

**HEALTH AND WELLBEING BOARD: 10 MARCH 2016**

**REPORT OF EAST LEICESTERSHIRE AND RUTLAND  
CLINICAL COMMISSIONING GROUP**

**MENTAL HEALTH: PARITY OF ESTEEM**

**Purpose**

1. People with Mental Health problems, especially long term serious illness experience disproportionately poor physical health and higher morbidity. National and local policy is to move towards 'parity of esteem' for people experiencing Mental Health problems.
2. The definition of this is open to interpretation it is generally understood as achieving similar access to physical health prevention and treatment services to reduce the disparity in physical health. However the national policy is in development and locally leaders recommend Parity is a wider issue than physical health.
3. This paper summarises; progress to date, opportunities and proposes a plan to make further impact.

**Link to Better Care Together**

<b>Workstream</b>	<b>Relevance</b>	<b>Workstream</b>	<b>Relevance</b>
Maternity, neonates, children and young people		Mental health	X
Long term conditions		Frail and older people	
Urgent care		Planned care	
Learning disabilities		End of life	

**National Policy**

4. 'Parity of Esteem' is a wider issue than physical health: NHSE captures it (<https://www.england.nhs.uk/mentalhealth/parity/>) as meaning "My family and I all have access to services which enable us to maintain both our mental and physical wellbeing" and "If I become unwell I use services which assess and treat mental health disorders or conditions on a par with physical health illnesses". NHS England does

not separate common mental illness from Serious Mental Illness in this context.

5. The Department of Health asked the Royal College of Psychiatrists to lead an expert working group to define 'parity of esteem' in detail, and to examine why parity between mental and physical health does not currently exist and how it might be achieved in practice. The report, Whole-Person Care: From Rhetoric to Reality (<http://www.rcpsych.ac.uk/pdf/OP88.pdf>) highlights the significant inequalities that exist between physical and mental health care, including preventable premature deaths, lower treatment rates for (all) mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

### **Progress to Date**

6. The Better Care Together work stream and the Crisis Concordat has brought partners together into the Mental Health Partnership Board, and significant progress is being made on a range of interventions including:
  - Parity in crisis response; ensuring people receive a timely response and are able to be cared for at or close to home or a local hospital in the vast majority of occasions. Responses are now more timely and a greater range of interventions e.g. crisis house are now available.
  - Shared care arrangements have been in place between LPT and Primary care to address the prescribing and physical care of people prescribed anti-psychotic drugs.
  - LPT CQUIN – incentive scheme to improve physical health monitoring in the Trust.
  - Smoking cessation within LPT internal environment.
  - Recovery networks including additional recovery college sites
  - Liaison Psychiatry into UHL.
  - UHL embracing Mental Health problems through an internal Mental Health task group.
  - LLR suicide reduction group.

### **Strategic Clinical Network (SCN)**

7. The SCN has developed 38 Best Practice Indicators (BPI's). It was decided that there are 10 BPI's that everyone should focus on to have the biggest impact (appendix 1).
8. This gives an indication of the local position and significant opportunity to impact on health, independence and demand on services.

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### **Sources of Intelligence**

10. There are a number of resources that LLR can utilise to inform next steps, which include:
  - 5 year forward view for Mental Health;
  - Atlas of Variation & Right Care;
  - National Benchmarking;
  - JSNA;
  - Service user, Carer and Clinical experience.

### **Next Steps**

11. It is proposed to commission an LLR wide group of key people to review the intelligence available and agree a plan to address physical health status of mentally ill people.
12. It is proposed this is led by Leicestershire County Council's Public Health Department and includes representation from
  - Leicester City Public Health Department;
  - CCG clinical lead;
  - CCG Mental Health quality lead nurse
  - University Hospitals of Leicester;
  - Leicestershire Partnership Trust;
  - Service user;
  - Voluntary Sector representation.
13. It is proposed the group report to the multi-agency Mental Health Partnership Board and provide the Health and Wellbeing Boards with reports on a 6 monthly basis.

### **Recommendations**

14. The Health and Wellbeing Board is asked to:

**Confirm** the local definition of 'Parity of Esteem' includes access to appropriate services as well as physical health.

**Commission** the proposed group, leadership and reporting with a request a timed and quantified plan is presented to the Health and Wellbeing Board at the July meeting.

### **Officer to contact**

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## **List of Appendices**

Appendix 1 – Assessment of the 10 high level indicators

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

15. Parity of esteem is the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012. It is particularly important as mental illness has been shown to reduce life expectancy.