NHS
East and North Hertfordshire
Clinical Commissioning Group

NHS
Herts Valleys
Clinical Commissioning Group

Hertfordshire

Hertfordshire Adult Mental Health Strategy 2016-2021

Foreword

Mental health is central to our quality of life, our economic achievement and interdependent with Hertfordshire's success in improving education, training and employment outcomes. It is also an important factor in tackling some of the persistent problems that challenge our society, from homelessness, violence and abuse, to drug use and crime.

At least one in four Hertfordshire residents will experience mental health problems at some point in their lives - often not diagnosed or requiring specialist services. Around half of people with lifetime mental illness experience their first symptoms by the age of fourteen. Promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does. Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people, this is one of the greatest health inequalities in England.

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part to improve the mental health and well-being of Hertfordshire's population and keep residents well, by improving the outcomes for people with mental health problems.

We know that when mental health services are integrated with the local public, private and voluntary sector agencies and work collaboratively, they help people to overcome disadvantage and fulfil their true potential. It is estimated that mental ill health in England costs in the region of £105 billion each year and treatment costs are expected to double in the next 20 years. Hertfordshire spends over £100 million (financial year 2014-15) on mental health services across health and social care. At a time of increasing pressure on funding it is imperative to ensure that every pound spent is used efficiently. It is important that we focus resources on those who need support most whilst continuing to enable those with lower needs to improve or maintain their health, wellbeing and independence.

This strategy has been developed to communicate what we all need to do to ensure people in Hertfordshire can manage their own mental health and well-being, access treatment and help when they need it and recover, with support if required, and maximise the independence of Hertfordshire's residents.

Hertfordshire County Council, East and North Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group and the partners represented at Hertfordshire Health and Wellbeing Board have agreed this five year strategy, which builds on recent good practice developments and focuses on 5 key areas for improvement. We are committed to working together to achieve its aims and would encourage you to join us in meeting the challenges by understanding our strategy and working with us to deliver it. We want to thank the many contributors to this strategy and in particular those who have shared their personal experiences to help improve services and outcomes for others.

1. Introduction

The Hertfordshire Adult Mental Health Strategy for 2016-2021 has been agreed by Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group and the Hertfordshire Health and Wellbeing Board.

This refreshed strategy builds on our 2010-15 strategy achievements and explains how our joint approach will ensure people who experience mental health problems, their carers and families are able to live and stay well in Hertfordshire. We know the health and social care landscape will change over the next five years, so we aim to make this Strategy a living document which sets out the current ambitions, but also acknowledge we must also be flexible to tackle new challenges as they emerge.

The strategy will provide an overview of what Hertfordshire has done in the last four years to improve mental health service provision and provide a clear direction of travel for improvements in planning and service delivery over the next five years.

The strategy includes an action plan (Appendix 3), which will be closely monitored to ensure that positive actions are being taken to improve the provision of mental health services.

2. The National and local context

Hertfordshire's strategy to improve the mental health of adults living in the County has been developed in the context of both national and local priorities. Recommendations from the national documents[1] shaping mental health service provision have focussed on a number of key areas for delivery:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health care approach to improve quality of life
3. Promoting good mental health, preventing poor mental health and supporting recovery
4. People will have positive experiences of good quality care and support services
5. Prevention of avoidable harm

[1] Five Year Forward View for Mental Health
No Health without Mental Health
Closing the Gap – Priorities for essential change in Mental Health
Mental Health Crisis Care Concordat

Reform in these areas will be underpinned by a set of 8 principles

1. Decisions must be locally led
2. Care must be based on the best available evidence
3. Services must be designed in partnership with people who have mental health problems and with carers
4. Inequalities must be reduced to ensure all needs/outcomes are met, across all ages
5. Care must be integrated – spanning people's physical, mental and social needs
6. Prevention and early intervention must be prioritised
7. Care must be safe, effective and personal, and delivered in the least restrictive setting
8. The right data must be collected and used to drive and evaluate progress

This strategy links into key strategic documents and other strategies will support and inform

3. Mental Health prevalence and cost in Hertfordshire

3.1 Prevalence of common mental health conditions

In 2014/15, it was estimated that around 17% of people aged 16-74 in Hertfordshire were experiencing some form of common mental health disorder. [2]

The percentage of GP patients diagnosed with a mental health condition in Hertfordshire has seen a small but steady increase from 0.69% in 2010/11 to 0.75% in 2014/15, mirroring a rise in England as a whole (Fig. A).

In 2014/15, 7.0% of adult GP patients in Hertfordshire had a diagnosis of depression.[2]

By 2021, it is estimated* that in Hertfordshire there will be:

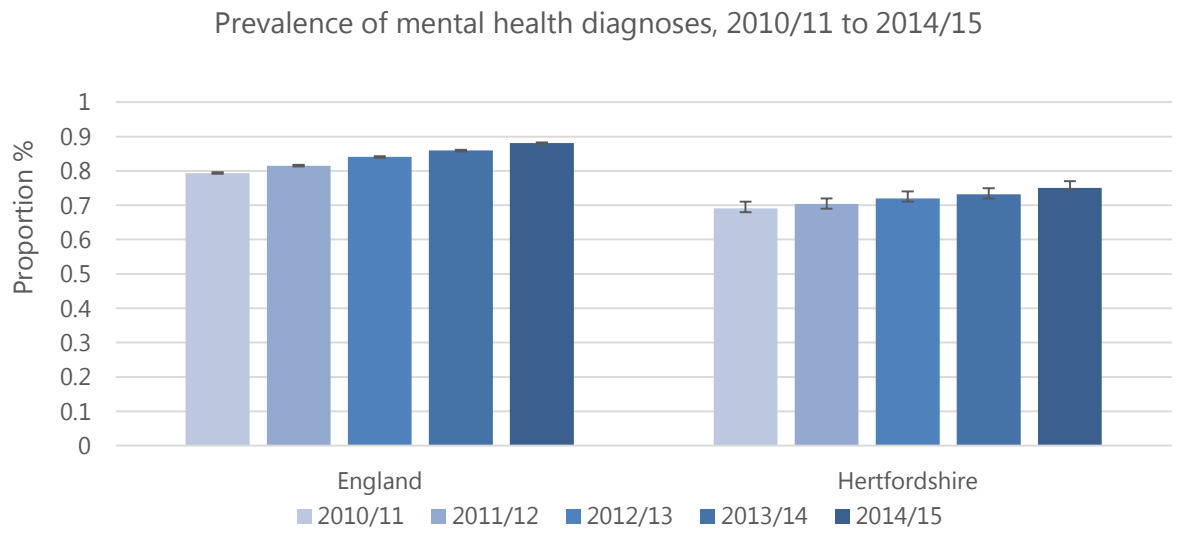
- 90,577 people aged 16-74 with mixed anxiety and depressive disorder
- 34,251 people aged 16-74 with generalised anxiety disorder
- 25,660people aged 16-74 with depressive episodes
- 14,737 people aged 16-74 with a phobia
- 9,974 people aged 16-74 with obsessive compulsive disorder
- 9,198 people aged 16-74 with panic disorder

[2] Source: Public Health England http://fingertips.phe.org.uk/

The recorded prevalence of mental health conditions is expected to increase over the next ten years, driven by a number of factors including:

- Early diagnosis of young people and transition to adult services;
- Increased awareness of mental health conditions and Community lead reduction in stigma attached to mental health (building on the success of campaigns like Time To Change).
- Depression and anxiety are much more commonly diagnosed in women than men,[3] although the extent to which this reflects genuine differences in prevalence rather than underreporting in men is unclear.

Fig. A. Prevalence of mental health diagnoses among GP registered patients (all ages)



Source: QOF

ph.intelligence@hertfordshire.gov.uk

Improving Access to Psychological Therapies

Improving the mental health of the general population and reducing the impact of common mental health conditions is supported by a national programme - Increasing Access to Psychological Therapies (IAPT) to make evidence based psychological therapies more widely available in the NHS.

For individuals experiencing common mental health conditions, psychological therapies are an important element of the package of care and for many the IAPT service may be the only type of mental healthcare they need. Hertfordshire's Improving Access to Psychological Therapies, known locally as the Wellbeing Service, is meeting the nationally set 15% access rate (equates to 23351 people entered treatment in 2015-16) with over 50% (10176people) completing treatment and recovering).

In December 2015, the average waiting time to enter treatment was 16.6 days for patients in NHS Herts Valleys CCG and 22.6 days in NHS East & North Herts CCG, compared with an England average of 25.1 days. [2]

[3] http://www.who.int/mental_health/prevention/genderwomen/en/

3.2 Prevalence of severe mental illness

Approximately 2% of the adult population overall have severe mental health conditions.

The proportion of Hertfordshire GP patients on the mental health register (people diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy) was 0.76% in NHS Herts Valleys CCG and 0.75% in NHS East & North Herts CCG in 2014/15, compared with an England average of 0.88%.[2]

In 2015, it was estimated that around 2,800 people in Hertfordshire aged 18-64 had a psychotic disorder. This figure is estimated to increase to around 3,000 by 2025. Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions (see Table 1). Schizophrenia is one type of psychotic disorder. People with bipolar disorder may also have psychotic symptoms.

There are no marked gender differences in the rates of severe mental disorders such as schizophrenia and bipolar disorder, although men are more than three times more likely to be diagnosed with antisocial personality disorder than women.

Table 1. Hertfordshire population projections (ages 18-64) by type of mental disorder 2015-2030

	Common mental disorder	Borderline Personality Disorder	Antisocial Personality Disorder	Psychotic Disorder	Two or more psychiatric disorders
2015	113,487	3,176	2,438	2,821	50,636
2020	117,103	3,278	2,514	2,910	52,243
2025	119,850	3,354	2,576	2,979	53,480
2030	122,174	3,418	2,633	3,036	54,546

Source: www.pansi.org.uk

3.1 Prevalence of dementia

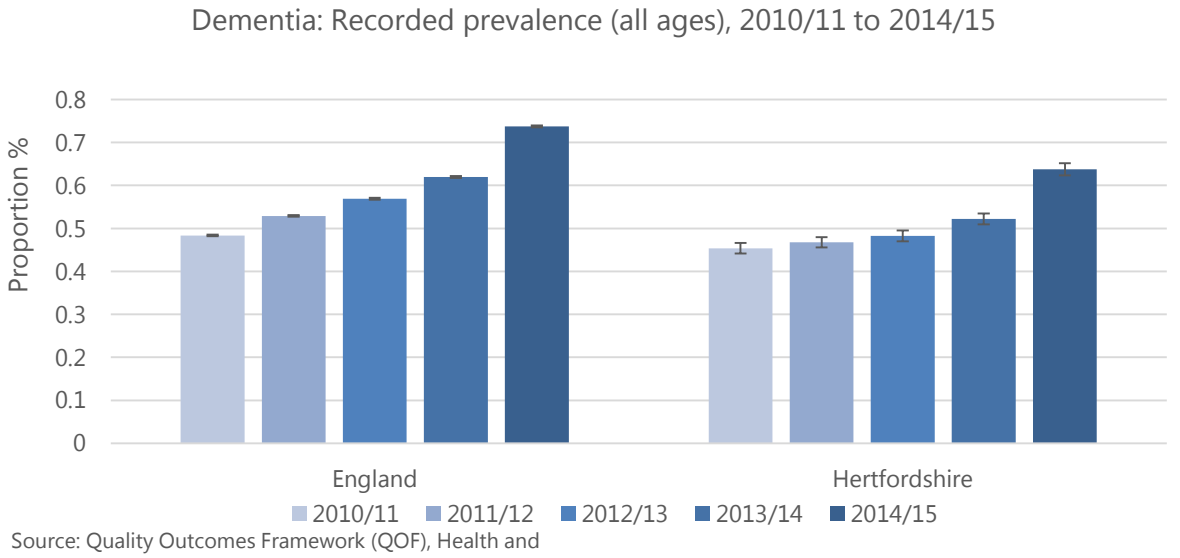
Dementia is a group of symptoms that can include problems with memory, thinking or language. The symptoms occur when the brain is damaged by disease. The most common causes of dementia are:

- Alzheimer's disease (accounting for approximately 62% of dementia cases)
- Vascular dementia resulting from problems in the supply of blood to the brain (approximately 17% of cases)
- Mixed dementia, which includes features of more than one type of dementia (approximately 10% of cases)

In September 2015, 8,069 people aged 65+ in Hertfordshire were known to be living with a diagnosis of dementia. This equates to a recorded prevalence of 4.03% among GP patients in this age group. [2]

Dementia diagnosis has been steadily increasing in Hertfordshire since 2010/11 (Fig. B), when 5,319 people (from all age groups) were known to be living with the condition. This increase reflects the trend in England as a whole, driven by improvements in the diagnosis rate (the number of people diagnosed with dementia as a percentage of the estimated number of people with dementia). In 2013/14, it was estimated that 52.5% of people in England who were living with dementia had been diagnosed, compared with 37.0% in 2007/08.

Fig. B. Recorded prevalence of dementia among GP registered patients (all ages)



Source: Quality Outcomes Framework (QOF), Health and Social Care Information Centre (HSCIC)

ph.intelligence@hertfordshire.gov.uk

3.4 Cost of Mental Health services in Hertfordshire

NHS England has estimated that “Poor mental health carries an economic and social cost of £105 billion a year in England. Analysis found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use” In 2014/15 Hertfordshire spent over £21 million on mental health social care services

Table 2 Hertfordshire spend on mental health aged 18-64 2014-15

Mental Health Services	Expenditure 2014/15 £
Social Care	
Assessment and Care Management	£5,051,389
Social Care Placements / Personal Budgets	£11,615,260
Housing Related Support	£1,319,042
Voluntary, Community & Independent Sector Services	£3,044,821
Total Social Care Expenditure 2014/15	**£21,030,512**
NHS	
Psychological Therapies (IAPT)	£7,905,128
Community Mental Health Services	£35,346,985
RAID (mental health support in acute hospital settings)	£2,483,183
External Placements outside HPFT	£9,355,511
Inpatient Beds and Rehabilitation Services	£25,111,561
Total	**£80,202,369**

3.5 Financial Challenges

Both the NHS and social care face significant financial challenges over the next few years. Overall spending in local government has reduced significantly over the past five years and is projected to continue to decline in real terms. The NHS Five Year Forward View sets out a "mismatch between resources and patient needs of nearly £30 billion a year by 2020/21" with an expectation that action will be required on three fronts – demand, efficiency and funding. All commissioners recognise the importance of good mental health services and will continue to focus on all three areas of managing demand, improving efficiency and providing funding where possible.

3.6 Community

We recognise the importance of access to preventative mental health support in the community, which are often provided by the voluntary and community sector. MINDS nationally have produced a briefing document highlighting research into the importance and impact of such services.[4] Locally, we have conducted a literature review of evidence for different community-based mental health interventions, which we will use to inform our future commissioning and will publish on the Hertfordshire Joint Strategic Needs Assessment website.[5]

The County Council and both NHS Clinical Commissioning Groups jointly commission and monitor a range of preventative and support based services in the community. In total, the team manages over 85 contracts and £9-10 million of expenditure.

These are grouped across the following 8 theme areas:

Services are commissioned across the county and examples of the services available are: counselling, recovery focussed day services, befriending, peer support.
Some services are commissioned to work alongside staff on inpatient wards to support those people who may be at risk of homelessness on admission and to support people to increase confidence when they have a planned discharge date.

[4] http://mind.org.uk/media/4158991/mind-life-support-briefing.pdf
[5] http://jsna.hertslis.org/

Within the Promoting Mental Health and Emotional Wellbeing theme, expenditure (as at 2014/15) was as follows:

Voluntary, Community & Independent Sector Services for Mental Health	**% of 2014/15 expenditure**
Complex Needs	16%
Counselling & Talking Therapies	8%
Crisis Service	2%
Day Activities	16%
Day Services	10%
Info Advice & Advocacy	13%
Recovery	12%
Reducing Social Isolation	2%
Specialist Carers	11%
Training	5%
User Voice	5%

The outcomes being achieved by these services include:

- That people who use the service feel they are managing their health and wellbeing better and more safely.
- That people who use the service have been supported in a way that has reduced their feelings of social isolation.
- That people who use the service have been supported in a way that has improved their feeling of self-worth & mental wellbeing.
- These are measured with a variety of tools, including GAD7 and PHQ 9 measures. Commissioners work closely with services to ensure they are delivering support which achieves good outcomes, is safe and provides value for money

Hertfordshire Mental Health Fact File†

67,149	adults were known to have depression in 2014/15*
9,105	GP patients were known to have a serious mental illness in 2014/15*
51.6%	of adult social care users in 2013-14 reported feeling moderately or extremely anxious or depressed
1,768	women per year may require support for mental health problems during pregnancy and/or the postnatal period
3.1%	of people aged 16+ are estimated to have post-traumatic stress disorder
7.0%	of people aged 16+ are estimated to have an eating disorder

Public Health Evidence & Intelligence

† Source: Public Health England, Public Health Profiles http://fingertips.phe.org.uk

* Figure includes patients registered with GP practices in NHS Herts Valleys CCG and NHS East & North Herts CCG

Hertfordshire County Council Public Health Evidence & Intelligence
ph.intelligence@hertfordshire.gov.uk

4. Developing the Strategy

The initial Mental Health strategy development workshops commenced in October 2015 and three workshops were held in the autumn of 2015. These workshops allowed for the initial development of the draft mental health strategy in advance of formal public consultation.. The workshops involved people with lived experience, their carers and families, the wider public and organisations who deliver support to people with mental health problems.

The consultation period for the draft mental health strategy ran from 23 May – 31 July 2016. The draft strategy engagement document with questionnaire and easy read documents were circulated to 28 Hertfordshire stakeholder groups and services such as Guideposts, Carers Forums, Viewpoint, Herts Mind Network, Turning Point, Carers in Herts and others.

Over 400 questionnaires were sent directly to various groups and each delegate at the Hertfordshire Wellbeing Conference in June 2016 received the questionnaire in their delegate pack. The opportunity for people to feedback through the Hertfordshire County Council consultation web portal was also widely disseminated. In total feedback from over 150 people were received. 12 people responded via email, 50 questionnaires were returned and 112 people fed back through meetings and workshops.

These workshops focussed on understanding the experiences of service users and carers using mental health services - what is good right now and what are the key areas for improvement that are most important to service users, carers and wider stakeholders

The picture outlines a summary of what people want from Hertfordshire's mental health strategy

5 Themes were developed

- Listening and responding to service users and carers
- Easy, early and fair access
- Preventing and responding to crisis
- Recovery & independence
- Valuing mental and physical health equally

A draft strategy was developed which was widely consulted using the themes from the workshops. This was widely consulted on through on line consultation, postal questionnaires, emails and meeting attended with service users, carers and stakeholders

4.1 Consultation feedback

Overall people agreed with the aims and priorities within the strategy and felt the key themes and aims captured and covered a wide range of need. The largest response was from service users, followed by carers. 400 questionnaires were sent out and 50 returned. 12.5% return of the questionnaires

4.2 Areas for improvement in the future

Five key themes emerged from the initial workshops. During the consultation feedback a number of groups and meetings were attended. From the discussions at the meetings/workshops and comments from the questionnaires a number of reoccurring comments were made. Some of the areas raised are not within the remit of the strategy but will be raised through other appropriate channels.

4.3 Moving Forward

The Hertfordshire Health & Wellbeing Board declared the period between its annual conferences July 2015 and July 2016 the Hertfordshire Year of Mental Health. (hertfordshire.gov.uk Hertfordshire Year of Mental Health)

Hertfordshire Year of Mental Health aimed to inspire and motivate people from across the county to take a few simple steps to help challenge mental health discrimination, and to improve the lives of those of us with mental health problems. Everyone in Hertfordshire can help create a society where mental health problems are not hidden. The more people involved, the more notice will be taken to help break the silence around mental health. This Strategy aims to be a part of the legacy of the Hertfordshire Year of Mental Health.

Some of the highlights from the Hertfordshire Year of Mental Health include:

- Themed activities for each month with focused activity: Veteran Mental Health GP engagement, Suicide Prevention Training and Youth Mental Health Training
- Legacy of the Year of Mental Health through a Mental Health Directory and Network
- Member Champion Mental Health Bite Size Briefing
- Year of Mental Health newsletter (monthly release)
- Year of Mental Health engagement with a range of events including: 'Feel Good February, Health and Wellbeing Board Stakeholder Events, Hertfordshire Dementia Conference, Carers in Herts Community Events.
- Dementia Film Screening of 'Inside Out of Mind' to 170 delegates including practitioners and community representatives.

The Joint Commissioning Strategy 2012-15 and Hertfordshire Year of Mental Health have provided a firm foundation for Hertfordshire to move forward to change the way mental health services are provided. Our local aims have been reflected in the national Five Year Forward View[6] document and we have an opportunity build on the momentum to further improve mental health care in the County alongside integration with physical healthcare provision.

This will be a challenging 5 years but Hertfordshire's local themes and associated action plan will help the county to raise to the task of reforming mental health services in line with national recommendations

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[6] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

5 Listening and responding to service users and carers

Hertfordshire continues its commitment to listen and respond to service users, their families and carers and goes further in this strategy by committing to embed co-production and co-commissioning principles.

5.1 Co-production

Whether we are looking to commission new or existing services, we commit to ensure that people with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation, monitoring and delivery of services (co-production).

Co –produced services have been shown to deliver:

- An improved sense of belonging to local groups and networks
- Reduced stigma
- Increased skills and employability
- Reduced need for emergency health care
- Improving physical and mental well-being.

Working with our commissioned partner organisations and other stakeholders, we will ensure that the voices of people with lived experience and carers are present in all of the key conversations throughout the commissioning process and continue to be heard through the contract monitoring and review processes.

There are some excellent examples of how people with lived experience and carers are involved in developing, influencing and co-producing services within Hertfordshire.

- Viewpoint, a user involvement led charity in Hertfordshire, who provide a voice for people using mental health and drug and alcohol services in Hertfordshire.
- Health watch Hertfordshire the voice for service users and their carers of publicly-funded health and social care services.
- The Community and Wellbeing Commissioning Team intend to commission a new user voice network
- Carers in Hertfordshire provide a Carer Involvement Service, commissioned by the County Council and both CCGs. This service supports carers to have a voice and give their views about services, such as by responding to consultations, through focus groups and forums, and by sitting on interview panels

Hertfordshire Partnership University NHS Foundation Trust (HPFT) who have an established User Council and also a Carers Council who meet to help improve the services that are delivered by the Trust. A ‘wellbeing college’ is currently being developed with the third sector, mental health providers, people with lived experience and their carers. The wellbeing college will be delivered though a consortium made up of organisations including service users and carers.

The shared expertise in the consortium will contribute towards supporting people towards greater wellbeing. In addition, courses on both mental and physical health are being developed alongside service users and carers, as one approach to the challenge of integrating mental and physical health services more effectively.

5.2 Personalisation

Personalisation means recognising and respecting us as individual citizens, family members and members of our community with the informal networks that provide most of our support, most of the time. It cannot be achieved without an energetic and effective partnership approach between and beyond health and social care. To ensure personalisation we must: people maximum control of our own lives, including control of our own health and health care and are supported to live independently, stay healthy and recover quickly. People need to have choice and control so that any support they may need fits the way they wish to live our lives

With Hertfordshire's adoption of the Think Local Act Personal principles, (which ensure people have greater independence and choice over their wellbeing,) alongside the personalisation agenda, service users and carers are firmly placed at the heart of decision making and planning their care. The uses of personal budgets have given people more independence to exercise choice and control over where, when and how they receive care and support.

The local offers for personal health budgets for both Hertfordshire Clinical Commissioning Groups are being developed in collaboration with stakeholders and will detail how the CCGs intend to expand provision of personal health budgets in the next 5 years.

In 2016/17 work will continue to provide personal health budgets to people eligible for Continuing Health Care. A phased approach is being taken to expand provision to other patient groups and will include the delivery of pilot projects to people with learning disabilities, those with neurological conditions and diabetes and mental health.

There is no new money for personal health budgets and this will have to be identified within existing contracts including service redesign and de-commissioning of services that are not working. This shall involve holding discussions with CCGs service providers, to discuss quality and agree to disaggregate funding to support personal health budgets, testing new initiatives and co-production in collaboration with people.

5.3 Carers

Carers make an invaluable contribution to health and social care and to wider society by providing care for their loved ones. Without carers, the health and social care system would not be able to function. However, carers are at greater risk of poorer health, wellbeing and other outcomes.[7] In terms of mental health, we know that 69% of carers report that they cannot get a good night's sleep, 73% feel anxious, 82% feel stressed while 50% describe themselves as being depressed.[8]

[7] Carers Strategy, 2015 http://www.hertsdirect.org/services/healthsoc/carersupport/
[8] Carers UK, State of Caring Survey 2014 (n=4,924 current carers)

The focus for this mental health strategy is how health and wellbeing services can support carers to stay healthy and well, both mentally and physically, and also how we can support carers to continue to care for their loved one if they wish to do so.

Access to voluntary sector preventative services including information and advice, training, peer support and counselling which fit into their caring schedules are crucial to enabling carers to continue caring. It is vital that all services proactively identify carers and offer them referrals to sources of support such as Carers in Hertfordshire.

Carers often tell us that effective communication about the person they care for and being kept informed is very important to them. Whilst we recognise the challenges related to patient confidentiality, we also recognise the importance of effective communication with carers, where the person with care needs gives us consent to do so.

The Care Act 2014 and Children and Families Act 2014 introduced new rights for carers (including parent carers and young carers under the Children and Families Act 2014) to have an assessment of their needs. In Hertfordshire, HPFT are commissioned to deliver carers assessments on behalf of HCS for any carer of someone eligible to receive an HPFT service, where the home address falls within HCS's responsibility. This covers adults or children of someone with a functional mental health need.[9] We are also piloting assessments of parents of someone in the CAMHS service, following carer feedback that this is a gap in assessment provision. As part of this work, HPFT are launching a new Carers Pathway in autumn 2016.

This strategy should be read in conjunction with the Carers Strategy for Hertfordshire 2015-18:

http://www.hertfordshire.gov.uk/docs/pdf/c/carstrat2015.pdf

5.4 User Voice Network

The Council currently has a number of contracts in place for services to give service users and carers a voice in relation to services, policy changes, new strategies etc. The council are progressing with a procurement of a new user voice network with a view of this being in place in 2017/2018.

5.5 Changing Services Together

The Changing Services Together (CST) programme is looking at provision of day activities and support across the county and across different client groups. We have worked with the National Development Team for Inclusion (NDTi) to engage with over 300 people about what matters to them and what makes a good life. Based on this, we are developing a commissioning framework for this area of activity and will be holding Community

[9] Assessment for carers of someone with dementia, a learning disability or young carers which are provided by HCC.

Conversations with partners in localities across the county. These Conversations will discuss the services and activities already in place and what people in different areas value locally. We currently commission a variety of mental health day activities and will work with providers and service users as part of this process.

What we have been doing

- *Embedding co-production and focusing on outcomes for all new mental health service provision*
- *Promotion of personal budgets and self-direct support*
- *Personal health budgets for people receiving continuing care.*
- *Co-producing areas of focus for personal health budgets in Hertfordshire*
- *People with personal budgets are offered the option of having a broker work with them to identify community resources that will meet their social care needs*
- *Brokers use a person centred approach to design and implement a support plan with the individual*
- *Consult and engage with stakeholder through mental health planning and performance group, GP leads, health watch meetings*
- *Carers for someone with Mental Health problems have been involved in the development of services and specification*

Consultation feedback

Service User Support	•More support is needed, especially in the community i.e routine checks •Equal access to support is imperative •Better discharge from hospital support model needed •Promoting wellbeing and support to help people stay well
Carers Support	•More services to support carers needs •Carers would like to be more involved / kept in the loop , know what's happening but understand confidentially can not be broken betweeen cliinican and patient •Better communication needed with carers as primary supporter of service user •Better ways of making carer understand ways of giving the best support – training
Personal Budgets	•Better understanding of Personal Budgets needed
Communication	•Better communication needed between services (signposting) and professionals (GPs/ consultants) •Better communication between services will mean better user pathways and outcomes

Our aims

- People with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation and monitoring of mental health services across Hertfordshire
- We want to have meaningful involvement and collaboration in service improvement with people who use the services
- People have more independence to exercise choice and control over where, when and how they receive care and support.
- Work with statutory, voluntary and independent partners to implement the Making it Real principles (appendix 2)
- Work with carers and our partners in the statutory, voluntary and independent sectors to deliver on our Joint Strategy for Carers[10]
- Commission a new user voice network

[10] Carers Strategy, 2015 http://www.hertsdirect.org/services/healthsoc/carersupport/

6 Early and Fair Access to Diagnosis, Treatment and Support

Over the life of this strategy commissioners in Hertfordshire will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and maximise their independence and mental health and wellbeing.

6.1 Children and adolescent mental health services

To be able to reduce the burden on adult mental health services, Hertfordshire has committed over £2million extra into Child and Adolescent mental health services on a recurrent basis. We know half of people with lifetime mental illness experience their first symptoms by the age of fourteen. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent)[11]. Hertfordshire's 0-14 years population (census 2012) is estimated at 219,300, projected to rise between 20-30% by 2037 to over 285,000. This increase will have wide ranging implications on children and adolescent mental health services and subsequently adult mental health services. The Five Year Forward view calls for partners to resource and implement Future in Mind[12], which articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it. Hertfordshire's local Transformation Plans will support the wider system transformation of the local mental health services for children and young people.

6.2 Transitions

Transitions between services are a key concern for service users and carers. One major transition is between Child and Adolescent Mental Health Service (CAMHS) and adult services which usually occurs at age 18. Other transitions may be between specialist services and more local services, or between adult and older person's services. Improving planning, better information and preparation for users and carers, and joint working between services are all areas where users and carers tell us that can be improved. This will be an area of focus for services as these are redesigned over the lifetime of the strategy.

Transition should ensure effective liaison with adult services to provide a smooth transfer of services for children and young people in CAMHS provision.

There needs be specific and appropriate CAMHS transition planning to include close collaboration with CAMHS services in relation to young people who are likely to require on-going help from Adult services. Good transition planning will include working in partnership with CAMHS and the facilitation of earlier alerts from CAMHS to adult community services. Good transition planning will work to principles that agree realistic timescales for the transition and will ensure that there is personalised transition planning which fully involves the Young Person, their carers and other organisations where involved.

[11] Five Year Forward Plan
[12] https://www.england.nhs.uk/2015/03/martin-mcshane-14/

Services will establish robust links with CAMHS to ensure an effective transition protocol is in place for young people entering adult mental health services to ensure:

- Transition planning
- Care pathways include key partnerships/liaisons; transitions and interfaces between services and agencies.

Close working with:

- Local Authority Children's Services including social care teams, youth offending teams, pre and post adoption teams, targeted youth support service, Children looked after teams, and the Multi-agency Safeguarding Hub (MASH)
- Adult mental health services to facilitate transition as per transition policy
  - Transition: Moving on well (DH 2008)
  - A Transition Guide for all Services (DH 2007)

6.3 Prevention Services

There are major prevention opportunities across Hertfordshire, both in improving population wellbeing and in ensuring better access to preventative services for people with mental health problems. The impact of lifestyle changes on reducing early deaths and disability is well established and there is a synergistic link between mental wellbeing and health enhancing behaviours - low mental wellbeing can stop people initiating and maintaining behaviour changes, while lifestyle changes to smoking, physical inactivity, poor diet and alcohol consumption can all improve mental wellbeing. Hertfordshire's Sustainability and Transformation Plan is seeking a step change in prevention across the health and social care system, by ensuring that all agencies play their part and by ensuring that the needs of individuals are more holistically.

We will continue to work with the voluntary and community sector to innovate and support organisations which offer preventive services to enable people to stay in their own homes, stay independent for longer, access services and groups in their communities, retain local connections, stay active, to consider the options and make informed decisions. These organisations have the flexibility and customer focus to be able to offer a 7 day support offer alongside reducing social isolation and vital connections that can assist people to overcome the crises that can lead to losing homes and family or relationship breakdown.

6.4 7 day NHS

People should be able to access good quality mental health care 7 days a week, 24 hours a day in the same way that they are able to access urgent physical health care. Hertfordshire continues to make good progress towards a 7 day NHS which provides the right care at the right time and of right quality. Community mental health services are available longer hours than before, and whilst there is still some way to go to have where there is a demand a full mainstream 24/7 mental health service, Hertfordshire's crisis services are available 24/7 through accident and emergency services or via a dedicated crisis telephone helpline.

Hertfordshire's response to national crisis recommendation forms part of the wider Crisis Care Concordat work which is outlined in Section 7 – Preventing and responding to crisis.

Additional funding has been identified and invested locally in the Early Intervention in Psychosis service to support the delivery of the national target that 50% of people experiencing a first episode of psychosis have access to a NICE approved care package within 14 days of referral. This target will rise to at least 60% by 2021.

Dementia diagnosis in Hertfordshire has improved considerably (Fig B) and our strategic commitments to ensure Hertfordshire is a place where people with dementia and their carers can thrive are outlined in the Hertfordshire Dementia strategy[13]. The scale of the dementia diagnosis challenge is beginning to emerge and we continue to work with statutory partners to increase diagnosis and assessment through the Early Memory Diagnosis and Support Service (EMDASS)

6.5 Improving Access to Psychological Therapies

Hertfordshire will respond to NHS England's recommendation to increase access to evidence-based psychological therapies (IAPT) for common mental health problem such as anxiety and depression. For many access to psychological therapies might be the only intervention they might need and can be viewed as a preventative / early intervention. The national ambition is to reach 25% of need – nationally this means at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21. The current 15% target means locally 9,545 people access treatment each year in East and North Herts and 10,806 in Herts Valleys CCG and over 50% entering treatment recover.

The recommendations go on to suggest that there should be a focus on helping people who are either living with long-term physical health conditions or who are unemployed to support their mental wellbeing through use of psychological therapies. There is a call to identify investment to increase access to psychological therapies for people (circa 9,000 in Hertfordshire) with psychosis, bipolar disorder and personality disorder.

Hertfordshire County Council, Herts Valleys CCG and East and North Herts CCG have committed to review the psychological therapies provision over the next three years to be able to develop the local market and realise benefits regarding referral pathways, quality control, and patient choice.

Efforts will be made to increase referrals and attendance in mental health treatment services. Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

[13] Hertfordshire Dementia Strategy 2015-19

6.6 Integration of health and social care

The Better Care Fund means that by pooling resources and money with across health (Clinical Commissioning Groups) and social care (County Council) Hertfordshire will be getting the very best value for each pound spent in Hertfordshire.

On the ground it means Hertfordshire's residents will see a more 'joined up' service between GPs, social workers, nurses, physiotherapists, voluntary support groups, and many more, all aimed at treating people as individuals, and keeping them out of hospital and in their own home. Joint initiatives, designed to be 'preventative' such as the roll out of the enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists, will support people with mental health problems and aims to help people be as healthy and independent as possible.

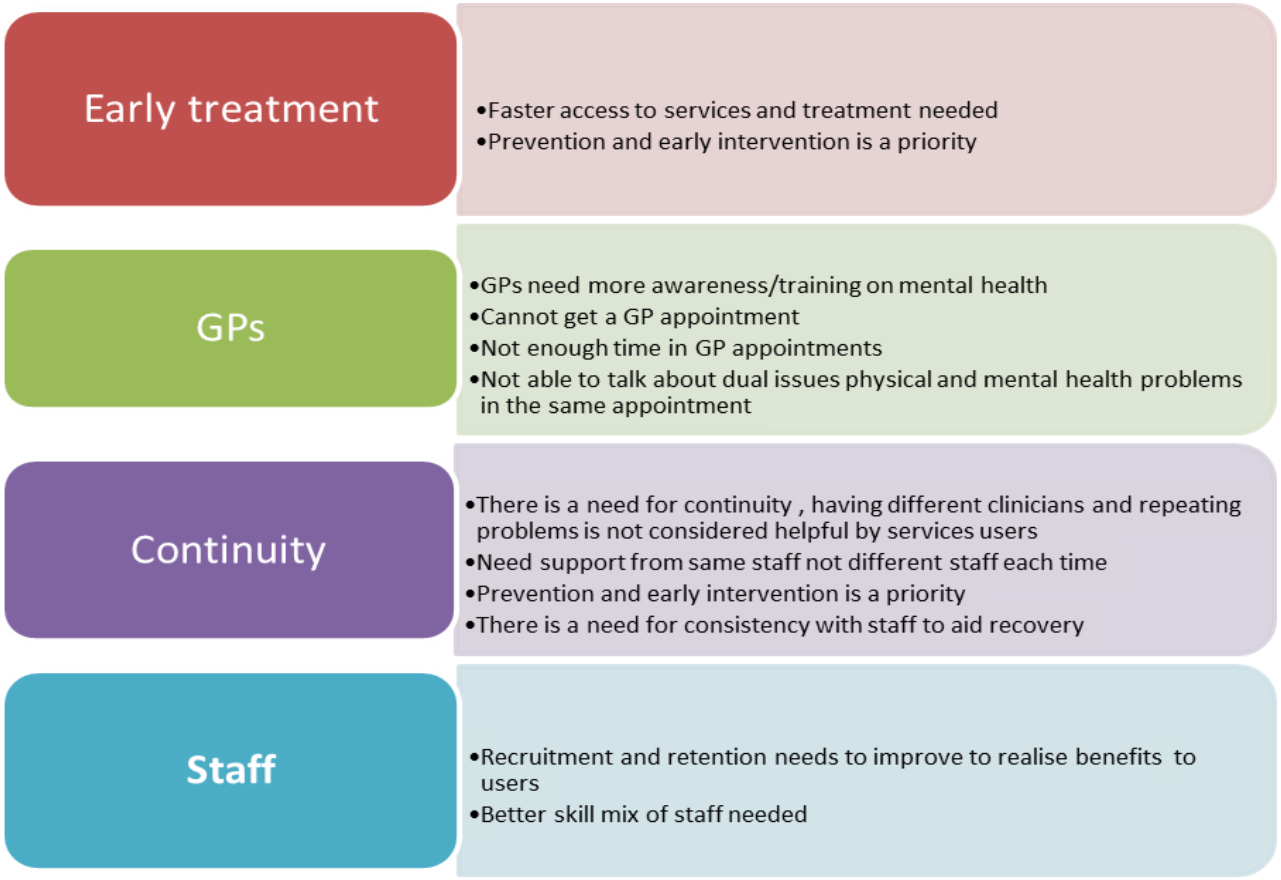
It is envisaged across all the funded initiatives will show improvements in:

- Fewer avoidable hospital admissions
- Less time in hospital when people do need to be admitted
- Better reablement so people can be independent more quickly
- Support individuals to live in their own home for as long as possible instead of a residential care setting"
- Improving the patient experience of health and social care.
- Improved and appropriate sharing of information, and joint assessments between agencies
- Moving towards a 7 day health and social care system

What we have been doing

- *An increase in people accessing psychological therapies (IAPT) – 15% of prevalence*
- *Achieving the national waiting time standards for IAPT*
- *Significant work continues to review psychological therapies provision.*
- *Invested additional funding in the Early Intervention in Psychosis service to support the delivery of the new national target that 50% of people are seen within 14 days and then receive a NICE compliant package of care.*
- *A review of the single point of access in light of other changes such as out NHS 111 tender during 2016. Response times have improved*
- *The majority of mental health funding in Hertfordshire is currently spent on providing integrated health and social care through a contract with Hertfordshire Partnership Foundation Trust A new contract with HPFT has been negotiated on behalf of the partners for April 2016*
- *Roll out of enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists.*

Consultation feedback



Our aims:

- People experiencing a first episode of psychosis will have access to an approved care package within 2 weeks of referral
- Increase access to evidence based psychological therapies so that 25% of people with anxiety and depression in Hertfordshire can access care by 2020/21
- Increase access to psychological therapies for people with psychosis, bipolar and personality disorder
- Ensure new pathways/services commissioned incorporate the relevant physical health care interventions and principles of co-produced care planning.
- Optimise the use of digital channels to communicate key messages and make services more readily available online, where appropriate drawing on user insight.
- Review data collected to identify unnecessary collection and how the data is used to improve services for users and carers
- Establish mental health champions in each community to contribute towards improving attitudes to mental health
- Review and expand where possible community based services for people with severe mental health problem who need support to live safely and as close to home as possible
- Develop a Prevention Concordat programme that supports health and wellbeing

7 Valuing Mental and Physical Health Equally

"Making physical and mental health care equally important means that someone with a disability or health problem won't just have that treated, they will also be offered advice and help to ensure their recovery is as smooth as possible, or in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of learning to cope or manage a physical illness."
Five Year Forward View – Mental Health Taskforce, 2016.

7.1 Health inequalities

Social determinants such as housing and living environment, work environment, access to health and social care services unemployment and welfare can all have an impact on people's mental health

7.1.1 Mental Health and Smoking

Although mental health conditions vary widely, there is much evidence that smoking prevalence is substantially higher across most mental health conditions, and increases with the severity of the condition. Smoking rates are approximately 60-70% in people at the more severe end of the spectrum (Action on Smoking and Health, 2016[14])

We know people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses, including heart disease, respiratory disease and cancer, many caused by smoking. McManus et al (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder. Smoking is the single largest cause of disability and reduced life expectancy, yet rates of smoking in people with mental health conditions have barely changed over the last 20 years, whereas smoking in the general population is at an all-time low.

People with a mental health condition are just as likely to want to stop smoking as other smokers but they face more barriers to quitting and are more likely to be heavily addicted to tobacco, so need intensive behavioural support to be able to quit successfully.

Quitting smoking does not exacerbate poor mental health; in fact the positive impact of smoking cessation on anxiety and depression appears to be at least as large as antidepressants and people taking anti-psychotic medication often need much lower doses once they quit smoking which is an additional benefit[4]).

A whole systems' approach is needed that involves staff across mental health, physical health and social care to reduce these inequalities.

[14] Action on Smoking and Health (2016) the Stolen Years: http://www.ash.org.uk/stolenyears https://www.sps.nhs.uk/articles/

https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0

Specialist stop smoking services should be promoted and made available to people with mental health conditions and access to nicotine replacement therapy (NRT) and other treatments should be streamlined. Smokers who are not able or ready to quit smoking should be encouraged to adopt harm reduction approaches such NRT for longer term use and swapping to electronic cigarettes which are only a small fraction of risk compared to smoking tobacco .

People with a long term physical health condition are two to three times more likely to experience mental health problems. It is estimated treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8–13 billion per annum. Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

In addition individuals with mental health problems are twice as likely to experience a long term physical health illness or disability. NHS England information suggests the proportion receiving an annual physical health check ranges from 62% to 82% and basic risk assessments for long term conditions are not being carried out, for example less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months. The side effects of medication and the impact on physical health (such as weight gain) must not be overlooked particularly for those with severe mental illness.

Mental Health must have equal priority with physical health. It is essential that mental health training becomes standard for all NHS physical health workers and GPs. It is paramount that assessment and care planning is focused on both mental and physical health, particularly for those with any severe mental or physical health illness. Addressing lifestyle issues is a priority for the whole NHS. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise. Commissioners will also work with public health and across CCG's to look at how health improvement can be delivered in primary care.

7.2 Dual Diagnosis

There is a clear need to demonstrate that services for people experiencing co-morbid mental health and substance misuse problems are integrated to deliver assessment, evidence based interventions and support which result in positive outcomes for in tackling the individuals' substance use and mental health wellbeing. People with severe mental illnesses may self-medicate to relieve a specific set of symptoms and to deal with undiagnosed but self-declared Mental Health problems. This can mean people fall through the gaps between services. With the application of "no wrong door" principles, Hertfordshire should be commissioning services for the whole person, integrating the substance misuse and mental health pathways and evidence outcomes based interventions.

7.3 Inequity of access

Hertfordshire needs to facilitate access to services for vulnerable groups to tackle health inequalities It has been recognised at national level that there has been no improvement in race inequalities relating to mental health care since the end of the 5-year Delivering Race Equality programme in 2010.
Inequalities in access to early intervention and crisis care, rates of detentions under the Mental Health Act 1983 and lengths of stay in secure services continue.

With Hertfordshire becoming an increasingly diverse county, equity of access to mental health services for individuals from black minority and ethnic race (BME) communities lesbian, gay, bisexual and transgender people, and people with multiple needs to be addressed. Data show us that there is an over representation of individuals from BME communities accessing mental health services and being detained, with an under representation from other groups that are currently poorly served by mental health services.

With many people looking to their communities for support, Hertfordshire needs to acknowledging, understand and respect cultural diversity and community identities. We need to reduce stigmatisation by services and professionals which might arise as a result of an individual's health symptoms or cultural or ethnic background and help professionals and individuals to embrace the strengths of culture and identity as contributing factors to recovery. We know peer support is highly valued, especially by under-represented and BME groups, and wish to develop peers as a core part of care team.

7.4 Older People

We must ensure services meet the needs of older people: while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. There is a growing cohort of older people with mental health issues (not dementia due to the growing ageing population. Yet there can be lower referral rates and engagement in treatment for depression and anxiety in the older population. However, we know that when older people do engage with psychological therapies, their outcomes and recovery rates are as good as the rest of the population. This strategy should be read in conjunction with the Ageing well Strategy (http://www.hertfordshire.gov.uk/your-council/consult/adultcareconsult/hwbdraftstrategy/)
and
Hertfordshire's Dementia Strategy (http://www.hertfordshire.gov.uk/your-council/consult/careforelderlyconsult/dementiastrat/)

7.5 Learning disabilities & autism

We need to ensure services meet the needs of people with learning disabilities.& autism People living with a learning disability & autism must be able to access mental health services. Learning from the Greenlight Toolkit audits now needs to be implemented and become business as usual for mental health services. The toolkit focusses on mental health service providers checking and then making the reasonable adjustments required to enable people with learning disabilities and people with autism to make best use of mainstream mental health services.

Hertfordshire has a countywide Transforming Care Partnership, this is part of the national all age Transforming Care Programme This essentially means that the way we commission and deliver services has to change in line with this national direction, so that more people with learning disabilities, and/or autism, with behaviour that may challenge and/or mental health support needs, can live in the community, closer to home, reducing the numbers of people admitted to inpatient and secure services. As part of this work Hertfordshire has developed its "Transforming Care Plan", which outlines the key projects needed in order to achieve the outcomes set by NHS England.

www.hertsdirect.org/services/healthsoc/supportforadults/learningdis/ldpbmain/

7.6 Perinatal

Healthcare professionals and people in the general community have highlighted the huge impact of mental health problems during and after the time of childbirth. A significant number of women will first become depressed in pregnancy. The most common mental health problem is postnatal depression.

Hertfordshire is working to increase support for perinatal mental health and support people-to-be showing signs of problems like depression or anxiety. Perinatal mental health illness is common. Between 10% and 20% of women will develop a mental illness during pregnancy or within the first year after having a baby. The impact can be devastating for both mother and baby, as well as their families - one of the major causes of maternal death is from suicide.

Most women experiencing perinatal mental ill health will have a mild to moderate illness, including depression, anxiety and Post-traumatic stress disorder (PTSD), but some will have severe depression, PTSD or pre-existing serious illness like schizophrenia or bipolar disorder or they may develop postpartum psychosis with no previous history.

By 2020/21, nationally the NHS has committed to supporting at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

Hertfordshire County Council, East and North Herts CCG and Herts Valleys CCG are committed to establishing parity of esteem between physical and mental health. We aim to commission comprehensive services that will fulfil the mental health needs of our residents with the same high quality and access as we expect from physical health services.

What we have been doing

- *Substance misuse and mental health services work closely as partner organisations to support individuals and local organisations in a number of areas, such as crisis resolution and Section 136 issues.*
- *Agreement from East & North and Herts Valley CCGs to pilot a recovery college that includes physical and mental health courses*
- *HPFT have implemented SmokeFree across all its sites in Hertfordshire.*
- *Hertfordshire was nominated by NHS England as a "Fast Track" pilot site for Learning Disability Transforming Care*

Consultation feedback

Medication	• Improve medication reviews • More knowledge on medication side effects to be given to the user
Smoking	•Against 'inpatient units to be smoke free ' feel it's a deprivation of people's rights, inappropriate and carries a high risk •Clearer communication about the smoking cessation support available •Clearer commitment around what needs to be in place to make smoke free happen
Dual Diagnosis	•Improve support/services for dual diagnosis •Mental health and drug and alcohol services need to be better joined up
Physical and Mental Health	•Supportive of physical and mental health equality , i.e. if you break a leg its quickly fixed , yet waiting for counselling can take years

Our Aims:

- People with mental health problems who are at greater risk of poor physical health will get access to prevention and screening programmes.
- Ensure more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence based physical care assessment and interventions
- People with Mental Health issues will be support to stop smoking
- Reduce stigma around mental ill health by supporting local communities build a grass roots social movement to raise awareness of good physical and mental health and support people to seek help when they need it. Support women who experience mental health problems in pregnancy and during the first year following the birth of their child to access evidence based specialist mental care
- Promoting good mental health and wellbeing across the population

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8 Preventing and Responding to Crisis

Mental health services have traditionally focused on responding to the needs of people as they develop. Hertfordshire wants to shift its focus to commission services targeted at prevention and avoiding harm to vulnerable people wherever possible to reduce the use of crisis services and emergency inpatient care. It aims to do this by maximising the benefits of early intervention and preventative initiatives; building on individual assets and life skills, preventing the onset of ill mental and physical health and working to build resilient communities which can help people live independently and healthily for longer (see section 6.3).

8.1 Supporting Crisis

When someone is facing a crisis they need to be able to access help quickly when they need it and in a way that helps them to overcome the crisis they are experiencing. The ability to respond swiftly to requests for help is key in ensuring that people can be seen early enough to prevent any further deterioration of their mental health; it can also open up options for people to access different kinds of support and intervention rather than using emergency services and/or inpatient admission or assessment under Section 136 of the Mental Health Act. Experience shows that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding them of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

8.2 Co-ordinated response

The response to crisis needs requires a co-ordinated approach across statutory, voluntary and community organisations. In Hertfordshire, 24 organisations ranging from NHS, county council, police, fire, ambulance, voluntary and community sector are signatories to the Crisis Care Concordat Action Plan. The plan is a commitment to implement the principles of the national Mental Health Crisis Care Concordat, to improve the care and support available to people in mental health crisis, so that they are kept safe and receive the most effective interventions swiftly. The commitment is to work together to help people find the help they need, whatever the circumstances, regardless of which service they turn to first and accept our responsibility to reduce the likelihood of future crisis and to support people's recovery and wellbeing.

The Department of Health has recognised the Crisis Care Concordat approach as an example model of integrated local commissioning. However further work will be required by 2020/21, such as 24/7 community-based mental health crisis response should be available in all local areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission.

Our local Crisis Care Concordat action plan[15] covers the period to 2017; this means that the content, funding and delivery will be subject to local prioritisation, change and further development over the timeframe of this strategy

[15] http://www.crisiscareconcordat.org.uk/areas/hertfordshire/

This strategy will also link into the Suicide Prevention Plan for Hertfordshire that is being developed by Hertfordshire's Public Health along with other stakeholders and service providers

8.3 Health and justice

High numbers of offenders in the youth justice and criminal justice systems have mental health needs and vulnerabilities that go unidentified and unmet. There is a significant over-representation of people with one or more mental health diagnoses within secure and detained settings. A substantial part of the time in the courts and prisons relates to common mental disorders, and developing services to in this area is critical.

8.4 Community Resilience

We know that people are increasingly turning to their communities for support and care needs. Hertfordshire wants to empower people and communities to build resilience in the face of the mental health challenges. Hertfordshire Year of Mental Health has made a huge impact on reducing stigma and raising awareness of mental health. We also need to take a step further to embed mental health champions within communities.

What we have been doing

- *Hertfordshire's Crisis Care Concordat declaration has been signed by all statutory agencies in the County, together with a range of voluntary organisations working in mental health and/or substance misuse.*
- *The Crisis Care Concordat signatories have agreed and started working on an Action Plan which is available on the Crisis Concordat website (www.crisiscareconcordat.org.uk)*
- *Improved psychiatric liaison services*
- *Extended the operating hours of the RAID service at Lister Hospital*
- *Ensuring the effective use of S136 suites (places of safety) and implementing strategies to reduce inappropriate use e.g. introduction of street triage*
- *Housing – supporting people with mental health problems to access and maintain appropriate accommodation*
- *Roll out of Spot the Signs (suicide prevention training) to all GPs and community providers.*

Consultation feedback

Discharge	•Improve discharge communications, in consultation with patients and carers plus support networks

Our aims:

- Continue to meet the national Mental Health Crisis Care Concordat
- Develop a multi-agency suicide prevention strategy and action plan which will be reviewed annually
- Expansion of the RAID (Rapid Assessment Discharge) programme to provide a 24/7 all age response.
- Review the community based mental health crisis response to offer intensive home treatment as an alternatives to an acute inpatient admissions 24/7
- Work with partners organisations to reduce premature mortality among people with severe mental illness
- Develop all age mental health liaison services in emergency departments and inpatient wards

9 From Recovery to Independence

Hertfordshire should have services available that help people recover and cope with the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to sustain wellbeing, maximise independence and have the opportunity to thrive in Hertfordshire.

9.1 Commissioning recovery focussed services

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them build and regain resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment. For this to be achievable there needs to be a comprehensive range of (NICE evidence-based) treatments in Hertfordshire that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. Supporting individuals needs as they move through recovery to independence, will mean different levels of support at different times.

We need to ensure that there is a step down of intensity of service as people move from recovery to independence, coupled with encouragement and guidance for people to access the kind of support that will help keep them well in their communities without the need for medication and/or therapy.

9.2 Personalisation – choice and control

One of the emerging themes from this strategy is enabling personalisation, giving individuals choice and control over their support arrangements as their needs change and outcomes are met. To enable this to happen there needs to be improved information and advice on what care and support is available in Hertfordshire for individuals and their families. There is a need to develop the market for personal assistants and understand what kind of preventive services to reduce or delays people's need for care and the promotion of independence and self-reliance are needed within the County. This is part of the wider Community Wellbeing review.

9.3 Peer Support

One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues to aid relapse prevention, self-management, choice and facilitate partnership with other services. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper et al, Peer Support: Theory and Practice, ImROC, 2013). Hertfordshire has an opportunity to use peers to support people's mental health alongside their other needs, including physical health, employment, housing and social care.

Other needs such as housing and employment play significant factors in good mental health and vice versa - Stable housing and employment are significant factors contributing to someone being able to maintain good mental health. Both of these are important outcome indicators for recovery for people who have developed a mental health problem.

9.4 Accommodation

Hertfordshire County Council is responsible for accommodation which provides care and support. The Care Act 2014 emphasises that "integrated services built around an individual's needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual's wellbeing and when developing integrated services. Local authorities are responsible for housing and as part of the Care Act should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations." **Care Act Guidance 4.90.**

Hertfordshire County Council have established a governance board with the local authorities in order to align accommodation with support and care and the role which housing plays in building the right service

Hertfordshire want to work with housing and accommodation providers to support those who are at risk of losing stable housing to prevent mental health deterioration. We will seek to review the accommodation pathway for people with mental health problems and start conversations thorough our market position statements to stimulate the market to encourage more properties suitable for people with a mental health condition focusing on the recovery model; this includes accommodation settings for rehabilitation, residential settings. A major aim of recovery will be to enable people to move on from these settings to supported living or independent housing. Data show us that in Hertfordshire housing has an impact on delayed transfer of care (DTOC) from inpatient/residential mental health settings:

Hertfordshire Partnership University NHS Foundation Trust[16] (HPFT) – from December 2014 – December 2015 29% of all delayed working age adults were waiting for housing (28 of 95 delayed people Dec 2014-2015 HPFT Data).

Hertfordshire County Council have acknowledged that there needs to be a system wide approach to tackle the scale of the housing problem. Our key aims are to focus on, improving choice, improving quality and ensuring good housing/accommodation supply. The particular demand across the county for accommodation is for one bedroom flats/studios or self-contained provision.

Hertfordshire County Council is well placed in understanding the property conditions. In 2015 the council carried out property reviews of all HCC owned accommodation. The review identified that 21 properties were registered as supported living accommodation for people with mental health conditions.

[16] HPFT - Provide mental health services on behalf of Hertfordshire County Council and East and North Herts and Herts Valley CCGs

Part of the property review is to ascertain how we could make best use of the council's assets. We also seek support and review by our NHS partners to review their assets and ensure best use of their capital stock. We are keen to work with our partners to consider alternative models of housing support and care which would maximise making best use of the collective assets and enhance individuals opportunities on where they can chose to live. We will be working closely with NHS partners and public health led by the Integrated Accommodation Commissioning team[17] to ensure housing/accommodation needs are addressed across the County.

NHS partners will be undertaking a wide scale review of the supported living placements to ensure that those affected by poor mental health are receiving recovery-orientated care packages and living in an accommodation setting that best meets their needs. As part of our commitment to co-production, we will involve users of services and carers in reviews of services and aim to develop a recovery model that supports the transition of individuals stepping down from supported living, where appropriate.

There are challenges to meeting the wider agenda for accommodation provisions across the county, due to the lack of housing options, in particular move on accommodation is a key area for the council and its partners to explore.

9.5 Employment

Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed. However, 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Hertfordshire's approach to employment support for people with mental health is to assist people to:

- retain employment
- gain employment
- gain skills for employment through volunteering, education, training and work experience.

National data shows of people with 'mental and behavioural disorders' supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. There is a 65 per cent point gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population. The ambition is that by 2020/21, each year up to 29,000 nationally 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).

[17] The Iintegrated Accommodation Commissioning Team commissions a range of accommodation including supported accommodation for people with learning disabilities.

9.6 Secondary (specialist) Commissioning

The Five Year Forward View Mental Health Taskforce sets out its position on specialist commissioning by welcoming the invitation set out in NHS England Planning Guidance 2016/17 – 2020/21 for providers of secondary mental health services to manage budgets for tertiary (specialised) services. The rationale being to reduce fragmented commissioning and improves care pathways. This might be a significant change for some areas, but is an approach which Hertfordshire has already adopted for secondary (specialist) mental health residential commissioning. The Taskforce suggests the programme (of development – via Vanguard) should focus on ensuring adequate inpatient resource is maintained while preparations are made to support people who are ready to transition into community based services. Hertfordshire has the opportunity to strengthen and review its secondary commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

9.7 Adults with Complex Needs Service and Pilot

We recommissioned a county wide Complex Needs service from the voluntary sector that can support the whole person in their recovery from crisis, providing support and expertise on a wide range of issues including accommodation issues and substance misuse, but we continue to develop our thinking around responding to or preventing crisis in the first place. The new service commenced in April 2016.

We are also running a pilot of enhanced support for adults with the most complex needs in Hertsmere and Three Rivers. This pilot is working with those adults with the highest levels of complexity and is evaluating whether intensive interventions can improve outcomes for the individuals and save money in the longer term. Learning from this pilot will be used to inform future commissioning arrangements for complex needs provision.

9.8 Changing Services Together

The Changing Services Together (CST) programme is looking at provision of day activities and support across the county and across different client groups. We have worked with the National Development Team for Inclusion (NDTi) to engage with over 300 people about what matters to them and what makes a good life. Based on this, we are developing a commissioning framework for this area of activity and will be holding Community Conversations with partners in localities across the county. These Conversations will discuss the services and activities already in place and what people in different areas value locally. We currently commission a variety of mental health day activities and will work with providers and service users as part of this process.

9.9 HertsHelp and Community First

HertsHelp is an information and advice service commissioned by HCC and the CCGs. It provides people who want to use services and staff with relevant information about local services, including those that support recovery.[18] With significant pressures on statutory services, it is vital that we work effectively and appropriately with partners in the voluntary and community sector. However, we recognise the challenge for busy professionals to be aware of and up to date with the different local community groups. HertsHelp therefore provides a single point of contact to find out this information. We are promoting a simple message to the public and professionals: if you don't know what support is available, think HertsHelp.

As part of this work, we are working across partners to develop a new Community First strategy that sets out how we will work in partnership with local community groups to support people.

What we have been doing

- *Recommissioned a county wide Complex Needs service from the voluntary sector that can support the whole person in their recovery from crisis, providing support and expertise on a wide range of issues including accommodation issues and substance misuse*
- *Reviewed delayed transfer of care from HPFT services and reduce reported delays*
- *Developed new models to improve health and social care for people with mental health conditions through Herts Valley strategic review*
- *Used co-production to design and deliver recovery focussed services*

[18] http://www.hertfordshire.gov.uk/your-community/ihertshelp/

Consultation Feedback

Support network/ day centres	• Improve number of support groups/networks Less third party involvement , more professional clinical input • Bring back day centres , they are a must
Employment Support	•Recovery needed first before work •If in agreement that employment support will help service users •Intensive individualised support key
Accomodation	•Improve Housing support / accommodation sustainability •Join up with HCC accommodation strategy a priority •Reveiw Housing/ supported living provision and increase awareness of housing options for service users pre discharge •Clearer communication regarding the impact of the strategy for service users with mental health problems in light of the accommodation cuts

Our Aims:

- Evaluate the pilot of a Wellbeing college that included mental and physical health courses with a view of commissioning the service
- Look at the options of providing navigators or peers by experience to people who need specialist care from diagnosis onwards to guide them through options for their care and ensure they receive appropriate support to move from recovery to independence
- 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
- Work with providers to develop schemes to improve mental health and employment outcomes
- Focus on people with long term physical health conditions and supporting people into employment
- Opportunity to strengthen and review its secondary (specialist) commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

Conclusion

This mental health strategy has been developed through an analysis of local need, and listening to the views of service users, carers, stakeholders and partners. This strategy sets out our plans for the future delivery of mental health services in Hertfordshire. There will be a detailed action plan that will be developed once the Strategy is published. This will be monitored by through the Joint Commissioning Boards at CCG levels, overseen by the countywide Mental Health Planning and Performance Group. This strategy is a commitment to achieving high quality outcome driven services, parity of esteem and enhancing recovery.

Action Plan

Appendix 3 is the action plan that accompanies the strategy. This gives details of the work streams and actions to take this strategy forward to ensure high quality outcomes for mental health services in Hertfordshire. The action plan will be monitored through the Mental Health Planning and Performance Group.

Appendix 1 – summary of national and local strategy recommendations

The five year forward view mental health taskforce report

The five year forward view sets out how national bodies will work together between now and 2021 to help people have good mental health and make sure they can access evidence-based treatment rapidly when they need it. The taskforce's recommendation have highlighted three priority areas:

- A 7 day NHS – right care, right time, right quality
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

No Health without Mental Health

No Health without Mental Health is a national strategy that defines the outcomes that health and social care organisations must achieve. This strategy says organisations should:

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

Closing the gap: priorities for essential change in mental health

This document is produced by The Department of Health and it states their priorities for making sure mental health has equal importance with physical health:

- Increase access to mental health services
- Integrate physical and mental health care
- Starting early to promote mental wellbeing and prevent mental health problems
- Improve the quality of life of people with mental health problems

Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in care and support of people in crisis. It sets out how organisations will work together to make sure people get the help they need when they are having a mental health crisis

The Local content

Hertfordshire mental health crisis care concordat

Hertfordshire County Council has worked with partner organisations to implement the principles of the national Mental Health Crisis Care Concordat. The aim is to improve the

care support available to people in crisis because of their mental health condition, so that they are kept safe and receive the most effective interventions swiftly. This group have developed an action plan to ensure working together on the implementation of the following principles:

- Ensuring a consistent response to people in mental health in crisis
- Support before Crisis
- Urgent and emergency access to crisis services
- Quality of treatment in crisis
- Recovery

Health and Wellbeing Strategy hertsdirect.org Health & Wellbeing Strategy

This strategy outlines Hertfordshire's approach, principles, roles and responsibilities for tackling health inequalities and promoting the health and wellbeing of everyone who lives or works in Hertfordshire. The focus of the Strategy is on:

- Healthy living
- Promoting independence
- Flourishing Communities

Hertfordshire County Council Corporate Plan 2013-17

hertsdirect.org Hertfordshire's Corporate Plan 2013-2017

We have a legitimate interest in everything that affects the wellbeing of Hertfordshire and its residents. The corporate plan sets out our key priorities for the county and how we intend to deliver our vision for Hertfordshire, County of Opportunity; where residents have the opportunity to:

- Thrive
  We want every Hertfordshire resident to have the opportunity to maximise their potential and live full lives as confident citizens.

- Prosper
  We want Hertfordshire's economy to be strong, with resilient and successful businesses that offer employment opportunities to residents, helping them to maintain a high standard of living.

- Be healthy and safe
  We want Hertfordshire residents to have the opportunity to live as healthy lives as possible and to live safely in their communities.

- Take part

We want to enable all Hertfordshire residents to make a more active contribution to their local areas, working with elected representatives and other community activists to tackle local issues and ensure that council services are more responsive to their priorities and ambitions.

East and North Herts Clinical Commissioning Group (CCG) - Planning for Patients Strategic Plan 2014/19

www.enhertsccg.nhs.uk/strategies

The CCG aims to make a positive contribution to the people of East and North Hertfordshire by empowering them to live well and as healthily as possible. The aim is to engage the public and health and social care colleagues to design person-centred services that all are proud to deliver and pleased to receive.

Working together to develop commission and evaluate services; making best use of resources. The major elements of the plan build on work that has been underway in Hertfordshire since 2007 and has strong foundations. The plan seeks to focus on care groups and needs, rather than around facilities and staff. Successfully delivering

Herts Valley Clinical Commissioning Group - Your Care Your Future

www.yourcareyourfuture.org.uk

The vision for Herts Valley CCG is for people of all ages living in West Hertfordshire to be healthier and have better care that is joined-up and responsive to their individual needs, closer to where they live. The vision is a result of months of engagement with local people:, service users, carers, clinicians and other stakeholders. Key themes from the engagement include:

- support for the need to change local services
- the need for a greater focus on preventing ill health
- better coordination to join up different elements of local services to improve the experience that people and service users experience
- reducing unnecessary journeys to hospital by providing more care closer to people's homes

Appendix **2**

Making it Real - Markers for change

Information and Advice. Having the information I need, when I need it.

- I have the information and support I need in order to remain as independent as possible.
- I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- I can speak to people who know something about care and support and can make things happen.
- I have help to make informed choices if I need and want it.
- I know where to get information about what is going on in my community.

Active and supportive communities. Keeping friends, family and place

- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
- I have a network of people who support me - carers, family, friends, community and if needed paid support staff.
- I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.
- I feel welcomed and included in my local community.
- I feel valued for the contribution that I can make to my community.

Flexible integrated care and support. My support my own way

- I am in control of planning my care and support.
- I have care and support that is directed by me and responsive to my needs.
- My support is coordinated, co-operative and works well together and I know who to contact to get things changed.

Workforce. My support staff

- I have good information and advice on the range of options for choosing my support staff.
- I have considerate support delivered by competent people.
- I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.
- I am supported by people who help me to make links in my local community.

Risk enablement. Feeling in control and safe

- I can plan ahead and keep control in a crisis.
- I feel safe, I can live the life I want and I am supported to manage any risks.
- I feel that my community is a safe place to live and local people look out for me and each other.
- I have systems in place so that I can get help at an early stage to avoid a crisis.

Personal budgets and self-funding. My money

- I can decide the kind of support I need and when, where and how to receive it.
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget).
- I can get access to the money quickly without having to go through over-complicated procedures
- I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.