Enclosure PHE/16/36
Annex 3: Overview of the Work of the National Public Mental Health Team

Background
In any given year, one in four adults experiences at least one diagnosable mental health problem. The economic and social cost is estimated at £105 billion a year, much of which is preventable.

Mental health problems are unevenly distributed across society with disproportionate impacts on people living in poverty, those who are unemployed and those experiencing discrimination. For too many, the first experience of mental health intervention comes at a time of crisis when they are detained under the Mental Health Act, an issue particularly affecting Black Asian and Minority Ethnic people. Mental ill health is the largest single cause of disability in the UK. Poor mental health impacts negatively on overall health status and having a mental health problem can be both a consequence and a cause of socio-economic inequalities. People with health conditions and disabilities are not only concentrated in higher numbers within areas of deprivation but are also disproportionately affected by mental health problems. Furthermore, although we have NICE approved, evidence-based interventions that deliver a broad range of impacts, only a minority of people with mental health problems currently receive any treatment. To improve the public's mental health effectively address these issues local and national activity must include work to tackle health inequalities.

PHE Public Mental Health Team Approach
The national PHE Public Mental Health team is focussed on delivering system wide change so that everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing, especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. We do this primarily by working in partnership with and through PHE Centres and national organisations.

The team promotes the adoption of integrated approaches that protect and improve mental health within places and settings where people live, work, learn and plan, alongside action to grow resilient communities. This includes supporting change that helps pre-empt developing problems whilst also ensuring people experiencing or recovering from mental health problems are able to access help earlier, obtain the least restrictive interventions and are supported in their recovery. The team encourages the approaches that contribute to the reduction in mental health inequalities and work to help ensure that people at higher risk of difficulties are prioritised within programmes.

Priorities
Over the last 18 months there has been significant activity to respond to challenging fiscal climate including reconfiguration of a leaner team. Opportunities have been identified to deliver the system-wide change including; raising the priority given to prevention alongside ongoing improvements to early recognition; early intervention and the life chances of people living with or recovering from a mental health problem. Over the long-term, this holistic approach to primary, secondary and tertiary

prevention will help reduce the number of people ending up with more complex and long-term needs, and reduce the associated distress to individuals and families and communities.

In April 2016 the programme of work was further adapted to support the implementation of the independent mental health taskforce *Five Year Forward View for Mental Health* report. The report included all-age recommendations for national action for PHE to lead or support using our public health leadership influence and expertise.

As at July 2016, PHE has three priorities for mental health across the life course, all of which are underpinned by: making available relevant information and intelligence; communicating key messages clearly through regular communications and national campaigns; and developing confident, competent and committed public mental health leaders and wider workforce. The priorities are:
1. **Supporting Government by providing advice on public mental health:**
   This covers three interconnected areas delivered by the national team or in collaboration with other PHE teams (also see annexe 2):
   - Promotion of good mental health and prevention of mental illness
   - Suicide prevention
   - Improving the lives of people living with mental illness
2. **Supporting the delivery of the *Five Year Forward View for Mental Health*:**
   This covers the 13 recommendations for national action that are being lead or supported by PHE (see annexe 1)
3. **Supporting PHE Local Centres and local health systems**
   This includes coproduction of initiatives with PHE centres and tailored support to meet the evolving needs of the Devolution areas (see annexe 2)

Snapshot of Activity
Since the last public mental health report to the PHE Board (November 2014), there has been significant progress in work, collaborating with others to influence the wider system.

The work of the national team has flexed to increase our championing of the role of prevention. This has included active contribution to the development of new national policy (e.g. Mental Health Taskforce and Cancer taskforce recommendations) and the creation of new collaborations. For example the formation of the National Prevention Alliance for Mental Health (chaired by the PHE National Director of Health and Wellbeing) and the Smoking and Mental Health Academics group (chaired by ASH).

Across all areas of PHE's public mental health work the links with the Local Government Association have been strengthened, including delivery of a joint national public mental health conference. The relationship with Faculty of Public Health has also evolved to include a joint publication and annual public mental health awards (insert link).

Important progress has been made to add, embed and integrate mental health in the work other PHE teams, adding breadth and increasing the opportunities to influence

the system in a sustainable way. This work covers the life course, from pre-conception to older age including places, settings and situations.

Specific work examples include;

A. Establishing a PHE led **Prevention Concordat Programme for Better Mental Health**[1] which is bringing together a range of local and national stakeholders to agree what support is needed to bring about a step change in the focus on prevention - locally first and also nationally. This is likely to draw on action outside of the traditional mental health sectors, including activity in communities, schools and workplaces. By April 2017 the programme will have launched and will support local areas, through Health and Wellbeing Boards, local authorities and CCGs to produce local mental ill-health prevention plans. In this first year, PHE is undertaking a programme of stakeholder engagement to inform main products that will be delivered which are: (1) A stocktake of current prevention plan and Mental Health JSNA arrangements to establish existing activity (2) Guidance that will inform the development of local prevention plans; (3) Local authority Mental Health Champions masterclasses to grow prevention focussed leaders and (4) a new Mental Health JSNA toolkit to make it easier for local areas to assess the local mental health needs of their populations and (5) updated guidance on the Return on Investment of prevention of mental illness initiatives to help local areas select and make the economic case for commissioning prevention programmes. From 2017, the work will be focused on supporting roll-out, monitoring and evaluation of progress locally and nationally.

B. Leadership of a **Suicide Prevention Programme**, providing expert advice across the system and guidance and tools for local authorities to develop plans to deliver the taskforce recommendation to implement evidence-based preventative interventions that target high-risk locations and support high-risk groups within their population. The comprehensive approach includes:
   - Update to the guidance for developing a local suicide prevention action plan: This major update, to be launched in September, will provide local areas with a step by step approach for delivery, supported by a range of case studies. It will also set out findings from the recent study of real-time surveillance of suicides with the police to provide reliable and timely information to frontline local authority and the NHS
   - Suicide Prevention Profiling Tool: This presents data on suicide and related risk factors and service contacts. It provides planners with the means to profile their area and benchmark against similar populations.
   - Further topic specific guidance on high risk locations and groups: Publications have included 'How to identify and respond to suicide clusters and contagion'; 'Preventing suicides in public places: a practice resource'; 'Preventing suicide among lesbian, gay and bisexual young people'; 'Preventing suicide among trans young people'
   - Improvements to bereavement Support: Stage one involved development of 'Help is at Hand', a practical and emotional guide for anyone affected by a suicide or a suspected suicide. This is be complemented by forthcoming guidance on identifying and providing provision of support for those bereaved by suicide.

---

[1] This is a working title for the programme that will be tested and agreed through our stakeholder engagement programme

- Providing support and expert advice to the three national Zero Suicide pilots: This work is and on embedding suicide prevention within emerging models such as devolution and sustainability and transformation plans.

C. Leadership and coordination work to support commissioners and programme leaders to **improve the lives of those living with or recovering from mental illness** through the development of integrated pathways: This work has placed an emphasis on the reducing preventable premature mortality (e.g. promoting the use of physical health care CQUINS[2] and QOF[3]) and addressing key themes such as homes, employment and debt. Action has included:
- Joint publication with NHS England of new smoking cessation guidance and the promotion of smoke free mental health trusts. This work has focussed on reducing the high smoking rates amongst this population, also acknowledged as the biggest cause preventable premature mortality. The suite of tailored material will be completed by October 2016 with the release of commissioning guidance relating to young smokers in contact with mental health services.
- Joint publication of tailored guidance promoting equal access to cancer and non cancer screening and health check programmes, alcohol, diabetes. Activity includes joint work with NHSE Specialised Commissioning to develop a briefing for commissioners on obesity in secure mental health settings.
- Joint commissioning of research to improve the evidence of what works for: increasing the uptake of cancer screening by people with mental illness; and improving stroke pathways for those who suffer from psychosis. Activity included sponsoring 'A Day in the Life' co-production research initiative. This has captured a country-wide snapshot of what it's like to live with a mental health problem, the factors that make life better and what makes it more challenging.

D. Leadership of activity to identify priorities and opportunities for increasing **workforce capacity, capability and leadership** in mental health, and in doing so contributing to the development of sustainable local health economies. Action has concentrated on creating a public health and wider workforce that is confident, competent and committed to improving the public's mental health. Action has included:
- Publication of a public mental health leadership and workforce development framework and priorities for action that has been endorsed by 20 national partners The approach has focussed on making every contact count for mental health by building workforce capacity to promote mental health and prevent mental illness.
- Negotiation with HEE to fund PHE support to the workforce development of the *Five Year Forward View for Mental Health.* This will co-produce a mental health core skills education & training framework that will extend the reach of capacity building across publicly funded health and social care services.

---

[2] NHS Commissioning for care and quality payments
[3] The Quality and Outcomes Framework is the annual reward and incentive programme linked to GP practice achievement results