

# Summary of Hertfordshire Adult Mental Health Strategy 2016-2021





# Index

<b>Page 2</b>	<b>Introduction</b>
<b>Page 5</b>	<b>Listening and Responding to Service Users and Carers</b>
<b>Page 7</b>	<b>Early and Fair Access to Diagnosis, Treatment and Support</b>
<b>Page 9</b>	<b>Valuing Mental and Physical Health Equally</b>
<b>Page 11</b>	<b>Preventing and Responding to Crisis</b>
<b>Page 13</b>	<b>From Recovery to Independence</b>
<b>Page 15</b>	<b>Conclusion</b>
<b>Page 16</b>	<b>Contact Us</b>



# Introduction

**This Mental Health Strategy provides an overview of the actions Hertfordshire has taken over the last four years to improve mental health service provision and provides a clear direction of travel for improvements in mental health planning and service delivery over the next five years (2016-2021). The strategy explains the approach we will take to ensure people who experience mental health problems, their carers, and families are able to live well in Hertfordshire.**

## Developing the Strategy

The Mental Health Strategy has been developed through an analysis of local need, and listening to the views of service users, carers, stakeholders and partners. Feedback from the consultation period has been incorporated into the document and an action plan accompanies the Mental Health Strategy.

During the consultation people told us that they had had some excellent experiences of services within Hertfordshire and there are many examples of good practices in services, such as:

- Daily visits for those who need it.
- Being given the opportunity to influence and shape their care and the strategy.
- High quality consistent care, range of activities available and quality of interactions.
- The use of third party organisations to support users and carers.
- Acknowledgement of individual clinicians within services.



# What you said



## Areas for improvement in the future

The strategy is grouped under five key themes which were developed through workshops and agreed during the consultation period:

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

# Mental Ill Health Prevalence in Hertfordshire

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.

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.
- Community lead reduction in stigma attached to mental health (building on the success of campaigns like Time To Change).

## Hertfordshire Mental Health Fact File<sup>†</sup>

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

<sup>†</sup> 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

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# 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.

## Consultation feedback

Service User Support	<ul style="list-style-type: none"><li>• More support is needed, especially in the community i.e. routine checks;</li><li>• Equal access to support is imperative;</li><li>• Better discharge from hospital support model needed;</li><li>• Promoting wellbeing and support to help people stay well;</li></ul>
Carers Support	<ul style="list-style-type: none"><li>• More services to support carers needs;</li><li>• Carers would like to be more involved/kept in the loop, know what's happening but understand confidentially can not be broken between clinician and patient;</li><li>• Better communication needed with carers as primary supporter of service user;</li><li>• Better ways of making carer understand ways of giving the best support – training;</li></ul>
Personal Budgets	<ul style="list-style-type: none"><li>• Better understanding of Personal Budgets needed;</li></ul>
Communication	<ul style="list-style-type: none"><li>• Better communication needed between services (signposting) and professionals (GPs/consultants);</li><li>• Better communication between services will mean better user pathways and outcomes;</li></ul>

## 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 health 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 stakeholders through Mental Health Planning and Partnership group, GP Leads and Health Watch meetings.
- Carers for someone with mental health problems have contributed to the planning and support of the people they care for. They have been involved in the development of services and specifications.

## 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.
- Hertfordshire has meaningful involvement and collaboration in service improvement with people who use the service.
- 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.
- Work with carers and our partners in the statutory, voluntary and independent sectors to deliver on our Joint Strategy for Carers.
- Commission a new user voice network.

# 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.

## Consultation feedback

Early treatment	<ul style="list-style-type: none"><li>•Faster access to services and treatment needed;</li><li>•Prevention and early intervention is a priority;</li></ul>
GPs	<ul style="list-style-type: none"><li>•GPs need more awareness/training on mental health;</li><li>•Cannot get a GP appointment;</li><li>•Not enough time in GP appointments;</li><li>•Not able to talk about dual issues physical and mental health problems in the same appointment;</li></ul>
Continuity	<ul style="list-style-type: none"><li>•There is a need for continuity, having different clinicians and repeating problems is not considered helpful by services users;</li><li>•Need support from same staff not different staff each time;</li><li>•Prevention and early intervention is a priority;</li><li>•There is a need for consistency with staff to aid recovery;</li></ul>
Staff	<ul style="list-style-type: none"><li>•Recruitment and retention needs to improve to realise benefits to users;</li><li>•Better skill mix of staff needed;</li></ul>

## 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.
- A review of the single point of access in light of other changes such as NHS 111 tender.
- The majority of mental health funding in Hertfordshire is spent on providing integrated health and social care through a contract with Hertfordshire Partnership University NHS Foundation Trust (HPFT). 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 specialist.

## 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 & depression can access care by 2020/21.
- Increase access to psychological therapies for people with psychosis, bipolar & personality disorder.
- Ensure new services commissioned incorporate the relevant physical health care interventions & principles of co-produced care planning.
- Optimise the use of digital channels to communicate key messages & make services more available online, where appropriate drawing on user insight.
- Review data collected to identify unnecessary collection & how the data is used for commissioning & 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 problems who need support to live safely and as close to home as possible.
- Develop a Prevention Concordat programme that supports health & wellbeing.

# 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.**

## 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;

## 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 Herts and Herts Valley Clinical Commissioning Groups (CCGs) to pilot a Recovery College that includes physical and mental health courses.
- HPFT have implemented Smoke Free across all its sites in Hertfordshire.
- Hertfordshire was nominated by NHS England as a “Fast Track” pilot site for Learning Disability Transforming Care.

## 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.
- Everyone with a mental health condition will be given every opportunity to quit 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.

# 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.**

## Consultation feedback

### Discharge

- Improve discharge communications, in consultation with patients and carers plus support networks;



## 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 a refreshed Action Plan. National Crisis Concordat website ([www.crisiscareconcordat.org.uk](http://www.crisiscareconcordat.org.uk))
- Improved psychiatric liaison services - Rapid Assessment Intervention and Diagnosis (RAID) and Crisis Assessment and Treatment Teams (CATT) are available through emergency departments across the accident and emergency departments at Lister and Watford Hospitals.
- Extended the operating hours of the RAID service at Lister Hospital.
- Ensuring the effective use of Section 136 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.

## 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 alternative to acute inpatient admissions 24/7.
- Work with partner organisations to reduce premature mortality among people with severe mental illness.
- Develop all age mental health liaison services in emergency departments and inpatient wards.

# 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.

## 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;

### Accommodation

- Improve Housing support / accommodation sustainability;
- Join up with Hertfordshire County Council accommodation strategy a priority;
- Review 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;

## 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 conditions through Herts Valley strategic review.
- Used co-production to design and deliver recovery focussed services.
- Delegated secondary (specialist) commissioning to HPFT as the secondary mental health provider.

## Our aims:

- Evaluate the pilot of a recovery college that includes mental and physical health courses with a view to commissioning the service.
- Look at the options of providing navigators or peers by experience to people who require 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 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 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 plans for the future delivery of mental health services in Hertfordshire and is accompanied by an action plan that is a working document. The action plan 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 established Mental Health Planning and Performance Group.**



# Contact Us

## Our website

The mental health strategy is available for download at the following web address  
**[www.hertfordshire.gov.uk/IHCCT](http://www.hertfordshire.gov.uk/IHCCT)**

For information or more details of the mental health strategy email  
**[Joint.commissioning@hertfordshire.gov.uk](mailto:Joint.commissioning@hertfordshire.gov.uk)**





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