

A Mental Health and Wellbeing Commissioning Strategy for Halton

2013 to 2018



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Poor mental health is one of the biggest social issues in the UK today representing up to 23% of the total burden of ill health and is the largest single cause of disability. The North West has a higher prevalence of mental illness, dementia and depression than the national average, with Halton recording the highest rate of depression in the North West. Mental health problems are the single largest cause of ill health and disability in the Borough.

At least one in four people will experience a mental health problem at some point in their life, and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

Deprivation is linked to poor mental health and 26% of Halton’s population reside within the top 10% most deprived Super Output Areas. Poor mental health can be distressing to individuals, their families, friends and carers. It affects local communities and has a significant impact on national prosperity and wellbeing. It is inextricably linked to causes and consequences of many major public

policy issues including poverty, social exclusion, unemployment, chronic illness, low educational attainment, anti-social behaviour, crime and lack of social cohesion.

The challenges are enormous but the rewards of meeting them are great. Halton's Health and Wellbeing Board has set the "Prevention and early detection of mental health conditions" as one of five priority areas to address to achieve its vision for the Borough. To progress this, Halton Clinical Commissioning Group and Halton Borough Council have developed this joint health, public health and social care strategy which sets key objectives and priorities to improve mental health in the Borough.

Only a sustained approach across all ages and all agencies, organisations and the wider public will equip us to meet the social, economic and environmental challenges we face and deliver the short and long-term benefits we need to promote and improve the overall health and wellbeing of the residents of Halton.

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“

My name is Anne,
I'm 78, from Ditton and
I used to **feel lonely**.

I lost my husband 3 years ago. It devastated me. I had never felt so lonely. I was bad for a good few months and cried every day. One day I told my daughter about how I felt and now with her help, I am busy and have new friends to have a laugh with. I no longer feel lonely and on my own.

”



Why do we need a mental health strategy?

Mental health problems have been identified as the highest single cause of ill health in the borough and can impact on a person's ability to lead a full and rewarding life.

In Halton:

- **One in four people attending GP surgeries seek advice on mental health**
- **The number of people suffering from depression is 12,471 (12.4% of the GP population who are aged 18 and over)**
- **Deaths from suicides & undetermined injuries have reduced but remain higher than national averages (Rate 8.2 per 100,000 population compared to England (7.2), and the North West (9.07) (2008-10)).**
- **The rate of hospital admissions due to self-harm for under 18s is high.**
- **Halton has an estimated prevalence of 1143 people aged 65+ with dementia compared to 690 people identified on the GP register in 2011-12.**
- **More than 1 in 5 of Halton's population live with a limiting long term condition (2011 Census).**
- **Research has shown that mental illness and harmful/dependent alcohol consumption are very closely linked and over a quarter of all alcohol-related admissions are those conditions caused by mental and behavioural disorders due to alcohol (dual diagnosis). Halton's admission rate is significantly higher than both England and North West averages.**

Halton has previously implemented "The Primary Care Mental Health Strategy 2009-2012" which has been reviewed and refreshed to inform and influence the development of this strategy. The Mental Health Strategic Commissioning Group has been established with a remit to develop and oversee the implementation of this strategy and action plan. The group is responsible for developing actions that will feed into the Health and Wellbeing Board who will, in turn, co-ordinate commissioning activity to address identified needs.

Halton Council and Halton Clinical Commissioning Group (CCG) have worked in partnership and established joint commissioning agreements for specific services areas. Aspects of integrated commissioning structures are developed with both formal and informal arrangements in place for Halton. It comprises of experienced commissioners across health and social care services who have delivered improved outcomes for service users.

The partnerships as a whole have delivered on a number of key ambitions, aided by having forward thinking commissioners working in an integrated manner, and the aim of this joint approach is to co-ordinate needs assessments, strategy development, service specification and procurement, monitoring and evaluation and to further develop the integrated commissioning landscape for Halton.

The promotion of positive mental health and wellbeing, prevention activity and the early diagnosis and provision of appropriate information and support can mean that a good quality of life is possible. While the costs associated with responding to the challenges of mental health and wellbeing are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively and for changing how we respond to local need.

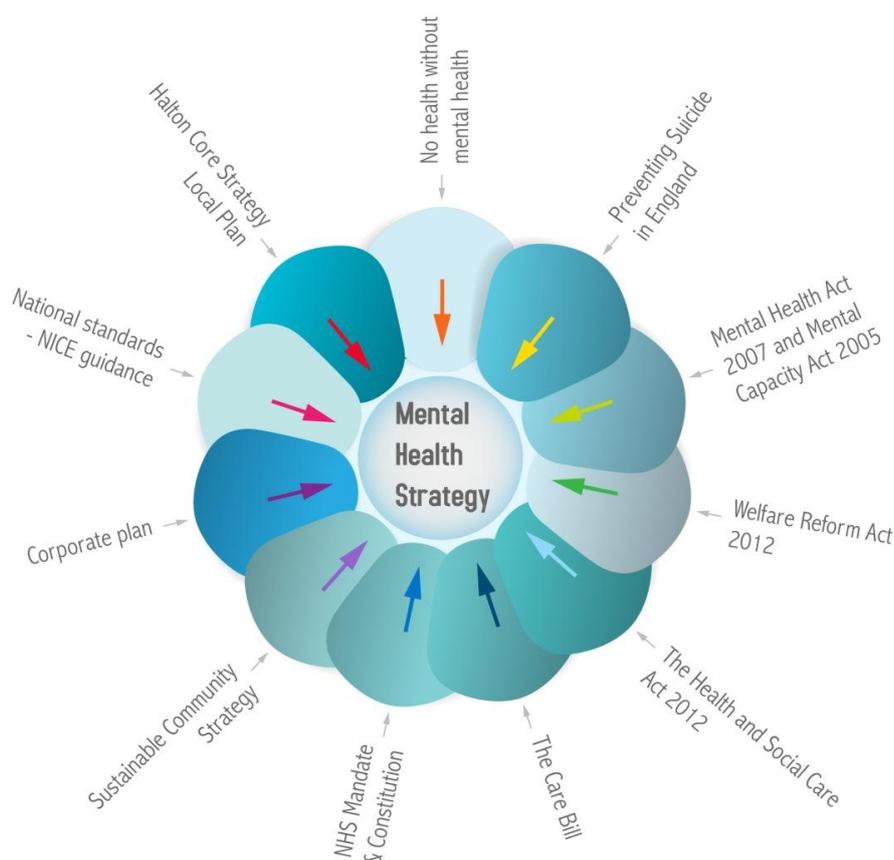
By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. Only a sustained approach across the life course will equip Halton to meet the social, economic and environmental challenges it faces and deliver the short- and long-term benefits needed.

This strategy promotes recovery¹¹ so that individuals will be empowered to define the outcomes they desire based on their own experiences and aspirations and be supported to achieve their own recovery and gain a meaningful life.

This strategy also adopts a life course approach that recognises that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much that can be done to protect and promote wellbeing and resilience through early years, into adulthood and then on into a healthy old age.

Only a sustained approach across the life course will equip Halton to meet the social, economic and environmental challenges it faces and deliver the short- and long-term benefits needed.

This strategy has been developed within the context of a range of national, regional and local policies, strategies and plans as summarised in the diagram below. Further details of how these influence the strategy can be found in the supporting evidence paper.



¹¹ "A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life" - No Health Without Mental Health (2011)

This strategy is for people of all ages – children and young people and older people, as well as working age adults. It underlines the importance of providing equal access to age appropriate services for everyone. It applies to the full range of services, from public mental health promotion through to suicide prevention, forensic mental health services, services for people with personality disorders, severe and enduring mental illness, people with learning disabilities and people detained under the Mental Health Act or subject to the Mental Capacity Act.

The strategy and associated action plan complements other work programmes, including the local Dementia Strategy and the Suicide Prevention, Loneliness and Child & Adolescent Mental Health (CAMHS) Strategies which are currently in development, and should be read in conjunction with these pieces of work.

In demonstrating the importance of mental health outcomes, it is the intention of this document to explicitly recognise the importance of putting mental health on a par with physical health.

Halton is committed to a focus on individual people, their health and wellbeing and supporting the communities in which they live. The major local concerns relating to mental health and wellbeing which have influenced this Strategy are examined in detail in the Mental Health and Wellbeing 2013-2018 Strategy Evidence Paper and are summarised under three themes as illustrated below.

Consultation

In developing this strategy the views of Halton residents and other interested parties were sought to help shape local mental health and wellbeing services over the next five years. 132 people responded to an online survey while Healthwatch co-ordinated a response on behalf of the 80 attendees at their 'Fact or Fiction' workshop. The key themes from open comments received are:

- **Education:** Of the general public, in schools, colleges and the workplace. Health professionals trained to give the correct advice. Everyone should understand that mental health can affect anybody.
- **Consistency:** of messages to the public about mental health to increase understanding and in service provision/aftercare.
- **Provision of service:** Out of hour's provision, support for families and carers. More service provision for children and young people. Early intervention services are important.
- **Access to services:** Better access to services, the waiting lists is too long. Clear information about service provision should be provided.
- **Promotion:** Of a healthy lifestyle, healthy eating, leisure and activities to reduce isolation, loneliness and stigma.

A full analysis of the consultation can be found as an Appendix to the Evidence Paper.

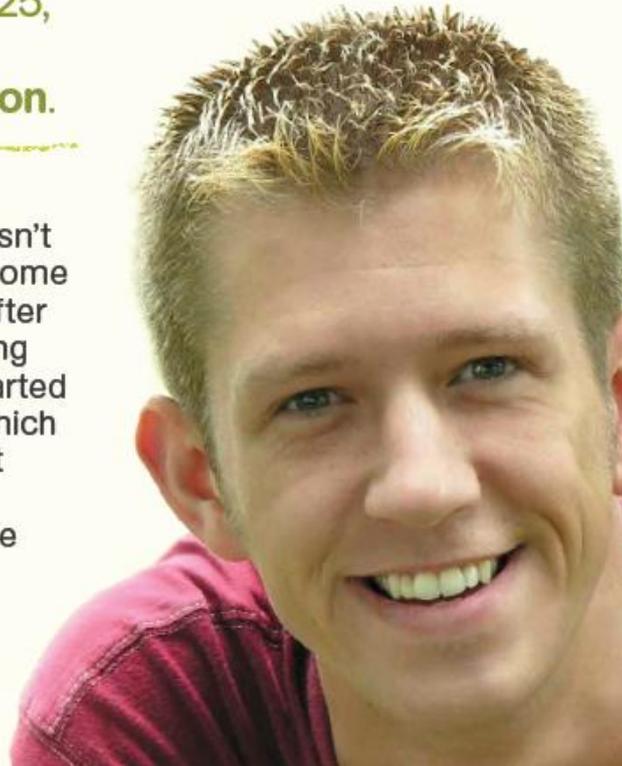
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“

My name is James, I'm 25, from Runcorn and I've suffered from **depression**.

I knew I needed help when I split up with my girlfriend, wasn't able to see my son, lost my home and had to stay in a hostel. After talking to my Uncle and getting help from a local service I started doing things that I enjoyed which kept me busy! I have now got myself a house, see my son and have made sure that I see people regularly.

”



Local Concerns

People

Mental health is the single highest cause of ill health in the Borough

Number of people suffering with depression slightly higher than national rates

Deaths from suicides and undetermined injuries higher than national rates

Hospital admissions rates due to self-harm for under 18's is high

Mental wellbeing of children who have been in care tends to be worse than children who have not been in care

Estimates of people aged 65+ with dementia are significantly higher than those identified with a diagnosis on GP registers

Health & Well-being

One in four people attending GP surgeries seek advice on mental health

Mental health is the single highest cause of ill health in the Borough

Mental and emotional wellbeing has a high impact on a persons ability to lead a full and rewarding life

Current economic climate and welfare reforms likely to increase levels of people suffering from mental illness

Amenable to change through a range of evidence-based interventions to promote mental and emotional wellbeing

Communities

Local people have identified mental health as a local priority

People with mental health problems have the lowest employment rate of any disability group

Support to access independent or supported housing

Access to employment opportunities

Utilisation of parks and green spaces to promote health and wellbeing

Impact of stigma on the ability of those with mental ill health to contribute to their community

Our vision, objectives and priorities

Our vision for improved mental health in Halton is:

People of all ages living in Halton will have a high level of self-reported wellbeing, having happy and fulfilling lives, being able to contribute economically and socially to their own networks and the community as a whole.

Those who do experience mental ill health will not feel any stigma attached to the condition and be able to easily and quickly access appropriate levels of professional support to help them recover.

To help achieve this vision this joint strategy is based upon the national mental health strategy, “No health without mental health - A cross-government mental health outcomes” (HM Government, 2011)²

Through the work of this strategy, Halton aims to ensure the **objectives** outlined in the national strategy and those identified in the Halton Health and Wellbeing Strategy 2013-2016, and the Halton Clinical Commissioning Group Strategic Plan are realised for local people.

(i) More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well. We will improve the mental health and wellbeing of Halton people through prevention and early intervention. We will increase the early detection of mental health problems which will lead to improved mental wellbeing for people with mental health problems and their families

(ii) More people with mental health problems will recover

We will improve outcomes for people with mental health problems through high quality accessible services. More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.

(iv) More people will have a positive experience of care and support

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected.

(v) Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

(vi) Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

This strategy identifies five **priority** areas for work to meet the needs of local people.

The number of people suffering with depression in Halton is slightly higher than the national rates

Priority 1 - Improve the mental health and wellbeing of Halton people through prevention and early intervention

Priority 2 – Increase the early detection of mental health problems which will lead to improved mental wellbeing for people with mental health problems and their families

Priority 3 - Improve outcomes for people with identified mental health problems through high quality, accessible services

Priority 4 - Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems

Priority 5 - Optimise value for money by developing quality services which achieve positive outcomes for people within existing resources

This strategy aspires to meet the needs of the whole population and by using the best evidence of what works to increase the effectiveness and value for money of mental health services.

This will be achieved by:

- Improving the quality and efficiency of current services;
- Radically changing the way that current services are delivered so as to improve quality and reduce costs;
- Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises; and
- Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems

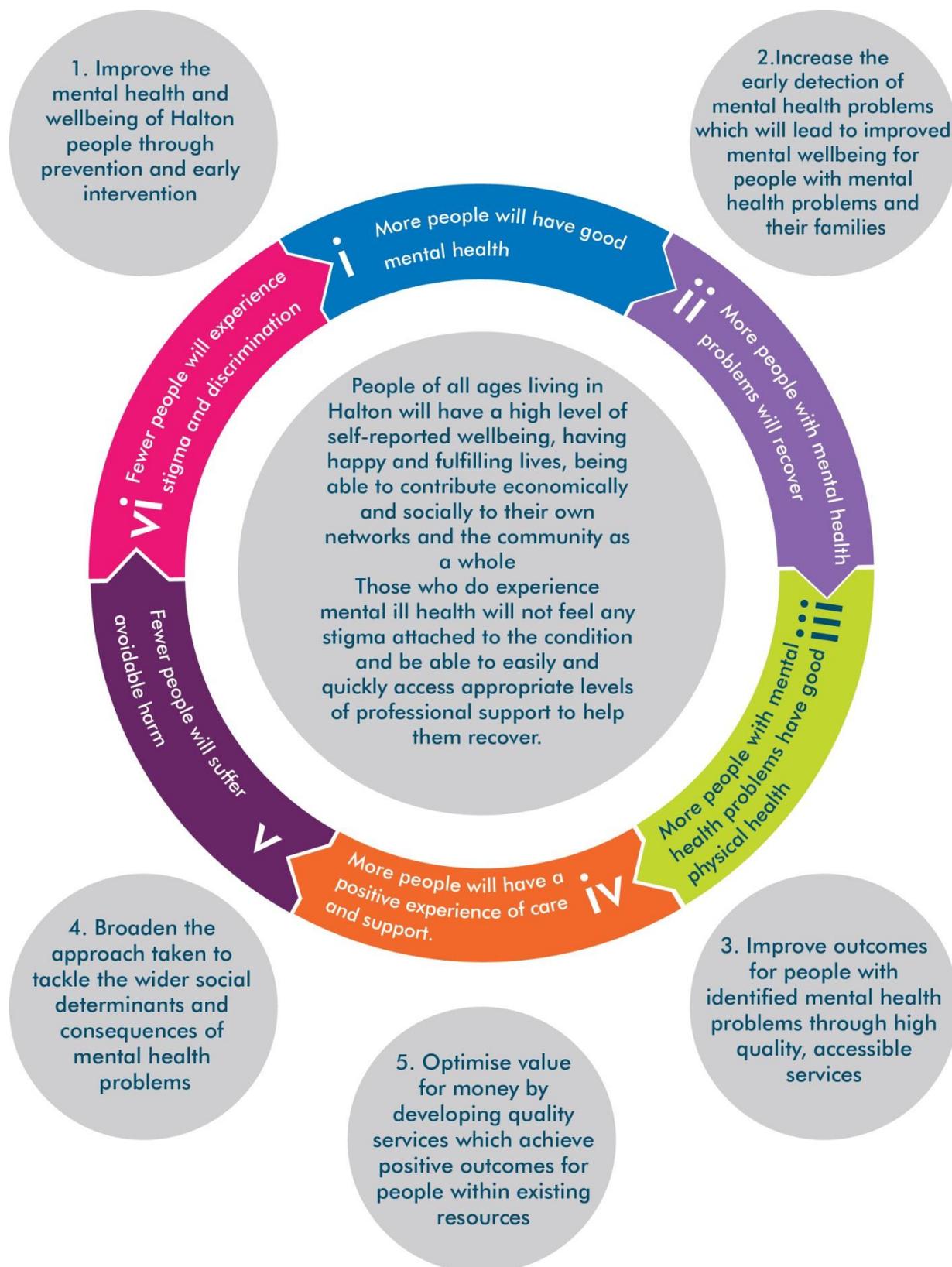
The accompanying evidence paper shows that current investment in mental health services is primarily focussed on long term support and acute care. This is not sustainable against a backdrop of treatment costs expected to double in the next twenty years and the current economic climate.

This strategy places an emphasis on whole population mental health promotion and prevention alongside early intervention to prevent mental illness developing and mitigating its effects when it does.

By clearly defining prevention and early intervention in this way we can begin to consider how through addressing people's low-level needs and wants we can begin to shift service provision from high cost complex care to more cost effective low-level support.

Mental health and wellbeing services along with preventative support and earlier interventions are essential in meeting Halton’s priorities. Whilst this strategy covers a five year period it is organic and will evolve in response to changes in national and local drivers and emerging issues.

Our vision, priorities and objectives





Implementing our priorities

At a time of financial and demographic pressure, improving quality while increasing productivity and effectiveness is vital for any improvements in care. The national strategy advocates local areas to consider the importance of mental health services and the resources that are allocated to provide them.

It suggests that each local area should focus upon three work streams when considering the development of local strategies:

The **acute care pathway** – avoiding hospital admissions through effective joined-up community care and ensuring that hospital inpatient care itself is effective and that unnecessarily long stays are avoided (for example, by action to tackle delayed discharges);

out of area care – getting better quality and better value through ensuring that appropriate in-area care is available where this is a better solution and commissioning effectively so that care is managed well, in terms of both care pathways and unit costs; and

physical and mental health co-morbidity – getting better diagnosis and treatment of mental health problems for those with long-term physical conditions, and getting identification and treatment of anxiety or depression for those with medically unexplained symptoms.

As the Government's policy of deficit reduction continues, the impact on the public sector is significant and with the public sector having to make unprecedented decisions about the services that it continues to deliver, this ultimately impacts on service delivery and residents expectations.

The success of the Strategy will depend upon partnership working in its broadest sense, if we are to achieve the best possible outcomes for everyone who lives or works in Halton. Local residents, statutory, voluntary, community and commercial organisations all have an important role to play in the delivery of the health and wellbeing agenda. This is even more imperative given the challenges brought about by the current economic climate.

The successful implementation of the strategy may mean staff working in new ways and all partners will need to ensure that the local workforce is trained and enabled to do this. In addition, the Health and Wellbeing Board in partnership with Halton Borough Council, has developed the concept of

Wellbeing Areas based on the existing seven Area Forum boundaries. This is in recognition of the fact that, whilst there are common issues across the borough, there are different needs across communities and one approach does not necessarily meet the needs of all.

The aim of Wellbeing Areas therefore is to work alongside local communities to address specific issues and wherever possible, tailor services to meet the needs of that particular community. This approach will move away from the traditional approach of delivering health and wellbeing services and instead will focus upon a 'grass roots' community development approach.

This approach is complemented by the development of the Well Being Practice model by NHS Halton CCG and their commissioning intentions to focus provision around local communities. GP Practices working as part of the Health and Wellbeing Practice approach will seek to deliver a culture change by enabling their patients to improve their health by accessing local services and facilities, using self-help tools, accessing training and participating in the local community.

Like Minds
For better mental health in Halton

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My name is Bob, I'm 65, from Norton and I've suffered from depression

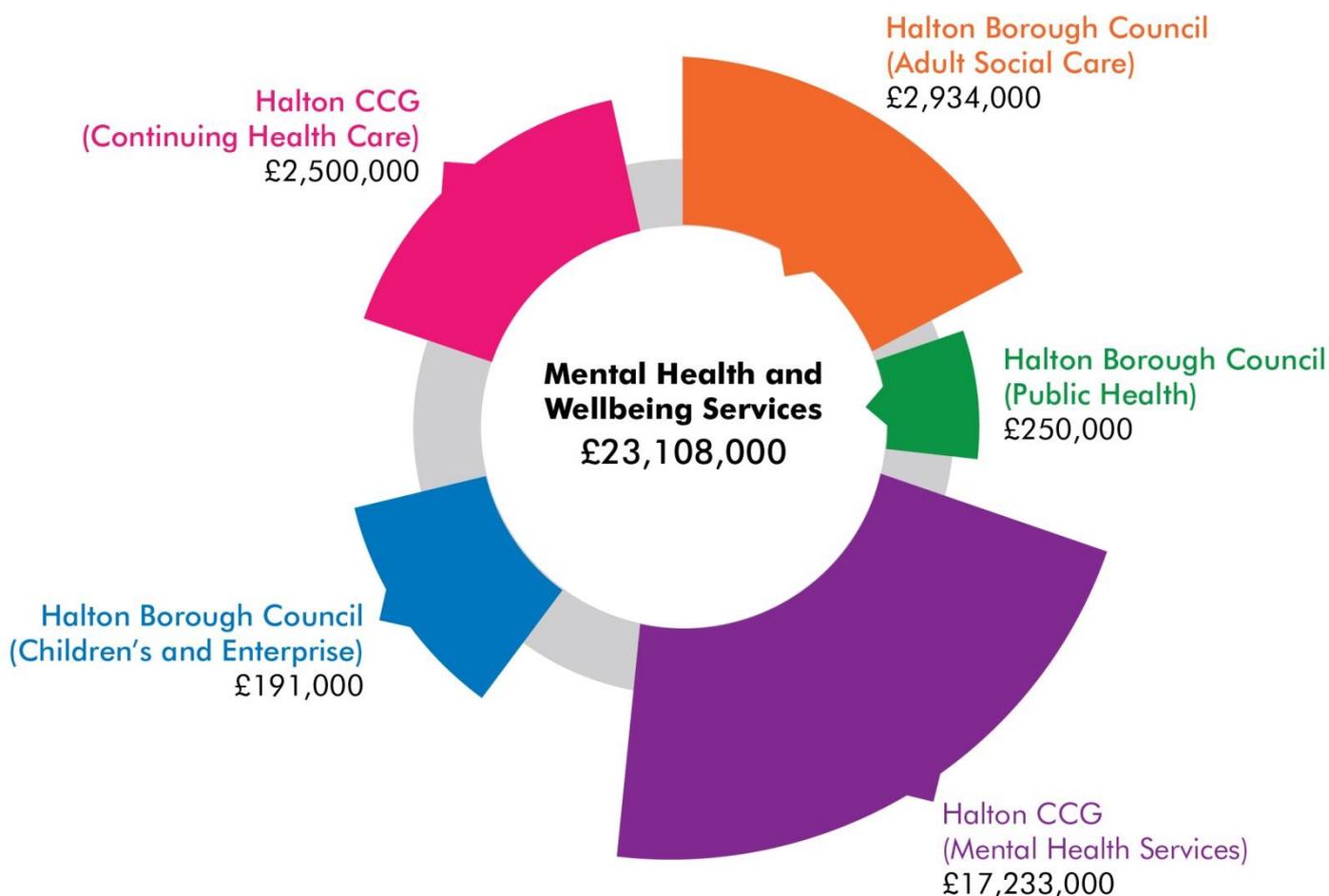
Becoming a full time carer for my mother-in-law left me feeling isolated and alone. I was at my lowest when I made contact with a local support group, it opened up doors to lots of things to keep me busy and active...
...Click here to read Bob's Story

Your opinions are important to us. Please complete our survey! [CLICK HERE](#)

How will it be paid for?

The following financial breakdown is based upon current direct expenditure in mental health and wellbeing services and does not reflect all of the wider universal and targeted activity that is commissioned locally. Such expenditure, on areas such as Primary Care (GPs, etc), general health promotion, weight management, or voluntary and community sector activity, all have a direct impact upon the mental health and wellbeing of local communities, but does not fall within the direct influence of the mental health and wellbeing strategy and action plan.

Further financial analysis across the range of activities and interventions can be found in the evidence paper.



How will we know if we have been successful?

When we have achieved our aims there will be a high level of self-reported wellbeing, with people having happy and fulfilling lives, being able to contribute economically and socially to their own networks and the community as a whole.

Those who do experience mental ill health would not feel any stigma attached to the condition and be able to easily and quickly access appropriate levels of professional support to help them recover.

Those who do and have experienced mental illness would be able to contribute fully to the community, have good levels of employment in fulfilling jobs.

Hospital admissions and deaths due to mental ill health and emotional distress would be much rarer than they are now.

People with dementia would have good levels of support.

People would live in healthy homes and communities that do not result in them experiencing mental ill health.

The Overarching Outcome for the Strategy is to improve the health and wellbeing of Halton people so they live longer, healthier and happier lives. This will be achieved by focussing efforts on delivering against the priorities and achieving the five priorities.

It is important to make sure that real health and wellbeing improvements are delivered through the implementation of this strategy. The best way to achieve this is to use recognised measures to monitor the benefits arising from agreed priority actions and five high level targets have been set as a measure of success:

	Priority	Target to measure success
1	Improve the mental health and wellbeing of Halton people through prevention and early intervention	Increase of 1% in self-reported wellbeing (Feeling Worthwhile) (Baseline 2012 = 17.6%)
2	Increased early detection of mental health problems leading to improved mental wellbeing for people with mental health problems and their families	Improved access to Psychological Therapies – 10.5% of people with depression or anxiety disorders will receive psychological therapies.
3	Improve outcomes for people with identified mental health problems through high quality, accessible services	100% of commissioned services working towards compliance with NICE guidelines for “Patient Experience of Mental Health”.
4	Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems	100% of commissioned services taking up anti-stigma / mental health awareness training.
5	Optimise value for money by developing quality services which achieve positive outcomes for people within existing resources.	Improved outcomes relative to spend – shift in Spend and Outcomes Tool (SPOT) from Lower spend, Worse outcomes to Lower spend, Better outcomes.

An 'Outcomes Framework' provides a template of how measures can be used to monitor different priority areas. There are currently a number of recognised outcomes frameworks covering the NHS, Adult Social Care and Public Health. We will use these to inform our overall outcome measures and our performance indicators. As we achieve our desired outcomes we will review our priorities and change them if appropriate. More detail on these indicators can be found in the evidence paper.

It is also important that the quality of what we are delivering is monitored to make sure people have a positive experience. On-going customer feedback as well as activities such as local surveys and focus groups will be used to monitor current services and see where any improvements need to be made. The discussions that have taken place during the development of this framework should continue throughout the lifetime of the Strategy and to help in the development of the next JSNA and Strategy.



PRIORITY 1: Improve the mental health and wellbeing of Halton people through prevention and early intervention

Increase of 1% in self-reported wellbeing (Feeling Worthwhile) (Baseline 2012 – 17.6%)

Why is this priority?

As life expectancy increases, it is critical that healthy life expectancy also increases. Higher than England averages of Halton's population are exposed to adverse social, economic and environmental conditions that influence the health of individuals and of populations.

The prevention and early detection of mental health conditions is a key area for development in Halton.

We know more about which interventions and factors work to improve mental wellbeing and prevent problems developing. By focusing on the prevention of mental health problems and the promotion of mental wellbeing, we can significantly improve outcomes for individuals and increase the resilience of the population, while at the same time reducing costs.

What do we want to achieve?

More people will have good mental health

- Improved social and emotional health of the population across all ages.
- Improved support for families in dealing positively with toddlers
- Improved mental well-being of school-aged children
- Improved information and support available to help young people maintain positive mental health
- Improve the social and other determinants of mental ill health across all ages and reduce the inequalities that can both cause and be the result of mental health problems including for example, social isolation
- Improved integration of services and support for people with dementia

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Determine if current maternal depression and Post Natal Depression pathways are in line with national evidence and guidelines for detecting depression	Detection and treatment of maternal depression - 100% of women to be offered screening antenatally at 36 weeks Detection and management of Post Natal Depression to improve attachment - 90% of eligible women screened at 6-8 weeks	March 2014 March 2014	Midwifery Service Health Visitors
Borough-wide availability of specific activities and programmes of support in dealing positively with toddlers in Children's Centres	Terrific Two's and Positive Play available in all Children's Centres	Sept 2014	CYP Services
Training for staff in Nurturing-based approaches to support parenting skills and confidence in achieving positive behaviour management and emotionally healthy relationships	Getting it Right with Families training delivered to first cohort of 16 practitioners	March 2014	CYP Services
Implement recommendations from the health needs assessment of young offenders	Reduce number of first time entrants into the Youth Justice System (PHOF) Baseline: TBC	Ongoing	Integrated CYP Commissioners Public Health CCG
Implement recommendations from the Health Needs Assessment on adult mental health and wellbeing	Increase in self-reported wellbeing (PHOF) Baseline: TBC		Adults and Communities
Implement recommendations from the Health Needs Assessment of ex-armed forces personnel	Reduce unemployment, including youth unemployment and long-term unemployment Baseline: TBC		
Implement recommendations of the health impact of the economic downturn report from Liverpool Public Health Observatory	Reduction in admissions due to alcohol and drugs, including reduced inequalities Baseline: TBC		
Review current 'State of Mind Review' service provision to identify any gaps and develop business case to improve performance and maintain quality.	Review undertaken and new business case developed	March 2015	Integrated Commissioning 5BP NHS FT
Re-establish the Mental Health Carers' group as a sub group of the Mental Health Strategic Commissioning board to inform and influence service development.	Mental Health Carers Group established	December 2013	Integrated Commissioning Team

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Early identification and support for children who are potentially more vulnerable to developing mental health problems	Train 10 school nurses in how to identify children and young children at risk of developing mental health conditions and offer low level counselling and support with referral to specialist services, e.g. Ad Action, GP, CAMHS	March 2014	Primary Care Mental Health Team
Reduce levels of sexual exploitation and improve self-esteem and confidence	Run four workshops per annum to train teaching staff in how to communicate with children on social and emotional issues using evidence based interventions, e.g. SEAL	March 2014	Primary Care Mental Health Team
	Develop resources and packs for teachers on gender, identity, confidence and aspirations	March 2014	CAMHS team
Reduce levels of cyber bullying	4 sessions per annum on anti-cyber bullying training and materials for front line staff, teachers and school nurses.	March 2014	Health Improvement Team
Improve healthy eating and reduce levels of obesity	Enrol all schools on Healthitude programme which covers healthy eating, drinking, tobacco and drugs.	June 2014	Health Improvement Team
Increased promotion and use of materials within schools about the importance of emotional health and well being	Review school nurse provision and develop new school nurse specification to include social and emotional health outcomes.	June 2014	Public Health
	Develop information packs and resources on the impact of change on social and emotional health of children for front line staff	March 2014	Health Improvement Team
	Refresh CAYP EWB Strategy and Implementation plan Implement recommendation of HNA of children & young people's emotional wellbeing	March 2014	Integrated CYP Commissioners
	Agree final recommendations from the Looked After Children's needs assessment and implement.	Ongoing	Integrated CYP Commissioners
	Expansion of Healthitude Programme in schools which includes: <ul style="list-style-type: none"> • Drug and alcohol • Relationships • Peer Pressure • Sexual Health • Exam Stress 	Ongoing	Health Improvement Team
Develop a series of messages for young adults and ensure that they are disseminated through variety of mediums. Mental health and wellbeing issues will be considered alongside other issues important to young people	Insight work carried out. Messages developed and disseminated. Information distributed throughout the borough	September 2013 October 2013 Ongoing	Health Improvement Team
Rollout of the Community Wellbeing Practice Initiative GPs and primary care staff will be encouraged to use non-medical initiatives where appropriate for those with mild mental health issues e.g. social prescribing Expansion of social prescribing services e.g. access to CAB, books on prescription, access to self-help website. Training for GP Primary Care staff on how to recognise mental health conditions and early non-medical treatment.	GP Practices support patients to access local services and facilities, use self-help tools, access training and participate in the local community 50% of practice staff participating in the initiative will undertake brief intervention training re: wellbeing Increased referral of 20% into community based services An agreed % of the practice population of those practices involved will report improved wellbeing levels using SWEMWBS before and after interventions	Rollout from April 2013 March 2014 Ongoing	Halton CCG/ Wellbeing Initiative/ evaluation support from Public Health Health Improvement Team CCG / HIT

PRIORITY 2: Increase the early detection of mental health problems which will lead to improved mental wellbeing for people with mental health problems and their families

Improved access to Psychological Therapies – 10.5% of people with depression or anxiety disorders will receive psychological therapies.

Why is this priority?

Evidence shows that earlier identification and intervention can prevent mental health problems becoming more serious and long lasting.

Different approaches are required across the lifecourse and for those with more complex multiple needs. The principles of the recovery approach have been shown to be effective across all age groups.

What do we want to achieve?

- More people will have good mental health
More people with mental health problems will recover
- Detection and treatment of maternal depression
 - Detection and management of Post Natal Depression to improve attachment
 - Improved mental wellbeing of school aged children
 - Improved support for children and young people experiencing mental health problems
 - Improve lifetime health and wellbeing of vulnerable children and young people so their life opportunities enable them to thrive physically and emotionally.
 - Early identification of those with mild to moderate mental health problems
 - Improved range and use of self-help and other non-medical interventions to improve levels of self-reported wellbeing.
 - More people will have good mental health
 - More people of all ages and backgrounds will have better health and wellbeing.
 - Improved integration of services and support for people with dementia

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
<p>Review the emotional health and wellbeing pathway across the Tiers (1-3) of CAMHS provision.</p> <p>Reinstate transition meetings and invite CAMHS to consider the needs of those age 17+ who potentially will need adult mental health services or whose lifestyle choices place them at risk.</p>	<p>Improved support for children and young people experiencing mental health problems New Children and Young People pathway developed and implemented</p> <p>Transition meetings established and regularly meeting to review needs of young people.</p>	<p>July 2014</p> <p>September 2014</p> <p>March 2014</p>	<p>Integrated CYP Commissioners</p>
<p>Establish a Children and Young People emotional health and wellbeing board to design and configure new integrated service based on evidenced based approaches such as IAPT</p>	<p>Board established</p>	<p>September 2013</p>	<p>Integrated CYP Commissioners</p>
<p>Review current skin camouflage service provision to identify any gaps and develop business case to improve performance and maintain quality.</p>	<p>Skin camouflage service reviewed and business case developed.</p>	<p>December 2014</p>	<p>CCG</p>
<p>Continue to implement the Dementia Strategy and review impact.</p>	<p>Ongoing review and monitoring of implementation of the dementia strategy.</p>	<p>On-going</p>	<p>Integrated Commissioning</p>
<p>Redesign current IAPT service to include increased access and recovery targets for depression or anxiety disorder as part of the commitment to full rollout by 2014/15 through a procurement process</p> <p>Promote increased access of services by black and minority ethnic groups and by older people, and increased availability of psychological therapies for people with severe mental illness and long term health problems.</p>	<p>IAPT Programme: Services provided to at least 15% of disorder prevalence Recovery rate of at least 50% in fully established services.</p> <p>Improved access for BME and older people Increased availability of psychological therapies for people with severe mental illness and long-term health problems</p> <p>Pre and post treatment outcome data (PHQ9 & GAD7) on over 90% of all patients who start treatment.</p>	<p>March 2014</p> <p>Monthly contractual reporting of current contract will happen in tandem with tender exercise</p>	<p>CCG</p>

PRIORITY 3: Improve outcomes for people with identified mental health problems through high quality, accessible services

100% of commissioned services working towards compliance with NICE guidelines for "Patient Experience of Mental Health".

Why is this priority?

Halton has above average levels of people living with long term conditions and evidence shows those with chronic physical health problems are more likely to experience mental health problems and need access to need access to health services.

People with mental health problems are twice as likely as the general population to experience a long term illness or disability leading to poor quality of life.

Having a mental health problem increases the risk of excess mortality by 50% for those suffering depression while those with schizophrenia or bipolar disorder die on average 15-25 years sooner than the general population. Increased smoking is responsible for most of this amongst those with severe mental health problems.

The pathway for those detained under S3 of the MHA often leads to hospital or specialist out of area placement with a focus on containment which delivers poor outcomes.

The impact of a person taking their own life is devastating on family, friends and many others offering support. Whilst the number of suicides is low there are key groups who present as high risk and are more likely to become suicidal if they have a mental health condition.

What do we want to achieve?

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
Fewer people will suffer avoidable harm

- Improve the social and other determinants of mental ill health across all ages and reduce the inequalities that can both cause and be the result of mental health problems including for example , social isolation
- Improved access and availability of psychological therapies
- Improved integration of services and support for people with dementia
- Vulnerable people with high rates of mental health problems (including those who are homeless, sex workers, gypsies/travellers) have access to primary healthcare and community based services to prevent the need for acute services.
- Reduce number of suicides over the lifespan of this strategy.
- Reduction in the number of hospital admissions for self-harm.
- Redesign current IAPT service to improve access to psychological therapies as part of the commitment to full rollout by 2014/15.
- Promote increased access of services by black and minority ethnic groups and by older people, and increased availability of psychological therapies for people with severe mental illness and long term health problems.
- Increase access to personal health budgets in line with the Cheshire and Merseyside pilot.
- Review Carers Strategy and information and support available to both young and adult carers of a person with mental health needs.
- Evaluate benefits of ICT Applications to highlight where mental health and wellbeing services can be accessed or as part of wrap around support, avoiding need for visit to GP or attendance at A&E,
- Re-procurement of IAPT to include increased access and recovery targets for depression or anxiety disorder
- All people accessing mental health services will have access to support to address their physical health and wellbeing.
- Increase numbers of people with severe mental health problems accessing smoking cessation support.

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Work with local independent and voluntary sector providers to develop condition specific workforce skills (e.g. Asperger's, personality disorder) and ensure linked in to local health and other professional support.	Enhanced focus on the needs of vulnerable members of the community in partnership with the independent and voluntary sector.	On-going	Divisional Manger Mental Health Integrated Commissioning
Work with statutory, voluntary and independent sector to review access to health and wellbeing support for ex-offenders and offenders managed in the community in line with evidenced best practice	Enhanced focus on the needs of vulnerable members of the community in partnership with the independent and voluntary sector.	March 2014	Divisional Manger Mental Health Integrated Commissioning
Review access to respite provision and current response to social crises against recognised best practice.	Review of access to respite provision. Recommendations presented to Mental Health Commissioning Board.	March 2014	5 Boroughs Partnership NHS FT

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Review current Asperger's service provision to identify any gaps and develop business case to improve performance and maintain quality.	Review of access to Asperger's Service provision. Recommendations and business case presented to Mental Health Commissioning Board.	March 2015	CCG 5 Boroughs Partnership NHS FT
Ensure advice for media reporting on suicide is still current and widely disseminated.	Review of current advice Meeting / training with local media representatives Improved public reporting on suicide	March 2014	Health Improvement Team
Refresh Suicide Prevention Strategy to ensure promotes best practice.	New suicide Prevention strategy developed and implemented Closer partnership working in relation to suicide prevention	March 2014	Public Health Commissioners
Increased information sharing across services regarding incidence of self-harm or risk laden lifestyle choices. Ensure self-harm referrals to commissioned 'Hear4u' Service are prioritised and audited, with revised assessment process in place to deliver most appropriate response for individual children and young people	Development of improved information sharing protocols and closer working between partners Reduction in hospital admissions due to self-harm <18 years of age Two Training Sessions per year for GP, A & E nurses, social workers and teachers on how to communicate and treat self-harming children and young people using evidence based material and programmes	Ongoing June 2013 June 2013	All Partners Integrated CYP Commissioners Integrated Commissioners
Raise awareness of organisations that offer support to people considering suicide by disseminating information through engaging with at least 20 staff and community forums per year Review the current contract with organisations that offer support to people considering suicide – this is a Mersey wide funded service. Halton is an associate commissioner Training for Primary Care staff on how to recognise and help people at risk of suicide.	Ensure Halton suicide rates are in line with those reported nationally (PHOF)	Through the year until review (below) is complete Review complete by Mar 2014 Ongoing	Health Improvement Team Public Health Health Improvement Team
Increase access to personal health budgets in line with the Cheshire and Merseyside pilot.	Increased take-up of Personal Health Budgets.	Ongoing	Complex Care Board
Review Carers Strategy and information and support available to both young and adult carers of a person with mental health needs.	Review of Carers strategy and recommendations presented to Mental Health Commissioning Board. Report on benefits of ICT Apps presented to Mental Health Commissioning Boards.	March 2014 On-going	Commissioning Managers across CCG/Adult Social care and Children's Services Carers Centre Commissioning Managers across CCG/Adult Social care ICT/Communications
Increase the number of individuals with severe mental health problems accessing health screening and improvement programs.	Increased number of individuals with an identified severe mental health problem accessing screening programmes and health improvement programmes.	Ongoing	Public Health Commissioners
Develop care pathway to support patients with enduring mental health problems to access physical health checks on an annual basis.	Health check programme pathway developed and implemented	March 2014	CCG

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Work with Halton Military Veterans to scope out needs and make recommendations for service improvement.	Report to Mental Health Commissioning Board on needs of Military Veterans. Procure military vets specialist IAPT service	September 2014	CCG
Improve access to psychological support for people with long term conditions across Cheshire and Merseyside Clinical Networks (CMCN) through better integrated services provision between physical and mental health.	Increased access to IAPT services.	On-going	CCG
Develop a local response to severe mental health problems which keeps individuals close to home and works towards agreed goals	Review of all out of Borough placements and action plans developed to focus upon a local response to need.	On-going	CCG 5 Boroughs Partnership NHS FT
Develop Recovery Team care pathway to support discharge of patients in recovery from 5 Boroughs to Primary Care.	Recovery Team Care Pathway developed and implemented.	March 2014	CCG 5 Boroughs Partnership NHS FT
Review current Out of Area Treatment Services/Psychiatric intensive care unit service provision to identify any gaps and develop business case to improve performance and maintain quality.	Review of current Out of Area Treatment Services with recommendations as to how to address any identified service gaps.	March 2014	CCG 5 Boroughs Partnership NHS FT

PRIORITY 4: Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems

100% of commissioned services taking up anti-stigma / mental health awareness training.

Why is this priority?

By building care and support around individual outcomes recovery can be promoted to help individuals to readjust to living in the community. Resilience can be developed which reduces the risk of relapse and the need for crisis interventions or on-going support and improves quality of life for the individual and their family.

Mental health problems may be many and interrelated – for example, a third of families with multiple problems have at least one family member who has a mental health problem. A whole-family approach that addresses mental health together with other issues, such as domestic violence or alcohol misuse, has been shown to reduce the risks associated with mental health problems.

People with mental health problems have worse life chances than other people partly due to the effect of their condition but stigma and discrimination are key contributors. Addressing this will progress one of Halton Strategic Partnership's five priorities:

A Safer Halton

To ensure pleasant safe and secure neighborhood environments, with attractive, safe surroundings, good quality local amenities, and the ability of people to enjoy life where they live.

What do we want to achieve?

More people will have good mental health
 More people with mental health problems will recover
 More people with mental health problems will have good physical health
 Fewer people will suffer avoidable harm
 Fewer people will experience stigma and discrimination

- Outcomes focussed pathways where the person is a partner in their own care and the emphasis is on working towards recovery and being able to gain/maintain employment.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- Proportion of adults in contact with secondary mental health services in paid employment.
- Proportion of adults in contact with secondary mental health services living independently, with or without support.
- More parents with common mental health problems are supported by mental health services through greater engagement with the Team Around the Family and Inspiring Families programmes.
- Fewer people will suffer from stigma and discrimination because of their mental health problems.

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Improve housing pathways for people of all ages with mental health problems who are ready to move on from short term accommodation and for those aged 55+ access to extra care housing.	Development of Housing Pathway	March 2015	Divisional Manger Mental Health Integrated Commissioning
	Monitor impact on individuals and provide recommendations to Mental Health Commissioning Board.	March 2015	Divisional Manger Mental Health Integrated Commissioning
Promote the inclusion of Lifetime Homes and wheelchair standard dwellings in all new housing developments	An increase in the proportion of adults in contact with secondary mental health services living independently, with or without support	March 2014	
Review barriers to private rental e.g. impact of recent housing benefit changes, and identify solutions.	Monitor impact on individuals and provide recommendations to Mental Health Commissioning Board	September 2015	Divisional Manger Mental Health Integrated Commissioning
Continue joint working across children's and adults services and establish follow through support in adult services to maintain placement stability whilst promoting greater independence.	Monitor impact on individuals and provide recommendations to Mental Health Commissioning Board	March 2014	Divisional Manger Mental Health GP Practices
Acknowledge that for some people low level support is all they will accept but have in place strategies to manage risk and respond when mental state escalates.	Monitor impact on individuals and provide recommendations to Mental Health Commissioning Board.	On-going	Employment Learning and Skills Division Community Services Division Integrated Commissioning
Pilot current Mental health Outreach Team provision within Primary Care to establish capacity, demand and develop robust outcomes/outputs.	Pilot Mental Health Outreach Team in place.	September 2014	Mental Health Integrated Commissioning

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Identify opportunities to further develop support available to those with mental health problems to gain and retain employment or maximise their potential to work.	<p>Recommendations to Mental Health Commissioning Board on development of employment and work related activities for those with mental health problems</p> <p>An increase in the proportion of adults in contact with secondary mental health services in paid employment.</p>	March 2014	<p>Operational Director Complex care Divisional Manager Community Services</p>
Develop specific adult social services input into the Team Around Family service.	Recommendations to Mental Health Commissioning Board as to how adult social services can contribute to Team Around the Family (TAF).	March 2014	Integrated Commissioning
Review local implementation of Ofsted recommendations relating to children of parents/carers with mental health and/or drug or alcohol issues.	Recommendations to Mental Health Commissioning Board on how joint working across adult and children services can be enhanced.	September 2014	Integrated Commissioning Divisional Manger Mental Health
Develop a domestic violence perpetrator programme in line with RESPECT	Development and implementation of domestic violence perpetrator programme.	December 2013	Integrated Commissioning HIT
Develop an anti-stigma campaign, in partnership with elected members	Like Minds Campaign to be developed	October 2013	HIT, Elected Members

PRIORITY 5: Optimise value for money by developing quality services which achieve positive outcomes for people within existing resources

Improved outcomes relative to spend – shift in SPOT from Lower spend, Worse outcomes to Lower spend , Better outcomes.

Why is this priority?	What do we want to achieve?
<p>Halton is committed to promoting the recovery model and empowering individuals to take responsibility for and control over the decisions made regarding their mental health.</p> <p>Mental Health Services have a key role in protecting vulnerable adults and children from harm and to provide support to alleviate the effects of harm so individuals and families can recover and thrive.</p>	<p>More people will have good mental health More people with mental health problems will recover More people with mental health problems will have good physical health Fewer people will suffer avoidable harm More people will have a positive experience of care Fewer people will experience stigma and discrimination</p> <ul style="list-style-type: none"> • Care and support should be age appropriate with services designed around the individual enabling them as far as possible to control and manage their own support to match their needs. • When treatment is delivered under the Mental Health Act without consent, the principle of least restriction will be applied. • A reduction in numbers of people with severe mental health problems having to move away from Halton to receive treatment and support. • Fewer people suffer avoidable harm • People with mental health needs access services that protect them as far as possible from avoidable deaths, disease and injury allowing them to feel safe and where adherence to human rights is enshrined within all care and treatment settings.

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Introduce Payment by Results (PbR)	Payment by Results introduced to all relevant service specifications in line with national timetable	In line with national timetable	CCG
Support recovery and enable those who no longer require specialist help to self-manage their mental health with appropriate community based support	Increased access to enhanced recovery focused community services.	On-going	Integrated Commissioning
Develop business case across Mid Mersey to implement AED Rapid Assessment interface and Discharge(RAID) liaison	Business case presented to Mental Health Commissioning Board.	March 2014	CCG
Dementia screening in Care Homes/Primary Care	Increased number of dementia screenings recorded in care homes / primary care.	September 2014	Integrated Commissioning
Develop business case for Alzheimers admiral nurse community service	Business case developed and considered by Mental Health Commissioning Board.	March 2014	Integrated Commissioning
Implement redesign and roll out of Later life and Memory Service as agreed at Dementia Board.	Later Life and Memory Service reviewed and new ways of working implemented.	March 2014	Integrated Commissioning
Implement shared care for those identified for transfer back to GP care with support from 5 Boroughs.	Increase in the number of service users under the shared care system.	March 2014	Integrated Commissioning
Review and update local Section 136 Place of Safety policy and provision to reflect best practice.	Updated policy agreed by all partners and presented to Mental health Commissioning Board	September 2014	Whole system approach across Cheshire and Merseyside
Develop transitional provider care pathway between children and young people and adult services.	Transitional Care Pathway presented to Mental Health Commissioning Board.	December 2013	CCG
Ensure that safeguarding procedures are applied to people with lower level needs who may be eligible for support from adult social care services	Success measures and outcomes	On-going	Divisional Manager Mental Health Integrated safeguarding unit

ACTION	SUCCESS MEASURES AND OUTCOMES	TIMESCALE	RESPONSIBILITY
Ensure commissioned services implement good practice in safeguarding and demonstrate compliance with agreed Halton policies and procedures.	Review current eating disorder service provision to identify any gaps and develop business case to improve performance and maintain quality.	On-going	Integrated Commissioning Quality Assurance team
Review current eating disorder service provision to identify any gaps and develop business case to improve performance and maintain quality.	Review of Eating Disorder Service with recommendations presented to Mental health Commissioning Board.	March 2014	CCG