Agenda Item 10

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 5 JANUARY 2017

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PARITY OF ESTEEM

Purpose of report

1. The purpose of this report is to update the Health and Wellbeing Board on local progress to address 'Parity of Esteem' and specifically to present a timed and quantified plan for addressing the physical health needs of people with serious and enduring mental illness (SMI).

Link to the local Health and Care System

2. Oversight of the Parity of Esteem agenda sits with the Better Care Together Mental Health Partnership Board and ultimately with the Health and Wellbeing Board.

3. Reducing the gap in health and wellbeing outcomes is a key aspiration of the NHS Five Year Forward View and must be reflected in local Sustainability and Transformation plans.

4. Achieving Parity of Esteem across the entire health and care system will be an important means of supporting the aspiration to reduce the local gap in health and wellbeing outcomes. The NHS Five Year Forward View- Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 asks '*How will you improve mental health services, in line with the forthcoming mental health taskforce report, to ensure measureable progress towards parity of esteem for mental health?* (https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf)

Recommendation

5. The Health and Wellbeing Board is recommended to note the contents of this report.

Policy Framework and Previous Decisions

6. A paper on Parity of Esteem was discussed at the March, 2016 Health and Wellbeing Board (HWBB) meeting and an updated paper for information was produced in September, 2016.

7. Both papers generated support for a broad approach to addressing Parity of Esteem locally but with specific focus on:
   (i) improving access to mental health services in acute settings and
   (ii) enhancing the physical health status of people with serious and enduring mental illness (SMI). A multi-partnership Parity of Esteem group led by

Leicestershire County Council's Public Health Department has been established to take this work forward.

8. As there are a number of local work streams currently developing and rolling out plans to improve access to mental health services in acute settings (e.g. Acute Care Vanguard, Crisis Concordat, Suicide Prevention Strategy and Future in Mind programmes), the Parity of Esteem group is now focussing on addressing and enhancing the physical health status of people with SMI.

Background

9. Parity of Esteem means '*valuing mental health equally with physical health*' (NHSE definition, 2015). It means that a person's physical and mental health needs are understood to be of equal importance, and treated as such. In reality it is impossible to separate our physical and mental health from one another although many of us, health professionals and public alike can still see them as very separate.

10. A particular concern relates to the health needs of people with SMI as they experience poorer health and die earlier than average. People with SMI have the same life expectancy as the general population had in the 1950's i.e. between 10 and 17 years lower than expected[1][2]

11. SMI includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment. The two main types are schizophrenia and bipolar disorder (or manic depression).

12. The estimated prevalence of SMI in the UK is **0.8%.** This equates to approximately **5,200** sufferers in Leicestershire.

13. About 60% of the excess mortality in people with mental illness is felt to be avoidable[3].

14. The root causes of the poor health and premature mortality in people with SMI are a combination of[4]:

    - **Lifestyle Choices** – Prevalence of cardiovascular disease risk factors is very high amongst the SMI population due to smoking, obesity and diabetes.

    - **Poverty** – Such factors are more common in areas of socioeconomic deprivation where mental disorders are also most prevalent; as presented by Professor Sir Michael Marmot in his review "Fair Society, Healthy Lives".

[1] Chang, C.K., et al., All-cause mortality among people with serious mental illness (SMI), substance use disorders, and depressive disorders in southeast London: a cohort study. BMC Psychiatry. 10: p. 77

[2] Chang, C.K., et al., Life expectancy at birth for people with serious mental illness and other major disorders from a secondary mental health care case register in London. PLoS One. 6(5): p. e19590

[3] Hoang U., Goldacre MJ., Stewart R., Avoidable mortality in people with schizophrenia or bipolar disorder in England. Acta Psychiatrica Scandinavica 2013. 127: p. 195-201

[4] Parity of Esteem Overview and Report, East Midlands Clinical Senate, November, 2016

- **Ineffective Prevention** – Prevention is not targeted at the SMI population. The standard approach of prevention for the general population is ineffective in patients with SMI and substance misuse.

- **Poor Access to Effective Care** – Access is hindered through a lack of reasonable adjustments. Often lack of engagement is described unhelpfully as patients being 'hard to reach' rather than a service that may not meet the illness specific needs of the individuals concerned.

- **Poor Commissioning of Services** – Physical as well as mental healthcare services have been commissioned separately and services have not been routinely co-produced with SMI service users and their carers.

- **Stigma** – Healthcare Professionals and staff can also have preconceived ideas about people with SMI which commonly leads to so called 'Diagnostic Overshadowing', a misinterpretation of symptoms as being part of the mental illness hence leading to delay in diagnosis of physical co-morbidities.

- **Iatrogenic Risk Factors** – All anti-psychotics are diabetogenic and obesogenic to varying degrees. Prescribers of the drugs which cause or exacerbate physical disorders can fail to take responsibility for mitigating these risks and involve the patients and carers to allow fully informed choices to be made.

- **Ethnicity** – The worse prognosis for patients with SMI is even more pronounced in certain ethnic minority groups and a UK study is currently looking into the exact causes of this in detail so the prognosis can be improved.

Progress so far:

15. There is considerable work already under way within individual partner organisations to address the physical health needs of people with SMI e.g. Quality Outcomes Framework (QOF) and Quality, Innovation, Prevention & Productivity (QIPP) programmes in Primary Care and the national SMI Commissioning for Quality and Innovation (CQUIN)s in Leicestershire Partnership Trust. There is a clear need to align these initiatives and to harness and share good practice and information amongst key partners.

16. A scoping exercise was recently carried out looking at current provision and activity. Local data is captured in appendices 1 and 2. This information has been triangulated with feedback from local providers and partners to produce a timed and quantified action plan which has now been agreed (Appendix 3).

Resource Implications

17. This work will constitute business as usual for partner organisations

Circulation under the Local Issues Alert Procedure

18. None

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Relevant Impact Assessments

Equality and Human Rights Implications

19. Work to achieve Parity of Esteem by its nature will address and challenge discrimination and will have a positive impact on equality and human rights