

Wiltshire Council

Health and Wellbeing Board

22 May 2014

Parity of Esteem Programme and Specialist Mental Health Commissioning

Executive Summary

NHS England has an established programme to ensure that mental health is valued equally with physical health - or has "Parity of Esteem". A range of activity is underway to deliver this – including improved access to therapies, improving diagnosis of dementia and improving awareness of the provisions of the Mental Capacity Act.

Alongside this, NHS England is responsible for commissioning a range of specialised services for mental health related issues and is also responsible for the mental health of armed forces personnel.

Proposal(s)

It is recommended that the Board:

- i. notes the work underway on the Parity of Esteem programme;
- ii. notes the range of specialised services for mental health related issues which are commissioned by NHS England;
- iii. receives an update on the commissioning of these specialised services.

Reason for Proposal

NHS England's work on Parity of Esteem has implications for all Health and Wellbeing Board members. Similarly, it is important that care pathways on specialist and community-based mental health treatments are joined up.

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Parity of Esteem Programme and Specialist Mental Health Commissioning

Purpose of Report

1. To provide an update on the Parity of Esteem Programme and Specialist Mental Health Commissioning.

Background

2. Parity of esteem' is best described as: 'Valuing mental health equally with physical health'. More fully, parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:
 - Equal access to the most effective and safest care and treatment
 - Equal efforts to improve the quality of care
 - The allocation of time, effort and resources on a basis commensurate with need
 - Equal status within healthcare education and practice
 - Equally high aspirations for service users; and
 - Equal status in the measurement of health outcomes.
3. Mental illnesses are very common. Among people under 65, nearly half of all ill health is mental illness. Mental illness is generally more debilitating than most chronic physical conditions. Mental health problems impose a total economic and social cost of over £105bn a year, yet, only a quarter of all those with mental illness such as depression are in treatment. We tend to view physical and mental health treatment in separate silos in health services. People with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health.
4. Valuing mental health equally with physical health was the theme of a recent meeting held by NHS England as part of the Call to Action events. These [slides](#) helped to inform the debate and give some background.

Main Considerations

5. NHS England has established a Parity of Esteem Programme in order to focus effort and resources on improving clinical services and health outcomes. The Parity of Esteem programme is currently being developed through discussions with stakeholders but we have identified three areas as initial priorities for urgent focus. These are:
 - **Improving Access to Psychological Therapies (IAPT)** – this is a national programme to roll out access to talking therapies for people

suffering from depression and anxiety disorders. Whilst we have made good progress in this area we also know that there is more to provide good access to these invaluable therapies which help patients manage their conditions and improve their quality of life. We have a national ambition by end March 2015 to increase access so that at least 15% of those with anxiety or depression have access to a clinically proven talking therapy services, and that those services will achieve 50% recovery rates.

- **Improving diagnosis and support for people with Dementia** – we are committed to making considerable progress towards diagnosis, treatment and care of people with dementia by 2015. We recognise that key to this is a diagnosis as this can unlock access to support services. We have a national ambition for two thirds of people with dementia to have received a formal diagnosis and be accessing care and support by end March 2015. We are also working with [NHS Choices](#) to provide additional support for people who are newly diagnosed with dementia and their carers, with a new information and webchat service to guide people in the early stages.
- **Improving awareness and focus on the duties within the Mental Capacity Act** – Concerns have been raised that there is a low level of appreciation of the duties and expectations of CCGs explicit in the Mental Capacity Act, a concern that spans patient groups such as those with enduring mental illness and people with dementia. The Act is of central importance in delivering healthcare. Where difficult decisions may need to be made in balancing the patients' rights to make decisions about their care and treatment with the right to be protected from harm, and requiring others to act in the patient's 'best interests' where they lack capacity for a particular decision.

Concerns about the application and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards have been raised in the House of Lords review published in March 2014

An evidence gathering exercise by NHS England, presented to the House of Lords, found that the Mental Capacity Act and Deprivation of Liberty Safeguards had not been implemented consistently, and there were issues in relation to training, patient/family and carer experience and access to advocacy.

In response, Area Teams have been asked to improve the quality and delivery of services for patients who lack mental capacity and may need to have their deprivation of liberty safeguarding. Specifically, they have been asked to:

- Arrange patient/carers experience events to ascertain real time feedback;
- Identify with CCG colleagues, provider organisations and local authority partners specific local requirements and consider short term secondments/pump prime initiatives; and
- Establish a development programme for MCA leaders across the system to understand their local issues and explore best practice.

6. In **BGSW** area we have commissioned an organisation called National Development Team for Inclusion (NDTi) to work alongside us and to manage a project that aims to address these themes. The final report is due in September with an interim in July. The project team are working closely with Healthwatch and CCGs, as well as many other stakeholders.
7. In order to bring about a coordinated approach across NHS England and the wider system in these 3 areas a Mental Health Focus and Delivery Group has been formed on a task and finish basis. The group brings together a range of representatives from across the system in order to provide clinical and managerial leadership supporting delivery at a local, regional and national level. The group aims to contribute collectively to the development of various areas of work to support the delivery of mental health priorities.
8. Achieving 'parity of esteem' will require a fundamental change in the way services are commissioned. Consideration will need to be given to equitable distribution of resources and supporting the commissioning of services which tackle the association between physical and mental disorders. The commissioning cycle offers the ideal framework to achieve this change of emphasis, focussing on the key elements required to achieve transformational change.
9. Commissioners have told us that best practice, tools and guidance, data and information and clear clinical leadership are important elements to support them in helping to deliver the national ambitions. A number of websites provide easy access to a range of information on good practice, tool and guidance (www.mentalhealthpartnerships.com; www.dementiapartnerships.com; www.iapt.nhs.uk).
10. An intensive support offer is being developed to support CCGs in delivering the IAPT national ambitions. More details of available support and resources are available on the IAPT website.
11. NHS England has also produced a report on 'Dementia Diagnosis and Care in England: Learning from Clinical Commissioning Groups (CCGs)'. Alistair Burns the National Clinical Director for Dementia has undertaken a number of visits to CCGs across the country in order to gather best practice and understand the challenges/barriers facing commissioners.
12. The key findings of the report show that those CCGs making greater progress in improving dementia diagnosis rates appear to have some common features:
 - The local health and care community has a coherent, focused, and clearly led plan of work to improve dementia care
 - Commissioners and clinical leaders are active and visible in this pursuit, knowledgeable about what works, and proactively delivering a comprehensive strategy and action plan; working relationships are positive, and it appears that values and ambitions are shared
 - Work is proactive, systematic and sustained, rather than reactive and piecemeal

- Dementia care is being mainstreamed within existing health and care services, rather than being framed as something associated with memory services alone
 - Ambitions to improve diagnosis are being progressed within the wider context of raising awareness about dementia; improving knowledge and skills of health and care staff; understanding the role of primary care in dementia care, including care of patients living in care homes
 - Voluntary and community sector organisations are key partners in the development of strategic plans and as service providers. Investments in this sector are key components of local dementia strategies.
13. NHS England also have developed a **Commissioning Mental Health Leadership Development Programme**. NHS England has invited tenders for the provision of a Mental Health Commissioning Leadership Programme for Clinical Commissioning Group (CCG) General Practitioner leads for mental health, for delivery from March 2014. The programme is funded by NHS England, and sponsored by the National Clinical Director for Mental Health. It will provide focused, skills-based training for 211 CCG GP Mental Health Leads in England. The programme will use an action learning approach and will covers needs assessment; system redesign; exemplar specifications; the use of levers and mechanisms to drive improvement, and will culminate in the completion of local commissioning projects. More details will be provided on the mental health partnerships knowledge portal as they become available.

Specialised Commissioning and Armed Forces Health Commissioning

14. NHS England commissions 143 specialised services, of which the following 11 relate closely to Mental Health:
- [C01. Specialised Services for Eating Disorders](#)
 - [C02. High and Medium Secure Mental Health](#)
 - [C03. Low Secure Mental Health](#)
 - [C04. Specialised Mental Health Services for the Deaf](#)
 - [C05. Gender Identity Services](#)
 - [C06. Perinatal Mental Health](#)
 - [C07. Tier 4 Child & Adolescent Mental Health Services \(CAMHS\)](#)
 - [C08. Tier 4 Severe Personality Disorder Services \(adults\)](#)
 - [C09. Mental Health Specialised](#)
 - [C10. Forensic Pathway Group](#)
 - [C11. Child & Adolescent Mental Health Service \(CAMHS\) Secure](#)
15. The commissioning work in each of these areas is informed by a Clinical Reference Group. [The NHS England Specialist Commissioning Manual](#) sets out the rationale for each of these services being commissioned on a 'larger than local' basis – typically that numbers of patients are very small or thinly spread for each service. The Manual also sets out the CCG commissioned services that each of these need to fit closely with.

16. As reported at a previous meeting, NHS England continues to work with Wiltshire's Military Civilian Integration group to inform its commissioning of health services for this population group.

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