



integrated working

GOVERNING BODY

Agenda Item No.	08
Reference No.	WSCCG 18-61
Date.	28 November 2018
Title	Suffolk Draft Mental Health and Emotional Wellbeing Strategy: 2019-2019.
Lead Chief Officer	Richard Watson: Deputy Accountable Officer and Chief Transformation Officer
Author(s)	Eugene Staunton: Associate Director for Mental Health Transformation
Purpose	To share the draft strategy and key headlines, set out the co-production approach and direction of travel.

Applicable CCG Clinical Priorities:

1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓

Action required by Governing Body:

The Governing Body is requested to;

- note/approve the draft strategy and offer any feedback before the final document returns to the January 2019 Governing Body meeting (including future commissioning options)
- note the further six week engagement period 29.11.18-10.01.19
- agree the shape of the emergent future model with a focus on mental health services operating in an increasingly integrated way with other partners and in particular supporting primary care and community services with specialist advice and support
- note the future Suffolk system wide crisis model
- commit to continuing to support this new approach to co-production in mental health and other areas

1. **Background**

1.1 This East and West Suffolk system wide programme of work commenced in April 2018, to develop a Mental Health and Emotional Wellbeing Strategy that describes our future model for mental health services in the context of:

- increased integrated working with other services focussing on early prevention and intervention for mental health and emotional wellbeing
- a need for the entire Suffolk system to raise the profile, and identify their contribution to improving mental health and emotional wellbeing
- a shift in the focus and ongoing commitment to co-production
- our main local mental health NHS provider, Norfolk and Suffolk Foundation Trust (NSFT), awaiting the outcome (at time of writing) of a recent Care Quality Commission inspection (September 2018), and currently rated by the CQC as 'Inadequate'

The draft Mental Health and Emotional Wellbeing Strategy is attached as Appendix One. It contains three key sections:

- Mental Health Needs Assessment for East and West Suffolk (completed by Public Health)
- Outcome of co-production and engagement events *#averydifferentconversation*
- Outline of future Suffolk Mental Health and Emotional Wellbeing Model set out in four quadrants

1.2 The Public Health Needs Assessment is complete and has particularly focussed on mental health and emotional wellbeing through the lens of the broader determinants of mental health, the links between mental health and physical health and the links to long term conditions.

The Needs Assessment can be accessed through the following hyperlink:

<https://www.healthysuffolk.org.uk/jsna/reports/health-needs-assessments/mhna-2018>

1.3 This process has shifted how we think and approach co-production. Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups have worked in partnership with Suffolk Family Carers (SFC), Suffolk User Forum (SUF), Suffolk Parent and Carer Network (SPCN) and Healthwatch Suffolk to listen to and speak with the Suffolk population to hear their feedback and to inform the emerging future model.

1.4 Three system-wide Suffolk events were held between July and October 2018 to co-produce the future model at Elmswell, Suffolk, which consisted of representation from patient, parents and carers, professionals and examples of good practice from inside and outside of the County. A number of visits also took place to inform our Suffolk model including to Cambridge and Peterborough (a mental health NHSE national vanguard site) and City & Hackney who work with East London Foundation Trust (an outstanding NHS mental health provider). The core of the future model is based around four quadrants with a focus on the role of;

- Self-Care
- Universal Health, Primary Prevention and Care
- Access and Brief Community Based Interventions
- Specialist Mental Health Services

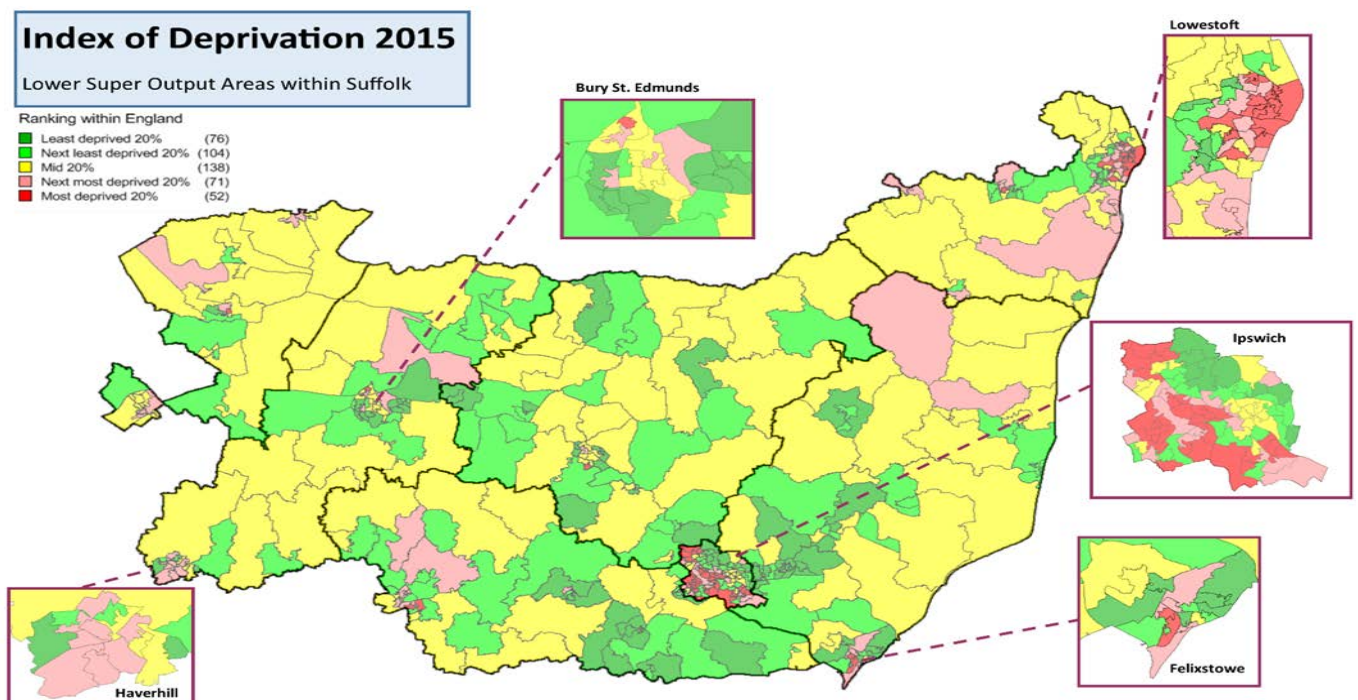
2. Key Issues

2.1 The Public Health Mental Health Needs Assessment was completed throughout the summer of 2018 and the Elmswell Suffolk system wide events (x3) were used to share the emerging findings and also to obtain feedback on the literature.

The following key issues were identified;

- Deprivation affects Suffolk's mental health and service demand with more areas now in the 20% and 40% most (relatively) deprived in England (Fig 1)
- 90% of people with mental health problems are cared for within primary care but unclear support arrangements in place to and within primary care
- Increasing levels of self-harm and suicide in young people. Emergency admissions for self-harm are significantly higher in Suffolk than England
- Mental health services for personality disorders (PD) do not meet user needs or NICE guidance – c.84,000 Suffolk people (16+) likely to have enough personality disorder traits
- Increased need for Crisis Care in particular: Summer, 6pm to midnight, East Suffolk
- People with long-term physical health problems are likely to have depression (40% older people with a physical condition, 50% people with stroke or Parkinson's)
- High levels of depression in older people (1 in 5), often undiagnosed
- People with severe mental illness die 15–20 years earlier than the rest of the population
- Trans and non-binary: many individuals have a mental illness and need better support and treatment
- Drug and alcohol users must not be prevented from accessing mental health support and need a more holistic approach to dual diagnosis

Fig 1: Index of Deprivation 2015



The Mental Health Needs Assessment illustrates the links between levels of deprivation and poor emotional health and well-being. The Suffolk '15 Ways to Wellbeing' (Fig 2 below) builds on the '5 Ways to Wellbeing' (New Economics Foundation) to include the Physical, Emotional and Environmental themes that can contribute to an individual's Wellbeing.

Fig: 2: Suffolk 15 Ways to Wellbeing

					
Physical	Weight – if we are heavier, or lighter, than our ideal weight we are more likely to have health problems	Be Active - physical activity helps us live a longer, healthier life	Diet – a balanced diet helps keep us healthy, and happy	Smoking – smokers tend to live a shorter, less healthy, and poorer life	Drugs and Alcohol - it is safest to drink fewer than 14 units a week on a regular basis, and to avoid recreational drugs
					
Emotional	Connect – social networks increase our sense of belonging and wellbeing	Be Active - physical activity is one of the most effective ways to improve your emotional health	Take Notice – being aware of what’s going on enhances wellbeing	Keep Learning – learning new things at any age helps us remain happy, and confident	Give – helping others is rewarding
					
Environmental	Work – regular, fulfilling employment that is paid at a good rate, or voluntary work, increases self esteem, and gives purpose	Housing – we all need warm, dry, safe, and comfortable housing	Family and Medical History – our ‘health inheritance’ and medical history may mean that we need to take extra care	Pollution – we all need fresh air, inside and outdoors, and clean water	Poverty – if we have enough money to live decently, it is easier to be healthy

2.2 The key messages arising from the Mental Health Needs Assessment include;

- Mental health is not just about mental health services and needs to be everyone's business across Suffolk
- Mental health and physical health and social care services need be better integrated across Suffolk
- There is a need to improve the physical health of people living with serious mental illness to reduce deaths
- We need to do more to prevent and support mental health crisis
- We need to continue suicide prevention work
- We need to tackle smoking, exercise and obesity and more widely deprivation to improve wellbeing

2.3 Main features of the emergent model

2.31 Place based commissioning and provision- we have begun to define new ways of organising ourselves around “place”.

- “Place” in Suffolk and North East Essex (SNEE) is outlined at 3 broad levels:
- Whole ICS footprint (i.e. SNEE system level) to 1 million population
- Alliance (i.e. North East Essex, West Suffolk and Ipswich and East Suffolk) each to 250-350k+ population
- Locality (e.g. 6 in West Suffolk, 8 in Ipswich and East Suffolk and 4 in North East Essex of circa 50k population size) – our Connect areas

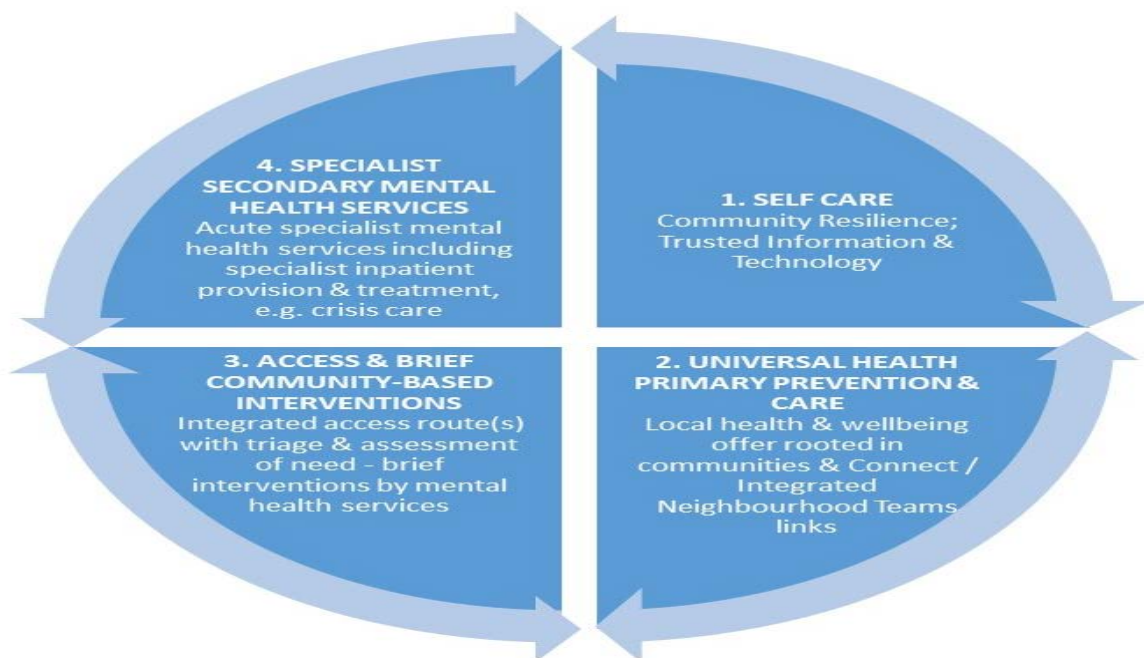
2.32 System-wide Leadership and Culture – mental health is everyone’s business and engendering a new culture between partners is key for Suffolk to work together to integrate mental, physical and social care provision within our localities and Alliances.

- 2.33. **Early Help to build Individual and Community Resilience** – there is an increased focus and investment in prevention and self-care. We want our population to be confident and resilient wherever possible.
- 2.34 **Developing the Primary Care and Community Mental Health Service** – to develop a community based Mental Health service model wrapped around primary care within localities and integrated as part of our Integrated Neighbourhood Teams. Increased specialist mental health support and expertise will be delivered into primary care and the community to improve timely access and increase early intervention.
- 2.35 **Mental Health Crisis System Model** – the outline future model describes how system partners work together to prevent mental health issues escalating, whilst describing the core mental health functions of a 24/7 crisis system model including Crisis Resolution and Home Treatment Teams (CRHTT), Psychiatric Liaison Services, Police Triage and Early Intervention in Psychosis (EIT) and utilising the 111 service as the gateway into accessing mental health support.
- 2.36 **Integrated Children's Model** – to build on the Suffolk Children's Emotional Health and Wellbeing Plan (Year 3) and Emotional Wellbeing Hub development to evolve a fully integrated children's model across physical and mental health and social care.

2.4 Future Suffolk Model

- 2.41 Our future model is based on four quadrants (Fig.3) below, which describes a system-wide response to supporting the mental health and emotional wellbeing of the population of East and West Suffolk. The four quadrants are 1) Self Care, 2) Universal Health Primary Prevention and Care, 3) Access and Brief Community Interventions and 4) Specialist Secondary Mental Health Services.

Fig 3: Future Suffolk Mental Health & Emotional Wellbeing Model



- 2.42 **Self –Care** - when people have the tools, information and advice to self-manage their health, wellbeing and social care needs, the whole system will support service users and the people who care for them at every stage to stay well mentally and physically. This will include information about local community networks e.g. groups, societies, clubs and other services within the community including help for people to link up with them. This will result

in better outcomes and quality of life for individuals, families, communities and organisations.

- 2.43 **Universal Health Primary Prevention and Care**- all Suffolk services have a responsibility to support the emotional health and wellbeing of the East and West Suffolk population. Working closely with the CCGs, our 'Alliances' have local strategies in place to meet the challenges our local population face and see much closer integration of health, care and wider wellbeing services in the future.

From a health perspective, we need to ensure that primary care provides a consistent offer to patients presenting with mental health issues. We propose to develop an evidence-based programme of mental health and emotional wellbeing educational sessions for primary care staff. The programme will be shaped around the findings of the Suffolk Joint Needs Assessment refresh (summer 2018), with sessions to be delivered outside of core hours to enable maximum attendance.

It is incumbent on all partners to take steps to raise the profile of emotional health and wellbeing and support their staff accordingly. East Suffolk and North Essex Foundation Trust (ESNEFT) are making promotion and support of physical and mental health and emotional wellbeing a corporate priority. Focusing on improving education and support for ESNEFT staff and the role of the Psychiatric Liaison Service, they have an aspiration to create and be the first 'Mentally healthy Hospital Kite Mark' organisation in England. They will provide:

- All new environments which are mental health friendly
- Clinical staff equipped with sufficient base level of emotional & mental health knowledge and training to support patients
- Delivery of care to those who need mental health specialist care, measured by safety, experience, timeliness and environment
- Clearly signed appropriate services to support staff
- Patients with long term mental health conditions have quick access to specialist healthcare services to maximize their physical outcomes

- 2.43 **Access and Brief Community Interventions** - we envisage a very different relationship between GPs and Practice staff and mental health and wellbeing services. We expect all practitioners to work in a collaborative way to identify and meet the holistic needs of the local population. The new model will provide simplified access and an offer of mental health advice and guidance for professionals, assessment and brief intervention. Our new proposed Primary Care Mental Health Service will be different. It will provide quick access to specialist mental health support for professionals and patients alike in community locations negotiated with clusters of GP Practices. The service will be age inclusive and with access through schools and colleges as an alternative choice of gateway to services for service users and the people who care for them. We also wish to embed the Increasing Access to Psychological Therapies (IAPT) service fully in the community as part of our core Primary Care Mental Health Service offer.

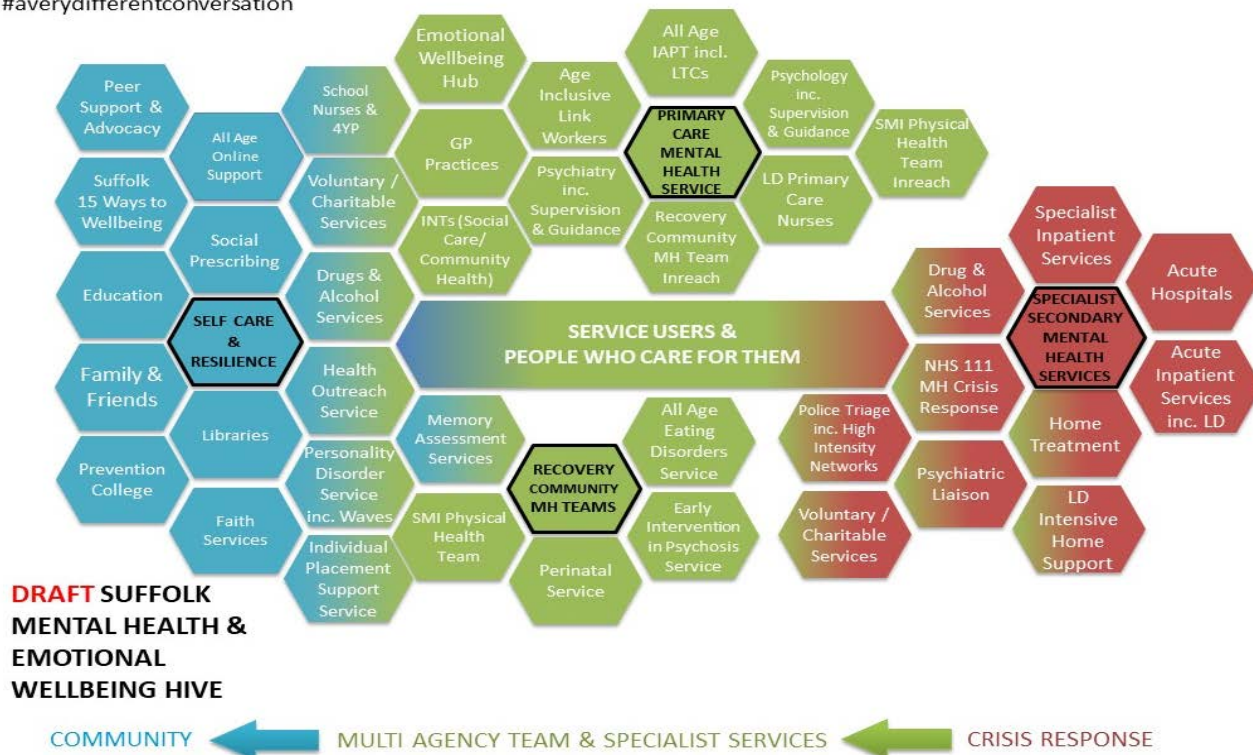
We wish to move away from a place where standalone mental health services can only be accessed through meeting clinical thresholds, to one where integrated, locality-based teams work together to meet the needs of service users. Each of our CCG member GP Practices will have access to a;

- Named Link Worker (providing support and the conduit to)
- Specialist Mental Health Community Clinics (specialist support and conduit to)
- Recovery Community Mental Health Teams (Specialist Services linked to wider system)

Figure Four below illustrates the complimenting and interdependent nature of Suffolk system wide services all supporting the broader determinants of mental health and emotional well-being. We see our evolving Alliances as providing the opportunity to better improve how these services work together to meet the overall needs of our Suffolk population.

Figure Four: Suffolk Mental Health and Emotional Health Wellbeing Hive

#averydifferentconversation



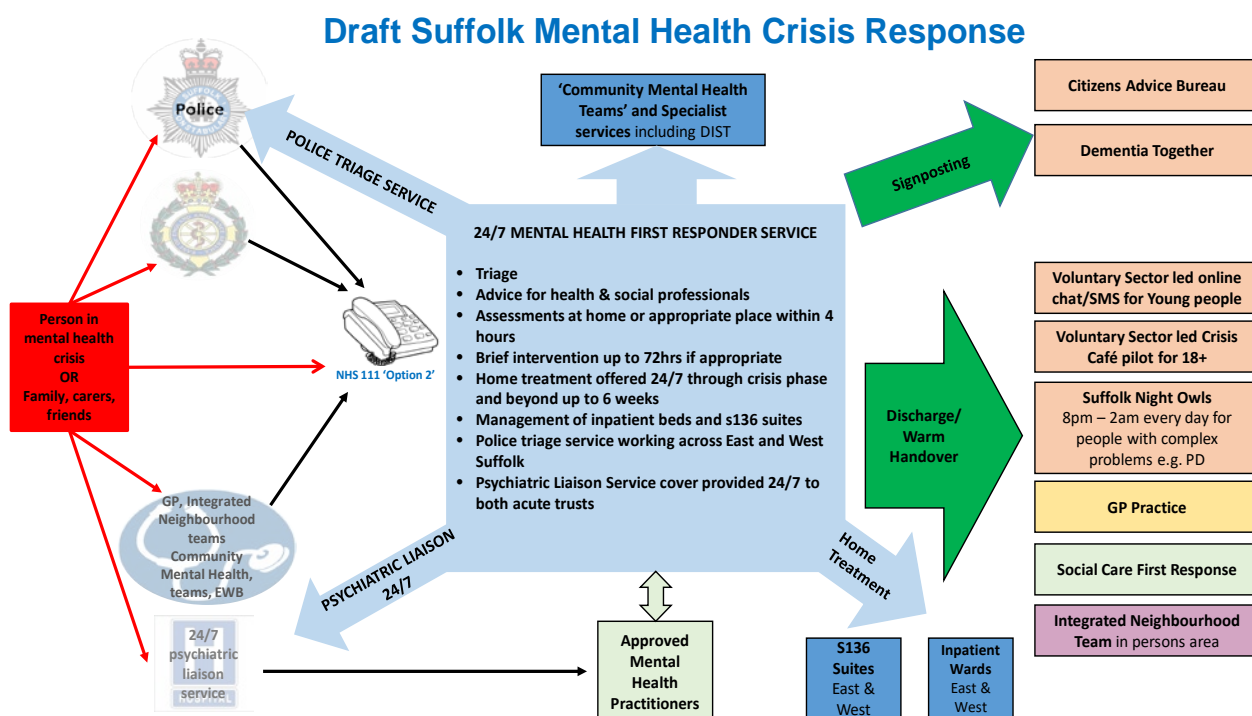
2.44 **Specialist Secondary Mental Health Services** - in November 2016, the Mental Health Five Year Forward View set out the necessity for the NHS to provide high-quality, responsive, 24/7 accessible mental health services for people who may be seriously ill and in need of urgent support. To enable this vision for Suffolk, it is essential that there is a change in how the Suffolk System as a whole delivers crisis services to ensure that the capacity is available to cope with the demand in a variety of ways and offer ways to support patients earlier to prevent a crisis occurring.

Our new model (Figure Five) below is for a mental health system which can offer a response to people in crisis (via 111), have the ability to provide timely assessment for those who need it, have excellent links into Recovery Community Mental Health Teams and voluntary sector services, offer a high quality 24/7 home treatment service and manage Inpatient bed capacity.

The new system wide model will consolidate the mental health services as below into a discrete crisis mental health response:

- Crisis Resolution and Community Home Treatment Teams (CRHTTs)
- Police Triage and Serenity Intensive Monitoring
- Psychiatric Liaison Services
- Voluntary Sector response
- Mental Health Inpatient Units

Figure Five: Draft Suffolk Mental Health Crisis Response



3. Patient and Public Engagement (if appropriate)

3.1 ***The co-production process (#averydifferentconversation) which has underpinned our work to date in producing this Mental Health and Emotional Wellbeing Strategy, has shifted how the CCGs works with partners to support co-production and signals a different way of working in future.***

I&ESCCG, WSCCG, Norfolk and Suffolk Foundation Trust and partners wished to conduct its engagement with the Suffolk system in a very different way in order to move away from a traditional engagement or consultation exercise. The real views of the East and West Suffolk population matter to us and we therefore wished to hear from service users, the people who care for them and professionals.

Ipswich and East Suffolk and West Suffolk CCGs commissioned Suffolk User Forum (SUF), Suffolk Parent & Carer Network (SPCN), Suffolk Family Carers (SFC) and Healthwatch Suffolk to lead and co-ordinate an independent listening exercise #averydifferentconversation.

3.2 ***#averydifferentconversation*** offered the residents of East and West Suffolk a role in creating a new strategy for how mental health services are delivered. This was an unprecedented opportunity for those whose lives are touched by concerns about mental health to share their experiences of receiving services. This included users of mental health services, carers and professionals involved in the provision of mental health support. Over a period of three months, service users, carers and professionals were invited to feedback about mental health services through a variety of methods including online surveys and group engagement events. People were encouraged to talk about what was working well and what could be done better.

The partnership has led on the engagement and have held a programme of events over the summer of 2018, reaching over 4,330 people. Healthwatch Suffolk has facilitated the co-design of the survey, analysed the gathered data and authored a report (Appendix Two – available from 20.11.18). The collaboration included NSFT as the key provider of mental health services in the county.

Three separate surveys were co-produced by the partnership and distributed online and at engagement events. There was one survey for service users, one for carers and one for professionals. There were 768 responses to the surveys. 444 were from service users and members of the public, 169 were from carers and 155 were from professionals and staff.

Data from 'My Health Our Future', Healthwatch Suffolk's research with 7,088 young people in schools in Suffolk, aged from 11 to 19 has also been included to include young people's voice in the feedback.

3.3 Key themes emerging from #averydifferentconversation:

1. Lack of access and unmet needs (especially in crisis)
2. Access (increased waiting times)
3. Support in the Community
4. Information and Signposting
5. Continued Support (especially post discharge)
6. Listened to and understood
7. Quality of Services
8. Integrated Care (opportunities)
9. Resources
10. Support for Carers
11. Digital Support
12. Schools (lack of support)
13. Transition from Child to Adult Services

All key themes have been crosschecked against the Draft Mental Health and Wellbeing Strategy and will be shared with the Suffolk system between (29.11.18-10.01.19) as we enter a period of engagement to share the draft strategy and ask East and West Suffolk if we have missed anything.

4. Recommendation(s)

The Governing Body is asked to note:

- #averydifferentconversation has developed this strategy in a co-productive manner that has sought to seek the views of service users, those who care for them and professionals. Not only has this shifted our approach to co-production now but there is also a future commitment to continue this approach as we move forward in our journey to transform our mental health and connected services.
- We must put patients, families and carers and professionals at the centre of our conversations.
- We ask the entire Suffolk system to note and respond to the fact that mental health and emotional wellbeing is everybody's responsibility and that a cultural shift is required if we are to achieve parity of esteem for mental health. We ask that all agencies look at their respective roles to contribute to the improved emotional health and wellbeing of the Suffolk population.
- In the future we wish to develop and provide services in a more integrated way which addresses and support the needs of patients and their families/carers, support Physical

and Mental Health together and puts the needs of patients before organisational boundaries.

- We request the Suffolk system to note and agree the emergent Suffolk four quadrant model for mental health and emotional wellbeing incorporating:
 1. Self-Care
 2. Universal Health-Primary Prevention and Care
 3. Access and Brief Community Based Interventions
 4. Specialist Secondary Mental Health Services
- We will begin a further period of engagement between 28 November 2018 and 10 January 2019 to share this draft document and summary with our East and West Suffolk population to check if we have captured the key themes and emergent future model that have been developed throughout this process.
- We will bring the final mental health and emotional wellbeing strategy through our CCG Governing Bodies at the end of January 2019.