

Dear Colleague

***New Horizons* for Mental Health and Well-being in London – London Health Commission response to the national consultation**

The London Health Commission (LHC) is the strategic partnership for health in London which works to galvanise leadership across key organisations to tackle health inequalities and improve health for all Londoners. We are committed to making mental health and well-being a focus within all our Commission programmes and to ensure that we maximize our impact as individual organisations and through our partnership work.

In responding to the national consultation on *New Horizons*, the LHC aim is to bring a London perspective to, and influence, the strategy and its implementation across sectors in London. We are keen to ensure that through *New Horizons* opportunities are maximised to promote mental health, mental health equalities and to reduce inequalities in mental health and well-being in London. In order to achieve this, national policy and strategy must actively promote action across sectors and in partnership and on the wider social and economic determinants of mental health and well-being and we are very pleased to see that *New Horizons* sets out such a framework.

An 'expert roundtable', bringing together local, regional and national mental health and well-being experts was convened on 28<sup>th</sup> September 2009 to inform and advise the LHC on this response to the Government consultation and in planning their leadership roles and responsibilities in supporting implementation across London. The roundtable was chaired by Melba Wilson, who is National Director DRE and National Programme Lead Mental Health Equalities, NMHDU and an Expert Associate of the LHC.

The full report of the Expert roundtable will be available at end of October. In the meantime a summary of the points relevant to the Government consultation on *New Horizons* is attached.

I look forward to seeing the points raised reflected in the final 'New Horizons' strategy.

Yours faithfully

Cllr Mary O'Connor, Chairman, London Health Commission

## Response to Government consultation on 'New Horizons' from the London Health Commission

### 1. Language and labels

***New Horizons* needs to be more honest in handling of the mental illness agenda in the strategy.** The document appears to skirt round the term 'mental illness', and seems to tie itself in knots in places in trying to avoid the use of the term. We understand that there are political and cultural issues about the use of the term 'mental illness', which have influenced the use of the term in the document, but

- The strategy should not be afraid to acknowledge mental illness, and specific terms such as 'schizophrenia', if the issues of stigma are to be addressed.
- There is also the opportunity to use these more explicit terms in relation to the good news stories there are to tell about early interventions and treatment of mental illnesses
- Press and media exacerbate misunderstanding of mental health and well-being and stigma by scaremongering in coverage of mental illness and are a barrier to promotion of mental health and well-being. **More effective collaboration with press and media at local, regional and national levels will be key to the success of *New Horizons*.**

### 2. Funding

***New Horizons* sets high aspirations and that is welcomed but it does not address how all this will be resourced.** The broader agenda that *New Horizons* sets out could be jeopardised if there is any suggestion that funding will be moved away from acute services to prevention. Funding for mental health that currently sits with public services commissioners is going to be under great pressure in the coming years of public sector funding cuts. There is a danger that investment options will be seen as for mental illness or well-being. **The strategy should therefore promote:**

- More cost benefit analysis of where funding goes and what we 'get' for it.
- Mapping of evidence for and levels of investment in clinical interventions compared with mental health promotion.
- Mainstreamed and, ideally, ring fenced prevention funding so that there is the potential to industrialise the many excellent examples of innovation and isolated pockets of excellence.
- Further strengthening of commissioning; including robust public mental health needs assessment, evidence base and joint commissioning for prevention so that there are informed and collaborative commissioners making needs and evidence based decisions in partnership. **This requires service Commissioners to think very differently and be more outcome versus service focussed;** for example in the way they are now starting to do in commissioning to reduce obesity

### **3. Implementation**

**The strategy is light on what mechanisms for implementation need to be in place and in setting out what action needs to be taken, and at what level, in response to the strategic framework**

#### **Are the mechanisms currently in place fit for implementation purposes?**

The strategy will be welcomed by those who are 'willing and able' to move forward on implementation; but what mechanisms will support those who are 'willing and unable' or 'unwilling and unable'? The strategy should set out more clearly what the actions are, including the 'must dos', and the mechanisms for implementation at different levels, local, regional and national. Local Area Agreements, for example, are cited in the strategy as a potentially good mechanism for implementation at the local level, but in practice often boil down to the limited range of actions that can currently be measured.

#### **Measurement is a key to the successful implementation of the strategy.**

Implementation will be held back and possibly misdirected due to the limitations of current data and indicators for prevention/ promotion of mental well-being and the consequent lack of relevant baselines. Baseline measures for mental health and well-being are urgently needed. Ideally there would be a single, or small number of key indicators that all sectors can galvanise behind.

**A very good place for Government to prioritise implementation on many of the proposed prevention initiatives is in the public sector**, which employs hundreds of thousands of people and is currently very poor at promotion of mental health and well-being in the workplace.

**Workforce training and development**, including supporting staff and developing strong team working and managing cultural sensitivities would also help to enhance recruitment and retention of staff in mental health and well-being and related services.

Diversity in the workforce is also a key issue. It is important to ensure diversity in the mental health and well-being workforce that reflects the diversity of service users. This is a complex issue. There is a need to recruit from the wide range of communities represented in local populations, and from local schools and colleges.

**New Horizons is also considered to be too light on the 'acid tests'**: Rough sleepers, for example, get a very raw deal - so what is going to actually change for them? The strategy needs to identify specific, currently disadvantaged groups in mental health and well-being services provision, and what is going to change for them in prevention and in access to services.

### **4. Very, very variable access to existing mental health services**

Only 25% of people who need mental health services in London get them. This is an issue particularly for some groups and for the 'unknown', the 'unseen' and the 'un-catered' for, including

- non GP registered patients
- homeless people and rough sleepers in particular

- drugs and drink related mental health problems/mental illness and other dual diagnoses
- offenders: the situation for mental health patients in most prisons is 'horrendous'
- The vast numbers of unwell people who do not fit services or do not meet the thresholds for access to services

People falling into these categories are often already amongst the most disadvantaged and excluded in London. So failure to address these needs in the new strategy will further compound existing inequalities

### **Use the evidence**

Make use of evidence which already exists. Even when there is good evidence, such as for adult treatment for ADHD, there is still no investment. ADHD is a very good example of where the evidence for ongoing intervention in adults is very strong indeed, but where no services are available to people over 18 years of age. This then impacts on the criminal justice system where high proportions (circa 40%) of people who 'disappear' into this system have ADHD diagnosis but are not being treated.

**The strategy should include a stronger focus on the benefits of increasing access to services**, and of earlier intervention of services; including benefits elsewhere across sectors. Quantification of these benefits would also be helpful. This would also help to address potential perverse incentives in the existing mental health services 'system'; eg. not changing services models to improve access keeps people out of NHS systems.

**There is also a need for more explanation of how the 'personalisation' agenda plays into this new strategy** – for a range of communities.

### **5. Cross Government and cross sectoral policy and partnership**

The recognition in the strategy of the need for cross sectoral approaches, leadership and partnership is very welcome indeed and the case for this is set out particularly well within the framework. It is not so clear as to how the Government will overcome the challenge of getting the right expectations and levers into other policy areas across government and at local level eg; into Every Child Matters, National Curriculum, Local Area Agreements, Comprehensive Area Assessments, Criminal Justice, Employment systems etc. etc. Good measures of mental health and well-being will also help in this respect.

It is also important to acknowledge and learn from where **partnerships** are already working well, for example the partnerships between Local Authorities and the Voluntary and Community Sectors that have delivered the supported housing agenda. We must build on and not re-invent or lose these effective partnerships in the implementation of the new strategy

### **6. Keep key messages simple... and consistent**

The simple messages communicated through the proposed 'five daily habits for well-being' are welcomed but are different from the now widely recognised and used '5 ways to wellbeing' developed by the New Economics Foundation-which is confusing. Messages from different organisations and sectors need to be consistent to make maximum impact.