

# Have your say on the Draft Hertfordshire Mental Health Strategy 2016-21

A draft 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 consultation is asking for your views on the draft Hertfordshire Mental Health strategy for the next five years

This strategy sets out our plans for the future delivery of mental health services in Hertfordshire.

The strategy explains the approach taken to ensure people who experience mental health problems, their carers, and families are able to live well in Hertfordshire.

A number of workshops were organised to discuss the priorities for action. Five key themes emerged:

- Listening and responding service users and carers
- Early and fair access to diagnosis, treatment and support
- Preventing and responding to crisis
- From recovery to independence
- Valuing mental and physical health equally

We want as many people as possible to get involved to make sure we understand the full range of views.

Our proposed priorities are summarised below. Please respond [via the online form](#) or by returning your completed form (**this can be found at the end of this document**) to The Integrated Health and Care Commissioning Team – [mhstrategy@hertfordshire.gov.uk](mailto:mhstrategy@hertfordshire.gov.uk) or post to – *Mental Health Strategy; Integrated Health and Care Commissioning Team, Farnham House | Six Hills Way, Stevenage | SG1 2FQ*

Please note that the deadline for response is the 30<sup>th</sup> July 2016

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## Mental Health and who does it affect?

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.

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 £21 million (financial year 2014-15) on mental health services.

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.

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## The National and local context

Hertfordshire's strategy has been developed in the context of both national and local priorities.

Recommendations from the national documents shaping mental health service provision have focussed on a number of key areas for delivery

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 adults mental health strategy.

- \* *The five year forward view mental health taskforce report*
- \* *No Health without Mental Health*
- \* *Closing the gap: priorities for essential change in mental health*
- \* *Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental*
- \* *Hertfordshire mental health crisis care concordat*
- \* *Health and Wellbeing Strategy*
- \* *Hertfordshire County Council Corporate Plan 2013-17*
- \* *hertsdirect.org Hertfordshire's Corporate Plan 2013-2017*
- \* *East and North Herts Clinical Commissioning Group (CCG)- Planning for Patients Strategic Plan 2014/19*
- \* *www.enhertscg.nhs.uk/strategies*
- \* *www.yourcareyourfuture.org.uk*

# The 2016-2021 Hertfordshire Draft Mental Health Strategy

Hertfordshire held a number of “developing the strategy” consultations between October 2014 and January 2015 involving people with lived experience, their carers and families, the wider public and organisations who deliver support to people with mental health problems. 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.

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.

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## 2016-2102: Five Strategy Themes

Our work will focus on 5 key areas, each supported by an action plan that will be finalised following our engagement with our stakeholders:

- Listening and responding service users and carers
- Early and fair access to diagnosis, treatment and support
- Preventing and responding to crisis
- From recovery to independence
- Valuing mental and physical health equally

### 1. Listening and responding to service users and carers

#### 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

## 2. Early and Fair Access to Diagnosis, Treatment and Support

### 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.
- 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 for commissioning and contract monitoring purposes.
- 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

## 3. Preventing and Responding to Crisis

### 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 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

## 4. From recovery to independence

### Our aims:

- Evaluate the pilot of a recovery 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.

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.

## 5. Valuing Mental and Physical Health Equally

### 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
- Mental Health inpatient services will be smoke free by 2018
- Reduce stigma around mental ill health by supporting local communities build a grass roots

### Your response:

Please tell us what you think about the draft mental health strategy 2016-21 Strategy

	Service User	Carer	Voluntary	Stakeholder	Other .....
Please tick					

	<i>Please tick one box</i>	Strongly disagree	Disagree	Neither agree/ disagree	Agree	Strongly agree
<b>1</b>	<b>Do you agree with the overall aims and priorities within the Strategy?</b>					
<i>Why?</i>						
<b>2</b>	<b>Would this Strategy help you as a person/ organisation?</b>					
<i>How?</i>						
<b>3</b>	<b>Do the key themes and aims captured cover a wide range of need</b>					
<b>Is there anything additional you feel should be included within the themes?</b>						
<b>4</b>	<b>Is there anything else missing that you feel should be included in the strategy?</b>					
<b>5</b>	<b>Do you have any further comment you wish to make about the draft strategy?</b>					

