition of the clusters 1- 21.

Figure 1.3: Mental Health Clusters



The arrangement of this Needs Assessment has grouped together Mental Health Clusters as follows:

- Common Mental Health: Clusters 1-4
- Severe and enduring mental health: Clusters 5-17
- Dementia: Clusters 18-21.

Assessment of projected population need and current usage of secondary and community mental health services, including expenditure was undertaken using national and local population data sets and service statistics.

Evidence of effectiveness of service models was identified from national guidance and evidence of best practice.

Chapter 7 is an update of the Dementia Needs Assessment conducted in 2012.

Chapter 9 reports on groups known to require additional support to secure good mental health and includes an audit into the number of people within Herefordshire who are homelessness and experiencing issues with mental health and substance misuse. This was conducted by Homeless Link, in 2012. The audit gathered data from a variety of sources including presentations to the housing solutions team at Herefordshire Council, information from 2gether NHS Foundation Trust and information from the Winter Shelter 2011/12 and 2012/13.

Chapter 10 reflects an audit of historical suicides in the county. In addition to nationally held data, coroners records were reviewed for the period 1994-2014 to produce a twenty year data set that was analysed for trends, including age, sex and occupation grouping. Small numbers and

inconsistent recording of occupation mean that a proprietry aggregate coding has been used to group people into occupational categories (see appendix 4). This issue with small numbers means that proportional mortality rates cannot be calculated for the occupational groups above, so frequencies may reflect numbers employed in particular professions.

Service Mapping

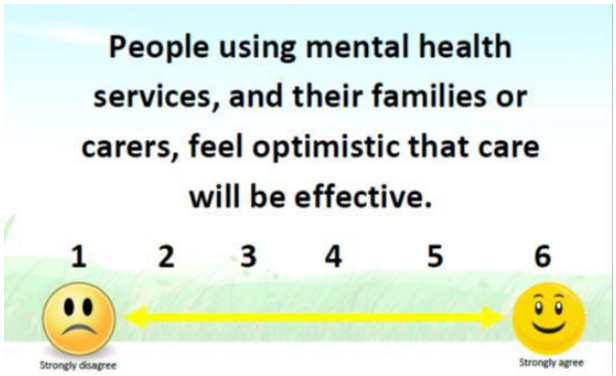
Local services were identified via searches of the Charity Commission register and CQC care directory as of 1 July 2014. This was supplemented with a review of known contacts and discussions with providers and community organisations. Identified services were provided with a questionnaire detailing their service provision and client group (See appendix 5 for the questionnaire). The analysis of the service mapping is presented in Chapter 3.

Engagement

Engagement with key stakeholders, including practitioners, service users, carers and the public, was undertaken via structured interviews, online questionnaires, and workshops (see box 1.2 for organisations engaged). Wider public and stakeholder engagement was achieved via press releases and online communities, e.g. the HCCG website, twitter and facebook. Input was gained from over 100 organisations, including advocates for "hard to reach" groups, via electronic questionnaire. In total, over 400 hours were spent in direct co-production with stakeholders, including over 300 service users, carers and young people.

One of the tools used was the NICE quality standards for mental health services. The fifteen quality standards statements were used to ask patients how strongly they agreed based on their experience using a six point likert scale.

Figure 1.4 [1] NICE (2011) Quality Standard for Service user experience in Adult Mental Health (QS14).



Workshops were held with Herefordshire Young Farmers, Herefordshire Sixth Form College, Carers in Mind, Mind Service Users and residents at residential and rehabilitation homes. These workshops used activities, discussions, voting and case studies to identify what service users, carers and the

public in Herefordshire thought “good” mental health was and how this could be best supported. In addition, visits were made to inpatient mental health wards to obtain the views of current patients.

The contributions from stakeholders have been used to validate or challenge local data or assumptions.

2gether NHS Foundation Trust
Age UK Hereford & Localities
Alton Street Surgery
Belmont Medical Centre
Blanchworth Care
Bobblestock GP Surgery
Breast Cancer Haven
Bright Stripe
British Red Cross
Broomy Hills
Butterflies Children and Young People's Counselling and Play Therapy Service
Cantilupe Surgery
Citizens Advice Bureau
Cruse Bereavement Care
Department for Work and Pensions
Drug and Alcohol Service Herefordshire (DASH)
Eastnor School
Echo
Elizabeth Halls Counselling
Fownhope Surgery
Halo Leisure
Hereford Cathedral School
Hereford Community Farm

Hereford Hive
Hereford Rapid Response
Hereford Sixth Form College
Herefordshire Carers in Mind
Herefordshire Carers Support
Herefordshire Council Adults Wellbeing
Herefordshire Council Children's Wellbeing
Herefordshire Council Sustainable Communities
Herefordshire Disability United
Herefordshire Headway
Herefordshire Health Watch
Herefordshire Heartstart
Herefordshire Housing Limited
Herefordshire Libraries
Herefordshire Mind
Herefordshire Services for Independent Living
Herefordshire Venture
Herefordshire Voluntary Organisations Support Service (HVOSS)
Herefordshire Young Farmers
Home Group
Hope Support Services
Houghton Project
Kingstone Surgery

Jane Pendlebury Counselling	Stanley House
Marches Counselling Service	Stonham
Marches Surgery	Surecare
Martha Trust	The CLD Trust
MindFulness Counselling	The Houghton Project
Moorfield House General Practice	The Royal British Legion
Motor Neurone Disease Association, Hereford Group	Warwickshire and West Mercia CRC (Probation)
Newstead House Nursing Home	Weobley High School
Onside Advocacy	West Mercia Police
Orchard Origins	West Mercia Probation Trust
Penny Jolly Yoga	Westfield School
Phoenix Bereavement Support Services	Worcestershire Rape & Sexual Abuse Support Centre
Red Spark Learning	Wye Valley NHS Trust
Salters Hill Charity	
Services for Independent Living	
SHYPP	

Box 1.2: Organisations engaged in the course of this Needs Assessment

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[viii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

[ix] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

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[xi] http://www.herefordshireccg.nhs.uk/joint-strategic-needs-assessment

[xii] http://www.herefordshireccg.nhs.uk/download.cfm?doc=docm93jijm4n2912.pdf&ver=5144

[xiii] https://www.herefordshire.gov.uk/media/6394274/living_well_with_dementia_in_herefordshire.pdf

[xiv] https://www.herefordshire.gov.uk/media/6806934/local_investment_plan_final_jan_11.pdf

[xv] https://www.herefordshire.gov.uk/media/1255872/Herefordshire_Sustainable_Community_Strategy_2010_2011.pdf