Adult Mental Health - Joint Strategic Needs Assessment

Waltham Forest

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Acknowledgements

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Executive Summary

Mental illness is the single largest contributor to burden of disease in the UK. In any given year, it is estimated as many as one in four people will experience a diagnosable mental health problem\(^1\). Mental health problems range from common disorders like anxiety and depression that affect approximately one in six adults in the population at any one time, to more severe but less common conditions, such as schizophrenia, which affect approximately one in a thousand people\(^2\).

Prevalence of mental health problems: Quality & Outcomes (QoF) data from General Practices (GPs) suggests that in Waltham Forest, the prevalence of depression is significantly lower than the national rate (3.9% versus 5.8% respectively)\(^3\). In contrast, QoF data suggests serious mental illness (defined by QoF as those with schizophrenia, other psychoses, bipolar disorder and those on lithium) is significantly higher than the rate in England as a whole (1.04% versus 0.84% respectively).

Based on these data, the best estimate of the number of people in Waltham Forest with diagnosed depression is 7,878 and that the number with serious mental illness is 2,731. However, it is known that QoF data underestimate the true prevalence of mental illness (for example, nationally it is estimated that 50% of patients with depression do not have their symptoms identified when they present to General Practice\(^4\)).

GP Survey data for 2013/14 showed that 10.8% of Waltham Forest respondents reported experiencing moderate to extreme symptoms of depression and anxiety on the day of completing the survey\(^5\). This equates to around 21,800 people in Waltham Forest experiencing moderate to extreme depression and anxiety symptoms on any given day. This is lower than the England (12%) and London (11.2%) averages\(^6\).

Population projections for working age adults in Waltham Forest suggest a 7% increase in the population over the next decade, indicating a likely increase in the need for mental health services over the next 10 years.

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\(^3\) Community Mental Health Profile 2014 http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data

\(^4\) Community Mental Health Profile 2014 http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data


\(^6\) Community Mental Health Profile 2014 http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data
**Wider determinants and risk factors:** There are a range of known determinants of health and risk factors that impact on the mental wellbeing of the population and therefore on rates of mental illness. These include homelessness, rates of crime, socioeconomic deprivation, unemployment, and low levels of physical activity.

In Waltham Forest there is a high level of deprivation and one in every ten working age adults is unemployed. Together with most London boroughs, rates of violent crime in Waltham Forest are significantly higher than the national average and concerted efforts have been made to address this issue. Waltham Forest has the 4\textsuperscript{th} highest rate of homelessness in the country (Newham, Barking & Dagenham and Hackney have a higher rate than Waltham Forest). First time entrants into the youth justice system have decreased but concerted multiagency efforts need to be sustained to gain further reduction.

**Primary Care Indicators:** The majority of patients with mental illness are looked after by their GPs. The Community Mental Health Profile (CMHP) 2014\textsuperscript{7} shows that 92\% of those diagnosed with depression in primary care have had the severity of their depression assessed and nearly 86\% of those on the serious mental illness register have a care plan in place. However there is under-reporting of mental illness in GP data systems (QoF), a relatively low level of anti-depressant prescribing and, traditionally, there have been low referrals to the Improving Access to Psychological Therapies (IAPT) service. Concerted efforts have been made to increase IAPTs referrals and the situation is now improving.

**Secondary Care Indicators:** The CMHP 2014 shows that a significantly higher proportion of people in contact with mental health services were treated as inpatients (3.1\%) as compared with the national average (2.4\%). This appears to be consistent with the fact that the prevalence of serious mental illness is higher than the national average in Waltham Forest. The rate of detentions under the Mental Health Act is similar to England average rate (Q1, 2013/14, MHMDS).

The number of people in contact with mental health services per 100,000 population (Q1 2013/14, MHMDS, ONS) is significantly lower than the national average. The number of bed days per 100,000 population (Q1, 2013/4, HSIC, ONS) used by Waltham Forest residents is significantly lower than the national average. Recorded accident and emergency attendances for a psychiatric disorder per 100,000 population (2012/13, HSIC, ONS) is significantly lower for the population of Waltham Forest as compared with the England rate. Crosschecking this figure with Whipps Cross A&E is recommended.

**Social Care:** The CMHP indicates that the rate per 100,000 of social care mental health clients receiving community, residential or nursing home care is less than the England rate but not statistically different (Referrals, Assessments and Packages of care - RAP data). Carers of mental health clients aged 18-64 years who were assessed during 2012/13 per

\textsuperscript{7} Community Mental Health Profile 2014 http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data
100,000 population showed that significantly fewer carers were assessed in Waltham Forest as compared to the national rate. There are known data issues around this figure and work is underway to obtain a more complete picture of carer assessments in Waltham Forest.

**Spend on mental health services:** The estimated total spend on mental health services by the Clinical Commissioning Group (CCG) is about £33 million. In addition, the Local Authority (LA) spends about £5.7 million. The 2014 CMHP indicates that the spend on secondary mental health services is similar to or below the England average. However, these benchmarking data are several years old (based on Primary Care Trust data) and updated figures are being sought.

**North East London Foundation Trust (NELFT)-provided data:** NELFT is the main provider of secondary mental health services in Waltham Forest. NELFT-provided data show that the number of referrals to the Access and Assessment Team has increased over the last three years, and the open caseload has also increased. While this may be related to the change in service model, it is recommended that the provider and commissioners (CCG and LA) continue to monitor demand for services.

NELFT data show that all ethnic groups apart from the ‘Other’ ethnic group are referred to the service in proportion to their representation in the Waltham Forest population. The ‘Other’ ethnic group is over-represented in referrals. Once clients from Black ethnic groups access the service, they are more likely than others to receive inpatient treatment and have a greater number of attendances. Further work is needed to understand the reasons for the disproportionate use of secondary mental health services by Black ethnic groups with the aim of generating a prevention strategy specific to this group. A likely reason is that this population is disproportionately affected by the wider determinants or risk factors for mental ill health.

**Mental Health Outcomes:** Good outcomes are achieved in some areas including: excess under 75 mortality among people with severe mental illness is amongst the lowest in the country and in outer north east London; rates of emergency admissions for self-harm are lower than the national average and the mortality rate from suicides is lower than the national average. Nearly 90% of patients on Care Programme Approach (CPA) are in settled accommodation. However there is room for improvement: Only 2.1% patients on CPA are in paid employment; service users have expressed that there is a lack of co-ordination to address their physical health needs alongside their mental health needs; and better communication is needed to inform services users of changes in service delivery.

**Recommendations**

- There is a recognised need to further develop the capacity of primary care and the community voluntary sector to better meet the needs of those with mental illness. One option would be for the CCG and LA to consider jointly commissioning a community-based central hub (single point of access) where patients are triaged for access to secondary care services and also sign-posted to services (such as Improving
Access to Psychological Therapies – IAPT) and community voluntary organisations who are commissioned to provide a range of services to support people with mental illness e.g. benefits advice, housing and employment. This model has been successfully employed elsewhere in London, for example, Lambeth. This will be considered under the current CCG pilot around enhancing mental health provision in primary care.

- On-going concerted efforts to address the high level of homelessness are required (LA)
- Further work is needed to better understand the reasons for disproportionate use of secondary mental health services by Black ethnic groups with the aim of generating a prevention strategy specific to this group. This should be done as part of the planned work on the mental health promotion strategy (Public Health, CCG & NELFT)
- The ‘Other’ group is over-represented in referrals. Public Health and NELFT need to further profile the ‘Other’ group to better understand the needs of the various ethnic groups in this category (NELFT, CCG and Public Health)
- Review and implement the suicide prevention strategy (Public Health)
- Improve employment rate of people with mental illness (CCG and LA)
- Improve recording of mental illness, and audit the management of depression in primary care (CCG and GPs)
- Ensure there are mechanisms in place to co-ordinate and meet the physical health needs of mentally ill clients (CCG, NELFT and GPs)
- Address issues raised by service users (CCG, NELFT, LA and Healthwatch Waltham Forest), for example, better communication about changes to services
- Improve data quality around carer assessments so a clearer picture can be obtained and the needs of carers better met (LA and NELFT)
Introduction

Poor mental health has an impact on every aspect of life. It imposes significant negative emotional, social and economic burdens on those who are affected, their families, carers, and society as a whole\(^8\). As much as £105 billion is lost in England each year from poor mental health, from the costs of treatment, sickness absence, and human costs\(^9\). Reducing the prevalence of mental illness is a major public health challenge. Despite evidence for effective treatment, there has been little impact on reducing prevalence\(^1,10\). Mental health is a core component of our wellbeing and is a key factor in successful psychological and social functioning. Poor mental health is associated with poor socio-economic status, poor education, poor opportunities for employment, and a host of inequalities, some of which fall under the umbrella term 'social exclusion'\(^11\). Physical and mental health are closely linked; poor physical health increases the likelihood of developing poor mental health, and poor mental health increases the risk of developing or not recovering from serious physical health problems\(^2\). The government laid out its approach towards mental health in the 2011 strategy “No health without mental health”\(^12\). The priorities of this strategy made clear that the first step in preventing mental ill health is promoting wellbeing across the whole population.

Purpose

This Joint Strategic Needs Assessment (JSNA) specifically covers the working-age adult population of Waltham Forest. The mental health needs of children and those of older people are addressed in the chapters on Children and Older People in the JSNA Refresh 2014. It also does not include mental health needs of adults with learning disability. People with learning disability demonstrate the full spectrum of mental health problems but have a higher prevalence as compared to the general population. Services to meet their needs are commissioned and organised separately.

Alcohol and substance misuse is also addressed separately in the JSNA 2014, however the importance of the link between mental health and substance misuse is recognised, and the need for services to meet the needs of those with dual diagnosis is being captured in the current re-commissioning work underway for substance misuse services in Waltham Forest.

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The purpose of this JSNA is to identify commissioning priorities to improve the mental wellbeing and related outcomes of the working age adult population in Waltham Forest.

**Methodology**

Key data were collated to generate an overview of the mental health needs of the adult population in Waltham Forest. Population-based published data and service utilisation data was used along with available local service utilisation data and user feedback collected by North East London Foundation Trust (NELFT), the Waltham Forest Clinical Commissioning Group (the CCG) and Health Watch Waltham Forest. This report is developed in consultation and collaboration with key responsible people (commissioners of mental health services in the council and the CCG, the NELFT Borough Director, lead Consultant Psychiatrist for acute care, the manager of mental health services in NELFT, and the CCG’s Clinical Director of Mental Health) and has incorporated concerns raised by service users.

The methodology of needs assessment heavily depends on benchmarked comparisons with other boroughs, and taking the perspective of the commissioners, the providers and service users into consideration. Nationally published benchmarking data is generally more robust but often 1-2 years old. Wherever available, more up-to-date data was used.

The data sources used for the JSNA include the following:

- Community Mental Health Profiles (CMHP) 2013 & 2014 – these use Mental Health Minimum Data (MHMD) submitted monthly by hospitals as a statutory return to the Department of Health, Quality & Outcomes Framework (QoF) data submitted to the Department of Health by GPs, RAP (referrals, assessments and packages of care) data collated by the Health and Social Care Information Centre (HSCIC), and the Office for National Statistics (ONS) population estimates and mortality data.
- Mental Health Dementia and Neurology profiling tools – published in June 2014
- Adult Social Care Outcomes Framework – 2012/13
- Activity data from NELFT
- Population estimates provided by ONS and Greater London Authority (GLA)

Note: The MINI 2000 has not been used as an indicator of need in this needs assessment. This decision was made after consultation with Professor Giles Glover in Public Health England\(^\text{13}\)

\(^{13}\) Professor Giles developed the MINI 2000 index, which was developed using service utilisation data (Hospital Episode data) to assess the need for secondary care mental health services. With the significant changes in the delivery of mental health services, from an inpatient model of care to a community based recovery model, MINI 2000 is no longer an appropriate index of need. The Community Health Profiles use MHMD and QoF data and are good sources of nationally benchmarked data.
Population profile
The most recent population estimates from ONS show that the population of Waltham Forest has further increased since the 2011 Census to a total of about 262,600 residents as at 30 June 2013. The population of Waltham Forest is relatively younger than the population of England, amongst the 10th most deprived in the country and ethnically diverse (47% ethnic minority; mixed 5%, black/black British 17%, Asian/Asian British 21%, other ethnic groups 4%). Data on arrivals from other countries show that Pakistan, Lithuania and Poland have supplied the greatest number of migrants. Influx of asylum seekers is also high in Waltham Forest along with neighbouring boroughs of Redbridge, Barking & Dagenham and Newham. A third of the adult population has no qualification or level 1 qualification; nearly 6% of the population cannot speak English or speak it well.

It is estimated that in 2014, there are about 176,550 adults of working age (18 to 64 years) in Waltham Forest and their population is expected to increase by nearly 7%, to 188,320 in the next decade. This indicates a likely gradual increase in the need for adult mental health services in the borough.

Key facts and commissioning implications:
- The population projections for working age adults show an expected 7% increase in the next decade, indicating a likely gradual increase in the need for adult mental health services in the borough.
- The population of Waltham Forest is ethnically diverse and culturally sensitive mental health services are needed to meet the needs of residents.

Prevalence of mental illness
Quality & Outcomes (QoF) data from General Practices (GPs) suggests that in Waltham Forest, the prevalence of depression is significantly lower than the national rate (3.9% versus 5.8% respectively). In contrast, QoF data suggests serious mental illness (defined by QoF as those with schizophrenia, other psychoses, bipolar disorder and those on lithium) is significantly higher than the rate in England as a whole (1.04% versus 0.84% respectively).

14 Waltham Forest JSNA 2013
15 Census 2011
Serious Mental Illness Prevalence

Based on these data, the best estimate of the number of people in Waltham Forest with diagnosed depression is 7,878 and the number with serious mental illness is 2,731. However, it is known that QoF data underestimate the true prevalence of mental illness (for example, nationally it is estimated that 50% of patients with depression do not have their symptoms identified when they present to General Practice\textsuperscript{16}).

GP Survey data for 2013/14 showed that 10.8% of Waltham Forest respondents reported experiencing moderate to extreme symptoms of depression and anxiety on the day of completing the survey\textsuperscript{17}. This equates to around 21,800 people in Waltham Forest experiencing moderate to extreme depression and anxiety symptoms on any given day. This is lower than the England (12%) and London (11.2%) averages\textsuperscript{18}. It should be noted that this survey only has a 35% response rate, hence a potential for bias. However, adjustments have been made in the analysis, weighting for known risk factors for mental illness including ethnicity, deprivation, overcrowding, crime, household tenure, marital status and employment.

\textsuperscript{16} Community Mental Health Profile 2014 \url{http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data}


\textsuperscript{18} Community Mental Health Profile 2014 \url{http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data}
Wider determinants of mental well being

Wider determinants have been described as ‘the causes of the causes’. They are the social, economic and environmental conditions that influence the health of individuals and populations.

The summarised data presented as a spine chart in the CMHP 2013 is reproduced below. The full report including benchmarked data in maps and graphs, is available at: http://www.nepho.org.uk/cmhp/

The key findings are that Waltham Forest, along with most local authorities in London, is significantly better in having:

- A lower percentage of 16-18 year olds (3.6%) not in employment, education or training as compared to London (4.5%) and England (6.2%). This status is being maintained as evidenced through the most recent data published for 2013\(^\text{19}\).

- Lower hospital admissions (similar to London) for alcohol attributable conditions when compared with England (21.8 versus 23.0 per 1000 population)

Areas of concern to us as for most of local authorities in London are:

- Violent crime – where Waltham Forest has significantly higher rates that the national average. A local multi agency and multi-pronged strategy ‘Enough is Enough’ has been in place since 2011 and recently extended to 2017 due to a reversal of the trend.

Deprivation – where Waltham Forest has 53% of its population living in the 20% most deprived areas in England.
Unemployment rate – the rate of unemployment in Waltham Forest is amongst the worst in England. It increased from 5.5% in 2007/8 to nearly 9% in 2010/11, and the latest estimated unemployment rate is 9.9% \(^{20}\)

There are significantly lower rate of number of people in drug treatment as compared to England rate (4.7 versus 5.2 per 1000 population) although the estimated prevalence of drug use is statistically similar to that in England. Currently services are being re-commissioned to be more accessible and effective.

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\(^{20}\) https://www.nomisweb.co.uk/reports/lmp/la/1946157278/report.aspx#tabempunemp
Key facts and commissioning implications

- Rate of violent crime in Waltham Forest is amongst the worst in the country.
- There is high level of deprivation and one in every ten working age adults is unemployed. Regenerating the borough is one of the top four council priorities. The initiatives need to be ambitious and effective to reduce unemployment.
- There is a significantly lower rate of the number of people in drug treatment as compared to the England rate (4.7 versus 5.2 per 1000 population) although the estimated prevalence of drug use is statistically similar to the England average. Currently services are being re-commissioned to be more accessible.

Risk factors for mental wellbeing

There are numerous risk factors that could affect mental wellbeing; homelessness, substance misuse, long term limiting conditions (e.g. diabetes, heart failure, asthma etc.), lack of physical activity, and tobacco smoking.

Some of the summarised risk factor data presented as a spine chart in the CMHP 2013 is reproduced below.
An area of concern for us in Waltham Forest is homelessness – Waltham Forest has one of the highest homeless acceptance rates in England.

**Rate of homeless acceptances by Local Authority in England, 2013/14[^21]**

Areas for being vigilant and improvement include first time entrants into the youth justice system, obesity, physical activity and prevention of long-term conditions:

- Historically, Waltham Forest had high rates of first time entrants into the youth justice system, as shown in the risk factors spine chart above, however the most recent data presented below shows improvement, with rates similar to the England average.

**Rates of offenders aged 10 to 17 years receiving their first reprimand, warning or conviction per 100,000 10 to 17 year-olds in the population, by Local Authority of residence in England, 2013[^22]**

- **Obesity** - Obesity amongst adults (17%) is not as prevalent in Waltham Forest as most other boroughs in London and outside London[^23]. However obesity is a risk factor for diabetes, heart disease and cancer and these conditions are known to have adverse impact on mental wellbeing.


Prevalence of obesity among adults in London Boroughs, 2012

- **Physical Activity** – Nearly 6 in 10 adults (58%) in Waltham Forest are physically active as measured by the percentage of adults achieving at least 150 minutes of physical activity per week in 2013\(^{24}\). This is similar to the England average and has significantly improved from the levels reported in 2009/10 to 2011/12 but could be improved further. Physical activity is known to have a positive impact on mental wellbeing.

- **Limiting long term conditions** – In Waltham Forest, as in most London boroughs there are relatively smaller proportions of people reporting limiting long-term conditions as compared with areas such as the north and south west of England. However, nearly 16% of the population experience some form of limiting long-term illness, that is, one in 6 people.

\textit{Proportion of the population reporting a limiting long term condition by county/unitary authority in England, 2011}

\textsuperscript{24} Source: Indicator 2.13 Public Health Outcomes Framework (PHOF) data tool, Public Health England (PHE)

\url{http://www.phoutcomes.info}
Key facts and commissioning implications

- Waltham Forest has one of the highest rates of homelessness in the country (Newham, Barking & Dagenham and Hackney have higher rate than Waltham Forest) and on-going, multi-agency efforts are needed to address this.

- First time entrants into the youth justice system have decreased but concerted multiagency efforts need to be sustained to gain further reduction.

- There is a need to improve the number of adults participating in physical activity.

Preventing mental illness and promoting mental health

The public health team in collaboration with the CCG and other stakeholders developed a draft mental health promotion strategy in 2013/14. Its focus was on addressing the wider determinants and risk factors for mental illness, and population interventions to reduce rates of mental illness. The strategy needs to be reviewed and updated to include the findings of this needs assessment. It will require multi-agency commitment for its implementation.

Recommendation

- The draft mental health promotion strategy should be reviewed, amended and formally agreed by the Health & Wellbeing Board and approved for implementation.

- It specifically needs to include targeted actions to improve wider determinants of mental wellbeing among Black ethnic groups, the group which is a disproportionately high user of mental health services, along with other at-risk groups including offenders and those experiencing homelessness.

- The focus will be on a life-course approach, intervening early to promote mental wellbeing and reduce mental illness.
What do Community Mental Health Profiles tell us about treatment received by mental health clients in Waltham Forest?

The Community Mental Health Profiles (CMHP) 2013 & 2014 are important sources of nationally collated population based data to assess the mental health and social care service needs of people in Waltham Forest.\(^ {25} \)

_Treatment in primary care_

- Comprehensive care plans were in place for 86% of patients diagnosed with mental illness (QoF, 2013/14). This is consistent with the national average.

- The severity of depression was assessed in a high proportion (92.1%) of patients. (QoF)

- The level of anti-depressant prescribing in primary care (NHS Business Authority) is low.

\(^ {25} \) Community Mental Health Profile 2014 [http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp/data#gid/8000053/pat/44/ati/19/page/9/par/E40000003/are/E38000192]
While the low level of anti-depressant prescribing in primary care may be consistent with the low prevalence of depression in Waltham Forest, there are other factors which could be influencing this trend, for example, that the NICE depression guidelines are not being consistently adhered to, a lower need for anti-depressant medication based on the severity of illness (i.e. people experiencing more mild forms of depression), or people being reluctant to take anti-depressants for a variety of reasons. It is recommended that further work be carried out to better understand the low levels of anti-depressant prescribing to ensure that people who require treatment are receiving treatment appropriately.

It is recommended that further work related to treatment and management of depression in primary care is undertaken, for example, an audit of adherence to NICE guidance.

Treatment in secondary mental health services

The North East London Foundation Trust (NELFT) provides the majority of secondary mental health services to the population of Waltham Forest. The services it provides are summarised in the NELFT Service Directory\textsuperscript{26}. The data presented in the Community Mental Health profile 2014 can be summarised as follows:

- Only about 16% of patients in contact with secondary services had a specific diagnosis recorded (Quarter 1, 2013/14), but a significantly higher proportion of them (86%) were assigned to a mental health cluster (Quarter 1, 2013/14).

\textsuperscript{26} NELFT Service Directory 2014
A significantly higher proportion of people in contact with mental health services were treated as inpatients (3.1%) as compared with the national average (2.4%). (Quarter 3, 2013/14; MHMD)

This may reflect the higher than national prevalence rate of serious mental illness in Waltham Forest (QoF) presented earlier. The NELFT NHS benchmarking report\textsuperscript{27} shows that 80% of acute inpatients are clustered in the psychosis clusters (10-17), however, the reports are not borough-based. It is recommended that NELFT should also have borough-based benchmarking reports alongside Trust-wide benchmarking reports and these should be shared with the respective commissioners.

The rate of detentions under the Mental Health Act is similar to the England average rate (Quarter 1, 2013/14, MHMDS).

\textsuperscript{27} NELFT: NHS Benchmarking report 2013- weighted capitation.
The number of bed days per 100,000 population (Quarter 1, 2013/4, HSCIC/ONS) used by Waltham Forest residents is significantly lower than the national average. NELFT’s 2013 NHS benchmarking report shows that it is one of the most efficient providers of inpatient services. They have less acute inpatient beds and lower bed days than most mental health providers in England. Possible drivers of this include people being supported in the community and by other non-inpatient secondary services (for example, the Home Treatment Team). However, it is recommended this is situation is kept under surveillance to ensure that the need for inpatient treatment is being met in Waltham Forest.

The number of people in contact with mental health services per 100,000 population (Quarter 1, 2013/14, MHMDS) appears to be significantly lower than the national average. This indicator includes both community and hospital-based services. While this may be consistent with the lower levels of depression and anxiety identified in Waltham Forest, given there is higher prevalence of serious mental illness compared to the national average rate, it is possible that the need for access to secondary mental health services is not being fully met. It should be noted this figure is over a year old and significant efforts have been made to increase referrals to the Improving Access to Psychological Therapies (IAPTs) service so it is recommended that this indicator is monitored over time. The completeness of MHMD data submitted to the DoH should also be reviewed to ensure this indicator reflects the true situation.
**Accident & Emergency**

- A&E attendances for a psychiatric disorders per 100,000 population (2012/13, HSCIC, ONS) is significantly lower for the population of Waltham Forest as compared with the England rate (30.5 per 100,000 versus 243.5 per 100,000 respectively). The rate is also significantly lower than those seen for the other outer North East London boroughs (see Table 1 below). Given the significantly lower rate, it appears that this figure may reflect an issue with data collection and reporting. These data need to be crosschecked with the experience of Whipps Cross Hospital A&E.

**Social Care**

- The rate per 100,000 of social care mental health clients aged 18 – 64 years receiving community, residential or nursing home care is less than the England rate but not statistically different (RAP data). As the prevalence of serious mental illness in Waltham Forest is significantly higher than the national prevalence, a higher rate of social care service users receiving community or residential care may be expected than what is presented in the Community Mental Health Profile. It is recommended that Social Care review the situation with regard to social care packages to ensure need is being met.

![Image of a chart showing people with a mental illness in residential or nursing care per 100,000 population](image)

- Currently available data shows that the number of assessments (including declined assessments) for carers of mental health clients aged 18 - 64 years in Waltham Forest is significantly lower than the national average. There are some known data issues around this figure related to how these data are recorded on the Framework I system and how information is brought across from NELFT’s Rio system. Work is already underway to obtain more complete data on the number of carer assessments being undertaken in Waltham Forest\(^{28}\). It is recommended that Social Care and NELFT continue to work together to resolve this issue so that a clear picture of carer assessments can be obtained for the borough to ensure that appropriate support is being provided for carers of mental health clients. This is also particularly important in light of the Council’s new obligations under the Care Act 2014.

\(^{28}\) Personal communication, Matt Chatfield
Spend on secondary care mental health services

The estimated total CCG spend on mental health services is about £33 million. In addition, the Local Authority spends about £5.7 million. The 2014 CMHP indicates that the Waltham Forest spend on secondary mental health services is similar to or below the England average. However, these benchmarking data are several years old (based on Primary Care Trust data) and updated figures are being sought.

Comparison of Community Mental Health Profiles 2014: Outer North East London Boroughs.

NELFT provides mental health services to all four outer North East London boroughs. The summary table below compares key findings from the CMHPs of these boroughs.

Waltham Forest has the highest number of people in contact with secondary mental health services, the highest proportion of them using inpatient services, the highest number of bed days and a similar proportion of patients detained under the Mental Health Act as Barking & Dagenham. The percentage of carers getting assessment is the best in Barking & Dagenham (44.5%) with only 10.6% carers getting assessment in Havering.

Table 1 - Comparison of Community Mental Health Profile 2014: Outer North East London Boroughs vs England

<table>
<thead>
<tr>
<th>Indicator</th>
<th>England</th>
<th>London</th>
<th>Waltham Forest</th>
<th>Redbridge</th>
<th>Barking &amp; Dagenham</th>
<th>Havering</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression (QoF)29 2012/13</td>
<td>5.8%</td>
<td>–</td>
<td>3.9 %</td>
<td>3.6%</td>
<td>3.3%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

29 QoF data – Quality Outcomes Framework data from GP practices
<table>
<thead>
<tr>
<th>Indicator</th>
<th>England</th>
<th>London</th>
<th>Waltham Forest</th>
<th>Redbridge</th>
<th>Barking &amp; Dagenham</th>
<th>Havering</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Reporting depression &amp; anxiety in GP survey 2012/13</td>
<td>12%</td>
<td>11.2%</td>
<td>10.8%</td>
<td>10.2%</td>
<td>11.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>3. Serious mental illness (QoF) 2012/13</td>
<td>0.84%</td>
<td>1.03%</td>
<td>1.04%</td>
<td>0.85%</td>
<td>0.74%</td>
<td>0.63%</td>
</tr>
<tr>
<td>4. Reporting long term mental health problem in GP survey 2012/13</td>
<td>4.5%</td>
<td>–</td>
<td>3.4%</td>
<td>3.0%</td>
<td>3.9%</td>
<td>3.0%</td>
</tr>
<tr>
<td>5. Mental health clients with recorded diagnosis (MHMD)</td>
<td>17.8%</td>
<td>37.4%</td>
<td>16.3%</td>
<td>14.5%</td>
<td>11%</td>
<td>15.1%</td>
</tr>
<tr>
<td>6. Patients with a comprehensive care plan (QoF)30</td>
<td>87.3%</td>
<td>–</td>
<td>85.9%</td>
<td>89%</td>
<td>90.8%</td>
<td>89.8%</td>
</tr>
<tr>
<td>7. Patients with severity of depression assessed (QoF)</td>
<td>90.6%</td>
<td>88.6%</td>
<td>92.1%</td>
<td>82.0%</td>
<td>83.4%</td>
<td>91.0%</td>
</tr>
<tr>
<td>8. Anti-depressant prescribing (ADQs/STAR-PU)31</td>
<td>6.0</td>
<td>3.9</td>
<td>3.7</td>
<td>3.3</td>
<td>4.0</td>
<td>4.4</td>
</tr>
<tr>
<td>9. People with mental illness in residential or nursing care /100,000 population (RAP data)32</td>
<td>32.7</td>
<td>33.0</td>
<td>26.0</td>
<td>36.5</td>
<td>13.0</td>
<td>17.3</td>
</tr>
<tr>
<td>10. % mental health service users who were inpatients in a psychiatric hospital, 2013/14 Q3 (MHMD)33</td>
<td>2.4%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>2.4%</td>
<td>2.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>11. Detentions under the MH Act per 100,000 population (MHMD)</td>
<td>15.5%</td>
<td>20.2%</td>
<td>14.0%</td>
<td>7.5%</td>
<td>14.1%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

30 QoF – Quality Outcomes Framework data from GP practices
31 ADQs/STAR-PU – For this indicator, the number of prescriptions issued are standardised according the average daily quantity (ADQ) for antidepressants. The denominator attempts to standardise the variable amounts of prescriptions given to different groups of patients, by using the specific therapeutic group age-gender weightings-related prescribing units (STARPUs)
32 RAP data - referrals, assessments and packages of care data
33 MHMDs data - Mental Health Minimum Data Set - This is a set of data which every mental health service provider is required to submit statutorily to the Department of Health
Use of local mental health services – NEFLT-provided data

Additional data was requested from NELFT on referrals to secondary care services in Waltham Forest, as well as more detailed data on the ethnicity of clients accessing services.

Referrals and open case load

There has been a year-on-year increase in the number of new referrals to the single point of access service – the Access & Assessment Team.

This is the first point of contact for all new referrals where clients are assessed, and then either managed within the service for a brief intervention of up to six months, or referred onto to other services e.g. Early Intervention in Psychosis Service. Urgent cases are seen within 24 hours and non-urgent ones within 14 working days. This service is provided by a multi-disciplinary team (Consultant Psychiatrist, occupational therapist, psychiatric nurses, therapists, and support workers) and offers brief interventions for up to 6 months. Clients who require on-going intervention from the multidisciplinary team and are on medication are referred to the Community Recovery Team.

Only about 2% of these clients were assessed as requiring a Care Programme Approach (CPA). More details on CPA (including guidelines for who is eligible for CPA) are included in the ‘Outcomes’ Section below.

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<table>
<thead>
<tr>
<th>Indicator</th>
<th>England</th>
<th>London</th>
<th>Waltham Forest</th>
<th>Redbridge</th>
<th>Barking &amp; Dagenham</th>
<th>Havering</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Attendances at A&amp;E for a psychiatric disorder per 100,000 population (HSIC&amp;ONS)</td>
<td>243.5</td>
<td>215.8</td>
<td>30.5</td>
<td>248.4</td>
<td>351.1</td>
<td>291.2</td>
</tr>
<tr>
<td>13. Bed days/100,000 population, 2013/14 Q1 (HSIC&amp;ONS)</td>
<td>4686</td>
<td>5397</td>
<td>3760</td>
<td>2029</td>
<td>2198</td>
<td>1232</td>
</tr>
<tr>
<td>14. Number /100,000 in contact with secondary mental health services, 2013/14 Q1 (MHMD)</td>
<td>2176</td>
<td>2166</td>
<td>1539</td>
<td>1404</td>
<td>1512</td>
<td>1149</td>
</tr>
<tr>
<td>15. Carers of mental health clients receiving assessment 2012/13 (RAP data)</td>
<td>68.5%</td>
<td>68.5%</td>
<td>15.0%</td>
<td>9.4%</td>
<td>44.5%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

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14 HSCIC- Health & Social Care Information Centre and ONS- Office of National Statistics
Referrals to Access & Assessment Team

<table>
<thead>
<tr>
<th>Intake - WF (Duty Access) Total</th>
<th>CPA</th>
<th>Non CPA</th>
<th>Total</th>
<th>% change from previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>32</td>
<td>1991</td>
<td>2023</td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>55</td>
<td>2370</td>
<td>2425</td>
<td>20%</td>
</tr>
<tr>
<td>2013/14</td>
<td>41</td>
<td>2615</td>
<td>2656</td>
<td>10%</td>
</tr>
</tbody>
</table>

Over the last three years, referrals to the Early Intervention in Psychosis Team have increased. Those to the Assertive Outreach Team have fluctuated from year to year but remained less than 20. Referrals to the Community Recovery Team have reduced by 60% in the last three years, likely due to a change in how community-based services are delivered.

Referrals to other Community-based Services

<table>
<thead>
<tr>
<th>Service</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>% change from 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertive Outreach Team</td>
<td>16</td>
<td>12</td>
<td>16</td>
<td>0%</td>
</tr>
<tr>
<td>Community Recovery Team</td>
<td>722</td>
<td>425</td>
<td>289</td>
<td>-60%</td>
</tr>
<tr>
<td>Early Intervention Team</td>
<td>76</td>
<td>109</td>
<td>86</td>
<td>13%</td>
</tr>
</tbody>
</table>

Regarding open caseload, there has been an overall 13% increase over the last three years. The Access & Assessment Team has seen the most significant increase (46%) whereas the Community Recovery Team’s (CRT) open caseload reduced by around 35%. The Assertive Outreach Team’s open caseload has remained approximately the same over the last three years.

Service users have raised the issue that the numbers of contacts with some services have been reduced but the reason behind this has not been communicated to them.

**Ethnicity**

A summary of referrals, open caseload and attendances by ethnicity is provided in the graph below.

The ‘White Other’ ethnic group is made up of a broad range of ethnicities, including Eastern European groups, Turkish, Greek and Cypriot. Local data suggests that over the last three years, people from the ‘White Other’ group have consistently accounted for approximately 10% of referrals and the open caseload. The proportions of attendances from this group have risen slightly, from 6.4% in 2011/12 to 7.2% in 2013/14.
The data show that while people from Black ethnic groups account for 15% of referrals and 18% of the open caseload, they account for a much greater proportion (32%) of all attendances. The higher average attendance rate amongst this group most likely reflects higher need.

Comparison of the ethnic profile of referrals, open caseload, attendances and inpatient admissions with the ethnic profile of the adult working age population in Waltham Forest shows that:

- Compared to their representation in the population, relatively fewer White and Asian people are referred; the referral rates for black people was consistent with their representation in Waltham Forest; and there is a significantly higher proportion of ‘Other’ category people being referred.

- There was slight over-representation of Black but significant over-representation of ‘Others’ in open caseload.

- There was significant over-representation of the Black group in attendances.

The Black group was also significantly over-represented in the inpatient population. Overall, the data indicate that once clients from the Black ethnic group access services, they are more likely than others to receive a higher number of attendances and inpatient treatment. NELFT needs to explore why this is the case and involve Public Health in undertaking a Health Equity Audit.
Comparison of ethnic profile of referrals, open case load and attendances with the ethnic profile of the adult working age population in Waltham Forest, 2013/14

Key findings and commissioning implications

- The number of referrals to the Access and Assessment Team appear to have increased over the last three years, and the open caseload has also increased. While this may be related to the change in service model, it is recommended that the provider (NELFT) and commissioners (CCG and LA) monitor demand for services and respond appropriately.

- Further work is needed to understand the reasons for the disproportionate use of secondary mental health services by Black ethnic groups with the aim of generating a prevention strategy specific to this group (Public Health, CCG & NELFT).
reason could be that this population is disproportionately affected by the wider determinants or risk factors for mental ill health. This work should be done as part of the planned work on the mental health promotion strategy.

- The ‘Other’ ethnic group is over-represented in referrals. Public Health and NELFT need to further profile the ‘Other’ group to develop an understanding of the needs of the various ethnic groups in this category.

- Compared to their representation in the general population, Asian and White ethnic groups are under-represented in referrals. While this may reflect lower need, it could also indicate that mental illness is not always being picked up in these populations. As part of the planned work on mental health promotion, further work should explore any barriers to identification of mental illness among Asian groups.

- There needs to be stronger communication channels to inform services users of changes in service models and service delivery.

**Mental Health Outcomes**

A range of data sources have been used to determine the mental health outcomes achieved in Waltham Forest, including data from the CMHPs and service user feedback. The data in the table below has been extracted from the CMHPs 2013 & 2014 and it compares the outcomes in all four outer north east London boroughs served by NELFT.

<table>
<thead>
<tr>
<th>Outcome indicator</th>
<th>Waltham Forest</th>
<th>Redbridge</th>
<th>Barking &amp; Dagenham</th>
<th>Havering</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>People on CPA per 100,000 2013/14 Q1</td>
<td>*475</td>
<td>*351</td>
<td>549</td>
<td>*351</td>
<td>571</td>
</tr>
<tr>
<td>%CPA adults in settled accommodation 2013/14 Q1</td>
<td>+89.2%</td>
<td>+86.1%</td>
<td>+92.4%</td>
<td>+93.7%</td>
<td>+61%</td>
</tr>
<tr>
<td>%CPA adults in employment 2013/14 Q1</td>
<td>*2.1%</td>
<td>5.4%</td>
<td>+3.0%</td>
<td>*3.9%</td>
<td>7%</td>
</tr>
<tr>
<td>Emergency admissions for self harm per 100,000</td>
<td>+144.6</td>
<td>*109.3</td>
<td>*146.8</td>
<td>*113.7</td>
<td>191.0</td>
</tr>
<tr>
<td>population 2012/13 (HSIC&amp;ONS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide rate 2010-12</td>
<td>7.6</td>
<td>6.6</td>
<td>6.2</td>
<td>7.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Hospital admissions for unintentional and deliberate</td>
<td>*104.3</td>
<td>*80.8</td>
<td>*83.2</td>
<td>86.8</td>
<td>116.0</td>
</tr>
<tr>
<td>injuries, ages 0-24 per 10,000 population 2012/13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(HSIC&amp;ONS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of recovery for IAPT treatment</td>
<td>48%</td>
<td>+59.1%</td>
<td>46.3%</td>
<td>52%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Excess premature mortality</td>
<td>*329</td>
<td>*490</td>
<td>*529</td>
<td>707</td>
<td></td>
</tr>
</tbody>
</table>

*Significantly lower than England average
*Significantly higher than England average

**Care Programme Approach (CPA)**

The Care Programme Approach is used for those services users who are assessed as requiring a higher level of coordinated care to meet their needs. NELFTs policy on those who should be on CPA, which is consistent with the national guidance, is summarised below.
Severe mental disorder (including severe personality disorder) with high degree of clinical complexity

**Current or potential risk(s), including:**
- suicide, self-harm, harm to others (including history of offending)
- relapse history requiring urgent response
- self-neglect/non-concordance with treatment plan
- vulnerable adult; adult/child protection e.g.:
  - Exploitation e.g. financial, sexual
  - Financial difficulties related to mental illness
  - Disinhibition
  - Physical/emotional abuse
  - Current or significant history of severe distress/instability or disengagement
  - Presence of non-physical co-morbidity e.g. substance/alcohol/prescription drugs misuse, learning disability
  - Multiple service provision from different agencies, including housing, physical care, employment, criminal justice, voluntary agencies
  - Currently/recently detained under Mental Health Act or referred to a home treatment team
  - Significant reliance on carer(s) or has own significant caring responsibilities

**Experiencing disadvantage or difficulty as a result of:**
- parenting responsibilities
- physical health problems/disability
- unsettled accommodation/housing issues
- employment issues when mentally ill
- significant impairment of function due to mental illness
- ethnicity (e.g. immigration status; race/cultural issues)
- language difficulties; religious practices; sexuality or gender issues

The rate of people on CPA is significantly lower in Waltham Forest as compared with the national average. One would have expected to see a higher rate of people on CPA as Waltham Forest has a higher prevalence of people with serious mental illness. However NELFT operates a recovery model of service whereby the number of patients on CPA is lower than one would expect\(^{35}\).

The majority of people on CPA (90%) are in settled accommodation but only 2.1% in employment. The employment rate among those on CPA is only 30% of the England average rate (2.1% versus 7%). The neighbouring borough of Redbridge is achieving 77% of the national average rate. While there may be some data issues around how employment rate is recorded in Waltham Forest, it is recommended that Redbridge’s approach to employment be reviewed and any learnings considered for implementation in Waltham Forest.

\(^{35}\) Personal communication with Dr Bill Trevor, Sue Boon and Philippa Galligan, NELFT
Suicide and Self-harm

The suicide rate in Waltham Forest is lower than the national rate but not statistically different. People with mental illness are at higher risk of suicide. It is recommended that the draft suicide prevention strategy which was developed through multi-agency involvement is reviewed and implemented.\(^{36}\)

Emergency admissions for self-harm per 100,000 population are significantly lower than the England average (144.6 per 100,000 compared to 191.0 per 100,000 respectively).

Rate of recovery for Improving Access to Psychological Therapies (IAPTs)

The rate of recovery for IAPT treatment in Waltham Forest is similar to the national average rate. Significant investment has been made to the IAPTs service in Waltham Forest over the

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\(^{36}\) A Suicide Prevention Strategy for Waltham Forest 2013-16.
past two years, and there are now commissioning targets around recovery rates in line with national guidance.

Excess premature mortality in adults with serious mental illness

It is known that those with serious mental illness die earlier than those without serious mental illness, highlighting the strong inter-relationship between mental health and physical health. This effect can be measured using premature mortality i.e. death occurring prior to attaining the age of 75. In Waltham Forest the excess under 75 mortality rate is amongst the lowest in the country, and amongst outer north east London boroughs.

Excess under 75 mortality rate in adults with serious mental illness by CCG in England, 2011/12

Nonetheless any excess premature mortality is unacceptable and it is important that physical health needs of people with serious mental illness are addressed with as much priority as are those for people without mental illness. In Waltham Forest, service users have reported instances where there has been a lack of co-ordination of care to address the physical health needs of mentally ill people.

Primary care quality and outcomes

The CMHP 2014 shows that of the 2817 clients on the serious mental illness register, 86% (2419) had a comprehensive care plan agreed between individuals, their family and/or carers as appropriate, documented in the records. While this is similar to the England
average (87.3%), it is recommended that further efforts be made to ensure that all clients with serious mental illness have a comprehensive care plan in place.

**Value for money**

The Department of Health used 2011/12 programme budgeting data to produce summary figures of value for money by CCG area. These figures show that in Waltham Forest the spend on mental health services is lower but the outcomes are better as measured by mortality rate for suicide and undetermined injury\(^{37}\).

**What do service users tell us?**

The NELFT survey of Home Treatment Team service users shows a high level of satisfaction with the service. Of those surveyed, 48% were extremely likely and 38% likely to recommend the Home Treatment Team to their family and friends if they were in need of such a service.

Communication with Health Watch Waltham Forest revealed that:

- There are instances reported by patients when their physical health needs were not co-ordinated with their mental health needs
- Service changes in NELFT are not well-communicated to service users and contacts are being reduced
- The Access Service does not always call back when it promises to do so
- GPs reject proof of tenancy as permanent address to register a patient.

Service user feedback during consultation of the Mental Health Strategy by the CCG included:

- Make services more accessible, including support to get into employment and access to psychological therapies
- Improve awareness of general public of all the services available and how they may be accessed
- Improve care of patients in primary care

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\(^{37}\) [www.yhpho.org.uk/spot](http://www.yhpho.org.uk/spot)
Community voluntary organisations
There are at least 15 known community voluntary organisations providing support to people experiencing mental illness in Waltham Forest. However it does not seem there is a coherent and agreed vision in Waltham Forest as to how these organisations may collaboratively play a significant role in enabling recovery of clients.

Key findings
Despite relatively lower spend on mental health services better population health outcomes are achieved:

- Excess under 75 mortality among people with severe mental illness is amongst the lowest in the country and in outer north east London
- Rates of emergency admissions for self-harm are lower than the national average and the mortality rate from suicides is lower than the national average.

The Home Treatment Team has a high patient satisfaction rate and nearly 90% of patients on CPA are in settled accommodation.

However there is room for improvement:

- Only 2.1% patients on CPA are in paid employment
- GPs do not accept tenancy agreement as proof of permanent address to register patients with mental health problems
- There is a lack of co-ordination to address the physical health needs of mentally ill clients

Recommendations

- NELFT & LA to improve employment rate of people on CPA
- NELFT and CCG to audit co-ordination of care to address physical health needs of severely mentally ill patients
- Commissioners, Healthwatch and NELFT to meet regularly to address issues raised by service users
**Conclusions**

Overall despite a relatively lower spend on mental health services, good mental health outcomes are being achieved in some areas. However, there is a need for a stronger coordinated offer to those experiencing mental illness, including building capacity in primary care and the community voluntary sector to meet the wider needs of people with mental illness. People with mental illness often need assistance with seeking benefits, housing, navigating services, interacting with local communities and seeking employment. However, there is a lack of a central hub and strategically commissioned network of such services, which could support and enhance the rate of recovery of people with mental illness. Additionally, a greater focus on prevention and mental health promotion is required.

**Recommendations**

- There is a recognised need to further develop the capacity of primary care and the community voluntary sector to better meet the needs of those with mental illness. One option would be for the CCG and LA to consider jointly commissioning a community-based central hub (single point of access) where patients are triaged for access to secondary care services and also sign-posted to services (such as Improving Access to Psychological Therapies – IAPT) and community voluntary organisations who are commissioned to provide a range of services to support people with mental illness e.g. benefits advice, housing and employment. This model has been successfully employed elsewhere in London, for example, Lambeth. This will be considered under the current CCG pilot around enhancing mental health provision in primary care.
- On-going concerted efforts to address the high level of homelessness are required (LA)
- Further work is needed to better understand the reasons for disproportionate use of secondary mental health services by Black ethnic groups with the aim of generating a prevention strategy specific to this group. This should be done as part of the planned work on the mental health promotion strategy (Public Health, CCG & NELFT)
- The ‘Other’ group is over-represented in referrals. Public Health and NELFT need to further profile the ‘Other’ group to better understand the needs of the various ethnic groups in this category (NELFT, CCG and Public Health)
- Review and implement the suicide prevention strategy (Public Health)
- Improve employment rate of people with mental illness (CCG and LA)
- Improve recording of mental illness, and audit the management of depression in primary care (CCG and GPs)
• Ensure there are mechanisms in place to co-ordinate and meet the physical health needs of mentally ill clients (CCG, NELFT and GPs)

• Address issues raised by service users, for example, better communication about changes to services (CCG, NELFT, LA and Healthwatch Waltham Forest)

• Improve data quality around carer assessments so a clearer picture can be obtained and the needs of carers better met (LA and NELFT).