

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	DEVELOPING AN INTEGRATED DISCUSSION ON MENTAL HEALTH		
DATE OF DECISION:	1 ST OCTOBER 2014		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Martin Day	Tel: 023 80917831
	E-mail:	Martin.day@southampton.gov.uk	
Director	Name:	Dr Andrew Mortimore	Tel: 023 80833738
	E-mail:	Andrew.mortimore@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
N/A			

BRIEF SUMMARY

This report proposes that the Health and Wellbeing Board brings together key players for commissioning and delivering mental health services to take an overview on mental health needs, resources, performance and future challenges.

RECOMMENDATIONS:

- (i) That a mental health ‘round table’ meeting be convened to enable a discussion between key stakeholders and user representatives on the needs and key challenges facing mental health services and their commissioning.

REASONS FOR REPORT RECOMMENDATIONS

1. The Joint Strategic Needs Assessment (JSNA) identified significant mental health challenges and inequalities in the City.
2. Mental health challenges are included in the City Strategy and Council Strategy documents as well as the Joint Health and Wellbeing Strategy.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. To include a report on mental health on a future Health and Wellbeing Board agenda. This was rejected on the grounds that mental health is a major and complex health issue for the city, involving organisations not represented on the Health and Wellbeing Board and which merit an in-depth discussion at a session dedicated to this single topic.

DETAIL (Including consultation carried out)

Background

4. Southampton’s JSNA identifies the need to:
 - Reduce the occurrence and severity of common mental health problems by improving wellbeing for people at higher risk.

- Improve the life expectancy and the physical health of those with severe mental illness and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities.
 - Provide the best health and social care support for adults and older people to remain active, engaged and free from isolation especially those with dementia.
5. Based on national prevalence rates by gender, and local population estimates, nearly 5,500 (10.6%) children and young people have mental health problems in Southampton. The relative child deprivation in Southampton compared to England means this crude estimate is likely to underestimate the actual level of local need. The estimated number of children and young people with mental health problems will increase by 231 (4.3%) from 2012 to 2018. There will be significant pressure on the 5 to 10 year old age range with an estimated 221 (19.8%) increase by 2018.
6. In 2012/13, the City's GPs recorded 13,800 patients on the depression registers, giving a crude prevalence rate of 6.6% for the City, which is slightly higher than the national figure of 5.8%. The West locality has a significantly higher crude depression prevalence rate at 7.4%. In 2012/13, there were 2,758 people on Southampton GPs' serious mental illness registers (which includes schizophrenia, bipolar disorder and other psychosis). This gives a crude prevalence rate of 1% for the City, which is significantly above the England rate of 0.8% and also amongst similar areas.
- Projections of mental ill health have been made by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme which predicts the number of 18-64 year olds in the city with a common mental health disorder will rise from 26,562 in 2010 to 30,223 by 2030.
7. Evidence suggests that less than half of people with dementia have a formal diagnosis; so in Southampton we may expect the true number of dementia suffers to be 2,386 rather than the 1,376 recorded by GPs in 2012/13. Using a tool developed by NHS South of England 1,308 are estimated to have mild dementia, 778 have moderate dementia and 300 have severe dementia. The IPC's 'Projecting Older People Population Information System' (POPPI) estimates a 19% increase in the number of older people with dementia in Southampton between 2012 and 2020.

Developing a forum to address mental health needs

8. The importance of identifying and addressing poor mental health has been recognised by a number of statutory agencies and other key local players. Mental health issues are identified in each of the three themes of the Joint Health and Wellbeing Strategy. In developing a 10 year City Strategy, Southampton Connect identified improving mental health as one of four key cross-cutting themes, seeking to support people with mental health issues to gain and stay in employment with agencies and other partners working together to support and signpost people into appropriate mental health services as early as possible. The three year Council Strategy adopted in

July 2014 includes a wide range of determinants which have an impact on better mental health.

9. The complexity of the causes of poor mental health and mental health inequalities mean no one organisation has sole responsibility, or the means alone, to make the differences the Health and Wellbeing Board would wish to see. In terms of seeking to address mental health operations and challenges, Southampton Connect, the Health and Wellbeing Overview and Scrutiny Panel, the Safe City Partnership and this Board have all had significant discussions in recent months. Recognising the number of organisations and individuals seeking to make improvements, it would be appropriate for the Health and Wellbeing Board, as the strategic local system leader, to facilitate a forum, to include members of the other boards and partnerships, with the aim of developing a better understanding of the issues and scoping future work.
10. Development of an event could be undertaken jointly by the council and the CCG with input from Southern Health NHS Trust. At this stage it is envisaged a half day event would be needed to allow for key presentations and ideas and thoughts to be generated by delegates. Output from the summit could then be fed into any changes to the commissioning of mental health services which needs to commence early in 2015.

RESOURCE IMPLICATIONS

Capital/Revenue

11. None. All costs for running the summit will be met from existing 2014/15 revenue budgets.

Property/Other

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. Health and Social Care Act 2012.

Other Legal Implications:

14. None.

POLICY FRAMEWORK IMPLICATIONS

15. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
------------------------------------	-----

SUPPORTING DOCUMENTATION

Appendices

1.	None.
----	-------

Documents In Members' Rooms

1.	None
----	------

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
--	----

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.	None.	
----	-------	--