

Title of meeting: Health and Wellbeing Board

Date of meeting: 2/12/15

Subject: Improving Mental Health and Wellbeing in Portsmouth

Report by: Matt Smith

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

The purpose of this report is to inform members of the key strategic priorities to improve mental health and wellbeing in the City over the next five years.

2. Recommendations

That the Board adopts the proposed mental health and wellbeing strategy 2016-2021

3. Summary

This five-year strategy covers all aspects of mental health and wellbeing. It is on purpose aspirational. The 11 Pledges are priorities from across the life course and range from promoting good mental health to ensuring the provision of high quality integrated services for citizens with complex problems.

The strategy was developed by the Mental Health Alliance at the request of the Health and Wellbeing Board. The Mental Health Alliance will oversee the development of the underpinning action plan and its subsequent implementation, reporting regularly to the Health and Wellbeing Board on progress. The action plan, where possible, will build on existing work, which varies by pledge by pledge.

There is no extra funding being provided to implement this strategy. It has been acknowledged throughout the process that this is about transforming the way we do things and these pledges outline the direction of travel we need to take.

The 11 pledges are:

1. We will find ways to share more power around the planning and delivery of services with service users, carers and other interested Portsmouth residents. We call this process co-production.
2. We will commit to ending the stigma and discrimination faced by people around their mental health, by improving awareness and challenging attitudes and behaviour.
3. We will build emotionally resilient communities to reduce the number of people going on to experience mental health problems and we will support early identification for individuals experiencing a mental health problem
4. We will work to create an environment that empowers individuals to make choices that enable recovery as defined by the individual and to live the most independent and fulfilling lives possible.
5. We will create a culture where people using services will be supported and encouraged to improve both their mental and physical health.
6. We will create a culture where all services work together to improve a range of outcomes for children, young people and their families with emotional and mental health needs.
7. We will work together to prevent crises because of a mental health condition happening whenever possible, through intervening at an early stage and we will also improve the system of care and support so that people in crisis are kept safe.
8. We will aim to ensure everyone is able to find information and advice regarding memory problems and dementia, and to receive a diagnosis of dementia, as early as possible.
9. We will ensure that people who experience problematic mental health alongside other conditions including drug and alcohol misuse, learning difficulties and long-term physical health conditions receive help, support, treatment and care that is accessible and effective
10. We will strive to reduce the number of people using self-harming behaviours as a coping strategy by supporting people to improve their resilience. We will also aim to improve the experience and outcome for those who self-harm.
11. We will work to reduce the number of suicides in the city and provide support for those bereaved by suicide.

4. Reasons for recommendations

4.1 The importance of mental health has been recognised by Health and Wellbeing Board members and is a work stream in the Board's Strategy; this is being taken forward by the Mental Health Alliance. Given the breadth of issues that affect good mental health the Alliance identified the need to develop an overarching mental health strategy for the City. This strategy has been aligned to national policy and strategy including the Parity of Esteem agenda, the Chief Medical Officers Annual Report focusing on mental health, the WHO Mental Health Action Plan, the national strategy No Health, Without Mental Health and Closing the Gap.

5. Equality impact assessment (EIA)

5.1 A preliminary EIA has been completed and a full EIA is not required at this stage.

6. Legal implications

6.1 The Health & Wellbeing Board must discharge its Public Sector Equality Duty (PSED) under s.149 of the Equality Act (EA) 2010 when making a decision whether to adopt the proposed mental health and wellbeing strategy 2016-2021. The PSED requires it to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people with a 'protected characteristic' (as defined by the EA 2010) and those without it. The protected characteristics are age, gender, disability, gender reassignment, pregnancy & maternity, race, religion or belief and sexual orientation.

6.2 Therefore, before the Health and Wellbeing Board make a decision whether to adopt the proposed strategy, it must consciously consider whether the pledges within the strategy could have a discriminatory effect on the persons it is aimed at. It is important that the Board is provided with sufficient information and analysis of any potential disadvantage to persons with any of the 'protected characteristics'. The Equality and Human Rights Commission in its guidance on discharging PSED, recommends that a written audit trail is kept of how PSED has been considered.

6.3 To this effect, a preliminary Equality Impact Assessment (EIA) has been completed and together with the Strategy provide the following information relevant for the consideration of the PSED by the decision-maker:

- A consultation exercise has been undertaken which sought views and comments from commissioners, providers and users of the services. In addition, a public consultation event was held, stakeholders attended at strategy development and specific pledge meetings and provided their views directly through the pledge leads. Their contributions have been taken into account when developing the strategy.
- The strategy's objectives are aspirational and wide in scope, with a focus on a co-production. This means that professionals and citizens will have an input in the design, resource allocation, service provision and evaluation of public

mental health services. This will assist in identification of any discriminatory impact and any mitigation measures.

- The strategy has been clearly identified as having a positive effect on people with a disability, and more specifically persons with mental health problems.
- The pledges proposed in the strategy are aimed at improving mental health and wellbeing services and are not therefore envisaged to have any indirect discriminatory effect on persons protected under the EA 2010.
- Pledge 2 specifically focuses on tackling discrimination associated with mental health problems and promoting equality and tolerance towards persons with mental health problems and their carers.

6.4 Whilst the preliminary EIA and the strategy itself provide sufficient information to enable the Health and Wellbeing Board to discharge its PSED when adopting the strategy, it must be noted that the PSED is a continuing duty. Therefore, those responsible for implementation of the individual pledges will need to have PSED in mind throughout the process of implementation. This may require completion of individual EIAs to ensure written record is kept.

7. Director of Finance's comments

7.1 As detailed in the main body of the report there are no financial impacts to this decision.

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Signed by:

Appendices:

Appendix 1 - Mental Health Strategy 2016-2021

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/
rejected by on

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Signed by: