



A place for parity

HEALTH AND WELLBEING BOARDS AND MENTAL HEALTH
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Health and wellbeing boards bring together local authorities and health and care system leaders to improve the health and wellbeing of their local populations. Boards are tasked with identifying key health needs in their area through a joint strategic needs assessment (JSNA) and with setting priorities for addressing these through a joint health and wellbeing strategy (JHWS).

We carried out a systematic review of 100 strategies and interviewed members of ten health and wellbeing boards to find out how far they have included mental health issues as a priority and what they have focused upon.

We found that:

91% of strategies aim to tackle at least one mental health issue.

The most commonly prioritised area of mental health was the needs of children and young people (in 55% of strategies)

Some vulnerable groups were under-represented or left out: for example only 5% of strategies addressed the mental health needs of homeless people

The majority of boards prioritised alcohol and smoking but few made the links with mental health.

In consequence, many strategies have not met the government's recent commitment to achieve parity of esteem between mental and physical health.

We identified some of the factors that can help or hinder the level of priority given to mental health in the strategies:

Boards run the risk of overlooking mental health in their strategies where they rely excessively on their needs assessments when setting their priorities.

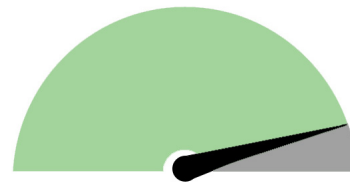
Some boards have used their strategies to identify gaps in mental health support and aim to tackle them in new ways; others regard them solely as a 'framework' for mental health strategies already under way in their area.

Bringing on a few, select non-statutory members helps boards to better fulfill their strategic role, and can lead

to a greater, better informed mental health focus.

Bringing on a mental health 'champion' can considerably benefit the mental health element of the strategy and help to ensure parity of esteem between physical and mental health.

Clinical commissioning groups (CCGs) are not always properly referring to their local strategies in their commissioning plans, and are instead setting their own priorities.



91% of strategies aim to tackle at least one mental health issue



46% of strategies include priorities focused on improving access to mental health services



19% of strategies include priorities dealing with alcohol or smoking and mental health



55% of strategies include children's mental health within their priorities



41% of strategies include priorities dealing with employment and mental health



5% of strategies address the mental health needs of homeless people

Recommendations for boards

We make four recommendations to boards to help ensure that mental health receives the appropriate focus:

Boards should be aware of the limitations of their needs assessment, and actively consult with mental health service users, carers and professionals, to ensure their views are fully taken into account when setting local priorities.

Boards should use their strategy to highlight the mental health 'gaps' in their area and to try and tackle them differently, instead of using it purely as framework for strategies already underway.

Boards should consider how their membership reflects their local community and ensure parity of esteem between physical and mental health, by designating a mental health champion or by recruiting non-statutory members to the board, for example.

Boards should ensure that their CCGs are properly engaging with the strategy when devising their own commissioning plans, and hold them to account if this is not the case.

Recommendations for mental health organisations

This paper makes three recommendations for mental health organisations to help increase the boards' focus on mental health:

Mental health organisations should concentrate on influencing those strategy priorities intimately connected with mental health, but where the link with mental health has not been made such as alcohol, smoking and obesity.

Charities should both encourage and support boards to bring in or delegate a mental health 'champion'.

Mental health organisations should concentrate on influencing the JSNA steering groups in order to raise the profile of mental health.

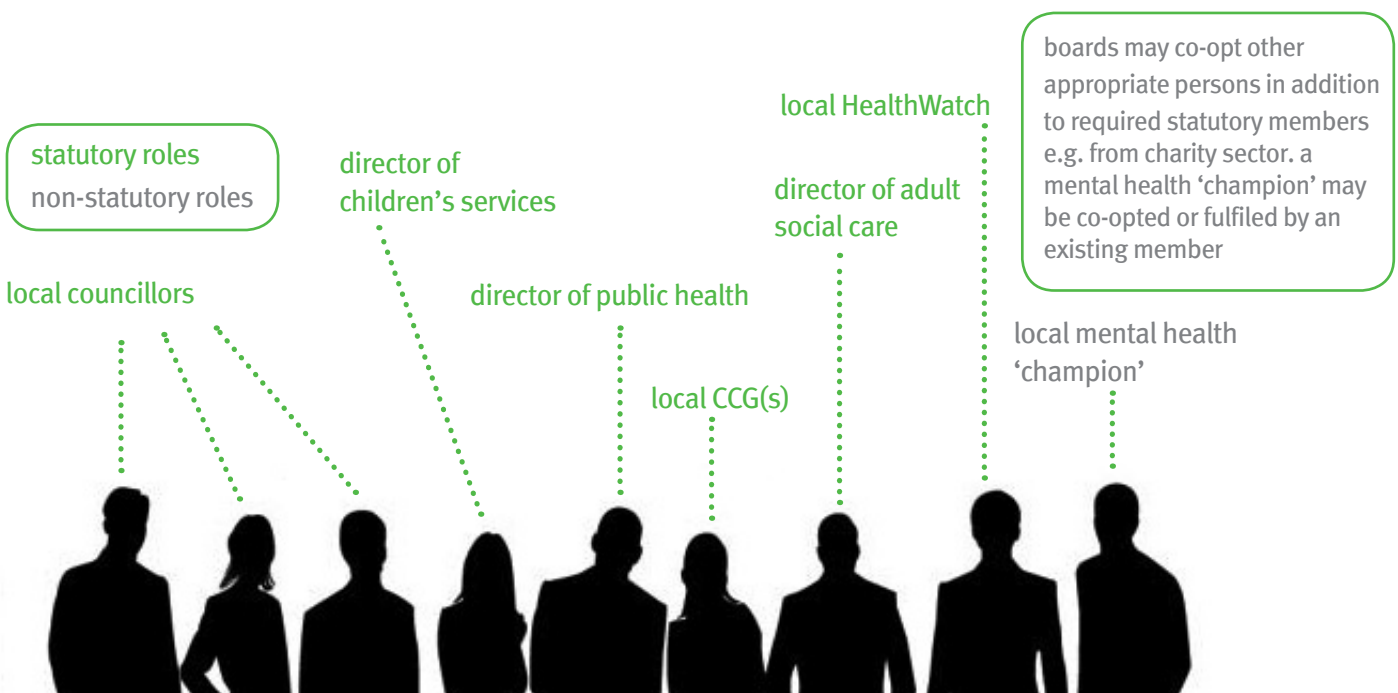
Recommendations for policy

This paper makes three policy recommendations to help increase the boards focus on mental health:

Further regulations should be developed to ensure that minimum standards are met by strategies.

The strategies and commissioning decisions of boards, CCGs and local authorities need to take into account the broad scope of mental health.

To achieve full integration across services, housing services and police and crime commissioners (PCCs) need to be involved in the decision-making processes of the boards.



The make-up of health and wellbeing boards