

Chapter 12: Conclusion



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Contents

12.1. Summary of Findings	p290
12.2. Outcomes	p293
12.3. Next Steps	p294

Chapter 12 Conclusion

12.1. Summary of Findings

Herefordshire CCG's responsibility to provide effective secondary and community mental health services is located within a wider context of provision by multiple partners across the county. Herefordshire CCG is committed to working with our partners to ensure the best possible outcomes for people in Herefordshire.

Prevention of mental ill health means recognising and improving those factors in our society which impact upon mental health, as well as recognising the links between mental health, physical health and social engagement. We can only address these issues engaging effectively with our partners working between different groups, all of whom have a role to play.

Communities can help by addressing stigma and promoting healthy environments. Embracing initiatives such as dementia friendly communities help support the vulnerable and increase understanding of a condition that still carries a significant stigma. We know that loneliness and isolation are potent contributors to mental ill health, and that promoting community cohesion can reverse these effects. Signposting people towards sources of community support is the best way to encourage these protective social bonds.

Housing, employment, education and the environment all impact on individuals opportunities and outcomes, Employment support may be needed to overcome lack of confidence in returning to the workplace, while appropriate housing allows earlier opportunities for independent living. Close working is needed particularly between education and health, to identify and support those children and young people at risk of problems. We know that early intervention prevents problems later in life, and that parenting support is hugely cost effective in the longer term. The challenge is to overcome the current financial constraints, and look forward to prevent problems in future generations.

The voluntary sector has a huge role to play in supporting, informing, providing advocacy, challenging, ensuring choice and healthy clinical discussion. Voluntary and community organisations are already providing advice and support to patients throughout the county, and as commissioners, we need to reach out and build these relationships, tapping into this expertise for the benefit of our patients.

For health services, embedding crisis plans within the clinical record and patient held documentation will ensure continuity of care and respect patient autonomy. Many patients are now treated entirely within primary care, and GPs need to ensure that these patients still receive expert levels of care, are routinely offered talking therapies, and have sufficient signposting to other forms of support within the community. Specialists need to support this process and provide timely access to those patients needing more help. Anxiety and mood disorders underlie many presentations to health care, and treating these will help to reduce demand on overstretched services throughout the system. Recognition of dementia and mental ill health in hospital patients allows the acute trust to manage patients more appropriately, using the shared expertise of specialists from all disciplines.

This needs assessment is a report into factors that will affect future health provision for people with mental health conditions.

As outlined in chapter 4 “Feeling Good (Public Mental Health)”, Herefordshire CCG should continue investing where there is a robust evidence base. As one of many commissioners of services to meet public mental health needs, specific activities within the domains of mental illness prevention, mental health promotion and early intervention should form part of the overall programme of services. Employers, schools, practitioners, services and community organisations all have a role in ensuring people are aware and able to access sources of support, remain socially engaged and keep well.

As outlined in Chapter 5 “Common Mental Health Conditions”, the Increasing Access to Psychological Therapies (IAPT) provision was deemed to be the most cost effective approach to meeting the needs of people with mild to moderate mental health problems. However, there were issues in terms of access. We know that many patients with mental ill health do not seek help, and that milder symptoms can often go undetected or be hidden behind physical complaints.

Effort is required to ensure that people who require help receive it in a timely and accessible manner. To achieve this, the functions of a common mental health service could be situated in primary care so that more people might engage. To understand the current position, IAPT services should be audited to assess the effectiveness of referral pathways and self referrals.

Access to good quality self-help approaches should be made available, to include digital platforms and there is strong potential for voluntary sector organisations to deliver some provision for mild and moderate mental health issues, particularly to address choice and a variety of need.

Chapter 6 outlines issues surround severe and enduring mental health conditions. It is recommended that a single point of entry is developed alongside effective triage to ensure that patients are not passed between services. To achieve this, there is a need to better manage referrals across teams, with clear, patient held, crisis and care plans to facilitate effective treatment and negate the need for patients to repeat their story or experience repetitive assessments.

There remains a need to review the place of safety in the county, as this is currently unstaffed and results in clinical and police staff being drawn away from essential duties when the suite is occupied. There is a need to address rehabilitation provision within the county to ensure people have access to phased “stepping stones” to recovery. A coherent recovery and accommodation pathway would maximise the potential for excellent outcomes.

Chapter 7 revisited the dementia needs assessment undertaken in 2012. Whilst this has resulted in more strategic awareness of dementia, gaps still exist in provision for people with dementia such as support for people with early onset and people with learning disabilities. Further work is required to raise awareness of dementia and the support that is now available. Acknowledging that people should live well with dementia, continued effort to improve dementia care remains a priority. This includes support for carers, families and care homes, as well as other settings in the community, such as voluntary and community activities.

Children and Young Peoples’ Mental Health was covered in chapter 8. This highlighted a lack of information and support to service users and their families.

It is recommended that HCCG and its partners strengthen capacity at tier 2 (including via CAMHS IAPT) and the model of provision at tier 3 to prevent progression of need and provide a stepped model of care. Education of GPs and other health workers is highlighted as a priority, as well as recording of data to improve understanding of prevalence and support service planning.

There remains a need to improve young people's experience of transition to Adult Mental Health services, retaining the patient at the centre of services and based on need rather than age.

Vulnerable groups are considered in chapter 9. This recommends that services pay due regard to the needs of populations with a protected characteristic, ensuring high quality service for all.

In addition to the development and maintenance of a service directory, there is a need for a dual diagnosis and information sharing protocol be agreed to meet the needs of homeless people with dual needs.

Herefordshire CCG will continue to be mindful of its obligations under the Military Covenant to ensure that members of the armed forces (and their families) are not disadvantaged as a result of their membership.

Parental mental health needs could be improved through greater information sharing between practitioners to recognise the needs of people with mental health conditions as parents and to recognise children as young carers. The creation of a parental mental health strategy, a need recognised by the Children's Safeguarding Board, would be the vehicle for outlining a Think Family approach and the development of effective parental and perinatal mental health care pathways.

Chapter 10 outlines the results of a suicide audit. Herefordshire has experienced an average of 15 suicides per year over the past 20 years. The suicide figures describe individual tragedies, with each having widespread repercussions throughout community, family and friends. The chapter makes recommendations congruent with the National Suicide Prevention Strategy outlining how suicides may be prevented and, where they do occur, responded to ensure that family and community members, as well as professionals, are adequately supported.

Throughout the needs assessment, key themes have been repeated around availability of resources, access to and sufficiency of services and appropriateness of existing model(s) of service to meet the mental health needs of people in Herefordshire. These "System Issues" are explicitly raised in chapter 11 including an outline of how existing blockages and barriers may be overcome via re-provisioning of mental health services. Such services would be situated within a context of interagency working across the county, with specific support for people to better self-manage their own mental health needs, in conjunction with effective and flexible services. Mental health services could streamline referrals through a "single front door", making access easier.

One area to establish is effective liaison psychiatry, identifying co-morbidity with physical health conditions and enabling improved progression of patients through the mental health pathway, via training of professionals and improved referral processes.

Herefordshire CCG will continue with a recovery based model, however it recognises that some people will continue to live with long term mental health conditions. Reflecting what is offered to patients living with other LTCs (such as diabetes or arthritis) provision should be flexible enough that people can access support when they need it. This will include support to self-manage.

In recognising these recommendations, it is clear that HCCG cannot operate independently. It is important that the development of mental health support within Herefordshire is co-produced by service users, carers, mental health professionals and other practitioners across the county.

12.2. Outcomes

Our shared vision is to develop Herefordshire as a “centre of excellence” for mental health recovery, providing local services for people with severe mental health needs and/or compatible complex care needs. This is line with the vision of *No Health without Mental Health: implementation framework (2012)* for health and care services to be focused on recovery, rehabilitation and personalisation. Community services will affect the achievement of good recovery outcomes for patients and support carers.

In addition to the recommendations on addressing the gaps and striving for improvement, the qualitative engagement enabled conversations about what outcomes people said were important.

Table 12.1: Service User Identified Outcome Measures

I am supported to have the best possible mental <u>AND</u> physical health
I am able to function in my daily life
I can get assessment and support where and when I need it
Transitions are seamless and teams work together to meet my needs
Services support me to recover and remain well

Services support me at the end of my life if needed
I am listened to and my views taken into account
I am treated as a person, not a diagnosis or collection of symptoms
I am able to be open about my mental health condition if I choose to be
Carers are supported in their caring role

12.3. Next Steps

Herefordshire CCG will continue to commission high quality, patient centred mental health support that meets the unique needs of the people of Herefordshire, as part of a wider strategic approach to ensure adequate resources and support are secured.

There are three key next steps:

1. The findings of the Herefordshire Mental Health Needs Assessment will inform Herefordshire CCG considerations in the forthcoming system-wide discussions into how Herefordshire as an economy will address the needs of people with mental health conditions and their families. It has been agreed that an all-age system-wide mental health strategy will be developed. Herefordshire CCG will play an active role in the development of an overarching mental health strategy.
2. The outcomes for people with mental health conditions and the wider Herefordshire population developed through the course of the engagement work will be used by Herefordshire CCG in its future commissioning of services. Further engagement, clinically and publicly will be undertaken to refine the outcomes and ascertain local priorities. This is in the recognition that not all care and support will be achievable within available resources.
3. To reflect the Mental Health Needs Assessment in the forthcoming considerations in contracting for mental health services including the implementation of the recommendations.