



Telford & Wrekin

Mental Health Strategy 2016 - 2019



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Introduction

We are pleased to be introducing the joint vision for mental health care in Telford & Wrekin for the next 3 years.

Maintaining good mental health is in everyone's interests, although one in four of us will struggle with mental health problems at some time in our life. Suffering from mental ill health can feel just as bad, if not worse, than being in physical pain due to illness. However, there is still a lack of understanding and a stigma associated with it.

We know that many individuals with mental health problems can manage their conditions well and lead full and productive lives. However, we also know that for some people it can be a barrier to maintaining positive relationships, having a job, keeping stable housing and that their life expectancy is lower. Mental ill health should not be a barrier to achieving good life outcomes.

As you will be aware we are all living in a time of austerity and need to ensure that all the services we commission provide quality outcomes for people and offer good value for money. We also need to bring communities together to support one of the key issues of the 21st century- social isolation. Telford and Wrekin is a relatively new town with the coming together of smaller village communities and the building of thousands of new homes. We need to ensure our communities have a heart: a place to meet, maintain and build friendships.

We will promote positive mental wellbeing and develop citizens to have the skills to deal with the problems that life brings. We will promote strong communities where citizens support each other. We will continue to develop Telford and Wrekin as a great place to live, work and be proud of!



Arnold England

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Cabinet Member for
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Telford & Wrekin Council



Michael Innes

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Telford and Wrekin Adult 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 agreed to conduct a three stage review. The first stage was to describe clearly where they spend their money on mental health services. The second stage was to collect the evidence, then develop a 'model of care' (described through a vision) 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 vision to inform our priorities moving forward. The Vision is a summary document supported by appendices providing the evidence. This report describes how we formulated the vision, highlighted the problems we need to solve and outlines the principles we will use when commissioning services in the future.

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 vision been developed?

The vision 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 people 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. Many people felt that services would work better if more integrated.

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 prevention, self-management, promoting recovery 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.

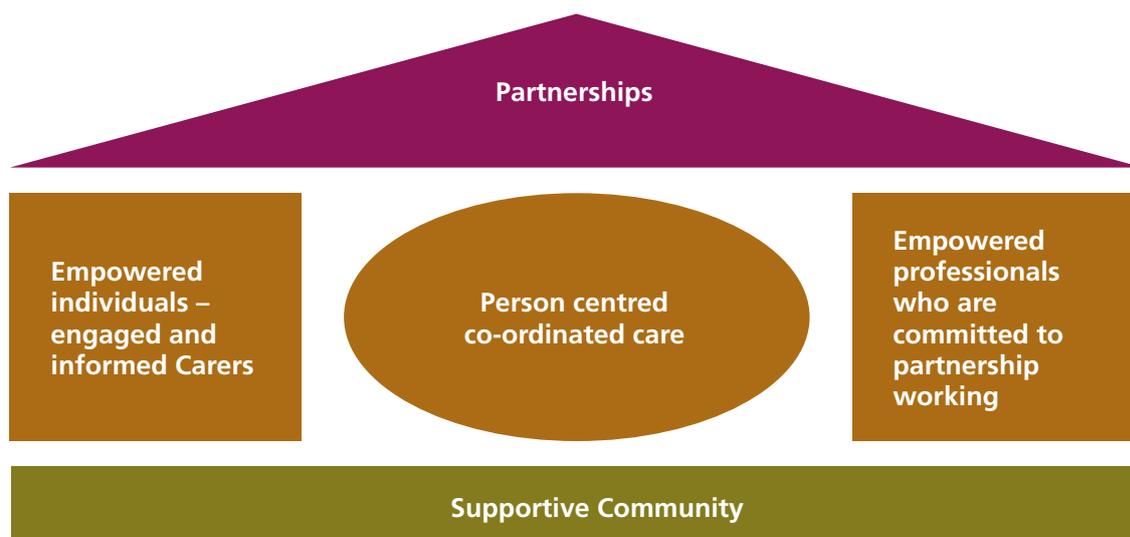
4 What is our vision for mental health?

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	
<p>1 To develop Supportive Communities <i>"A place I feel proud of, where I am accepted and safe"</i></p>	<p>We will promote good emotional health and wellbeing for all, 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 everyone has the capacity to cope with the challenges that life, including mental health, can pose. We will build on all the positive work going on our communities by groups and individuals.</p>
<p>2 To ensure Early Intervention <i>"I know where to go for advice and support that I can access quickly"</i></p>	<p>Information will be readily available at places, and in formats that are accessible for all whenever needed. We will ensure that high risk groups have the right information in a way they understand (e.g. older adults, men at risk of suicide, asylum seekers). Support and guidance will be provided at the earliest opportunity to build on peoples own skills and resources, and so prevent further escalation of need.</p>
<p>3 To commission Quality Services <i>"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"</i></p>	<p>We will take a whole system approach to commissioning mental health services where recovery is the expected outcome and people 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 build on the knowledge and skills of people with lived experience of mental health services, so they have the opportunities to help others and to inform the services we commission.</p> <p>We will focus mental health support on need rather than age or diagnosis, but will give particular attention to more specialist areas for example Personality Disorder and Dual Diagnosis; Asylum seekers, ex service men and women.</p>

5 Principles to support our strategy

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 feel proud of, where I am accepted and safe.”

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

- Engaged and informed communities.
- The development of resilient communities which build on the positive work by groups and individuals so they can support themselves
- 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 promotion of 'wellbeing' and a focus on prevention
- Embedded mental health services in localities.
- Clinicians having a good understanding of local services.
- Targeted interventions to build social relationships or to tackle isolation.

5.2 Early Intervention & Quality Services

“I know where to go for advice and support that I can access quickly” and “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.”

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 people in and by their own community.
- Support for people to become more resilient.
- Support for the people to take control of their condition and develop self-management skills.
- The inclusion of the needs of Carers.
- A relevant key worker for each individual .
- 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 people – engaged and informed Carers ('Left Wall'). The model of care will:

- Recognise people 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 people receive support from peer, voluntary and community groups where appropriate.
- Use digital and assistive technologies to empower people where possible.
- Provide Personal budgets where appropriate to support people 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 people.
- 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.
- Professionals discuss the relevant risks of treatment/care with service users and support them with the decisions they make.
- Professionals will understand their local communities, use local assets to support people and collaborate with the community to bridge any gaps.
- It is the professional teams responsibility to share information.
- Professionals feel supported and empowered to undertake their job.

We will use partnerships as an enabler 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 a 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 The next steps - stage three

The third stage of the review will form the detailed action planning. The plan will outline the main areas of work and identify at an early stage how we will begin to measure success. The action plan will be co-produced with service users, carers, professionals, voluntary sector and commissioners following agreement of the vision by the two organisations. Action plans will focus on outcomes for service users and carers.

We have three overarching ambitions on which the action plan for the next three years will be developed. 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.

Adult Mental Health Strategy 2016-2019

Action Plan

Year One

Supportive Communities	Mental health first aid training
	Mental health awareness training in communities
	MH summit - "Good Mental Health Works" a focus on good mental health and employment
	Mental Health Champions
	Mental Health Challenge
	Mental Health services to be allocated to localities
	Clinicians to have a good understanding of local services
	Health and Wellbeing MECC (Making Every Contact Count) Training
	Work Well Telford programme
	Sign up to Time to Change Campaign and promote locally
	Promote and embed Five Ways to Wellbeing
	Work with communities, partners and volunteers to ensure consistent messages
	Engage with local media to support positive mental health and wellbeing
	South East Asian ladies support group sustainability and development of peer support model
Improved communications for deaf and hard of hearing population	
Early Intervention	Model for service provision agreed
	New service specifications written into SSSFT contract
	Outcomes measures of service specs
	Acute Bed base pathway development
	Patient held record
	Single point of access
	Discharge pathway and processes
	Rehab Pathway - review and remodelling
	Crisis pathway review and remodelling to fit with 24/7 Hub
	Developing integrated pathway for mental health
Partnerships	Mental Health Stakeholders Group
	Mental health commissioners group to be set up
	Develop model for joint commissioning options
	MH Crisis concordat
	Telford Crisis network
	Voluntary sector forum Mental health
	Develop partnership working with Criminal justice

Review of Mental Health Services

Commissioning, Contracting and Investment

1 Background

In March 2015 The Telford and Wrekin Health and Well Being Board received a report outlining plans to review the mental health strategy. It was agreed that a stocktake of the current services was required including a review of the investment of both the council and the CCG. A three stage process was agreed to undertake the revision. The first stage was a review of the spend of the two organisations. The second stage the writing of the strategy and the third the development of an action plan to support the implementation. This paper provides the report on the first stage of the review.

Please note the review does not include dementia or children's services.

2 Commissioning responsibilities

- 2.1 The Clinical Commissioning Group (CCG) is responsible for commissioning health provision provided within community and acute settings for mild, moderate and severe mental health disorders. The CCG is not responsible for the commissioning of most "specialist" or "tertiary" mental health services – such as secure services, eating disorders, or gender reassignment. These are the responsibility of NHS England.
- 2.2 The Local Authority (LA) commissions and provides adult social care services as part of its statutory obligations under the Care Act, Mental Health Act and Mental Capacity Act. This includes commissioning services which promote mental health wellbeing, reduce ill health and dependency; Advocacy including Independent Mental Health Advocates and Independent Mental Capacity Advocates; Information and Advice and providing assessment functions and Approved Mental Health Professionals (AMPHS).
- 2.3 The organisations have statutory responsibilities around Section 117 which ensures rehabilitation care after services users have been detained under Sections of the Mental Health Act. The NHS is required to ensure relevant health services are commissioned to support people whilst the LA are required to support the social element of care that people may require.

3 Contracting

- 3.1 The main CCG contract is held by an NHS provider (South Staffordshire and Shropshire Foundation Trust). Specific bespoke contracts are commissioned for individuals depending on their needs and this is usually undertaken through the complex care team.
- 3.2 The LA commission a variety of providers ranging from large charitable organisations to small local private providers.

3.3 Types of contract used include the following:-

Contract type	Explanation
Block	A block contract guarantees a certain volume of activity with a service provider, over a set period of time to an agreed written specification, typically at a fixed price. The salient feature of a block contract is that payment is made for the guaranteed contracted volume irrespective of how much of the service has been utilised
Spot purchasing	A spot contract is an individual contract for services that are provided on a case-by-case basis, typically to an individual service user.
Cost and volume	A cost and volume contract links price to activity, and combines some of the features of block and spot contracts. Cost and volume contracts may also set out the maximum level of service covered within the scope of the arrangement. In the CCG and SSSFT case there is a 5% cap and collar which means that any over or under performance within that range is covered by the trust. If there is over performance of more than 5% the commissioner is required to pay for this but at a marginal rate of 20%. If there is under performance of greater than 5% the provider is required to return some monies to the commissioner.
Cost per case	Occurs where the commissioning authority agrees an allocation for each patient treatment provided
Grant	Sum of money given by a government or other organization for a particular purpose.
Service level agreement	A service level agreement (SLA) is a contract between a service provider (either internal or external) that defines the level of service expected from the service provider
Additional support	Provides a safety net to the provider when a new pricing structure is implemented. Transitional pricing support whilst implementing care cluster payments, including for psychiatric intensive care beds.
National Tariff	An amount set nationally for an intervention or treatment
Premium on national tariff	Payment over and above the national tariff (to support mental health provision in the acute hospital)

3.4 Contract monitoring:-

Both organisations have robust and regular contract monitoring processes in place to monitor spend and performance of its providers. The CCG has a quality monitoring process where quality and outcomes of services are monitored on a monthly basis. Quality Assurance processes are in place in the LA to ensure outcomes are delivered.

4

Finance

The spend on dedicated mental health services across Telford and Wrekin on mental health is £18.2M. Prescribing costs for mental health related drugs in the CCG are £2.1M. In addition it is estimated that up to 1/3rd of all consultations in primary care are for mental health issues (It is time to stop treating mental health as a "Cinderella" issue – Ed Mitchell-24 October 2013 - 07:43).

4.1 Spend by organisation

Commissioner	Budget 2015/16 £000	Comments
CCG	15.1	Further breakdown below Does not include prescribing and general practice
LA	3.1	Further breakdown below
Total	£18.2	

NB: these summary figures are drawn from detail in Appendices 1, 2 and 3.

4.2 Spend by contract type (CCG)

Contract type	Budget 2015/16 £000	Number of Providers	Comments
Cost and Volume	10,241	1	South Staffordshire and Shropshire Foundation Trust (SSSFT)
Cost per case	978	32	SSSFT- The majority of this spend is upon non-contracted activity: This figure does not include expenditure on what is commonly known as complex care or continuing healthcare. (see section 4.3 below)
Pricing support	1433	1	SSSFT
Premium on the tariff	28	1	This payment is made to SSSFT for a service provided to Shrewsbury and Telford Hospitals under national rules
Block:	321	1	Most of this is spent with the SSSFT and includes payment for Commissioning for Quality and Innovation schemes (CQUINS)
Grant	135	6	Counselling, bereavement support with different providers
Service Level Agreement	136	1	With LA for reablement officers in the Community mental health teams – (the workers are employed by the LA)

4.3 Spend by individual case (CCG)

2015/16 budget £000	Comments
1889	This is expenditure on complex care.

4.4 Spend by Contract type (LA)

Contract type	Budget 2015/16 £000	Number of Providers	Comments
Service Level Agreement	61	3	Independent Mental Capacity Advocacy
Spot purchase	2110	15+	
Block	202	1	Ellen Court
Grant	44	2	AA
Other	767	1	This pays for staff who are part of the community mental health team

4.5 Joint funding

There are four organisations that receive both NHS and LA funding but none overlap or duplicate service provision (Appendix 3)

4.6 Additional funding for mental health support**4.6.1 Public Health contribution to promoting mental wellbeing**

Public Health (Part of the LA) funds a large range of services which provide a preventative approach to ensure people to stay as healthy as possible. Many of the interventions will be focused on improving or maintaining emotional health and wellbeing. (See Appendix 4) This budget is for population approaches and covers lifestyle interventions for all age groups and conditions.

4.6.2 Secure services

Secure services funded by NHS England. The complex care team in the CCG are kept up-to-date when patients are likely to be transferred from secure accommodation to more local services. Planning meetings are set up to ensure smooth transition between commissioners and providers.

4.6.3 Carers Funding

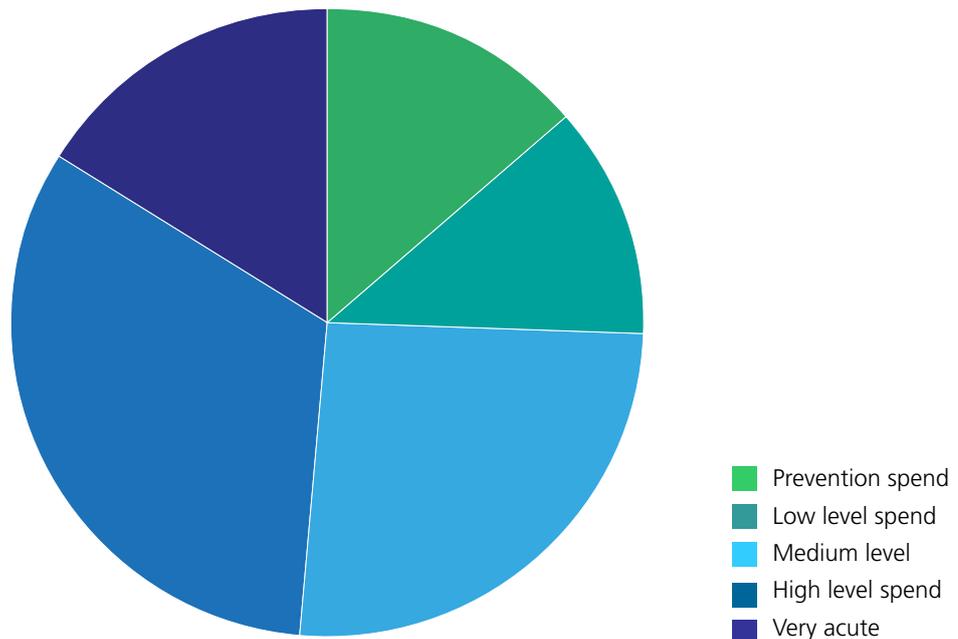
The LA and CCG pool budgets to support carers. The total carers pooled budget is £515,500. There is no specific funding for mental health carer support. It is not possible to calculate the % of care that is supporting those with mental health issues. We do know that carers are at risk of developing mental health issues so this funding is supporting the prevention of mental health problems for this cohort of people.

Service	Budget £
Carers Service	306,440
Carers Respite	110,060
Emergency Response	66,000
Carers Outcome	33,000

4.7 Distribution of funding

Investment from both organisations is focused on the highest cost and highest risk patients. These are service users who require hospital admission and social care packages to support them in activities of daily living. Even when all public health investment is taken into account, prevention only accounts for 14% of the total spend across the area with medium to high level spend at 60%. As focus on delivering care earlier in the patient pathway may reduce spend at the high level and this is a key focus of the local authority's health and prevention strategy.

Please note public health spend is across all the public and is not focused on mental health only as a component of general health.



Prevention spend Public Health spend	Low level spend Primary Care support	Medium level Community services	High level spend In-patient care, crisis, support packages	Very acute Intensive care
£3,000,000	£2,500,000	£5,427,392	£6,900,000	£3,400,000
14%	12%	26%	33%	16%

5 Challenges

5.1 Financial

Both organisations are experiencing significant financial challenges with an increase in the populations' expectations of service provision; the demographic changes; national policy imperatives and reduced budgets.

5.2 Systems and Processes

There is no forum to discuss the contract held with SSSFT and the impact of the council's services. Many services impact on each other (for example service users held under the mental health act, packages of care a hospital discharge) and there can be detrimental effects on other organisations Both organisations have their own systems and processes for managing complex service users and contracts.

5.3 Benchmarking spend on mental health

5.3.1 CCG

NHS benchmarking on health spend is complex. Programme budgeting has been used to benchmark CCGs against investment in specific disease areas but has significant problems setting the baseline for comparisons. Other benchmarks indicate that the CCG spend is lower whilst others suggest it is not, therefore little reliable information can be gleaned from the process.

Prescribing benchmarking for anti-depressant drugs indicates that the CCG is a high prescriber in both cost and items. The CCG is 168th highest prescriber out of 211 CCGs across the country. The CCG is in the highest quartile of spend for anti-depressants.

5.3.2 LA Benchmarking Data – extracted from the PSS Expenditure & Costs Data

	T&W	National Av.
Average gross weekly expenditure on supporting adults with mental illness in residential and nursing care (including full cost paying and preserved rights residents)	1,057.9	752.6
Average gross weekly expenditure per person on supporting adults aged 18-64 with mental health needs in nursing care (including full cost paying and preserved rights residents).	1,063.4	759.4

Local authority benchmarking is much clearer and this indicates that Telford and Wrekin benchmarks as paying significantly more than other local authorities for services (41% more for all adult and 40% more for 18-64 year olds.) Housing costs equate to approximately 41% of the LA total expenditure so this is a significant area for consideration.

6 What does this mean for the vision?

This document forms the first stage of the review of mental health commissioning across Telford and Wrekin Council and the CCG. The report will form an Appendix in the Mental Health Strategy 2016-2019 and conclusions will be reflected in the strategy itself.

The main issues are:

- There are opportunities to commission services jointly to improve integration and value for money
- Pressures from austerity are leading to innovative ways to provide services and develop more community resilience
- Increasing spend on prevention and lower level treatments may reduce the more expensive crisis interventions
- Need to develop forum for discussion re contracts

Appendix 4.1.1 CCG Spend on Mental Health Services

Commissioner CCG	Service Name/ Provider	Brief service description (including any easily defined activity)	Budget 2015/16	Type of Contract
CCG	Cluster 0: SSSFT	Variance (Unable to assign mental health care cluster code)	12000	Cost and volume 5% cap & collar
CCG	Cluster 1: SSSFT	Common Mental Health Problems (Low Severity)	60000	Cost and volume 5% cap & collar
CCG	Cluster 2: SSSFT	Common Mental Health Problems (Low Severity with greater need)	37000	Cost and volume 5% cap & collar
CCG	Cluster 3: SSSFT	Non-Psychotic (Moderate Severity)	116000	Cost and volume 5% cap & collar
CCG	Cluster 4: SSSFT	Non-psychotic (Severe)	845000	Cost and volume 5% cap & collar
CCG	Cluster 5: SSSFT	Non-psychotic Disorders (Very severe)	392000	Cost and volume 5% cap & collar
CCG	Cluster 6: SSSFT	Non-Psychotic Disorder of Over-valued Ideas	120000	Cost and volume 5% cap & collar
CCG	Cluster 7: SSSFT	Enduring Non-Psychotic Disorders (High Disability)	658000	Cost and volume 5% cap & collar
CCG	Cluster 8: SSSFT	Non-psychotic chaotic and challenging disorders	884000	Cost and volume 5% cap & collar
CCG	Cluster 9: SSSFT	Substance Misuse	0	
CCG	Cluster 10: SSSFT	First Episode Psychosis	411000	Cost and volume 5% cap & collar
CCG	Cluster 11: SSSFT	Ongoing Recurrent Psychosis (Low symptoms)	591000	Cost and volume 5% cap & collar
CCG	Cluster 12: SSSFT	Ongoing or recurrent Psychosis (High Disability)	811000	Cost and volume 5% cap & collar
CCG	Cluster 13: SSSFT	Ongoing or Recurrent Psychosis (high symptom and disability)	523000	Cost and volume 5% cap & collar
CCG	Cluster 14: SSSFT	Psychotic Crisis	288000	Cost and volume 5% cap & collar
CCG	Cluster 14: SSSFT	PICU	293000	Cost and volume 5% cap & collar
CCG	Cluster 15: SSSFT	Severe Psychotic Depression	182000	Cost and volume 5% cap & collar
CCG	Cluster 16: SSSFT	Dual Diagnosis	249000	Cost and volume 5% cap & collar
CCG	Cluster 17: SSSFT	Psychosis and Affective Disorder-Difficult to Engage	550000	Cost and volume 5% cap & collar
CCG	Cluster 99: SSSFT	Patients not assessed or clustered	396000	Cost and volume 5% cap & collar
CCG	SSSFT	Assessments	396000	Cost and volume 5% cap & collar

Commissioner CCG	Service Name/ Provider	Brief service description (including any easily defined activity)	Budget 2015/16	Type of Contract
CCG	SSSFT	PbR CQUIN	236472	Block
CCG	SSSFT	Criminal Justice Liaison	110000	Cost and volume 5% cap & collar
CCG	SSSFT	Criminal Justice Liaison (n-f-t-f)	121000	Cost and volume 5% cap & collar
CCG	SSSFT	RAID / Liaison	527000	Cost and volume 5% cap & collar
CCG	SSSFT	RAID / Liaison (n-f-t-f)	92000	Cost and volume 5% cap & collar
CCG	SSSFT	GP Counselling Services	227000	Cost and volume 5% cap & collar
CCG	SSSFT	IAPT Services	1,252,000	Cost and volume 5% cap & collar
CCG	SSSFT	Eating Disorders	82000	Cost and volume 5% cap & collar
CCG	SSSFT	Eating Disorders (n-f-t-f)	6000	Cost and volume 5% cap & collar
CCG	SSSFT	Perinatal / Mother & Baby	10000	Cost and volume 5% cap & collar
CCG	SSSFT	Perinatal / Mother & Baby (n-f-t-f)/	0	Cost and volume 5% cap & collar
CCG	SSSFT	Primary Care Counsellor	15000	Block
CCG	SSSFT	PICU Pricing Support	295000	
CCG	SSSFT/LA	MH Fieldworkers – identified by LA as reablement officers	136107	SLA
CCG	SSSFT	Memorandum of Understanding Pricing Support	1,138,000	
CCG	SaTH	MH services additional to SaTH contract	28,000	
CCG	Various	NCA Mental Health	900,000	Cost per case
CCG	General Practitioners	Medical examinations	77926	Cost per case
CCG	Enable	Employment (for six months only)	18500	Grant
CCG	Telford & Wrekin Council	Mental Health & Housing Officer	16520	Grant
CCG	Axis counselling	Counselling	45652	Grant
CCG	CRUSE	Bereavement counselling	6174	Grant
CCG	Various	MH special placements (complex care / continuing healthcare)	1,888,761	

Appendix 4.1.2 LA Spend on Mental Health Services

Commissioner LA	Service Name/ Provider	Brief service description (including any easily defined activity)	Budget 2015/16	Type of Contract
	Spend from purchasing budget			
LA / MH	Various	Dom Care	510,492	Spot
LA / MH	Various	Residential	1,037,887	Spot
LA / MH	Various	Day Activities	17,379	Spot
LA / MH	Various	Nursing	377,610	Spot
LA / MH	Various	Direct Payments	70,057	Spot
LA / MH	Telford & Wrekin Council	Shared Lives Scheme	76,640	Spot
LA / MH	Telford & Wrekin Council	Staffing	766,505 LA 610,445 CCG 156,060	N/A
LA / MH	Telford & Wrekin Council	Transport	19,810	Spot
LA / MH	Ellen Court Rent	Residential	34,430	Block
	LA MH Commissioning Budget			
LA / MH	Spring Court	SUP Accommodation	39,630	Block
LA / MH	IMHA	Advocacy	26,669	SLA
LA / MH	PoHWER - IMCA & NCAS	Advocacy	15,269 13,040	SLA

Appendix 4.1.3 Joint (Council & CCG) spend on MH services

Commissioner	Service Name/ Provider	Brief service description (including any easily defined activity)	Budget 2015/16	Type of Contract	Prevent/Reduce/Delay/Step Down/Acute
CCG & LA / MH	Ellen Court	Residential	LA 128,331 CCG 70,000	Block	R D SD
CCG & LA / MH	General Advocacy SIAS	Advocacy	6,280 CCG Budget 12,302	SLA	R D
CCG & LA / MH	Stepping Stones / Listen Not Label	Peer Support	2,150	Grant	P R D
LA / MH	MIND	MIND	LA 41,760	Grant	P R D
CCG	MIND	Counselling Service	CCG 11599	Grant	
CCG	MIND	IAPT	CCG 25000	Grant	

Appendix 4.1.4 Public Health spend

Commissioner LA	LA Cost	CCG Cost	Budget 2015/16
Healthy Lifestyles Hub / TWC	131,344.00	18700	Funded by LA (Public Health - ring fenced)
Health Trainers / TWC	347,000.00	Nil	Funded by LA (Public Health - ring fenced)
Green Gym/ shropshire Wildlife Trust	85,000.00	Nil	Funded by LA (Public Health - ring fenced)
Let's Grow/ TWC	45,000.00	Nil	Funded by LA (Public Health - ring fenced)
Tackle Your Health / TWC	95,300.00	Nil	Funded by LA (Public Health - ring fenced)
Fit4Life / TWC	43,333.00	Nil	Funded by LA (Public Health - ring fenced)
NHS Health Check / GP's	202,500.00	Nil	Funded by LA (Public Health - ring fenced)
Five Ways to Wellbeing / TWC	2,000.00	Nil	Funded by LA (Public Health - ring fenced)
Relateen / Relate	30,000.00	Nil	Funded by LA (Public Health - ring fenced)
Axis Counselling / Aixs	Nil	45,652	Funded by CCG
CRUSE Bereavement Support / CRUz	Nil	6174	Funded by CCG
Healthy Families Programme/ TWC	172,000.00	Nil	Funded by LA (Public Health - ring fenced)
School Nurses/ Shropshire Community Trust	405,615.00	Nil	Funded by LA (Public Health - ring fenced)
Look Out Life (LOL)/Partnership TWC, Police, etc	<1000	Nil	Funded by LA (Public Health - ring fenced)
Alcohol Awareness/ Partnership TWC, Police, etc	<1000	Nil	Funded by LA (Public Health - ring fenced)
Counselling / Impact	227,127.00	Nil	Funded by LA (Public Health - ring fenced)
Counselling NACRO	257,231.00	Nil	Funded by LA (Public Health - ring fenced)
Drug and Alcohol Service/ TWC	940,500.00	Nil	Funded by LA (Public Health - ring fenced)
Alcohol liaison nurses at Princess Royal Hospital	Nil	70,000	Funded by CCG through Shropshire Community Trust (Exact funding unclear)
Peer Mentoring / TACT	56,668.00	Nil	Funded by LA (Public Health - ring fenced)
Housing Support/ Stonham	31,500.00	Nil	Funded by LA (Public Health - ring fenced)
GP Shared Care/ GP	125,000.00	Nil	Funded by LA (Public Health - ring fenced)
Public Health Initiatives	3,197,118.00	140,426	

Review of Mental Health Services

Current Service Provision

1 Introduction

This paper describes the services that support mental health service users in Telford and Wrekin in 2015. It does not describe service users or clinician views as these are captured in appendix 4.2 - The Engagement process. The contracting arrangements and budgets are explained in Appendix 4.1

2 Service Provision

2.1 Health

Adult mental health services are in the main provided by South Staffordshire and Shropshire Foundation Trust (SSSFT) and the local authority. The trust provides both community services and inpatient services.

2.1.1 Community services

The services are often described as primary and secondary care services. Primary care services are those assessing and treating service users with mild to moderate depression and anxiety. This service is often referred to as IAPT but known locally as the Wellbeing service. Secondary care services are those where service users are more unwell and require multi-disciplinary input. These service users may pose a risk to themselves or others. Community mental health provision is through functional teams. Many of these have been developed when specific monies have been made available for a very specific service (eg Assertive outreach, early interventions psychosis). Teams have very specific remits and work with specific groups of service users. This has led to comments regarding gaps in service and falling through the net (appendix 4.2).

The CCG also commissions a psychiatric liaison service at the Princess Royal hospital. This service provides support to patients with a mental health problem in the emergency department and for those on the wards. In addition it provides training and support to staff at the hospital in managing mental health problems including dementia.

There are in addition more specialist services provided eg eating disorders, perinatal mental health. Each service or team has its own access point and referral method.

At present mental health services are not required to deliver referral to treatment times.

2.1.2 Crisis care

SSSFT provides a crisis response out of hours through the Crisis home treatment team. The team respond to crisis within 4 hours and provide an alternative to hospital care by providing intensive support at home. The team also provide cover at night for admissions at the Princess Royal hospital. Under the Mental Health Crisis Concordat a crisis helpline was commissioned in 2015 to provide fast access, advice and support for individuals and services, for example the police. The focus was to reduce the requirement for Section

136 admissions. There is one Section 136 suite at the Redwoods in Shrewsbury. This unit is used to 32% of capacity but it is often not free when police require it. Police have raised the issue regarding access and staffing.

2.1.3 In patient services

These are provided at the Redwoods centre in Shrewsbury. This new unit was opened in 2012 replacing a large old building. The unit consists of a forensic wing commissioned by NHS England; a 16 bedded ward for dementia; a 16 bedded unit for functional illness in older adults; 8 rehab beds and 2 wards for acute mental health problems (40 beds in total). The closest Psychiatric Intensive Care Unit (PICU) facilities are in Stafford at St George's hospital. Whilst this is run by the SSSFT and forms part of the local pathway, patients feel it is out of area. Some patients do have to be admitted to out of area hospitals when there is a lack of either PICU or acute in-patient beds. The first half of 2015 indicated that 6 patients had to be sent out of area and 7 sent to Stafford.

2.1.4 Benchmarking of NHS services *(please note this is for SSSFT as a provider so includes Staffordshire and Shropshire).*

Indicator	SSSFT %	England %	What does this mean for us?
Admissions under mental health Act % of quarterly admissions which were MHA detentions	24.1	25.4	Similar to England average - Best performing 44.4%
CPA users with HoNOS assessment % of people on CPA with HoNOS recorded (end of quarter snapshot)	91.6	84	Better than England - but commissioners got no detail of these outcomes
% CPA adults in employment	12.9	6.9	Higher than England - best performing 17.2%
Recording of employment status % of people in contact with mental health services with employment status recorded (end of quarter snapshot)	51.4	36.6	Higher than England - best performing 81.3%
CPA adults in settled accommodation % of people aged 18-69 on CPA in settled accommodation (end of quarter snapshot)	64.5	60.7	Higher than England - best performing 91.5%
Recording of accommodation status- % of people in contact with mental health services with accommodation status recorded	43.7	40.6	Similar to England - best performing 81.3%
Patients assigned to a mental health cluster	62	60.5	Similar to England - best performing 82%
Experience of access and waiting - patient experience summary score (2013)	6.69	7.24	Lower than England - best performing 8.66. Access and waiting to be improved through action plan
Experience of high quality care patient experience summary score (2013)	6.7	6.74	Similar to England - best performing 7.63
Experience of better information more choice patient experience summary score (2013)	6.60	6.54	Similar to England - best performing 7.19
Experience of building closer relationships- patient experience summary score (2013)	8.37	8.11	Better than England Best performing 8.56

2.2 Social Care services

2.2.1 Statutory responsibilities

The local authority has a statutory responsibility to ensure the provision of Approved Mental Health professionals (AMHPs) who discharge the authority's duties under the mental health act. The AMHPs are located within the community mental health teams and are social workers by profession. They sit alongside Reviewing officers and other professionals as part of an integrated team. Out of hours the AMHP function is provided by the Emergency duty team. This team has one person on duty at any time and has a remit covering adults and children social care.

2.2.2 Commissioning

The local authority has statutory responsibility to commission an Independent mental health advocacy service. This service is for anyone subject to conditions of the mental health act. The LA is also required to commission independent mental capacity advocates in line with the mental capacity act. The authority commission a range of care packages but there is a drive to increase the number of individuals commissioning their own support.

Public health commissioning also sits within the local authority and commissions a range of targeted interventions including drugs and alcohol support.

2.2.3 Activity data

Description	Activity	Comment
Out of hours Mental Health Act assessments	70% increase over 4 years	From 120 in 2010 to 204 in 2014. Peaks in autumn and winter. 25% instigated form Crisis team - needs further investigation
Out of hours Mental Health Act assessments	62% led to no detentions	Need to consider least restrictive practice
Out of Hours Section 136 detentions	60% discharged home	As above

2.3 Transition from children's services

Children's mental health services are provided by Shropshire community trust. The health care offer for children's services and adults is different and many young people fall through the service net. Health and local authority services are not well integrated and further work is on-going to improve transition.

3

What does this mean for the strategy?

This document forms the first stage of the review of mental health commissioning across Telford and Wrekin Council and the CCG. The report will form an Appendix in the Mental Health Strategy 2016-2019 and conclusions will be reflected in the strategy itself. The main issues are:

- There are services already commissioned that need to provide a more joined up model
- Crisis response needs to be improved
- A whole pathway approach is required to provide a seamless service
- Sec 136 pathway needs to be reviewed
- Bed base requires a review
- Access to services needs to improve
- Data recording needs improvement and reporting on a regular basis to commissioners
- Joining up social care and health provision

Review of Mental Health Services

Engagement - Patients, Public and Professionals

1 Introduction

This paper describes the key finding of a national survey undertaken in 2015 and goes on to document a two stage process undertaken to engage with local service users, stakeholders and the public regarding mental health in Telford and Wrekin. In addition, it describes the local feedback, implications for the strategy and finally feedback on the first draft of the vision. This feedback has been included in the final vision document.

2 National survey – The Five Year Forward View Mental Health Taskforce: Public engagement findings – September 2015

This survey of over 20,000 was undertaken by the national taskforce utilising a co-production approach, involving people with a lived experience of mental health problems, carers, professionals, providers, voluntary organisations and parts of the NHS. There are three clear themes from this work- prevention, access and quality.

2.1 Prevention

Specific themes in this section included support for new mothers and babies; mental health promotion in schools and employment; self management of mental health conditions; overall good physical and mental health and wellbeing and getting help early to stop escalation. Social interactions were raised as a key issue with loneliness and isolation being raised as contributors to poor mental health. It was thought that much could be gained from a 'community asset' approach particularly working with the community and voluntary sectors. Many called for a greater use of social prescribing which links people with mental health problems to social activities in the community to improve overall health including the opportunity to develop social networks.

2.2 Access

Over 52% of respondents said access was one of their top three priorities. This includes accessing help 24 hours a day 7 days a week- especially in times of crisis. People said they wanted high quality care available locally to enable them to be treated as close to home as possible. They wanted to be treated in the least restrictive setting appropriate to meet their needs. Participants in engagement events called for; provision of good quality home treatment; access to short stay crisis or recovery houses (where a person experiencing the onset of crisis can elect to stay in a respite setting providing intensive treatment and practical support); longer term specialist residential services for those who need them (instead of long stay within secure inpatient services); and voluntary admission to inpatient care for those who need it, which is not always possible when thresholds for inpatient care are extremely high. People also requested that they tell their story only once.

2.3 Quality

People described the importance of having the right information to make meaningful decisions about their treatment options. They also wanted more staff with psychological support skills. People also wanted to be more involved in their care planning, more in control of their own care and protocols in place for working appropriately to involve carers. People wanted information about their rights, their condition and the support and services available to them. There was a real push to ensure frontline staff across the NHS, have the confidence and skills to support people mental health needs. This includes all frontline staff and there was support for staff to have training in Mental health First Aid- and people wanted the training to be led by people who have used mental health services. Respondents rated ten aspects of NHS service delivery in order of their perceived need for change - the top 5 were:

- NHS services being more joined up
- Attitudes of staff in mental health services
- Recruiting staff with a range of skills
- NHS staff training
- Attitudes of staff working in non-mental health settings

3 Local process for engagement

The principles of Values Based Commissioning have been utilised to develop the vision. Values based commissioning places equal value on the needs and wants of service users and carers; the ideas and experience of professionals and the evidence base to ensure services commissioned to provide quality care. To this end both service users and carers and professionals have been consulted throughout the process.

Over the past four years there has been engagement with various groups regarding mental health provision in Telford and Wrekin. This has been reviewed and is included in section 3.1.

In 2015 a two stage engagement process was undertaken. The first stage was to gather views and opinions and to develop the vision.(Details in Appendix 4.3.1) The second stage was to share the first draft with those contributors to ensure it reflected their views.

Engagement was undertaken with as many local groups and service users as possible. It was agreed to visit groups of service users; to send out questionnaires to groups and professionals; to attend professional meetings; to present at the GP forum; to arrange a focus group with MIND and TACT and then to collate, analyse and develop the vision.

3.1 Previous engagement

Previous engagement events and reviews undertaken were also taken into consideration and these included Castle lodge closure consultation (2011); Health overview and scrutiny report on Castle lodge (2014); 'If I had a magic wand' event (May 2015 Telford and Wrekin CCG); Healthy Telford (2015); TACT- stories from Open day (2015) and Talking Men (2012, NHS Telford and Wrekin).

These highlighted similar areas to the national work. Local work particularly highlighted that isolation is a key issue for poor mental health and needs addressing (Magic Wand-CCG 2015). Poor access, lack of capacity in community health providers and serious concerns about access to crisis support was raised by the HOSC in 2014. It was also highlighted that mental health issues are not best dealt with in an acute inpatient setting of a general hospitals (HOSC 2014). Local men also raised issue of rapid access as men often leave it very late to ask for support and do not necessarily present with sadness but anger (Talking Men 2012). The report highlighted that having to wait months for support can lead to increased suicide risk.

3.2 Initial Feedback

Themes from the engagement were:-

3.2.1 Prevention

It was highlighted that if early intervention was available it would make a big difference and might mean that their mental health wouldn't get worse. Undertaking family work and ensuring forward planning is essential in preventing further escalation of need.

3.2.2 Improving Access

Both service users and professionals wanted a single point of access 24/7 which can respond quickly. They wanted the single point of access to provide crisis support and alternatives to admission. It was suggested that services need to be more joined up particularly mental health and drug and alcohol services. Service users wanted one record so they didn't have to tell their story over and over again. Professionals wanted one IT system that talked to other organisations- one record! It was acknowledged that there were too many teams that provide care and it can feel as if you are being pushed from pillar to post which can be stressful for service users.

3.2.3 Personalised services

A key theme was there is a need to increase choice and control. It was suggested that this could be met by personal budgets, positive risk taking and developing creative ways of supporting independence. It was felt that more support could be provided to enable people to lead independent lives and access employment. Housing was identified as a key element for independence and service users wanted more support and guidance about their options.

Service users raised the issue of lack of empathy shown by staff to their distress.

4 Key items for the draft vision

Service users and carers want:-

- To be treated with compassion and empathy
- To be treated as an individual not a diagnosis
- Easy Access- self referral, a single point of contact and fast response
- Choice and alternatives especially to admission
- Joined up services- no gaps in provision or extra waits no passing from pillar to post.
- Commissioners to consider the needs of high risk groups

5 Second Stage Engagement

Feedback was given by service users and carers, GPs, professionals, Health and Well Being board, Overview and Scrutiny committee, local mental health trust and voluntary sector organisations. Overall feedback has been positive on the first draft of the vision, with many saying they liked the simple messages in everyday language; the succinctness of the document; the three ambitions which are easy to remember; people were positive about the process (service users being involved and contributing to the future of services) and the consistent focus on prevention, early intervention and recovery.

Key themes of feedback at stage two were:-

5.1 Increase focus on specific areas

Feedback suggested the vision required a stronger focus on employment, housing, suicide prevention and working with assists rather than deficits. The issue of increasing numbers of asylum seekers was also raised.

5.2 Continuity of care

The transition between CAMHS and adult services needs to be improved. Better integration of drug and alcohol services needed. There needs to be improved access and better communication from mental health services.

5.3 Partners

Partners want to be part of the action planning and part of the solution to mental health problems in Telford and Wrekin.

5.4 Changes to 'I' statements

Service users suggested some changes to the 'I' statements.

6 Changes made to first draft

We have taken on board all the feedback to the first draft and amended the document as appropriate.

Appendix 4.3.1

Service Users and Carers

Group	Key issues raised
TACT	Waits between services - passed from pillar to post
	Want simpler access route
	Need to deal with underlying Mental health problem not ignore it
MIND Telford Drop-in	No empathy from some staff- especially for those who self-harm and at hospital.
	No support in evening when feel your lowest
	Art courses more helpful than confidence courses - needs to be tailored to individual
	Need to think about impact on benefits
	Difficulties travelling across Telford for support services
Round Table	Stigma issues with mental health
Chorus	Waiting times an issue. Some people paying for private counselling as they cant get what they need on NHS. Can't get back into NHS if have gone privately. Some people being asked to pay privately after they have completed a course
Tickwood Farm	Not enough variety of support available
	Traditional models of support used
Substance Misuse Service-Users	Not enough joint working
	Access to services if you use alcohol are poor – often people drink because of their mental health issues
	Services are complex to navigate
W-Service User	Not given enough information about what to expect
	Not personalised - this is what you get and this is all!
	Nowhere to go for longer term counselling
GP Forum	Gaps in service provision
	Response and Waiting times need to improve
	Need easier simpler access
	Need better communication with GPs
CMHTS	People drop between service gaps - care clusters can be used to exclude people
	Difficulty discharging long term patients
	Can't give the time people require as caseloads too big
Access Team	Get a lot of people who are in distress and who don't need services but need someone to talk to - we medicalise people's distress
Department of work and pensions	New benefits focus on getting everyone some form of employment. Need to work closely together to ensure those with mental health difficulties can be supported to stay in work and get back to work. Worked better when working closer with MH staff
Crisis	Need a crash pad in Telford for those who can be managed but not at home but don't need admission
SSSFT Planning event	Need to build strong third sector to support people

Group	Key issues raised
Approved Mental Health Practitioners. (AMHP's)	Delays accessing bed
	Issues over CR / HT interventions
	No alternatives to admission
Mental Health Team Leader	Not enough focus on recovery
	Risk averse
	Social Workers role isn't defined
Emergency Duty Team	Not enough beds
	Too high use of Section 136
	A&E used too often for S136
	No alternative to admission
	No out of hours support for under 18's
	Too many teams – very confusing!
	Personal budgets not used enough to help people exercise choice
	IT systems don't "talk"
	Need one single access route
	More access to psychological therapies is needed
	More specialised support for people with a personality disorder
Substance Misuse Workers	Access in to mental health is difficult
	Not enough joint working
	Issues over assessments / crisis intervention if someone uses substances
Shropshire Independent Advocacy Services (SIAS)	Services are not joined up enough
	Not person centred
Family Nurse Partnership	Perinatal mental health service isn't all age
	Not enough support available
	Issues over access
	Need a whole family approach

Appendix 4.3.2

Stage two feedback

Themes	Comments
Increase focus on specific areas	Strengthen focus on well-being
	Increase the focus on employment
	Ensure the addition of suicide prevention
	People not service users
	Assets not deficits
	5 ways to WB – is a way of working – not an approach / strategy
	Highlight the ageing population issue but don't specifically suggest any ways to addressing
	More on specific groups: Ex-service men / women, asylum seekers
	Housing
	Employment
	The Care Act make it very clear that carers have the right to an assessment of need based on the national eligibility outcomes. Our local offer to carers is to reach out at all stages you have iterated above
	Prevention/Early Intervention in the sense of accessing information, advice and support via community assets
	Quality Services: with regard to being experts by experience contributing to the commissioning and shaping services so assets are developed out of need and where ever possible in co production
	Liked the simple messages and three key ambitions - easy to remember
	Strategy is a 'fine word', devil is in the detail
Continuity of care	Need a responsive fast service across board
	Clear point of access from Primary Care Single point of referral must mean to all services
	Concentration of care over advisory service - the transition age group is the main vulnerability
	Discharge planning
	Clear episodes of care agreed
	Sharing of data / hand held record?
	Handover CMHT / Crisis, 4 o'clock cut off is a nightmare!
	How long to service spec – time have to contract and service
	How to ensure rapid communication from Secondary Care
	Communication about prescribing changes to GPs
	Services users wanted Patient held record so they don't have to keep telling their story
	Wanted a 24/7 mental health hub - so there is someone to talk to, somewhere to go in the evenings and nights when feeling low!
	Issues with drug and alcohol services and referrals - want direct referrals from Portcio to mental health - not via GP - There needs to be a proper pathway
	Want Face to face assessment for IAPT service- and review don't just say 6 sessions – review the person and give more help if needed
	Real problems with lack of empathy

Themes	Comments
Partners	Linking up MH Summit to the Living Well Partnership
	0-25 & transition – need to ensure the work programmes are linked
	Designated T&W Governors at SSSFT – need to ensure we work with them to maximum effect & using the allocated seat for commissioners
	Samaritans – keen to work together for action planning to deliver solutions which don't impact on budgets
	Are there plans to involve Police, NHS England etc in action plan
	'We will ensure a robust voluntary sector in the borough'. - not sure what this means- how can we ensure that....is this not more about social value and integrating with the voluntary and community sector
Changes to 'I' statement	Service users felt it represented their views and wanted the I statements changed Statement 1 - 'a place I feel proud of where I am accepted and safe'
	Statement 2 - 'I know where to go for advice and support that I can access quickly'
	Statement 3 - stays the same

Review of Mental Health Services Evidence Base

1 Introduction

This paper describes an overview of national documents that are available to support the development of a local strategy and relevant quality standards that need to be considered. There is a national push to raise the profile of mental health and an acknowledgement that mental health has an impact on most of the population. 1 in 4 people will experience some mental health distress at some time during their life and these impacts on family relationships and employment. Nationally it has been acknowledged that those who have a mental health condition, have much poorer health outcomes; a reduced life expectancy and an increase in acute hospital admissions for their physical health needs. The Parity of Esteem agenda attempts to address this and ensure physical and emotion health needs are considered together- no health without mental health.

2 National strategy- No health without mental health (2011)

The national strategy was published in 2011 and still remains relevant today. It provides a good evidence base for mental health services. It highlights 6 key areas to support people with mental health issues:

- 1 More people will have good mental health
- 2 More people with mental health problems will recover
- 3 More people with mental health problems will have good physical health
- 4 More people will have a positive experience of care and support
- 5 Fewer people will suffer avoidable harm
- 6 Fewer people will experience stigma and discrimination

3 Five year forward view (2014)

There are three main themes in the 5 year forward plan- an ambition to improve quality; a greater focus on prevention and engaging communities. These are key areas of focus for mental health. People with mental health issues live an average of 10-20 years less than those without problems. Ensuring the physical health needs of people with mental health problems is proactively dealt with and supported is a key element of NHS care. The focus on prevention includes the prevention of both physical and mental health problems. It also includes the promotion of employment. People with severe and enduring mental health problems have the lowest employment rate at 7% of any disability group. Those with mental health problems now account for more than twice the number of employment and support allowance and incapacity benefit claimants as do musculo-skeletal complaints. It is well recognised that employment, which supports the Five Ways to good health, improves mental health and this needs to be a focus for the strategy.

In addition the Five year Forward plan promotes engaging communities by increasing partnerships with charitable and third sector and by increasing and supporting volunteering. The Council and NHS locally need to ensure they are exemplar employers in promoting good mental health with their staff.

4 NICE guidance

NICE produces pathways, guidelines and quality standards to support the commissioning of mental health services. These are based on evidence and should be the basis for services specification development and delivery. Pathways include psychosis, depression and anxiety; guidelines include ante natal and post natal care and mental wellbeing; and quality standards include service users experience and mental health and older people.

5 Other documents

Over the past few years several documents and initiatives have highlighted the importance of the service users experience and the need to focus on improving these experiences where possible.

- Lord Darzi's report '[High quality care for all](#)' (2008) highlighted the importance of the entire service user experience within the NHS, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.
- The [NHS Constitution](#) (2013) describes the purpose, principles and values of the NHS and illustrates what staff, service users and the public can expect from the service. Since the Health Act came into force in January 2010, service providers and commissioners of NHS care have had a legal obligation to take the Constitution into account in all their decisions and actions.
- The King's Fund charitable foundation has developed a comprehensive policy resource – '[Seeing the person in the patient: the point of care review paper](#)' (2008).
- Department of Health - [Preventing Suicide in England](#) (2012) highlights 6 key areas for action of which two are specifically focused in this strategy - reduce the risk of suicide in high risk groups and tailor approaches to improve mental health in specific groups. High risk groups include young and middle aged men; people in the care of mental health services; those who self-harm; people in contact with the criminal justice system and some specific occupational groups. Some groups require tailored approach to their mental health needs and these include survivors of abuse; veterans; people living with long term physical health problems; people with untreated depression; those who are vulnerable due to social isolation or economic circumstances; those who misuse alcohol or drugs; lesbian, gay, bisexual or transgender and black, Asian or ethnic minority groups.
- [Achieving better access to mental health services by 2020](#) (2014) describes the investment that is being made to drive down waiting times and increase access to supportive therapies.

6 What does this mean for the strategy?

- The Council and NHS need ensure that in Telford and Wrekin has strong resilient communities
- The third sector and charitable organisations are supported to thrive in the borough.
- Local employers are supported to encourage people with mental health problems into employment
- There is awareness across the borough that mental health problems can affect anyone, at any time and there is a willingness to work together to reduce stigma.

- Services commissioned by both the Council and NHS need to ensure people are:-
 - Supported to self-care and self-manage
 - Routinely involved in decision making
 - Supported in their local community
 - Supported to gain employment/ meaningful activity
 - Able to access services when they require them
 - Confident that services will support them
 - Supported to manage their physical health needs
 - Treated with compassion, dignity and respect wherever they receive their care
- Service specifications should be based on NICE evidence and include the quality standards.
- The needs of men and the way they access services needs to be considered when designing support services.

Appendix 4.4.1

For information-NICE quality standards for mental health services

These quality standards provide further information to support the local strategy:-

- Statement 1** People using mental health services, and their families or carers, feel **optimistic that care will be effective**.
- Statement 2** People using mental health services, and their families or carers, **feel they are treated with empathy, dignity and respect**.
- Statement 3** People using mental health services are **actively involved in shared decision-making and supported in self-management**.
- Statement 4** People using community mental health services are **normally supported by staff from a single, multidisciplinary community team**, familiar to them and with whom they have a **continuous relationship**.
- Statement 5** People using mental health services **feel confident that the views of service users** are used to monitor and improve the performance of services.
- Statement 6** People **can access mental health services** when they need them.
- Statement 7** People using mental health services **understand the assessment process, their diagnosis and treatment options, and receive emotional support** for any sensitive issues.
- Statement 8** People using mental health services **jointly develop a care plan** with mental health and social care professionals, and are given a copy with an agreed date to review it.
- Statement 9** People using mental health services **who may be at risk of crisis are offered a crisis plan**.
- Statement 10** People accessing crisis support have a **comprehensive assessment**, undertaken by a professional competent in crisis working.
- Statement 11** People in hospital for mental health care, including service users formally detained under the Mental Health Act, are **routinely involved in shared decision-making**.
- Statement 12** People in hospital for mental health care have **daily one-to-one contact with mental healthcare professionals known to the service user** and regularly see other members of the multidisciplinary mental healthcare team.
- Statement 13** People in hospital for mental health care **can access meaningful and culturally appropriate activities** 7 days a week, not restricted to 9am to 5pm.
- Statement 14** People in hospital for mental health care **are confident that control and restraint**, and compulsory treatment including rapid tranquillisation, will be used **competently, safely and only as a last resort with minimum force**.
- Statement 14** People using mental health services **feel less stigmatised in the community and NHS**, including within mental health services.

Review of Mental Health Services

Demographics

1 Introduction

This paper describes a summary of local demographic data for Telford & Wrekin. It describes the different populations the two organisations commission for; the population data and mental health profile.

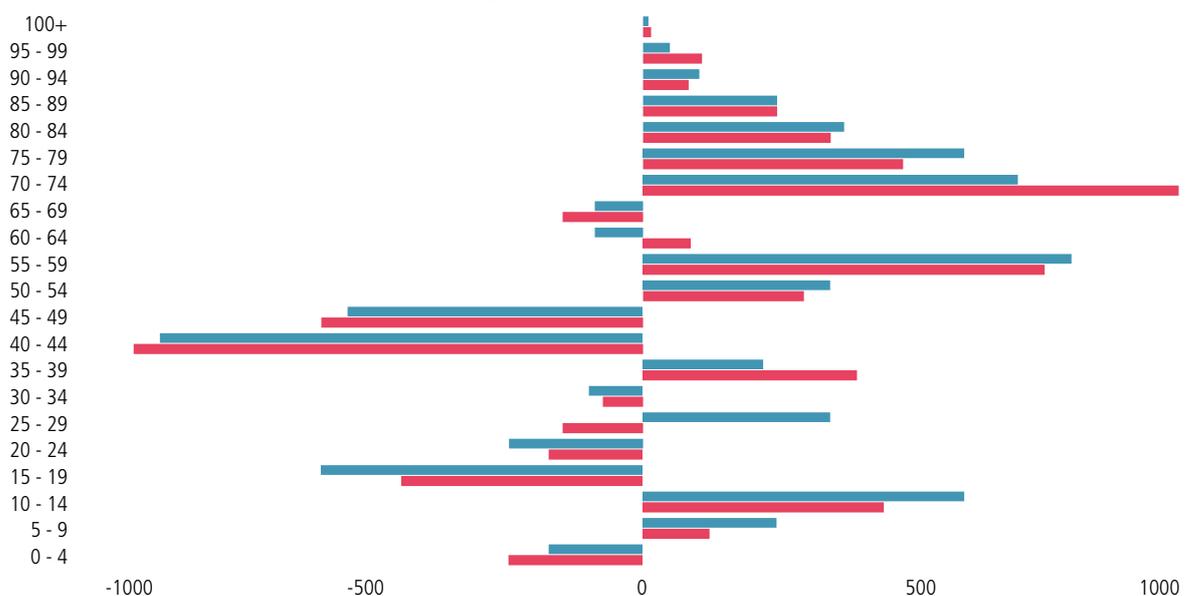
2 Commissioning populations

This is joint strategy but the two organisations commission services on a different footprint. The local authority commission's services for people who live in the borough whilst the CCG commissions services for people registered with a GP in the organisation. The population of the borough is 166,641 whilst for the CCG it is 178,412. Population data contained in this report is based on the local authority footprint.

3 Population

The 2011 Census population of Telford & Wrekin was recorded as 166,641 an increase of 5.2% from 2001. This strategy focuses primarily on the adult population which in 2014 was approximately 136,000. The age profile in Telford & Wrekin is changing, with the older age groups increasing most rapidly.

Resident population absolute change by ag group 2014-2019 Telford & Wrekin CCG



Sources:

Ons.gov.uk, (2015). Annual Small Area Population Estimates, 2013 - ONS, [online] Available at: <http://www.ons.gov.uk/ons/rel/sape/small-area-population-estimates/mid-2013-small-area-population-estimates-statistical-bulletin.htm#tab-Clinical-Commissioning-Group-Population-Estimates> [Accessed 3 Sep. 2015].

ONS.gov.uk, (2015). 2012-based Subnational Population Projections for England - ONS. [online]

Available at: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-opulation-projections/2012-based-projections/stb-2012-based-snpp.html> [Assessed 3 Sep. 2015].

3.1 Demographics compared to England

Population	Telford & Wrekin %	England %	What does this mean for us?
Over 65 year olds	14.5 to total population	16.4	7,113 are living alone. We have less older people in our community than England but will increase
Households with dependent children	33	29.1	Younger population need to consider perinatal mental health and CAMHs
Households where all residents are over 65	18.5	20.7	Lower than England average
Educational attainment of GCSE percentage point gap	34	28	Worse than national figure
Workless households	21.2	14.1	Higher than England - workless impacts on poorer mental health - Employment needs to be a key feature of the action plan
Unemployment rates	6.2	6.5	Similar to England
Income deprived households 0-15	25.3	21.8	Need to consider the impact of poverty on mental health and access to services
Income deprived households over 60 years	21.7	18.1	As above
Estimated Future Population Changes from 2011			
65-79 year olds	+19	2016	Consider impact of depression in older people
Over 80 year olds	+32	2016	As above
18-64 year olds	+5	2020	Smaller growth in adult mental health services required
Ethnicity			
BME	10.5	20.2	Much lower than England figure but rising and may rise more quickly with increases in asylum seekers. Consider service provision issue and local support when small numbers
Reported Health			
Reporting bad health age over 65 years	18.1	15.3	4,400 over 65 year olds say their health is bad or very bad- whilst we have lower numbers they are reporting more bad health- need to consider the mental health impact of physical disease and ageing
Life expectancy Females	81.7 years	82.8 years	Need to consider the mental health impact of physical disease and ageing
Life expectancy Males	77.7 years	78.9 years	As above
Estimated % binge drinkers in resident population aged 16 years and over	18.7	20.1	Whilst lower than England this still remains an issue for local services and is a long way for the best performing area with 7.6%

4 Mental Health Profile Data

The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years (Public Health England). In Telford and Wrekin health and social care services spend £21.3M but this does not include the impact of other statutory services or the economy.

One in four people in the UK will suffer a mental health problem in the course of a year. For Telford and Wrekin, with an adult population of 136,000 this could equate to 34,000 adults suffering from a mental health problem at some point in their lives.

Deprivation is recognised as being a wider determinant of physical and mental health problems. From the JSNA (2009), levels of deprivation across the Borough vary considerably, with some areas in the 10% most deprived nationally (areas of Woodside, Malinslee, College and Brookside) and others ranked in the 10% least deprived nationally (areas of Priorslee, Shawbirch, Newport North, Apley Castle and Edmond).

Using Projecting Adult Need and Service Information Systems (PANSI) forecasts from 2014 for Telford and Wrekin we can determine the following prevalence:

- 16,529 people with Common Disorder
- 462 people with borderline personality disorder
- 361 with antisocial personality disorder
- 411 people with psychotic disorders
- 7,400 people will have 2 or more psychotic disorders

The Public Health Profiles provide detailed prevalence data which is extracted below (based on latest data available, 2012/13 & 13/14 Quarter 1):

Indicator	Telford & Wrekin %	England %	What does this mean for us?
Estimated population 16-65 years olds who have any common mental health disorder	14.2	15.62	Unclear why this is estimated lower
Adults with depression known to a GP as % of total population	10.9	7.3	Patients are reporting issues and coming forward for treatment – need to ensure services have capacity and capability
New cases diagnosed and known to GP as % of total registered population	1.6	1.2	As above
Long term mental health issues among GP survey respondents. % completing the survey who report a long term mental health issue	6.0	5.1	Higher than England average. People acknowledging they have a problem – need to ensure services are in pace to support early
Depression and anxiety among GP survey respondents. % completing the survey who report a depression and anxiety	14.6	12.4	As above

5 What does this mean for the strategy?

- Our households are 'younger' and more likely to have dependent children therefore a whole family approach is needed
- The population of older people is increasing at a greater rate and we need to build resilience and skills into services to ensure they are supported.
- Our population is becoming more diverse and services, support and communications need to reflect this
- There remain challenges around levels of deprivation therefore the strategy needs to work with the broadest range of stakeholders to ensure we develop supportive communities.
- Whilst unemployment is low we have a number of workless families and there needs to be a priority around employment
- Our population is reporting levels of poor health, higher rates of mental health disorders so we need to ensure we commission prevention and early intervention services that can support them at the earliest opportunity.

Information sources:

JOINT STRATEGIC NEEDS ASSESSMENT

2011 CENSUS

ADULT SOCIAL CARE MARKET POSITION STATEMENT

WELL-BEING AND PREVENTION STRATEGY, TELFORD & WREKIN COUNCIL

Review of Mental Health Services

References and Supporting Documents

Document	Area of impact on strategy
<i>It is time to stop treating mental health as a "Cinderella" issue – Ed Mitchel - 24 October 2013 - 07:43</i>	Finances benchmarking
Castle lodge closure consultation (2011)	Engagement
Health overview and scrutiny report on castle lodge (2014)	Engagement
If I had a magic wand' event (May 2015)	Engagement
Healthy Telford (2015)	Engagement
TACT - stories from Open day (2015)	Engagement
Talking Men - 2012 NHS Telford and Wrekin	Engagement
National survey – The Five Year Forward View Mental health Taskforce: Public engagement findings – September 2015	Evidence
No health without mental health	Evidence
Achieving better access to mental health service's 2014	Evidence
NICE quality standards	Evidence
Preventing suicide in England 2014	Evidence
Health and prevention strategy Telford and Wrekin LA (2015)	Evidence Engagement
High quality care for all' (2008)	Evidence
NHS Constitution (2013)	Evidence
Seeing the person in the patient: the point of care review paper' (2008)	Evidence
Achieving better access to mental health services by 2020 (2014)	Evidence
The King's Fund developed a 'House of Care'	Model for strategy



Telford & Wrekin
COUNCIL



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