NHS
Telford and Wrekin
Clinical Commissioning Group

a co-operative council | Telford & Wrekin COUNCIL

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Telford & Wrekin Mental Health Strategy 2016-2019

1. Introduction

Telford and Wrekin Council and Clinical Commissioning Group are working together to improve the mental health and emotional wellbeing of the local population. As part of this work the two organisations are conducting a three stage review. The first stage is to describe clearly where they spend their money on mental health services, the second stage is to define a 'model of care' (described through a strategy) and finally to create an action plan to make the necessary changes over the next three years. The strategy does not include people living with dementia or children who are subject to other strategies.

This document forms the basis of stage two and outlines a strategy to inform our priorities moving forward. It is summary document supported by appendices providing more detail. The report will describe how we formulated the strategy, highlighted the problems we need to solve and outline the vision and principles we will use when commissioning services in the future. It will finish by highlighting some of the main actions that will be needed to make the changes happen.

One of the most significant principles underpinning the development, and on-going implementation, of the strategy is that the ideas and solutions come from those with lived experience of mental health problems.

There are many other strategies, supporting documents and approaches within Telford & Wrekin that compliment this strategy by promoting positive emotional health and wellbeing such as: Prevention and Wellbeing; Autistic Spectrum Conditions; Drugs and Alcohol; Dementia; Adults with Learning Disability; Housing; Adult Social Care Commitment Statement and 5 Ways to Wellbeing.

2. How has the strategy been developed?

The strategy draws on a range of different information and in producing it we have asked the following questions:

What have service users, professionals, carers, and volunteers told us about the current services, aspirations about services and what outcomes they would hope to achieve?

What does the demographic information show us about our population needs now and how they will change in the future?

What does the most recent evidence and research tell us about best practice?

The detail around each of these areas can be found in the appendices and the key messages received in answer to the questions have been considered below.

3. Why do we need to change?

3.1 What you have told us – key messages from local people:

Isolation: *Having a mental health problem is stigmatising, people can feel socially isolated and often don't feel part of the local community.*

Support: *Families and carers are not always supported well enough. There is a lack of information about how people can help themselves or find out what is available to them for support.*

Access: *Services can be difficult to access and there are often long waits for treatment. The services are confusing and complex. There are no services to support people in the evening and weekends when they feel at their lowest. In many cases people said that if they had been treated earlier, maybe their distress wouldn't have been so bad. Many service users also felt there was not enough support for them in a crisis.*

Options: *Many service users wanted more choice and control of treatment options which included alternatives to hospital admission and support to feel safe in times of crisis.*

Being treated as person: *People don't feel they are treated as a 'person', instead professionals just see their diagnosis.*

Consistency of care: *We were told that there is no consistent care and key workers often change. People said that they were often left to their own devices following discharge from hospital.*

Communication: *Service users told us of many examples where workers involved in their care didn't talk to each other, this was particularly where service users had drug or alcohol problems. Many issues were also raised about the transition between children's and adults services. Professionals raised their concerns about the lack of sharing of information which increased their workload and raised risks in care. The lack of one IT system was highlighted as a major issue.*

Empathy: *A range of people said there was a lack of empathy shown in services. This seemed to be a particular problem for those who attended local hospitals after self harming.*

Workforce: *Concerns were also raised about the low morale in the teams and high absenteeism.*

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3.2 What population data tells us:

Overall, Telford & Wrekin is an urban borough with an adult population in the region of 130,000. It has areas of significant deprivation (with many living in income deprived households). We currently provide services which support over 4000 people per year.

More specifically, the borough has an ageing population and the percentage of people over the age of 80 is projected to increase by 32% from 2014 to 2026. The mental health needs of this group, particularly regarding depression, need to be considered.

Approximately 7000 people over the age of 65 live alone in Telford, and many of these are income deprived and may be socially isolated, which raises their risk of a mental health disorder. With the increasing diversity of the population we need to consider preventative measures to support this group as well as access and suitability of services for all if needed.

Our public health profiles advise of the prevalence of mental health conditions but there is no local benchmarking data to indicate if we are supporting the actual level of need. Our stakeholders are telling us that there are increasing numbers of people who require additional support particularly for associated drug and alcohol problems.

3.3 What does the research tell us that we can learn from?

Commissioners need to clearly define services then monitor the quality and impact of the interventions they deliver. This can improve the standard of care. Not all our commissioned services reflect the current evidence base and we need to have a greater focus on self-management, promoting recovery, prevention and developing independence.

Services need to be joined up. There are excellent examples across the country where services are joined up between NHS providers and between the local authority and health.

The commissioning and provider landscape for mental health is very complex. The decision of one organisation can have a significant impact on another. Networks to discuss quality, strategy, innovation and problems can lead to much better solutions for the population. A multi agency approach needs to include NHS England, the Police and Department of Work and Pensions as well as the NHS and local authority.

Overall cuts in funding mean there is less funding in the public sector. Both commissioning organisations need to assure themselves and the public of best value when using public funds.

4. What is our vision for mental health?

Using some of these key messages a vision has been created around **three key ambitions**. These have led to ‘I statements’ which have been developed by service users, to guide the work moving forward.

The three ambitions
1. To develop Supportive Communities “a place I am proud to call home”
We will promote good emotional health and wellbeing by supporting the development of universal services. We will support people to live as independently as possible, with minimal intervention. Promoting independence and resilience will be at the heart of all we do to ensure people have the capacity to cope with the challenges that life, including mental health, can pose.
2. To ensure Early Intervention – “I know where to go for advice”
Information will be readily available at places, and in formats that are accessible when people need it most. Support and guidance will be provided at the earliest opportunity to prevent further escalation of need.
3. To commission Quality Services -“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”
We will take a whole system approach to commissioning mental health services where recovery is the expected outcome and service users are empowered to contribute to their community. We will ensure people better understand how to work with people with mental health issues in ways that promote their independence, ensure their safety and support their recovery. We will focus mental health support on need rather than age or diagnosis, but will give particular attention to more specialist areas such as Personality Disorder and Dual Diagnosis.

5. Principles to support our strategy.

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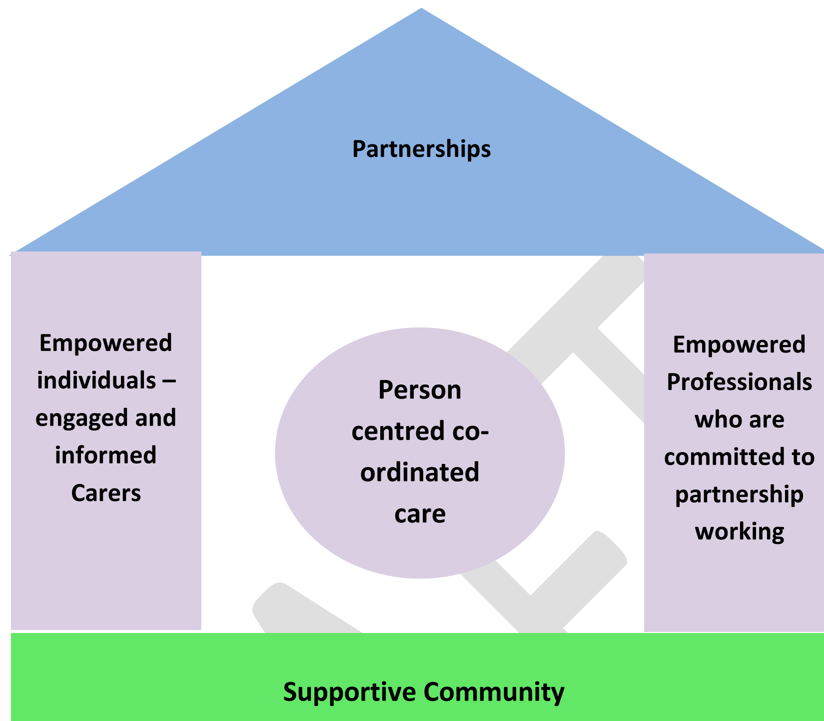
The King's Fund developed a 'House of Care' model to support commissioning. The ethos and principles that underpin this model can help to address many of the issues addressed and mirrors back what service users and professionals have told us. We have adapted this to create the Telford & Wrekin House of Care which describes a whole system approach. It demonstrated the interdependencies of each part and the various components that need to be in place to hold it together.



5.1 Supportive communities-"a place I am proud to call home"

Supportive Communities ('The Foundations'). The model will support:

- Engaged and informed communities.
- The development of resilient communities which support themselves (happy and strong).
- Places that welcome people in each locality and that welcome new ideas.
- The role and value of the 3rd Sector to promote and develop assets in the community.
- The prevention agenda and promotion of 'wellbeing'.
- Embedded mental health services in localities.
- Clinicians having a good understanding of local services.

5.2 Early Intervention & Quality Services -"I know where to go for advice" & "I need to understand my condition and to have help to live my life to the best of my ability without my condition taking

Person-centred co-ordinated care is at the centre of the house and represents the following:

- The recognition of what is both 'important to me' and what is 'important for me'.
- Support for service users in and by their own community.
- Support for service users to become more resilient.
- Support for the service users to take control of their condition and develop self-management skills.
- The inclusion of the needs of Carers.
- A relevant key worker for each service user.
- Provision of tailored information (including any risks and benefits) to assist the individual to make informed health and social care decisions.
- Support will be provided in the least restrictive environment.

Empowered individuals – engaged and informed Carers ('Left Wall'). The model of care will:

- Recognise individuals with care and support needs as 'Expert Care Partners'.
- Encourage self care and personal responsibility where safe and appropriate to do so, along with the information and education to enable this to happen.
- Ensure shared decision making becomes the 'norm'.
- Ensure individuals receive support from peer, voluntary and community groups where appropriate.
- Consider the use of digital and assistive technologies to empower service users where possible.
- Provide Personal budgets where appropriate to support service users to have more control over their life.

Empowered Professionals who are committed to partnership working ('Right Wall'). The model will ensure that:

- There will be a culture embedded across the workforce which promotes shared decision making, self-management, recovery and wellbeing of individuals.
- Services will be integrated through multidisciplinary working which includes the voluntary and charitable sector.
- Professionals at all levels will have the right competencies, capability and capacity to do their jobs to the highest standards.
- Clinicians discuss the relevant risks of treatment/care with service users and support them with the decisions they make.
- It is the professional teams responsibility to share information.

We will use partnerships as an enable to achieve these three aspirations:-

Partnerships including Joint Commissioning ('The Roof ')

- We will work across local authority, NHS other statutory organisations, voluntary sector, private sector and employers to ensure joined up approach.
- We will include service users and carers in every stage of the commissioning cycle.
- We will explore opportunities for joint commissioning.
- We will focus on Social Value when undertaking commissioning.
- We will commission services on outcomes, including those identified by service users.
- We will ensure a robust voluntary sector in the borough.
- We will ensure that where possible there are IT systems that talk to each other to reduce bureaucracy and duplication and assist with record sharing.
- We will ensure service specifications include the delivery of shared decision making with service users.
- We will ensure soft intelligence, compliments and complaints inform commissioning decisions.

6. What are the key areas of work to support implementation of the strategy?

Whilst stage three of the review will form the detailed action planning stage, it is helpful to outline the main areas of work and identify at an early stage how we will begin to measures success. The table shows the current thinking. These areas need to be developed and tested with the service users, carers and professionals in their development and through to implementation. They will also form the basis for outcomes which will be translated into service specifications.

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Vision	How	How will we measure success?
Supportive Communities	• Influence wider Council priorities to ensure mental wellbeing and the prevention of social isolation is a central consideration. • Reduce stigma by working with employers to better support people with mental health issues. The Council and NHS to become model employers. • Establish champions for mental health in Telford. • Support the development of local peer support groups. • Increase volunteering opportunities. • NHS to adopt 5 Ways to Wellbeing. • Base mental health services, where practical, in communities.	• Council and NHS policies agreed and in use for Model Employer. • Number of local champions in place. • Number of volunteers. • Increase the number of peer support groups. • NHS adopted 5 Ways to Wellbeing. • Map where mental health services are being delivered.
Early Intervention	• Information, advice and guidance to be readily available in communities, and well advertised and promoted. • Enhance the range of voluntary sector support services. • Ensure grant process is linked to the strategy.	• An increase in people accessing local services. • An increase in people accessing local support groups. • Greater range of voluntary sector support. • Number and value of grants per year supporting the delivery of the strategy.
Quality Services	• Ensure the integration of health and social care services at the point of delivery. • Single Point of Access for mental health referrals. • Improve the response times for services. • All service users will have a key worker who will ensure there are no gaps in their care pathway, and offer continuity. • Develop clear pathways so service users know what to expect from their care. • Develop the evidence base to inform future bed requirements for mental health in Telford. • Develop targeted support for high risk groups. • Work with partners to develop a physical health improvement plan.	• One number to access mental health services. • Achievement of national waiting times for Psychological therapies and Early Interventions in Psychosis. • Key worker system in place. • Agreed clinical pathways and patient information in place. • Reduction in admissions to acute and PICU beds and Length of Stay. Reduction in Section 136 (Place of Safety) • Adequate beds commissioned for Telford & Wrekin with out of area placements as an exception. • Alternatives in place to reduce admissions to Emergency Department and mental health beds.

	• Mental health workforce ○ Increase the number of mental health workers who have training in psychological therapies. ○ Ensure the mental health workforce is well supported and motivated. • Other workforce ○ Increase the number of workers who have Mental Health First Aid training. ○ Increase the number of workers who have undertaken mental health awareness training. ○ Increase awareness of the Mental Health Act and Mental Capacity Act.	• Services will be in place for targeted high risk groups. • Reduce the health inequalities for people with a mental health issue. • Dashboard in place for measuring service outcomes, functional outcomes, personal goals, and clinical outcomes for service users within mental health. • Reduction of the use of residential and nursing care. • Increase in the use of Direct Payments. • Increase in the number of people in settled accommodation. • Increase in those in secondary mental health services who are in employment. • An increase in the uptake of mental health training.
Partnership Working	• Establish a multi agency forum to discuss mental health issues. • Develop a model for Joint Commissioning.	• Forum established and effective. • Joint commissioning model agreed.

7. The next steps

We have three overarching ambitions on which the action plan for the next three years will be developed. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Action plans will focus on outcomes for service users and carers. We will use Partnerships, including Joint Commissioning, as an enabler to achieve the three ambitions.

This strategy will be reviewed and refreshed annually to ensure it is a live document that really has an impact on the mental health and wellbeing of the population of Telford and Wrekin.

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List of Appendices to be included: (To be completed)

No	Appendices
1.	Stage one report- Commissioning, contracting and Investment - Spend by Commissioning bodies
2.	National Context and Evidence base - National Strategic Direction - Best Practice, including NICE Guidelines
3.	Engagement Feedback - Summary of information provided - Confirmation of the number of people involved, and mechanisms for engagements - National feedback
4.	Demographics - Population wide data - Mental Health Prevalence Data
5.	References and supporting documents

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