Mental Health Priority of the London Health Board

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We are here to champion the public’s health and work with partners so that collectively the population are:

- Protected against hazards to their health;
- Supported in enjoying good health at each stage of their life; and
- Able to access the health services that best meet their needs.

Ensuring Londoner’s have good mental health and we collectively help prevent mental illness are key to us.
WHO framework for Public Mental Health

- Mental illness prevention
- Mental health promotion
- Treatment, recovery and rehabilitation
Even before we get started……

- ‘Are we clear about concepts, how to measure and what the best focus should be?’ (CMO Report)
  - Well-being, mental well-being, mental health, mental illness prevention……?
  - Evidence in a much neglected field?

- Context and challenges….but you know about these

- Priorities and focus?
Learn from past successes

Good Examples from different sectors in London

• Teenage pregnancy rates down by 50%
• Educational attainment and school readiness up even in deprived areas.
• Smoking rates down
• Spearhead PCTs hit most health inequality targets

How?

• Sustained focus, but on outcomes not process
• Measure to improve
• Be ruthless if something not working
• Learn as you go
• Mobilise and get all relevant organisations and communities to join endeavour
• Don’t kill initiative by the death hand of bureaucracy….
NY model under Bloomberg

- Scale matters: only do one or two big things at city level every year of so
- Change these over time so that you get to the 10 things to do over five years (we seem to do 10 things every year – often badly)
- Act like an investment analyst – some of Bloomberg’s own money!
- ‘Difficult to object to a pilot’
  Pilot and evaluate don’t keep making a case that produces opposition
- Over five years see outcomes improve…. and they have
- But:
  - They have powers we don’t
  - Their health board was set up in 1805!
- Other cities also have interesting models
Having learnt….

1. Trust the system - local first - PHE provide health intelligence and knowledge and help with capacity/capability building

2. PHE contribute to coalitions at sub regional and city level:
   - Champion population perspective
   - Focus on outcomes to be achieved - not the solutions
   - Open process to hear views and engage
   - Focus action based on evidence
   - Don’t compete for leadership space: ‘come and join us’
   - Distribute leadership very quickly
   - Balance difference in culture/approach between stakeholders
London Health Board

The LHB

• Provides leadership on health issues of pan-London significance, where this adds value to decisions, agreements and action at local level.

• Make the case for appropriate resourcing of the London health economy

What next after Darzi?

We are keeping going!
Engagement with stakeholders to shape mental health priority

- Views of 200 stakeholders
  - Change the language around MH
  - Challenge discrimination and stigma
  - Emphasise prevention
  - Address gross inequalities
  - Difference regarding what element of the spectrum of MH to prioritise
  - Address physical health and health related behaviours
  - Use assets and resources and think about co-production and self-help
  - And a long list of ‘please don’t’.

Improve Mental Health and Wellbeing for London
LHB Mental Health Priorities

LHB now championing:

1. The roll out of digital support to all 6m Londoners aged 16 plus to maintain and improve their mental health.

2. Work with adolescents to improve their resilience, thereby increasing their mental health and improving education outcomes and offending levels.

3. The development of more effective support to ensure talent is not lost from the London workforce due to people falling out of employment or not getting a job because of their mental illness.
Programme & Governance Structure

London Health Board
Chair: Mayor of London

London Health Chief Officers
Group
Chair: Martin Smith

Mental Health Programme
Board
Chair: Gillian Norton

Digital Mental Health
Lead: Jeanelle De Gruchy

Adolescent Resilience
Lead: Terry Parkin

Employment & Wellbeing
Lead: Marie Gabriel

PHE London Mental Health
Programme Lead
Shelley Aldred
Where have we got to?

Employment:

Analytical work focused on ‘what can the regional tier offer to the excellent work happening locally to achieve scale/reach?’

Local authorities are committing to working towards GLA’s Healthy Workplace Charter standards, with Charter strengthening MH element

Darzi includes recommendations to further promote

Adolescent resilience:

School as the universal setting

Co produced resources being developed to support an evidence based approach by them

Disseminated through London Grid for Learning and maintained by GLA’s Healthy Schools
Rationale

- Londoners move around, better able to market, QA for users don’t have to negotiate myriad of services, apps etc (there are 10,000 health related apps)
- Value for money
- 24/7 and number of languages
- But needs to fit with local plans

So far:
- 17 boroughs confirmed / 5 strongly interested and being followed up
- Potential CCG top slice being discussed
Digital mental wellbeing service?

Outline User Access To DMH

User views site via web or app

Guidance as to content & site navigation

User decides to proceed

N
Visit complete

Y

INITIAL SELF ASSESSMENT triggers option offering

A
Further online guidance/advice & direction to suitable services.

Visit complete

B
Access Peer to Peer support area

Level of service agreed (i.e. x6 sessions)

Visit complete

C
Further online guidance/advice & direction to suitable services.

Outline support strategy agreed & delivered

Visit complete

D
User identified at risk and referred to MH support services.

Visit complete