

29.06.23

Mental Health and the Impact on Whole Health in Sheffield

Resource Pack



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Health and Wellbeing Board:

Mental Health and the Impact on Whole Health in Sheffield

Attendees 29.06.23

Board members:

- Chair of Sheffield City Council Adult Health & Social Care Policy Committee - Cllr Angela Argenzio (Chair)
- Chair of Sheffield City Council Education, Children & Families Policy Committee - Cllr Dawn Dale
- Chair of Sheffield City Council Housing Policy Committee - Cllr Douglas Johnson
- Sheffield City Council Chief Executive - Kate Josephs
- Sheffield City Council Director of Adult Health and Social Care - Alexis Chappell
- Sheffield City Council Director of Children's Services - Meredith Teasdale
- Sheffield City Council Executive Director, City Futures - Kate Martin
- Sheffield City Council Director of Public Health - Greg Fell
- NHS South Yorkshire Executive Director for Sheffield - Emma Latimer
- NHS Sheffield Director with responsibility for strategic leadership - Sandie Buchan
- NHS Sheffield Director with responsibility for clinical leadership - Dr Zak McMurray
- Nominated representative of the Health and Care Partnership - Kathryn Robertshaw
- Nominated representative of NHS Acute Provider Trusts - Dr David Hughes
- Nominated clinical representative of Primary Care Networks - Dr Leigh Sorsbie
- Nominated representative of partners working with or for children and young people - Yvonne Millard
- Nominated representative of partners working to support mental health and wellbeing - Rachel Siviter
- Representative from a VCF organisation working citywide - Helen Sims
- Representative from a VCF organisation working within a locality - Megan Ohri
- Representative from a VCF organisation working with a specific group - Vacant
- Representative of South Yorkshire Police - Chief Superintendent Lindsey Butterfield
- Chair of Healthwatch Sheffield - Judy Robinson
- Representative of University of Sheffield - Rob Sykes
- Representative of Sheffield Hallam University - Joe Rennie



Health and Wellbeing Board: Mental Health and the Impact on Whole Health in Sheffield Attendees 29.06.23

Additional event attendees:

- Tanya Boden – Service Manager, Sheffield City Council
- Heather Burns, Deputy Director Mental Health, Learning Disabilities, Dementia and Autism, NHS South Yorkshire ICB – Sheffield Place
- Mark Cobb, Clinical Director for Therapeutics & Palliative Care, Sheffield Teaching Hospitals NHS FT
- Robyn Fletcher, Deputy Managing Director, Sheffield Flourish
- Sid Fletcher, Service Manager, Sheffield City Council
- Tim Gollins, Assistant Director, Sheffield City Council
- Mike Hunter, Medical Director, Sheffield Health and Social Care NHS FT
- Louisa King, Head of Commissioning MHLDDA, NHS South Yorkshire ICB – Sheffield Place
- Margaret Lewis, Chief Executive, Sheffield Mind
- Jeff Perring, Medical Director, Sheffield Health and Social Care NHS FT
- Josie Soutar, Managing Director, Sheffield Flourish
- Liz Tooke, Head of Commissioning/Commissioning Manager, MHLDDA, NHS South Yorkshire ICB – Sheffield Place



Introduction

The 'profile' of mental illness and wellbeing has continued to increase both locally and nationally, however the statistics remain stark and there is extensive evidence outlining the burden of both morbidity and mortality that comes with mental ill health. Among people under 65, nearly half of all ill health is mental illness. In other words, nearly as much ill health is mental illness as all physical illnesses put together. Mental illness is generally more debilitating than most chronic physical conditions. On average, a person with depression is at least 50% more disabled than someone with angina, arthritis, asthma or diabetes. Mental pain is as real as physical pain. Yet only a quarter of all those with mental illness are in treatment, compared with the vast majority of those with physical conditions. And more disturbingly nearly 50% of lifelong enduring mental illness has already established by the time a young person is 14 years of age and 75% by the time a person reaches the age of 20. Adverse experiences in childhood are devastating and can have lifelong effects.

There is a fundamental need to break cycles of inter-generational adversity and to build on Sheffield being a mentally healthy city, considering the impacts of the environment, isolation, housing, poverty, education and employment. People with serious mental illness die on average 20 years earlier than the rest of the population - mostly from preventable causes. Things have to change. We have a responsibility together with mental health services providers, the Local Authority, Public Health and society as a whole.

If you have a serious mental illness e.g. schizophrenia then you have:

- 2 times the risk of developing diabetes
- 2-3 times the risk of developing hypertension
- 3 times the risk of dying from CHD
- 4.1 times risk of dying prematurely.

What have people told us is important to them?

- Campaigns and education; that the city is comfortable and professionals trained to talk about mental health
- Greater response to the increasing complexity of need and demand for support – especially with cost of living crisis



Introduction continued

There is no argument or disagreement concerning this evidence base - it is stark and clear. There are also clear and compelling health and wellbeing economic arguments in terms of where to invest. The 'returns' however often surface in different parts of the system and sometimes not for many years. We do however have an implementation argument to 'win'. Despite good work that has started to target some of these inequalities, these vulnerable groups of people still experience poorer general health and die sooner than the rest of the general population. We understand why some of these inequalities exist:

- Unhealthy lifestyles are often not addressed and there is poor access and support to engage in physical activity.
- People don't participate in routine screening (lack of care co-ordination/reasonable adjustments and discrimination.)
- People not getting physical health checks and adequate management of long term health conditions or access to programmes (e.g. smoking cessation.)
- There are issues with not only the side effects of medication (e.g. anti-psychotics and weight gain) but often inappropriate use of medication and the lack of resources to deliver timely psychological interventions.

It's clear that there is a lot of knowledge and good work taking place in the city. However to ensure the best possible outcomes for people there is a continuous need to review practice to see what more can be done, how best practice can be shared and how disproportionate and targeted investments could and should be applied throughout our city.

Are we committed to 'Good emotional and mental health and wellbeing, for all, at every stage of life'?

-Dr Steve Thomas

What have people told us is important to them?

That services recognise the trauma people may have experienced and support those who have experienced disadvantage community, education and employment, support for carers and early intervention and prevention



Session Aim

To facilitate an interactive and informative development session for Sheffield's Health and Wellbeing Board focusing on mental health and wellbeing.

Session Objectives

1. To provide an overview of the current state of mental health and wellbeing across all age groups for Sheffield.
2. To discuss and identify the key challenges and barriers faced in improving mental health and wellbeing.
3. To explore potential solutions and strategies (including resource shift) for improving mental health and wellbeing for all age groups in Sheffield.
4. To facilitate networking and collaboration among participants to develop joint working approaches in promoting mental health and wellbeing across all age groups.

Session Outcomes

By the end of the session the Health and Wellbeing Board will:

- Have an increased knowledge of the current challenges related to the impact of mental health problems in Sheffield
- Be more equipped with up to date information to drive meaningful change
- Be able to identify and support key priorities for their area of influence & responsibilities
- Have generated innovative ideas to help address problems
- Have identified collaborative partnerships and mandated partners to work in new ways
- Have created a shared commitment to improve the mental health and wellbeing of the citizens of Sheffield



Agenda



Introduction

Introduction to the facilitators, housekeeping and plans for today's session



Context setting: informed by international and national picture

Video from Steve Thomas highlighting the importance of addressing mental health and wellbeing in a holistic manner



Showcasing what services and activities are currently developing and already offer

Video montage featuring various different health and social care settings within the primary care, secondary care, local authorities and VCSE organisations



Sheffield context: looking at individual experiences

Five different videos from people with a variety of lived experiences



Discussion



Break

Comfort break and exhibition



Challenges, barriers and aspirations

Discussion around challenges, barriers and aspirations within different providers



Q&A

Q&A with:

Alexis Chappell, Mark Cobb, Nicki Doherty, Mike Hunter, Margaret Lewis, Jeff Perring, Shatha Shibib, Rachel Siviter, Helen Steers.



Identifying solutions and strategies

Group discussions



Closing remarks



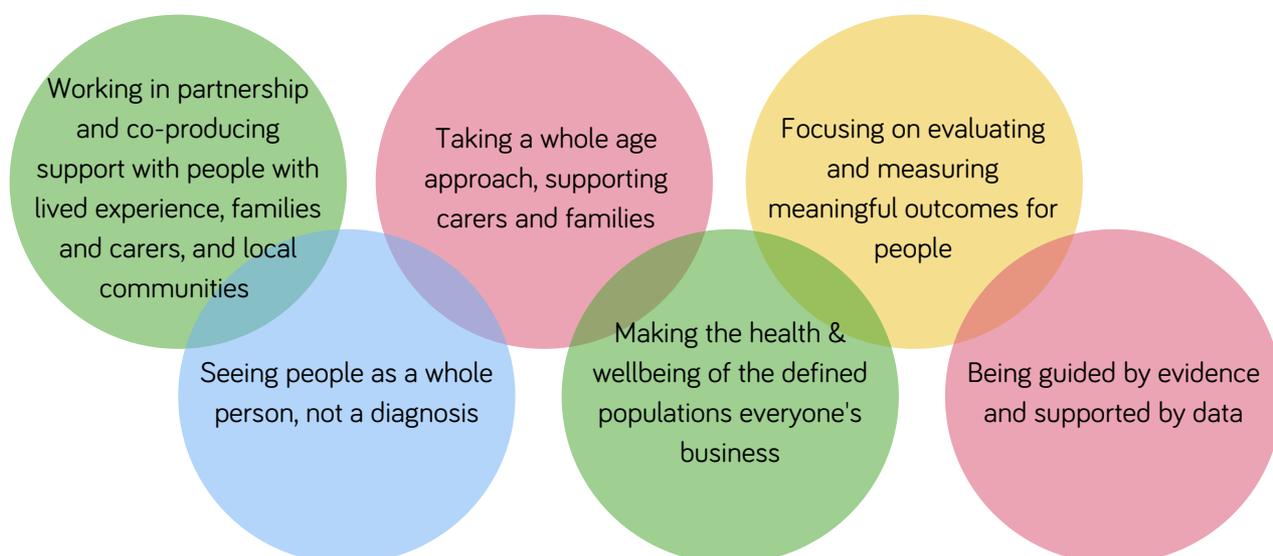
The Mental Health, Learning Disability, Autism and Dementia Delivery group background

The mental health, learning disability, dementia & autism delivery group was established to ensure strong strategic, cross-organisational leadership, whole system accountability and the delivery of agreed projects and/or programmes of work, and to champion a city wide approach.

The delivery group includes members from a variety of stakeholder organisations with the requisite knowledge, expertise, decision making authority and responsibility to improving the care of the populations served by the group.

The duty to collaborate, work in partnership and collective accountability underpin the mechanism by which the group fulfils its obligations.

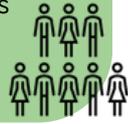
The Guiding Principles



Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; Living Well



The Mental Health, Learning Disability, Autism and Dementia Delivery Group and Sheffield Health and Care Priorities

<p>1. Deliver on ambitious plans to tackle access, flow and reduce reliance on out of city placement</p> 	<p>2. Design an integrated, holistic approach to children and young people's mental health and social care</p> 	<p>3. Continue the transformation of adult community and primary mental health and social care</p> 	<p>4. Deliver the commitments of the Autism Strategy and refine the diagnostic pathway (for neurodevelopment)</p> 
<p>5. Recommission learning disability community services and right-size inpatient services</p> 	<p>6. Deliver the commitments of the Dementia Strategy, including memory assessment pathway</p> 	<p>7. See a transformation in substance misuse services</p> 	<p>8. Continue to grow and develop the VCSE sector, working together to address health inequalities</p> 

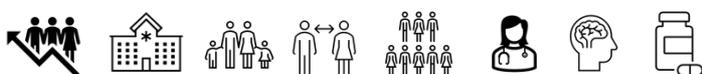
Discharge and Home First:



Same day access



MH Crisis



Neurodiversity



Building a model neighbourhood

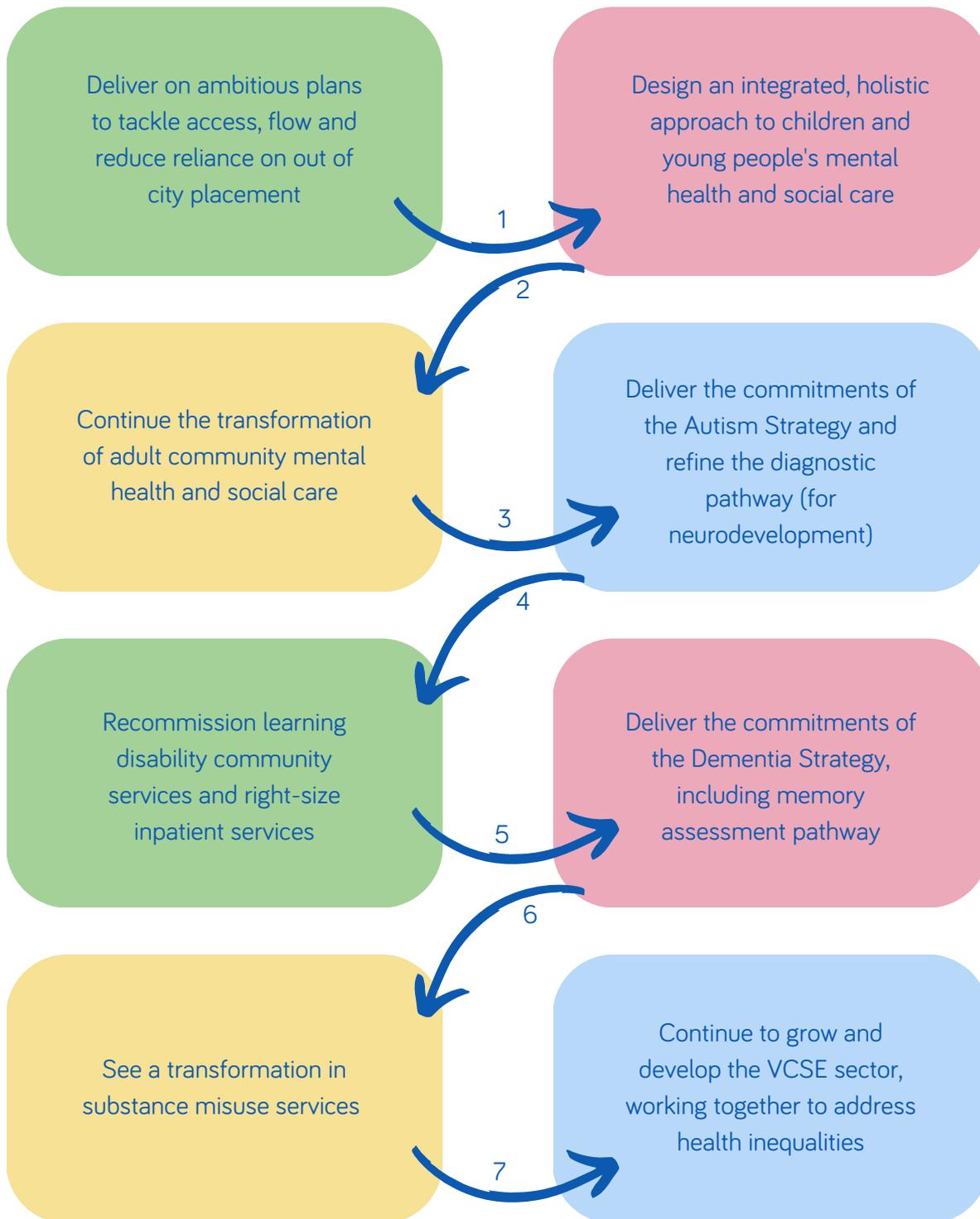


Sheffield Place Plan - Proposed Priorities

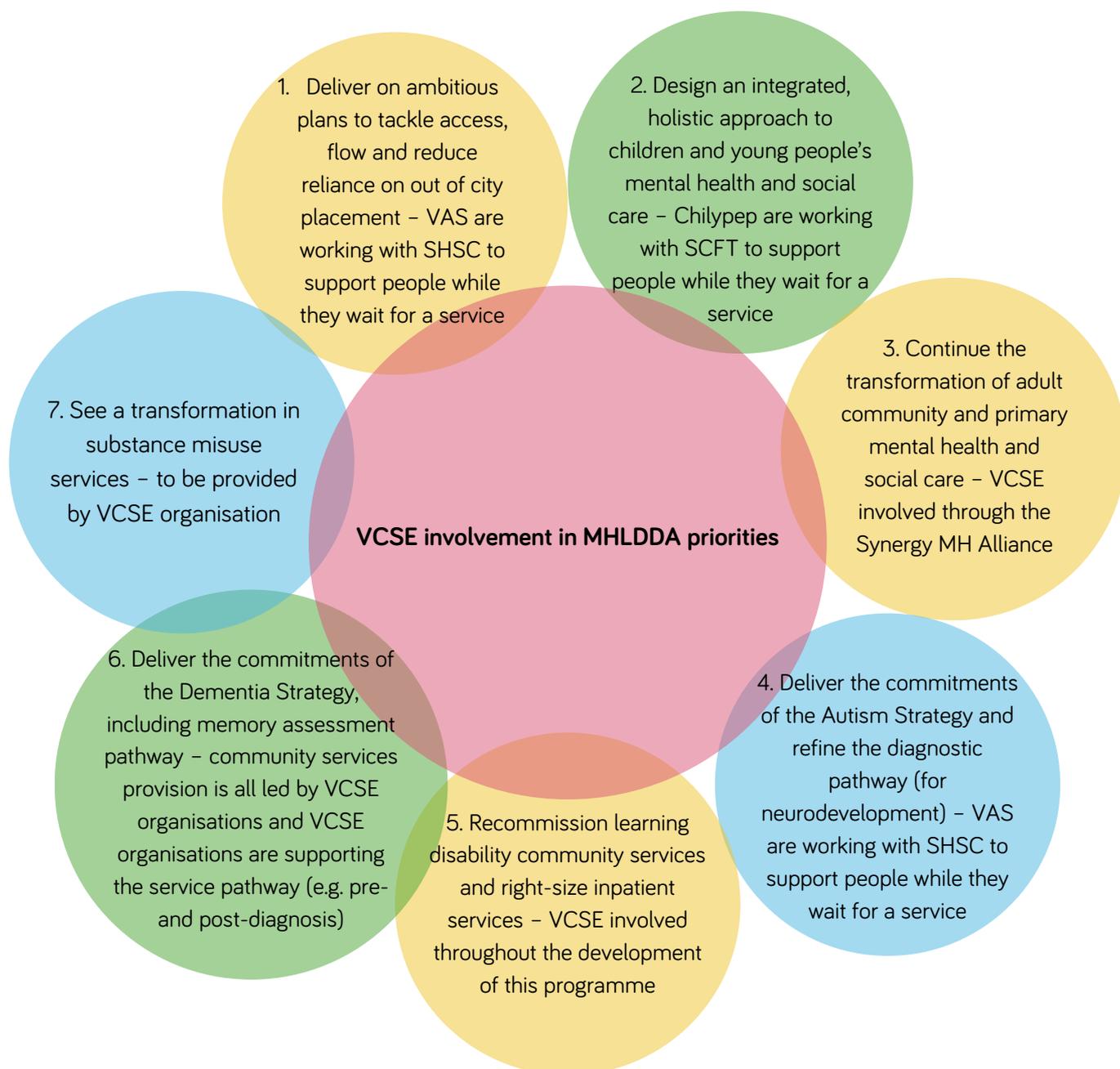
	Discharge and Home First	Same Day Access to Care	Mental Health Crisis (all age)	Neuro-diversity	Building a model neighbourhood
Why is this a priority	Significant challenges in our discharge pathways which is an impact on hospital flow and patient experience	Significant challenges in levels of presentation in ED, ambulance handover delays & demand on primary care along with levels of occupied beds	Challenges in achieving core standards due to increase in demand and presentation in ED for people in crisis that impacts on exp & outcomes & an opp to deliver alternative models of support	The neurodiversity service has received more than double the number of referrals compares to 18/19 and 19/20 increasing in demand which has a significant waiting time for patients	To address the health inequalities experienced by communities residing in the north-east of the city, where we have the highest levels of deprivation and poorer outcomes
Objectives	To work together to reduce delays in discharge, implement home first principles across the city including roll out of the optimum model for D2A including acute, community and adult social care	To develop a new model for same day care that delivers the national ambitions and enables our communities to access the right service based on need	To ensure there is 24/7 access to mental health crisis support for children, young people and adults	To work jointly to improve waiting times to access services as well as ensuring we have a variety of support offers for patients post diagnosis	To work with our local communities in the north east of the city to develop a neighbourhood model which best supports their needs
How will this support our communities	Improve patient exp & outcomes through appropriate & timely discharge in patients own homes	Will result in shorter stays for patients and unnecessary delays in leaving hospital to elp improve access to ED and primary care on the day flow	Delivery of a more person-centred, responsive and supportive service whilst improving the response times to age-appropriate services to those in MH crisis	Faster diagnosis & support for children, young people and their families improving experience and outcomes	Improve health outcomes, patient experience and the overall health and wellbeing for our local people
Delivery groups	Urgent and emergency care	Primary Care and Community	Mental Health, Learning Disabilities and Autism	Community Development and Inclusion	
	Planned and Elective Care				
	Improving population health and reducing inequalities				
	Focussing on access and outcomes				
Our golden threads					

The Mental Health, Learning Disability, Autism and Dementia Delivery Group Priorities

We need to align the MHLDDA Priorities to the Sheffield Health and Care Priorities :



Voluntary, community and social enterprises links with Mental Health, Learning Disability, Autism and Dementia Delivery Group priorities



Other background information Strategies and plans



Clickable links

Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy 2023 - 2026

"Good emotional and mental health and wellbeing for all, at every stage of life."

- [Clinical and Social Care Strategy](#)
- [A Clinical Strategy for a Healthier Future](#)
- [Drug Strategy](#)
- [Sheffield Dementia Strategy Commitments](#)
- [Inclusion Strategy](#)
- [Sheffield Primary Care Strategy](#)
- [Sheffield Alcohol Strategy](#)
- [Improving Physical Health for People with Severe Mental Health, and Autistic Spectrum Conditions](#)
- Mental Health Strategy (available upon request)
- [Suicide Prevention Pathway](#)
- [Living the Life You Want to Live](#)
- [Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People](#)

Joint plans

- [Joint Health & Wellbeing Strategy](#)
- [Joint Strategic Needs Assessment](#)
- [Emotional MH & Wellbeing Strategy](#)
- [Shaping Sheffield](#)

Social care

- [Strategy and delivery plan](#)
- [Mental Health Commissioning Delivery Plan](#)

Integrated Care Board

- [NHS Long-Term Plan](#)



National and local mental health statistics

Mental ill health represents 28% of ill health that the NHS deals with and is the largest single cause of disability. However, only 1.3% of England's health budget is spent on mental health

138,000 children, young people and adults in Sheffield will experience a mental health problem each year. Half of all mental health problems are established by the age of 14, rising to 75 per cent by age 24

One in four 17-19-year-olds in England had a probable mental disorder in 2022 (up from one in six in 2021). Positively, uptake from BAME communities using the Kooth service increased from 17% in 2020 to over 23% in 2022 due to targeted local engagement work

It is estimated that up to 20% of women will experience mental health problems during the perinatal period

It is estimated that 15,000 Sheffield children and young people live with a parent who lives with a mental health disorder. Many will be young carers

An estimated 1.25 million people have an eating disorder in the UK, and they can be complex and life-threatening mental illnesses

The proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%)

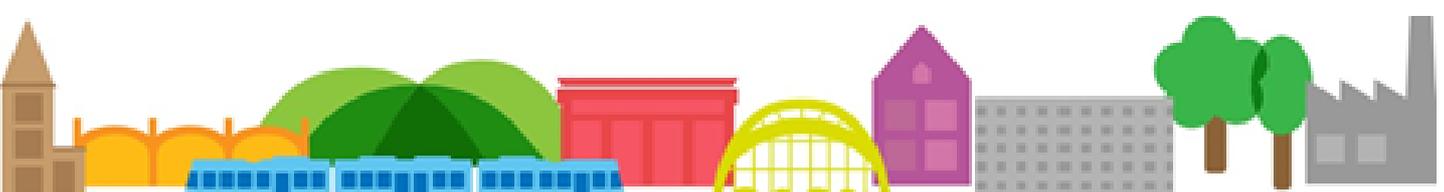
South Yorkshire and Bassetlaw has a higher suicide rate than the England average

In England in 2017/18, rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity

300,000 people in work with a long term mental health condition lose their jobs every year

The average life expectancy for someone with a long-term mental health illness is at least 15-20 years shorter than for someone without (from preventable causation)

There are approximately 7,000 people living with dementia in Sheffield – just over 1% of the whole city's population



How common is mental ill health in Sheffield?



In Sheffield, 90 thousand people experience depression and/or anxiety and only half of those cases are recognised. Only half of those recognised are treated



16,000
complex trauma



acute hospital out-patients
have no organic cause



5,000
severe and enduring
mental illness



loneliness is as big a
killer as smoking



life-long illness established
by the age of 14



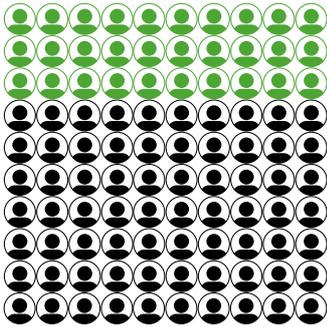
as many black people are
diagnosed with schizophrenia
compared to white people



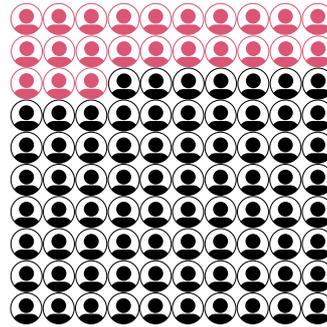
suicide- leading cause of death for men under 50



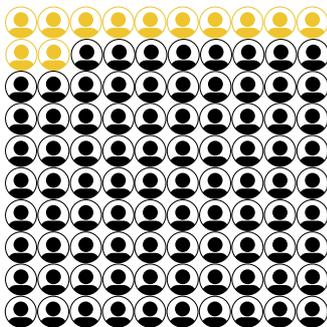
How common is mental ill health?



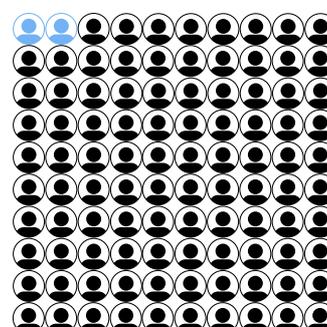
Around 300 people out of 1,000 will experience mental health problems every year in Britain



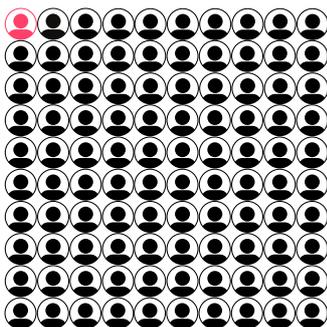
230 of these will visit a GP



102 of these will be diagnosed as having a mental health problem



24 of these will be referred to a specialist psychiatric service



6 will become inpatients in psychiatric hospitals

For a typical GP list, with a size of 2,000 people this looks like:

- 352** Common Mental Illness
- 350** Sub-threshold psychosis
- 176** Personality Disorder
- 125** LTC & Co-morbid mental ill health
- 120** Alcohol dependent
- 100** Medically Unexplained Symptoms
- 60** Drug dependent
- 8** Psychosis



How common is mental ill health?

01. Mental health problems develop at a young age.
 1 in 5 children have a mental health problem in any given year.⁸



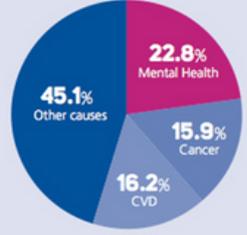
First experience of mental health problems in those suffering lifetime mental health problems.⁹

50% by 14 years old
75% by 25 years old

02. Mental health is widespread & common.
 Every year 1 in 4 adults experience at least one mental disorder.¹⁰



03. Mental health is a significant burden.
 Mental ill health is the single largest cause of disability in the UK.¹¹



04. Mental health impacts on life expectancy.
 Average life expectancy in England and Wales for people with mental health problems is 60 years behind the national average.¹²

79 years	83 years	68 years	73 years
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05. People with mental health problems have worse physical outcomes.
 People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.

PEOPLE WITH SCHIZOPHRENIA ARE:

- 2 x** more likely to die from cardiovascular disease,
- 3 x** more likely to die from respiratory disease.

06. When people with LTCs also have mental health issues the cost of treatment can rise significantly.

NHS BILL
 1/3 people with long term physical conditions also experience mental health problems increasing treatment costs by around
£8 - 13bn a year¹³



07. The mental health of people with serious physical health problems is often overlooked.

1/2 of terminally ill or advanced cancer patients suffer from depression, anxiety, and/or an adjustment disorder...
...yet less than half receive treatment for their mental health.¹⁴



08. Mental health problems affect the likelihood that people will be compliant with their treatment.

Depressed co-morbid patients are **three times more likely** to be non-compliant with treatment recommendations than non-depressed patients.¹⁵



09. There are often long waits for mental health services.
 1 in 10 people wait over a year for access to talking therapies.¹⁶



10. There is a wider economic impact of mental health.
 The full costs of mental illness in England have been estimated to be £105.2 billion a year.¹⁷

£105,200,000,000

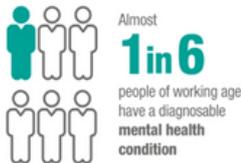




How common is mental ill health?



Health and Work Spotlight on Mental Health



In 2015, some **48%** of **Employment and Support Allowance recipients** had a **'Mental or Behavioural disorder'** as their primary condition

Each year mental ill-health costs the economy an estimated **£70bn** through lost productivity, social benefits and health care.



Of people with physical long term conditions, **1 in 3** also have mental illness, most often depression or anxiety

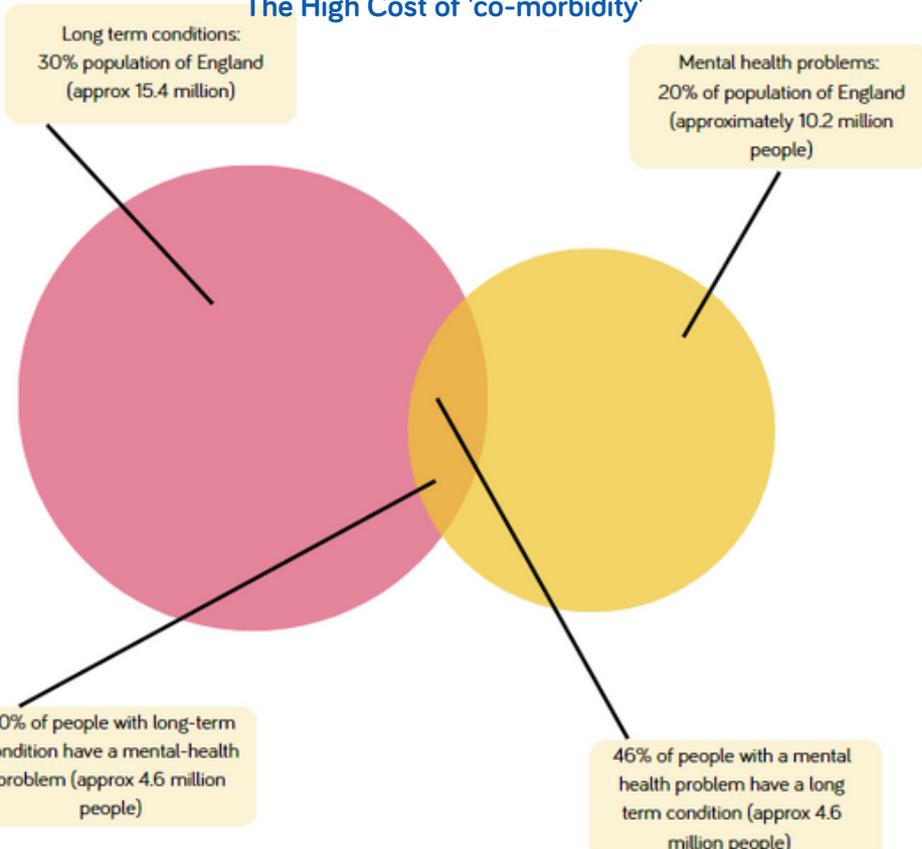
Work can be a cause of stress and common mental health problems: in 2014/15 **9.9m** days were lost to **work-related stress, depression or anxiety**



In 2016, **42.7%** employment rate for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety). **Compared to 74% of all population**

Sources: Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; OECD, 2014; Labour Force Survey, various years

The High Cost of 'co-morbidity'



Selection of references and evidence



- [MH Promotion & Illness Prevention Economic Case](#)
- [How Mental Health Loses Out in the NHS](#)
- [Analysis: The link between investing in health and economic growth | NHS Confederation](#)
- [No wrong door vision for MH, learning disabilities and autism services in 2032](#)
- [Centre for Mental Health Mentally Healthier Council Areas 2023](#)
- [Now or never | Centre for Mental Health](#)
- [Public Health Report Adding Life to Years & Years to Life](#)
- [The Commission on Young Lives](#)
- [gmhscp_what_works_document_final.pdf \(centreformentalhealth.org.uk\)](#) has Manchester got it right?
- [Healthwatch – what we’re hearing reports](#)



Resources and help

- [Sheffield Mental Health Guide](#)
- [Sheffield Directory](#)
- [Home - Epic Friends](#)
- [Kooth for Children & Young People - Kooth plc](#)
- [Sheffield Suicide Support and Prevention - Information and help for anyone who is suicidal](#)
- [NHS Sheffield Talking Therapies](#)
- [#Talking Saves Lives - Sheffield Suicide Support and Prevention](#)
- [20 minute suicide awareness training \(zerosuicidealliance.com\)](#)



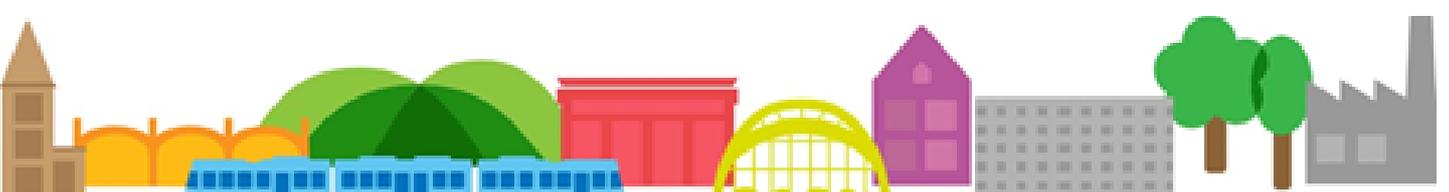
MHLDDA delivery group members

Organisation	MHLDDA Membership	Role
Sheffield City Council		
SCC	Alexis Chappell	Director Adult Social Care
SCC	tbc	Co-Chairs Education, Children & Families Policy Committee
SCC	Joe Horobin	Director of Commissioning
SCC	Clr Angela Argenzio	Co-Chairs Health & Social Care Policy Committee
	Clr George Lindars-Hammond	
SCC	Dr Eleanor Rutter	Consultant in Public Health
SCC	Sally Williams	Director Children & Families
SCC	Dawn Shaw	Director of Communities
SCC	Andrew Jones	
VCSE		
Healthwatch	Lucy Davies	Chief Officer
VCF	TBC (Margaret Lewis CEO Mind Interim)	Mental Health Partnership Network
VAS	Helen Steers	Director of Strategic Partnerships
Partnership Boards		
LD Partnership Board	Andrew Wheawall	Chair
Autism Partnership Board	Alexis Chappell	Chair
MH Collaborative	TBC	Chair
Sheffield Psychology Board	Dr Johann Labuschagne	Chair of Sheffield Psychology Board & Head of Psychological Services STH
Student H&WB Partnership Board	Nicola Rawlins	Chair
CYP Partnership Board	TBC	TBC



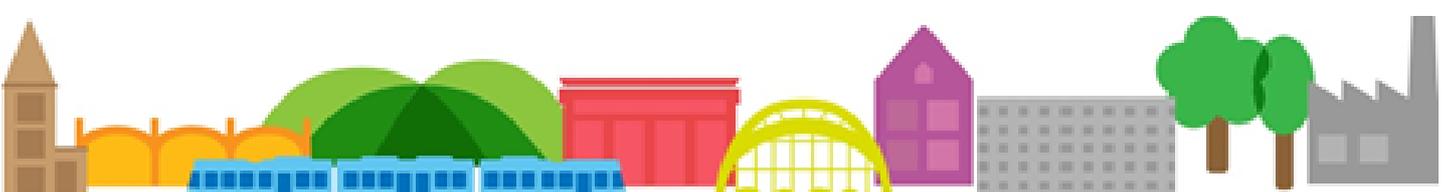
MHLDDA delivery group members

Organisation	MHLDDA Membership	Role
Sheffield Health & Social Care FT		
SHSC	Dr Linda Wilkinson	Director of Psychological Services
SHSC	Pat Keeling	Director of Strategy
SHSC	Hassan Mahmood	Consultant Psychiatrist and Clinical Director for the Learning Disability Service (Firs Hill Rise)
SHSC	Mike Hunter	Medical Director
Sheffield Children's Hospital FT		
SCH	Dr Jeff Perring	Medical Director SCH
SCH	Dr Shatha Shibib	Clinical Director CAMHS
Sheffield Teaching Hospital FT		
STH	Prof Mark Cobb	Clinical Director
STH	Dr Avril Kuhrt	Associate Medical Director for Mental Health, Learning Disabilities and Autism
Primary Care Sheffield		
PCS	Nicky Doherty	Deputy Chief Executive
Sheffield Place		
Sheffield Place	Sandie Buchan	Director of Commissioning Development (Co-chair)
Sheffield Place	Dr Steve Thomas	Clinical Director Mental Health, LD, Dementia & Autism Commissioning Portfolio (Chair)
Sheffield Place	Dr Anthony Gore	Clinical Director CYP Portfolio
Sheffield Place	Heather Burns	Deputy Director of Mental Health Transformation
Sheffield Place	Chris Cotton	Management Accountant
Sheffield Place	Dani Hyles	Deputy Director of Quality
Sheffield Health & Care Partnership		
HCP	Kathryn Robertshaw	Interim Director



MHLDDA delivery group members

Organisation	MHLDDA Membership	Role
In Attendance	Kate Gleave	Deputy Director Commissioning & CYP
NHS Sheffield	Tim Gollins	Assistant Director (Mental Health)
SCC	Andrew Wheatwall	Assistant Director (Learning Disabilities)
SCC	Louisa King	Head of Commissioning MHLDDA
NHS Sheffield	Business Support	Business Support
NHS Sheffield	LMC Chair/Secretary	Sheffield Local Medical Committee (Receive Documents)
LMC	Wendy Lowder	Executive Director (MHLDDA Responsibility)
SY ICB	Marie Purdue	Managing Director, SY Mental Health, Learning Disability and Autism Alliance
SY MH Learning Disability Autism Alliance		
SY Provider Collaborative	Michelle Fearon	Director
Mental Health Partnership Network	Dr Vinaya Bhagat	Clinical Director
	Rebecca Lawson	Strategic Co-ordinator
Sheffield City Council	Victoria Gibbs	Head of Children's Commissioning
Sheffield Mental Health VCSE Alliance	Rachel Sivter	Independent Chair



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