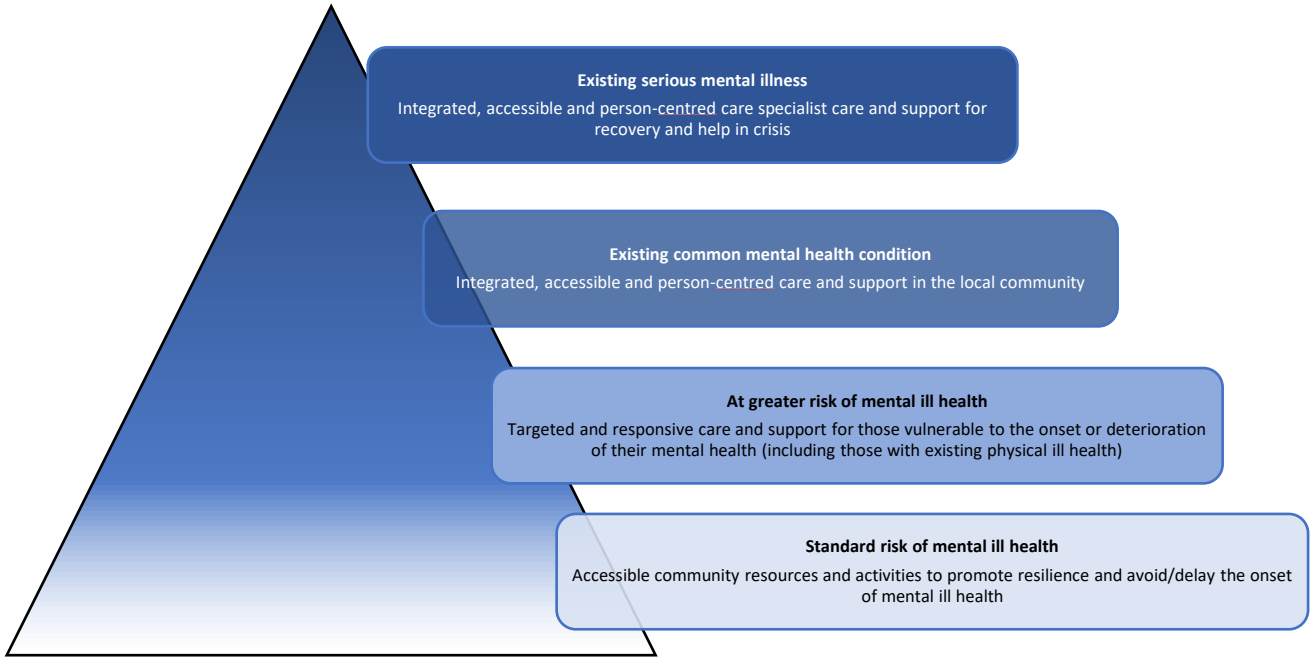
Mental Health Strategy - Engagement Report

Introduction

The strategic aim of the STP Mental Health Strategy is to transform mental health and wellbeing in Shropshire, Telford and Wrekin. There are already many positive aspects to the services provided by the voluntary sector, the NHS and Local Authority partners in our STP which we aim to build upon. A number of improvements continue to be implemented and outlined nationally (not least in support of NHS England's *Five Year Forward View for Mental Health).*

There is also compelling evidence from innovations across the country that there is a real opportunity to achieve a step-change in the health and wellbeing of those who are at risk of or who are already living with mental health. The nature of the step-change that citizens need to experience will vary with their underlying need and associated risk factors. So, the strategy will be population-centred and aims to address appropriately the specific needs of each cohort (see Figure 1 below).

Figure 1: Broad Cohorts of Mental Health Need



The mental health strategy will stand a better chance of being implemented if it speaks to, and reflects the wishes, preferences and experiences of the people for whom it is meant to make a difference, i.e. service users, family members, friends and those too who deliver services across the county.

This report builds on previous work undertaken in 2017/18 to inform the Shropshire Mental Health Needs Analysis, through which feedback from individual service users and provider organisations including a mix of drop-in centres, counselling services, employment services, charities and advice and advocacy services was received. These organisations were:

1. Citizens Advice Bureaux
2. Confide Counselling Service
3. Designs in Mind (Oswestry)
4. Enable
5. Rethink - Shropshire Carers Group
6. Samaritans (Shrewsbury)
7. Shropshire Mind
8. SIAS - Shropshire Independent Advisory Service
9. Talking Point

The key findings from these interviews at the time are summarised below:

Overarching Themes	Emerging Trends
▪ Access to local mental health services is lengthy and complicated ▪ Users reported a good service once they found the right support ▪ Building relationships with professionals is very important to achieve positive outcomes ▪ Consistency in how support is provided needed to achieve positive outcomes ▪ Those with stronger family support generally achieve more positive outcomes supporting towards recovery (if can recognise	▪ Key reasons why people seek mental health help include Relationship difficulties, Problems at work, Bereavement, Financial (debt, gambling), Abuse, Addiction, Trauma/life events, Childhood trauma ▪ Trend of increasing older people seeking support - isolation and bereavement, dementia and Alzheimer's ▪ Children and young people are increasingly seeking mental health services for anxiety and depression from pressures at

signs before crisis) ▪ Peer support was identified as one of the most supportive ways of managing conditions along with counselling and medication ▪ Significant emerging trend of more young people asking for help ▪ Complexity of life (wider social problems) main contributing factor to mental wellbeing. For men this included gambling and debt. For women this included relationship problems and issues with abuse.	school, bullying, social media and abuse ▪ Isolation is a contributing factor not just of older people but amongst single parents (especially in rural locations) and those who work from home ▪ Increasing number of people from Caring professions seeking help for mental health issues (including teachers, medical professionals and police)
Potential Improvements identified by service users and providers	
▪ Community Mental Health Team (CMHT) staff could shadow each other so that a wider range of experience could be learnt and share good practice across teams ▪ Those at a strategic level would benefit from shadowing 'ground level' staff and talking to service users ▪ Concerns raised by service users included the age and experience of some staff, who service users felt might be too young to really be able to empathise with their situation ▪ Counselling should be more tailored to individual needs rather than one size fits all approach (wider selection of counselling types) ▪ GPs should have more training in mental health issues ▪ A mental health specialist at every GP surgery who knows what support is available both formally and through the community ▪ Mental health service providers should attend at GP group sessions ▪ Service users wanted to ensure that all areas were served with mental health support services and that it should not just be a Shrewsbury centric service ▪ More drop-in centres (Although a mixed review of their effectiveness was given) for more immediate support as well as being a regular place of safety for people who like to build relationships and have consistency in their support ▪ People wanted a faster, and less complicated way to access mental health services, with a central place that people can go to find information and advice ▪ Review individual circumstances not just the mental health issues as support to resolve wider social issues may assist with the mental	

health condition

- Shropshire needs a lean, joined up service, and that any strategy needs to have core principles that keep the person at its heart
- Importance of providing support services for mental health issues in the work place (felt there is currently a gap) - potential in working with the private sector to develop a model of support

To inform the development of a new whole system STP Mental Health Strategy additional meetings and workshops were held between October 2018 and April 2019 to capture the views of people receiving care, family members and professionals working within services across health, care and voluntary sectors. In addition to service users and families, approximately 200 people from across primary care (GPs), local authorities (social workers, housing, public health, children's services and commissioners), health (mental health and acute), police, fire service and voluntary and community sectors have engaged with the process.

Events held included:

- Meetings with service users in local settings – e.g. MIND Shrewsbury, Designs in Mind (Oswestry), Redwoods.
- Primary Care locality meetings with GP's (across Shropshire)
- Listening event with Telford and Wrekin Mental Health Forum
- Listening event with Shropshire Mental Health Strategy Forum
- Listening meeting with Shropshire Suicide Prevention Group
- Meetings with leaders from Shropshire MIND, Samaritans, Men in Sheds, Compassionate Communities
- Meetings with social worker and mental health managers from across Shropshire, Telford and Wrekin
- Meeting with Shropshire Patient Involvement Group
- Discussion at Shropshire Health and Wellbeing Board
- Regular meetings with a small group of service users and family members who openly shared their views of service provision.

The findings from these meetings are presented below and reflect the three questions asked at the meetings which were:

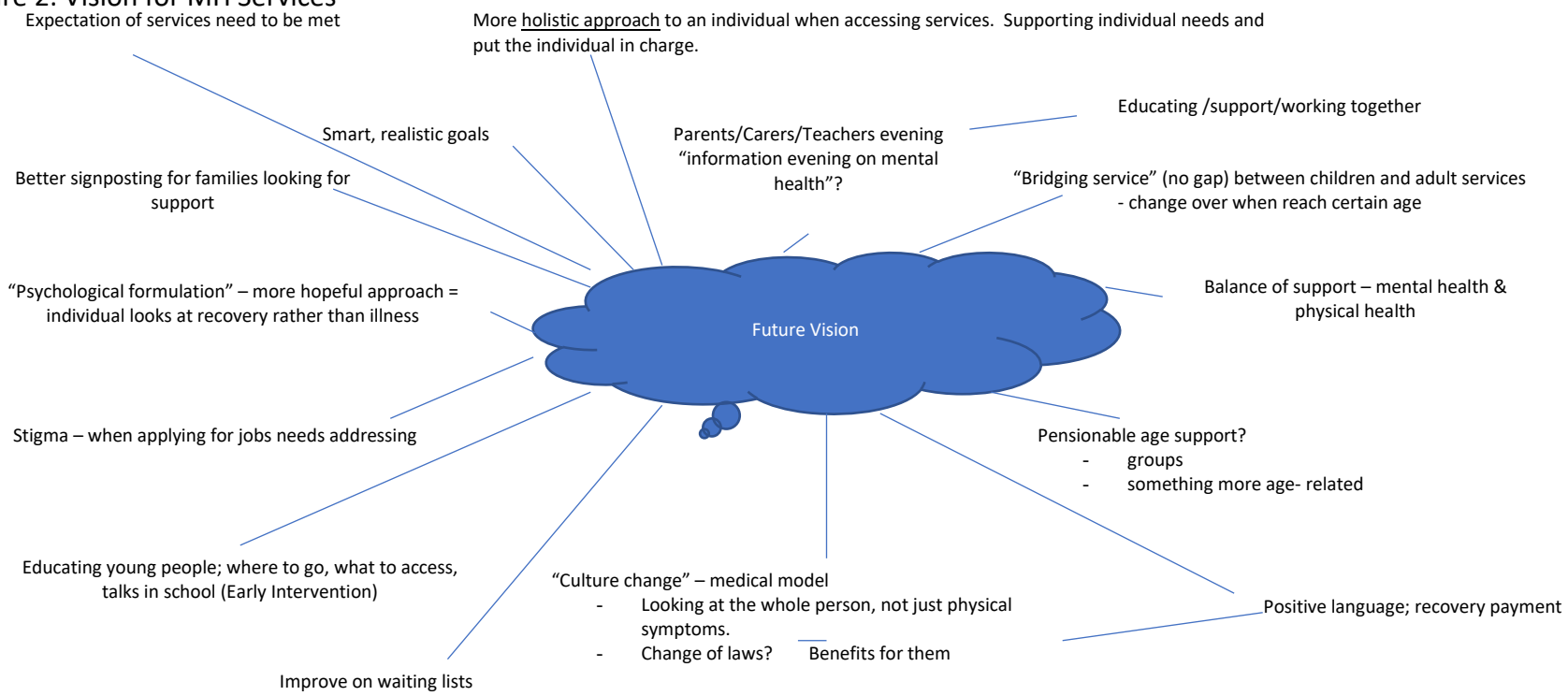
- What is your ideal future vision for the mental health support in Shropshire, Telford & Wrekin?
- In getting to your ideal future, what are the three things you'd most like to fix?

- What would the Trust, Local Authorities, Voluntary Sector and the CCG's need to do to help you and your colleagues reach this ideal future?

Question 1: What is your ideal future vision for the mental health support in Telford & Wrekin and Shropshire?

There was a consistent message from across the Sustainability Transformation Partnership (STP) in relation to what people wanted from mental health services. All comments have been included to capture the full breadth of views. These are then themed and summarised at the end of the document to reflect high level themes and priorities. Figure 2 below illustrates a typical visioning diagram.

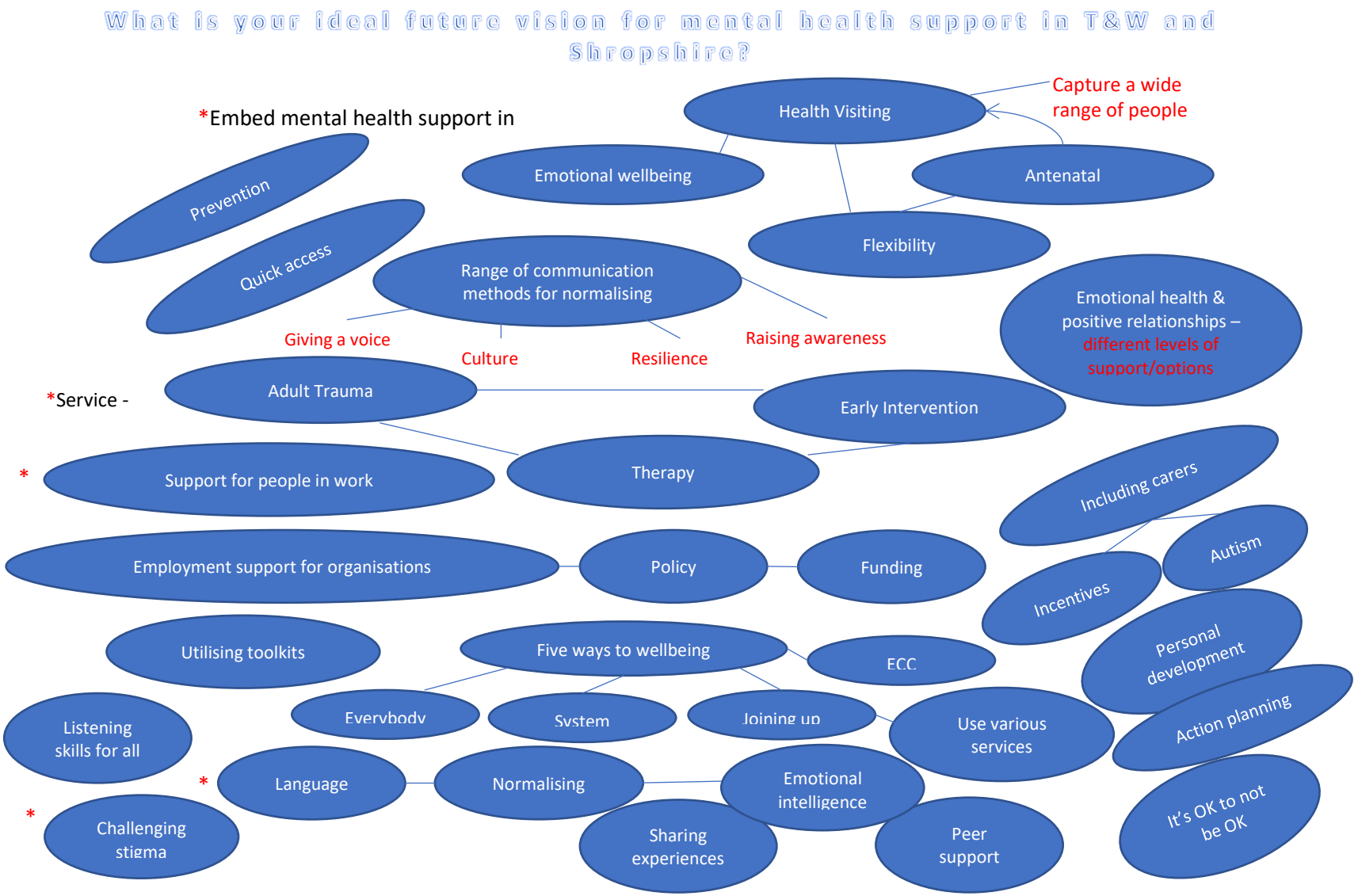
Figure 2: Vision for MH Services



Feedback in this question has been captured and shown in the format below - services would be joined up, easy to access and locally available. The whole workforce would be knowledgeable about mental health issues and the impact of trauma and the impact of childhood adversity.

Figure 3: Future Vision Word Cloud

Figure 4: Vision for Mental Health Services



Question 2: In getting to your ideal future, what are the three things you'd most like to fix?

The table below highlights the main issues from the feedback:

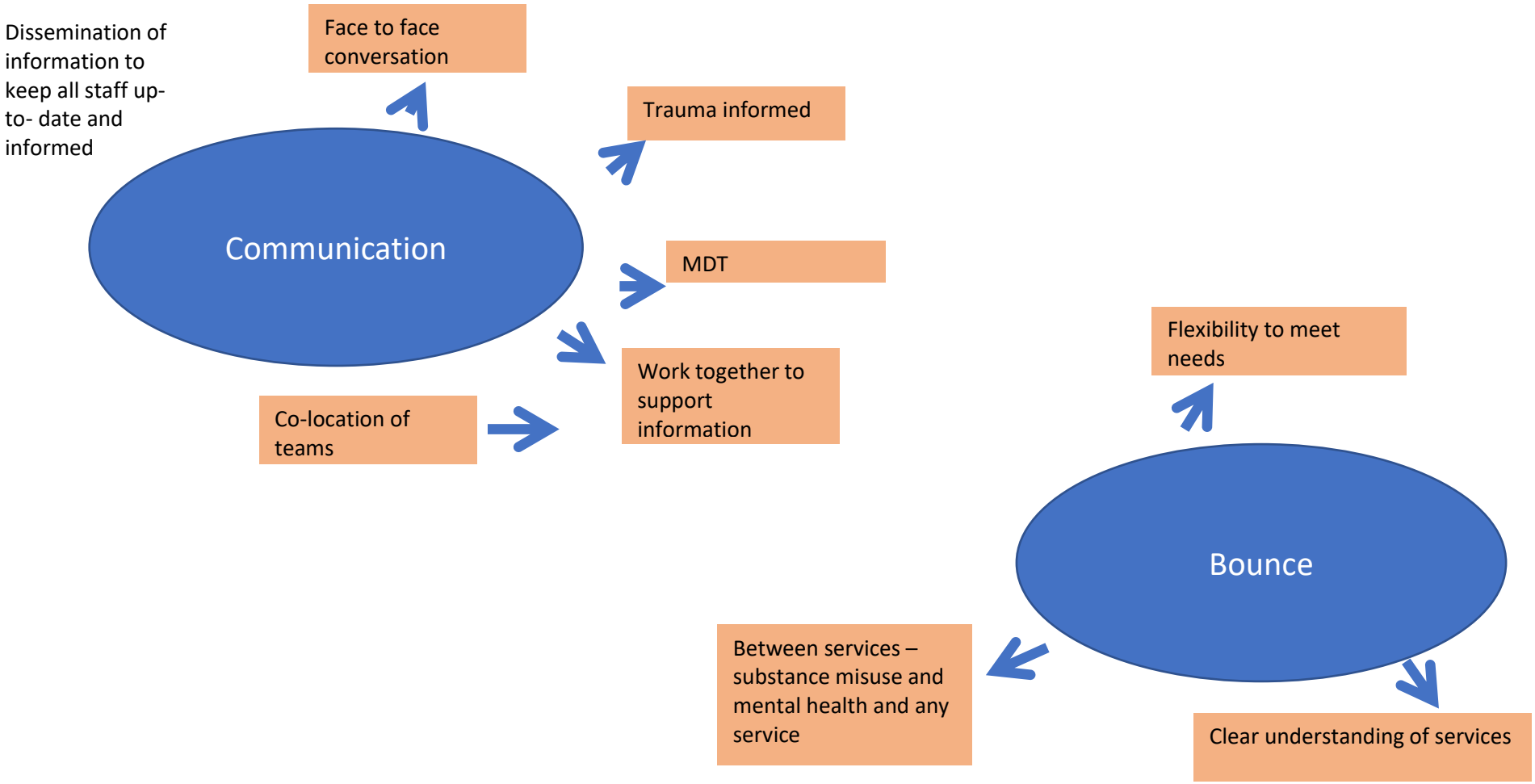
Communication	• Communications – voluntary sector (social media) use it well • Communication – remove silos • All relevant agencies working and communicating together (information sharing/ access to care plans)
A mental health aware workforce delivering person-centred care working together	• Cultural shift in attitude • Involvement from all, ownership • Cooperation and collaboration • More cohesive working – taking time to understand who can do what / sharing ideas • Agencies working together – passionate about the 'person' • Staff spending less time writing notes, meaning they have less time to spend with patience • Education about MH in wider teams
Locally available	• Practices within a primary care network offering consistent, multi-faceted approach to support emotional wellbeing and mental ill health. • Consistent response in primary care – GP champion, clear pathways, local • Extended opening hours for listening, CBT, suicidal ideation. • Easy access when in distress or before – not climbing over the wall to get it. • IAPT at Primary Care Level (Dudley and Walsall already to this)
Better access to services for all	• Alternatives to A&E – child and adult – prevention. • More money • Emotional, health and wellbeing assessments and support for children on the edge of care and their families. • Better support for people in social crisis i.e. homeless

Establishing integration across the system to support place-based working	• Do we fully understanding the problem, are we offering the right services? Can we describe the full cost now? How could this improve through joining up? • Appropriate level of resources • Design of the system (mix of all partners) • Commit to long term funding • Dynamic adjustment • Mental health systems • Putting expertise in one place – organisations letting go – not being precious • Less bureaucracy

"Stop the Bounce"

Some people with lived experience shared their experiences of the negative impact of multiple referrals, repeating their stories time again, and even after many months still not being able to receive the right service. They named this phenomenon 'The Bounce'. Their solution to fixing it is illustrated in Figure 5 below.

Figure 5: Stop the Bounce



Question Three: What would the Trust, Local Authorities, Voluntary Sector and the CCG's need to do to help you and your colleagues reach this ideal future?

The major feedback from this question centred on whole system working, integration and localised accessibility. The levers for this were suggested to be integrated commissioning, one budget for the system, easier and earlier access to localised services where there was parity of esteem for mental health. The confusion surrounding the current mental health model would no longer exist, and there would be excellent communication and knowledge of the new model on offer. All groups spoke of their frustrations about current arrangements and they expressed full support for system wide commissioning, strong mental health leadership to bring about change and help to develop compassionate cultures where teams could work more closely together. This would be facilitated through access to high quality data about

local needs and made available to communities to ‘solutionise’ their own unique models aligned to population and community needs. People spoke of courage, taking a longer-term view of assets and strengths-based approaches and aligning systems together to make the most of available resources. All of the above should be based on an ambition to be the best.

Summary

This document only represents the beginning of the work needed in the continual involvement and engagement of people in the ambition of improving mental health and wellbeing services for all.

Much greater engagement is now required with all our stakeholders but especially those of all ages with lived experience of using mental health services. We will ensure that services users are engaged fully in the design of services and that they have maximum choice and control in the care and support they access. As an immediate first step, the ongoing focus of the work of the Shropshire Mental Health Strategic Partnership Board and the Telford and Wrekin Mental Health Forum should be fully supported. Whilst recognizing that there are overlapping areas of interest and learning for both groups in an STP approach the local knowledge and understanding of place which both groups have will be vital in steering future localized mental health prevention and wellbeing strategies can most effectively be merged with community asset based approaches aligned to primary care networks.

More detailed planning work must now be undertaken to translate this feedback into a full strategy which will be in line with the NHS Plan and the STP Integrated Plan. This will include testing out the initial mental health priorities against this feedback, and considering the national priorities from the Mental Health Five Year Forward View (Appendix 1) and implemented through the NHS Long Term Plan such as mental health support teams in schools, integrated community mental health teams for people with serious mental health conditions and increasing access to psychological interventions for all mental health conditions.

The mental health strategy needs to be factored into all relevant aspects of other STP workstreams if true integration is to be enabled. This includes the parallel clinical strategy work around acute, community and primary care services. This strategy represents our system's commitment to the reshaping of services and other interventions so that they better respond to the needs of our population. The STP MH Group will plan together how to achieve this, including where to focus our combined efforts in the short, medium and longer term. It needs to interlace with the other elements of the clinical services strategy to ensure that the whole works as one seamless service.

Recommendations

1. Note the feedback from engagement and support the inclusion of this in the strategy.
2. Note the view that local engagement groups at LA level have an important function for ongoing place based mental health developments.

Appendix 1:

National policy context

The 5YFV for mental health identifies 3 areas of priority which contribute to the development of the strategy for the STP. They are broadly consistent with the themes from local engagement and are:

1) 7-day NHS -locally accessible

Action	**Outcome**
People in crisis should have access to MH care 7 days per week, 24 hours per day	by 20/21 CMHT 24/7 crisis response
Services adequately resourced to offer intensive home treatment as an alternative to acute admission	Compliant with CRHT fidelity criteria
Liaison Mental Health in acute hospitals	by 20/21 all age MH liaison service in acute
	by 20/21 @ least 50% acute meet 'core 24'
People experiencing a first episode of psychosis should have access to NICE approved care package <2weeks of referral	by April 2016 50% should have access to early intervention in psychosis services
	by 20/21 60% should have access to early intervention in psychosis services
Expand proven community-based services to people of all ages with severe Mental Health problems who need support to live safely as close to home as possible	Guidance to be issued May 2019 for Wave 1 sites.
More step down from secure i.e. residential rehabilitation, supported housing and forensic or assertive outreach teams	No prescribed targets but in STW this is an area for developmental work.
Out of area placements for acute care should be reduced and eliminated as quickly as possible	No out of area placements by 20/21
Reduce suicide rates	by 20/21 reduce by 10%

2) Integrated mental and physical health approach

Action	Outcome
More women with access to evidence-based specialist Mental Health care during perinatal period	By 20/21 increased care provision for at least 30,000 more women nationally.
People living with severe Mental Health problems should have physical health needs met	By 20/21 at least 280,000 offered screening and secondary prevention reflecting the higher risk of poor health.
Mental Health inpatient services should be smoke free	by 2018 smoke free
Increase access to evidence based psychological therapies to reach 25% of need - adults with anxiety and depression (IAPT)	By 20/21 600,000 more adults each year (350,000 complete treatment).

3) Promoting good Mental Health and preventing poor Mental Health

Action	Outcome
Children and young people are a priority groups for mental health promotion and prevention	By 20/21 at least 70,000 nationally more children and young people should have access to highest quality MH care.
More people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to individual placement and support (IPS)	By 20/21 each year up to 29,000 nationally more helped to find or stay in employment.

The national planning guidance for 2018/19 sets out the following requirements in addition to the requirement to deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages:

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;

- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
- Reduce suicide rates by 10% against the 2016/17 baseline
- CCGs are also required to meet the minimum investment standard in Mental Health in 2018/19 (where mental health spending grows faster than its overall funding growth)