

## **HEALTH AND WELLBEING BOARD 11 SEPTEMBER 2014**

### **Public Questions (Item 5)**

#### **Public Question 2**

##### **Supplementary question from Raksha Pandya**

On behalf of mental health service users in Harrow, I am shocked by Harrow Council public health department's significant under-performance over the past 18 months in almost every one of their mental health priority activities stated in the Harrow Annual Public Health Report 2013. In addition, the publicity they circulate on the 'Get Active' initiative has inaccuracies and the information on the Harrow Council website about the organisational structure of Harrow public health is out of date and only 10% of service mental health service users are accessing exercise on referral.

More significantly, there is no real meaningful engagement with mental health service users. For example, following the one public health consultation event about mental health in 2014, none of the feedback has been even written up or considered for inclusion in the local strategy.

In addition Public health in Harrow have not responded to several emails from Mind in Harrow or CNWL about the arrangements for 'World mental health day', which is on 10th October 2014.

At a recent meeting with a public health representative when I enquired about the Harrow Suicide audit and Harrow Suicide prevention, I was told quote' That suicide prevention is not priority in Harrow'.

In view of the budget available to spend on mental health promotion for the benefit of Harrow residents and the poor value for money since Public Health was transferred to the Council, we want a commitment from you as Chair of the Health & Wellbeing Board and Portfolio that you and Dr Andrew Howe director of public will meet with mental health service reps and with health to hear and act on our concerns.

Do you find it acceptable that preventing the deaths of vulnerable people in Harrow is not a priority and that all the contributions at the consultation event have been disregarded?

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##### **Response to supplemental question**

Thank you for your question and for the opportunity for me to demonstrate the breadth of the work that Harrow Council is doing to promote mental health and wellbeing. It is important to say that Public Health in Harrow Council is not the only stakeholder responsible for improving mental health. We work in close partnership with Harrow Clinical Commissioning

Group. They have a Mental Health Strategy and commission a variety of services to support those with mental health needs. The Mental Health and Wellbeing Promotion Strategy led by Harrow Council (in draft format at present) focuses on promoting public mental wellbeing across the lifespan, acknowledging the complex interplay between many social, economic and environmental factors that influence mental health and wellbeing.

A chapter of the Joint Strategic Needs Assessment focuses on mental health to enable all partners to understand the priority needs and evidence based solutions. The Public Health team have the expertise to source and analyse the data and engage with stakeholders to ensure the true needs of the population are reflected. However, it is the responsibility of all stakeholders to act on these needs.

You raised a number of specific points which I have tried to address in turn:

1. The Annual report of the Director of Public Health in 2013-14 focused on the theme of physical activity. The report is not a public health strategy but an opportunity to emphasise areas, based on our analysis, that we consider to be priorities for everyone to take action on. The report did outline four actions the Council could consider and we have made excellent progress in all. Specifically:
  - We run 10 walks around Harrow which are open to all – [www.harrowhealthwalks.org](http://www.harrowhealthwalks.org). The walks are extremely popular – one recent walk had 68 participants. There are also 8 outdoor gyms in parks across the borough which are free for all to use.
  - We run an Expert Patients Programme (EPP), an initiative which helps people with long term conditions to share challenges and management approaches with peers. In the last year 5 of the participants who attended the EPP courses had ongoing mental health issues (principally long term depression). During the EPP course, many more identify feelings of depression related to their conditions. We are currently reviewing our EPP evaluation protocol to ensure we are measuring, where possible, the impact the EPP has on a range of health outcomes.
  - We also support a number of health trainers, lay people trained to talk to and support people to improve their own health. Two of these health trainers are focusing on providing support to mental health service users. We have conducted Equality Impact Assessments on these programmes, as we do with all initiatives, and have worked hard to ensure mental health service users can participate and benefit from them.

- We are running a series of training workshops for care home staff on planning and promoting activities to improve the mental health and wellbeing of older people in care. Fifty staff from twenty-five care homes in Harrow will be skilled up from the training.
- A mental health awareness training programme for council staff living or working in Harrow is planned to start this September. Two hundred staff will benefit from the training which will help staff to look after their own and other's mental health and identify and address the factors that affect mental health in the workplace.
- Public Health will shortly commission support to schools to address emotional well being needs in children. This will include specialist consultancy support to each school and creation of bespoke school action plans; resources, including the development of schemes of work for PHSE and an online directory of local services for signposting parents, students and staff; providing central and INSET training for school staff to build capacity within the school; development, implementation and evaluation of peer mentoring programmes to support students regarding emotional wellbeing and risky behaviour. As part of consultancy, resources and training the provider will be required to support schools regarding Healthy Schools London.
- We are participating in a cross-council Sports and Physical Activity Network considering how we could enable more people in Harrow to become more active.
- In addition to our Exercise on Referral programme, we also deliver a physical activity initiative specifically for community based mental health patients called 'Let's Get Moving'. The project is open to community based mental health patients referred by a mental health professional who are not currently considered active (5 x 30 minutes per week). Priority is given to those who already have early signs of potentially serious diseases such as cardio-vascular disorders and secondary diabetes which are responsive to regular physical activity. Clients work with a health trainer to look at their motivation and confidence to increase their physical activity levels and the types of physical activity they would like to undertake. They then, if required, work on a 2 client to 1 personal trainer basis undertaking their preferred form of physical activity for 10 weeks. During 2013/14 there were 115 referrals onto the programme of which 72 people accessed the exercise support element of the programme.
- Finally, Public Health collaborated with partners to organise and facilitate a dementia public engagement consultation in March 2013 and contributed to the

development of dementia action plan. We have continued to support the work of the dementia task and finish group, led by Harrow Adult Social Services.

2. Harrow Council website is currently being updated with full information on the work of the Public Health team.
3. The 'Get Active' initiative is a community website that anybody can contribute to. The Public Health team, believing this to be a valuable initiative for residents of Harrow, initially provided information on behalf of all providers in our Physical Activity Directory. It was made clear to all in the Directory that it was their responsibility to make sure the data is kept up to date and representative of the classes/services.
4. The Exercise on Referral programme offers tailored exercise sessions to individuals who meet the specific referral criteria. The referral criteria are imposed due to the skill set / qualification of the instructors delivering the programme. The referral criteria are as follows:
  - Obese (BMI over 30)
  - Overweight (BMI over 25) plus one other risk factor from the below:
    - Diabetes (must be controlled)
    - Hypertension (must be controlled)
    - Hyperlipidaemia (type of high cholesterol)
    - Depression / Anxiety (mild-moderate)
    - Mild arthritis in hips or knees
    - Osteoporosis (T-score of -2.5 or lower and no history of lower trauma fractures)

During 2013/14 1211 people attended a pre assessment on the Exercise on Referral programme of which approximately 6% gave their primary reason for referral as mild anxiety or depression equating to 73 people. A further 15% (182 people) had mild anxiety and depression cited as a secondary reason for referral.

5. Harrow Public Health is currently encouraging Harrow residents, as part of its Growing Communities initiative to help identify, reclaim or restore neglected or ignored public spaces across Harrow for growing purposes. Apart from supporting regular physical exercise and improving participant's health, wellbeing and potentially, diet, this activity also provides a form of therapeutic activity for individuals with mental health conditions.

6. I am concerned that you do not feel there has been meaningful engagement with mental health service users and the voluntary sector. The Public Health team valued your feedback received at the consultation event they ran around the Mental Health Promotion Strategy earlier this year. The feedback has been written up (and is included in the strategy appendices) and is actively influencing our strategy. The strategy is still in draft format but there will be further opportunities for you to participate and contribute.
7. We are, as we have in previous years, supporting World Mental Health Day on 10 October this year and are encouraging other organisations to do the same. As you can imagine, given the breadth of Public Health, we are asked to participate in many public awareness days. The key messages for each are very important and we support where we can. However, we know that raising awareness on one day is not enough. Our focus in relation to mental health is therefore on making sure we have an overall strategy for mental health and wellbeing that has a real and lasting influence on the health and wellbeing of the people of Harrow.

The benefit of having a 'World' Mental Health Day is that if internationally, organisations follow the same theme there is greater likelihood of the message being heard. Furthermore, it means that publicity materials are developed centrally to save valuable time and money.

This year, we have been in touch with organisations in Harrow with an interest in mental health to find out what they are doing in relation to World Mental Health Day. We have offered a small budget to support organisations with promotional/printing costs and made Council facilities available if organisations wish to have a stall to promote their key messages. A key feature of our Mental Health and Wellbeing Strategy is achieving parity of esteem between mental and physical health, acknowledging that you cannot have one without the other. Our intention therefore, in Harrow Council is to promote 'living healthily with schizophrenia'. We will be raising awareness in the Council, placing an article in the local paper and disseminating information locally. In addition, our Stop Smoking team are integrating the theme into their Stoptober campaign.

8. Suicide and self harm are major public health issues for which mental illness is a significant risk factor. Death by suicide is an individual tragedy but also can have a devastating impact on families and communities. We have a suicide prevention action plan and our Mental Health Promotion Strategy has a section dedicated to this area of

work. The Public Health team are exploring how to work with other teams in the council and beyond to ensure we have an effective programme to save lives.

I would like to conclude by thanking you for your question and for providing me with an opportunity to reflect, discuss your concerns with colleagues and then respond. I would be happy to meet with you along with one of my public health colleagues to discuss what I have said in more detail. We value the work of Mind in Harrow and recognise the importance of you advocating for your service users but would hope that you would see your role going forward as a critical friend rather than adversary. We are all working towards the same goal – to improve the health and wellbeing of the people of Harrow – and are faced with the same challenge to do more for less. In the new world, we must find ways of working constructively together to ensure attention is not diverted from the important issues that should be driving our work.