

HAMPSHIRE COUNTY COUNCIL**Report**

Committee/Panel:	Health and Wellbeing Board
Date:	4 February 2015
Title:	Mental Health Matters Seminar 24 October 2014: Feedback Report
Reference:	6477
Report From:	Director of Adult Services and Mental Health Matters Seminar Planning Group

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1. Executive Summary

The purpose of this paper is to;

- Highlight the success of the Boards first open seminar Mental Health Matters
- Present the key findings from the seminar
- Recommend ways that the Board can influence future work to ensure improved parity of esteem

1.1 This paper seeks to:

- Present a written record of the seminar including programme highlights and feedback from round table discussions
- Identify future action that the board can take to improve parity of esteem

2 Context

2.1 Poor mental health affects people of all ages yet with effective promotion, prevention, early intervention and the right recovery support its impact can be reduced dramatically. Achieving this requires pulling the efforts of different agencies together including health and social care, housing, leisure and employment.

2.2 The November 2012 NHS Mandate states that mental health should be on par with physical health and that measurable progress towards achieving this are made by March 2015. This would require demonstrating progress has been made in achieving parity of esteem. Locally this would require everyone, who needs it, having timely access to evidence- based services.

- 2.3 It is estimated that 1 in 6 people in Hampshire experience mental ill health. In Hampshire CCG's spend from 7% to 9.5% of overall budget on mental health. This is below the national average and less than neighbouring authorities such as Southampton.
- 2.4 Ensuring parity of esteem requires more than money, it requires everyone working together across sectors. To reduce the disparity requires addressing the wider determinants of health as well as ensuring people with mental ill health do not experience inequalities, either because of their mental ill health or because they don't get the best care for their physical health problems. The Board should be minded that the notion of parity extends beyond just mental illness but dementia and learning disabilities and other groups with significant characteristics.
- 2.5 A set of infographics have been devised which displayed key national and local information. A copy of the infographic is available as appendix A

3. The Seminar

- 3.1 A major purpose of the seminar was to review the local position in relation to parity of esteem. The seminar was developed by a multi-agency group consisting of people from Hampshire County Council (HCC), Southern Health NHS Foundation Trust, West Hampshire CCG and Solent MIND.
- 3.2 The seminar took place on 24 October 2014 and explored four specific areas; starting to feel unwell, breaking down, crisis and recovery. Over 60 participants made up of services users, carers, statutory, business and voluntary sector providers and commissioners came together to debate how parity of esteem between physical and mental health could be achieved.
- 3.2 The day was facilitated by Tracy Butler the managing director of Raise. She used her own experiences of mental ill health and use of mental health services to illuminate the lived experiences of mental distress.
- 3.3 The format of the day included a mix of short presentations, slides, information pack and facilitated round table discussion. Contributors were from a variety of partners ranging from CCG, District Councils, Department of Work and Pensions, Hampshire Constabulary, Solent MIND, and Southern Health NHS Foundation Trust. The day was recorded by a graphic artist and the drawings are included in the seminar report available as appendix B.
- 3.4 The round table discussions identify a number of common themes and the cultural change required to shift attitudes and behaviours. These themes were focused around:

1. **Co-production** – seeing people with mental ill health as having assets that they can share with one another and with commissioners and providers
2. **Partnership working** – this needs to happen on three levels in a networked way:
 - Primary level with individuals of all ages to maintain good mental wellbeing
 - Secondary level with communities at city, town, village and neighbourhoods
 - Tertiary with organisation both internally and externally with one another
3. **Reducing stigma** – reducing stigma and promotion of what is possible and what has been achieved
4. **Education, training and personal development** – for the public and professionals to increase understanding and the application of knowledge such as becoming mindful employers, mental health first aid and self help
5. **Information** – knowing what’s available and how to access it for professionals and the public. Self help requires high quality information on what is available at a practical and emotional level
6. **Commissioners & providers**– need to think more holistically “it’s not just about mental health commissioning ...it is the “so call physical health services that need to embrace mental health needs of all people”. A common approach to commissioning and service provision that reduces complexity, unnecessary overlap and duplication.

4. I’m not feeling myself

- 4.1 The first section of the seminar explored the impact of someone starting to feel unwell. There was a presentation by Dr Jenny Allison who gave a GP’s perspective and Hazel Nicholls who highlighted the italk talking therapy service.
- 4.2 Round table discussion identified the need for everyone to think about and be supported to maintain their mental wellbeing through more early intervention and prevention initiatives. People with lived experience who attended the day expressed that “it is hard to know where you will be treated sympathetically when you begin to have a wobble”.
- 4.3 There was also the need for better communication and education between people (service users, carers and professionals) and organisations (GP, acute and community) and a stronger focus of commissioners to ensuring improvement towards parity of esteem.

- 4.4 It was recognised that the Public Health Group, which is a sub group of the Board, has a role to play in term of the NHS 5 year Forward View, raising awareness and reducing stigma in order to improve the mental wellbeing of Hampshire's population.

5. Breaking down

- 5.1 The focus of this session was 'Breaking Down' and averting a crisis. To set the scene Huw Griffiths from Hampshire Constabulary spoke about how the police are working to reduce the number of people in mental distress detained in police cells. Richard Barritt spoke about having a quiet crisis that is not so public.
- 5.2 Round table discussion identified the need for different organisations to have greater awareness of each other. The aim being that services would be used more appropriately, become more responsive by being more focused and reducing duplication and waste. It was emphasised that the voluntary sector has a lot of resource that could be better directed so that there would be more 'feet on the street' to avert crisis.
- 5.3 Accessing housing was seen as being a key issue. The points system no longer uses mental illness as a qualifying factor which is an illustration of lack of parity of esteem.
- 5.4 The role and need to identify and support carers was seen as needing attention. Carers who came to the event shared their experiences and the impact that caring for someone had had on their lives. They expressed a need to have better "access to information that tells it how it is", being "treated as a partner" in their loved ones care and needing opportunities to "recharge my batteries".

6. Crisis

- 6.1 The focus of this session was supporting people in a crisis. To set the scene Lesley Stevens Southern Health NHS Foundation Trust gave a brief overview of plans to train people with lived experience of mental ill health to be peer supporters in acute settings. There was also a brief film about the Safe Haven Project. By using the following link it is possible to view the film [Safe Haven Film](#).
- 6.2 Seminar discussions focused on the need to work as a whole system so that there could be better support during a crisis through intensive support in the community. People with lived experience that attended the day talked about not always finding the right service at the right time and "feeling passed around" and needing somewhere that is "in between...when you're not sick enough, but very unwell".

- 6.3 The Crisis Concordat group was seen as a real opportunity to work differently and address some key issues that can only be addressed collectively.

7. Recovery

- 7.1 The focus of this session was 'Recovery and Hope'. To provide the wider context of issues that impact on recovery Maria Middleton highlighted the work of Department of work and Pensions. Nick Tustian provided an overview of the role of district councils and how they contribute to supporting people during recovery.
- 7.2 The lived and built environment was seen as being a significant factor to mental wellbeing. Maintaining a home as well as living in an appealing area were seen as equally important. The District Forum was identified as having a role in taking this work forward.
- 7.3 Keeping and getting employment was identified as needing focused effort. It was acknowledged that the Department of Work and Pensions (DWP) has a role to play, but so do employers. The work of DWP needed to be more widely known. Hampshire Strategic Employment Group chaired by DWP provides an opportunity to bring together the right people to develop a unified employment pathway for people with mental ill health. People with lived experience voiced the need to recognise the routes to employment and "the value of having focus to your day", "good quality volunteering and even work placements", and "work coaches can play to raising esteem and confidence". "Large employers such as NHS and Councils need to get their acts together for their staff first before they start preaching to others".

8 Conclusions

- 8.1 The seminar provided an opportunity to bring a wide variety of partner organisations together alongside people with lived experience of mental illness and carers. The diversity of participants illustrates the complexity of the issue and the need for a networked approach to creating solutions. The multi-agency virtual group, that came together to plan the event, offer an opportunity that could be capitalised upon in the future.
- 8.2 There has been significant positive response from participants who attended the seminar. It has proved an impetuous for future action. Achieving parity of esteem requires a whole system approach which is not just confined to the NHS. The seminar clearly highlighted the wider determinants that contribute to mental wellbeing and their contribution to building resilience including the lived and built environment, employment and social capital.
- 8.3 Throughout the participants a number of key issues began to emerge. They were raised by a variety of tables and discussions on the different topics. The

key themes have been refined and they have been condensed in to six key areas. They have been identified as follows:

- **Co-production**
- **Partnership working**
- **Common approach to commissioning and service development**
- **Reducing stigma**
- **Information**
- **Education, training and personal development**

To take these forward consideration is being given to piloting a new way of working. This will consider how to co-produce a new community based network of support. It will devise a partnership approach across a range of agencies in the community in order to provide accessible services with a focus on promoting wellbeing, supporting self management skills and early intervention. Partners are currently being identified who are willing to work towards a more person centred locally based service.

- 8.4 The size of the challenge cannot be over stated. It requires a cultural shift for commissioners, providers and their frontline staff. To be best placed to make progress a clear plan of action is needed. The scale of the task requires a phased approach so that actions can be broken down in to manageable sections. It also requires drawing together proposed action of the Crisis Concordat Group, Public Health Group, the Strategic Employment Group and Wessex Local Area Team Parity of Esteem Group and District Forum.
- 8.5 The Health and Wellbeing Board has a significant role in driving forward the collaborative change needed. Making an impact requires organisations working together, understanding their role and taking the required action. The Board has a role in pushing for tangible results by coordinating action and holding board member organisations to account.
- 8.6 The Board has a variety of sub-groups that are well placed to support delivery of this agenda. In addition the Wessex Local Area Team is well placed to have an overview of progress being made locally.

9. Recommendations

- 9.1 It is proposed that the Board consider the following:
- 9.2 That the seminar report be circulated widely and shared via board members' websites and included in the Health and Wellbeing Board communications.
- 9.3 That the virtual planning group be retained in order to provide a 'sounding board' to reflect on progress and support initiatives such as the new community based network of support.

- 9.4 That when the District Forum report to the Board in September 2015 they include actions that they are taking / planning to take to promote good mental wellbeing.
- 9.5 That the Public Health Group provides updates on the breadth of work being undertaken to describe the extent of the issues and how it intends to consider a strategic approach to enable actions going forward over 2015-2016.
- 9.6 That the Crisis Concordat Group considers how best to respond to the seminar findings on crisis care and incorporate any agreed actions in to their action plan and verbally report these to the next Board meeting.
- 9.7 That Wessex Local Area Team Parity of Esteem Group provided an annual overview on progress towards parity of esteem.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	Yes
Corporate Improvement plan link number (if appropriate):	
<ul style="list-style-type: none"> The report supports the delivery of the Joint Health and Wellbeing Strategy across all four themes. 	
Enhancing our quality of place:	Yes
Corporate Improvement plan link number (if appropriate):	
<ul style="list-style-type: none"> Both the lived and build environment has significant impact on mental wellbeing 	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

1.2. The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

1.3. Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

1.4. Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.5. Equalities Impact Assessment:

Improving mental wellbeing was identified as an area that needed further development in relation the Joint Health and Wellbeing Strategy initial equality impact assessment

2. Impact on Crime and Disorder:

2.1. There are clear links through the Crisis Concordat and mental wellbeing.

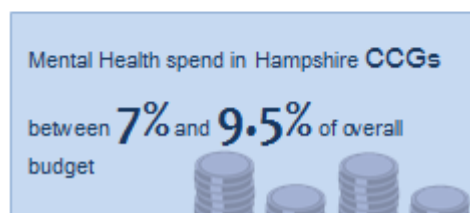
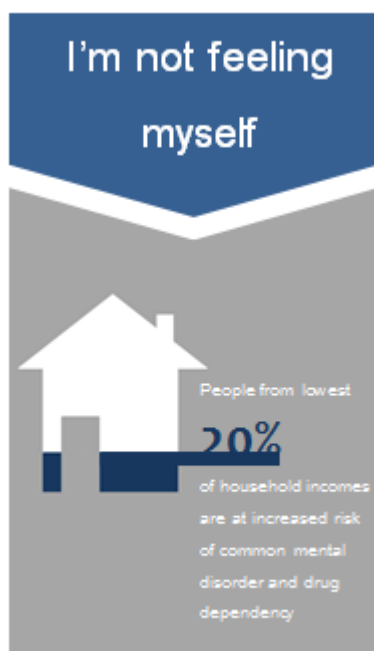
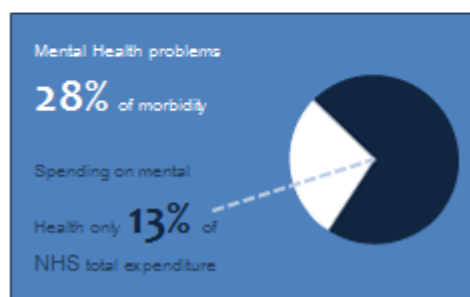
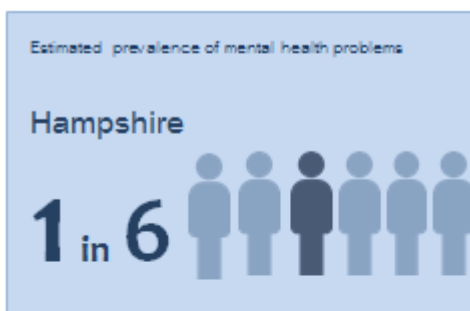
3. Climate Change:

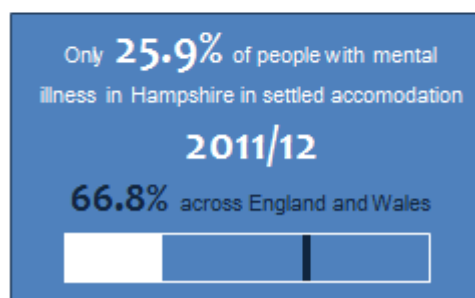
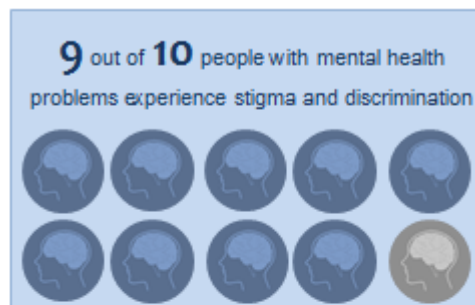
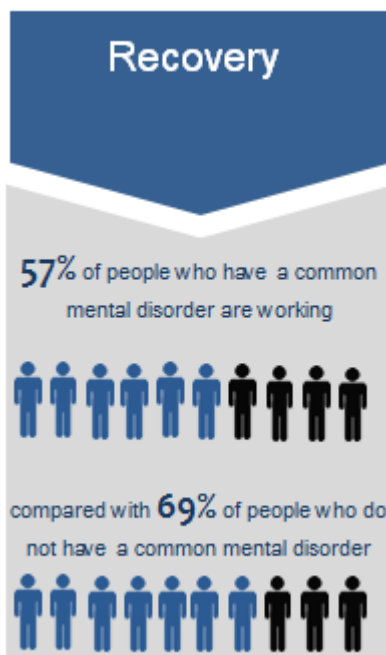
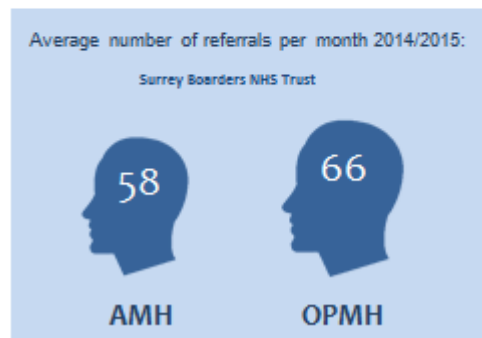
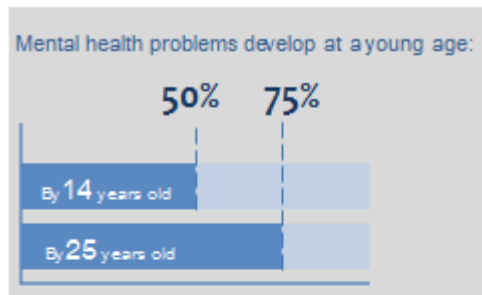
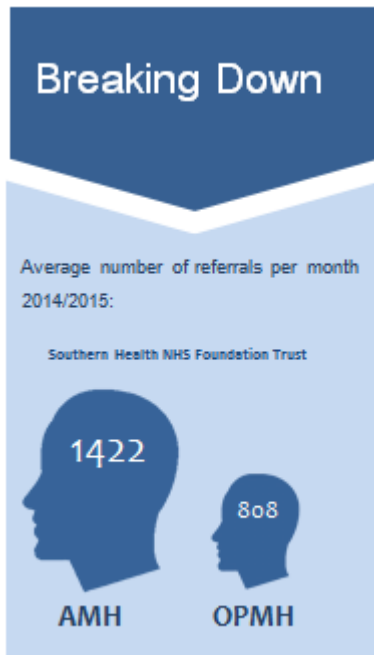
a) How does what is being proposed impact on our carbon footprint / energy consumption?

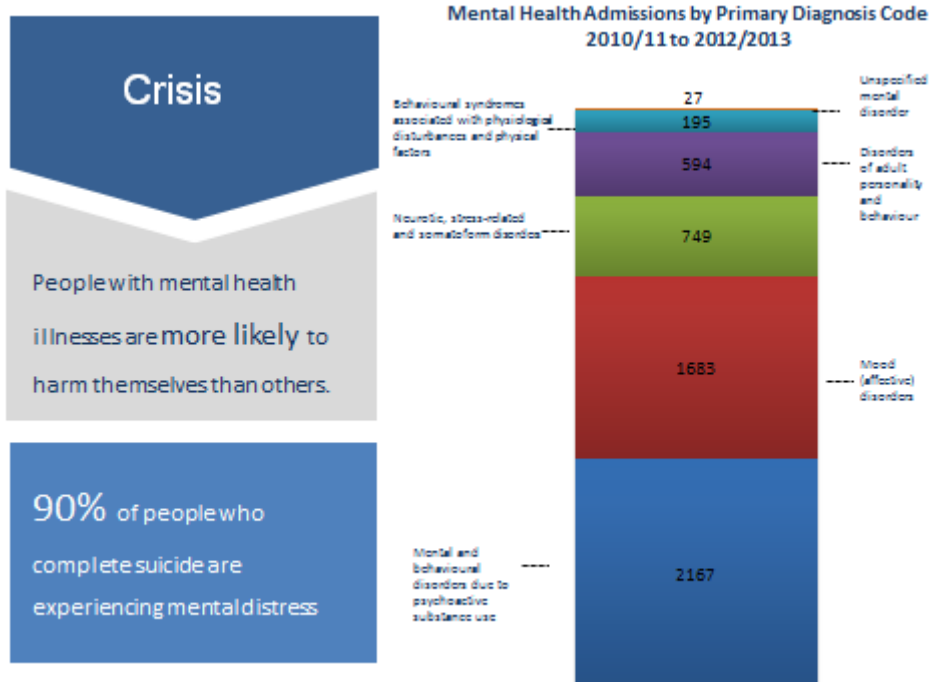
There was no specific discussion of the impacts however it is acknowledged that how services and support are delivered need to be mindful of the impacts on consumptions of energy and organisations carbon footprint

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

In developing future plans the impact of extreme weather events, disruption to social, economic and environmental determinants and the associated emotional distress and anxiety will be considered.



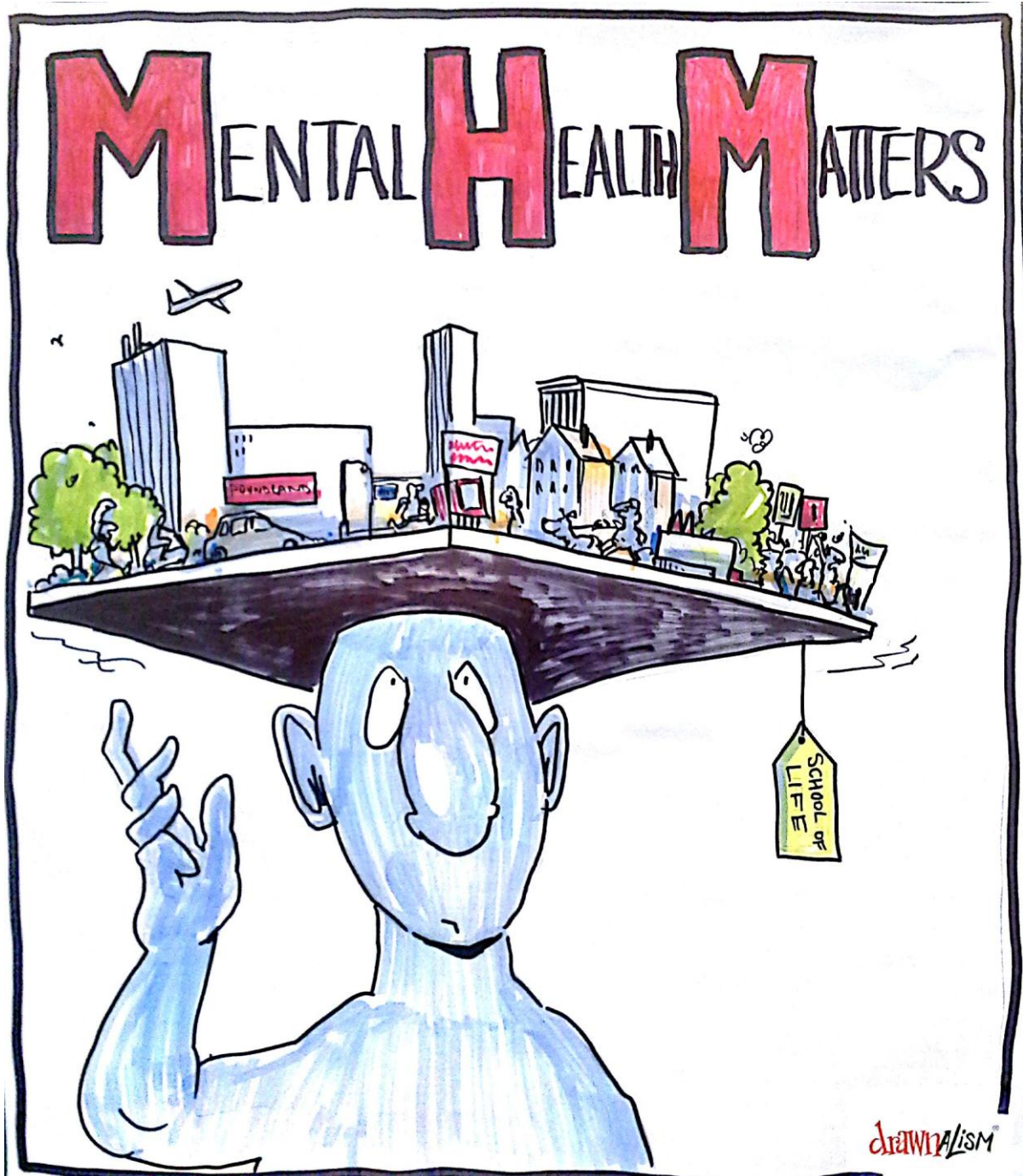




HAMPSHIRE HEALTH AND WELLBEING BOARD
MENTAL HEALTH MATTERS SEMINAR REPORT

FRIDAY 24 OCTOBER 2014

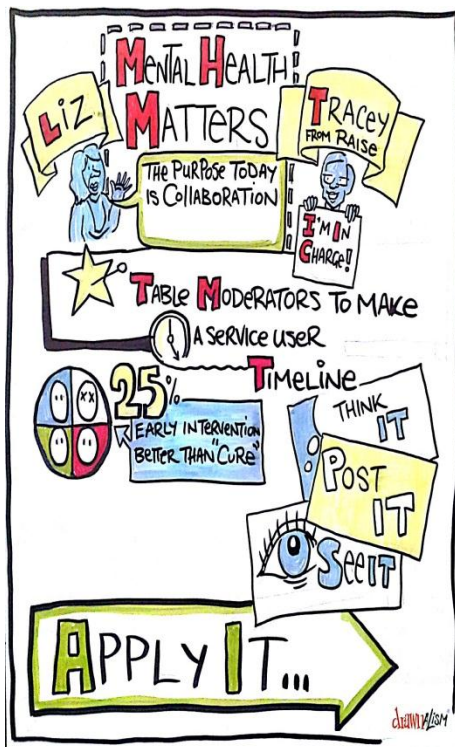
WALTON ROOM WINCHESTER GUILDHALL





PROGRAMME		
9.30	REGISTRATION AND REFRESHMENTS FOR 10.00 START	
10.00	WELCOME	Cllr Liz Fairhurst – Hampshire County Council
	OVERVIEW OF THE DAY	Tracey Butler - Raise
	STARTING TO FEEL UNWELL – <i>I’m not feeling myself</i> Primary care response	Dr Jenny Allinson – South Eastern and Fareham & Gosport CCG Hazel Nicholls – Southern Health NHS Foundation Trust
	BREAKING DOWN Averting a crisis	Huw Griffiths – Hampshire Constabulary Richard Barritt – Solent Mind
		ROUND TABLE DISCUSSION – <i>is early intervention and prevention accessible enough?</i>
		ROUND TABLE DISCUSSION – <i>are we working well enough to avert a crisis?</i>
11.40	BREAK	
12.00	CRISIS Crisis Support	Lesley Stevens – Southern Health NHS Foundation Trust Safe Haven Project film
		ROUND TABLE DISCUSSION – <i>Are we working together well enough to support people through crisis?</i>
12.45	LUNCH	
13.30	RECOVERY Hope	Housing - Nick Tustian – Eastleigh Borough Council Work & Money - Maria Middleton – Department of Work and Pensions
		A JOURNEY AROUND THE RECOVERY STAR – How do we help people to take responsibility for their mental wellbeing?
	OUR FUTURE FOCUS	Tracey Butler
CLOSE		

WELCOME



CLLR Liz Fairhurst welcomed everyone to the day

Poor mental health affects people of all ages yet with effective promotion, prevention, early intervention and the right recovery support its impact can be reduced dramatically. Achieving this requires pulling the efforts of different agencies together ranging from health and social care to housing, leisure and employment.

She explained the purpose of the seminar was to have an interactive day, bringing together service users, carers, providers and commissioners to discuss and debate how we can work better together so more people in Hampshire can have good mental health. It explored ways to join up care and support so that more people get help earlier and are supported through their recovery.

Matthew Buck from Drawnalism was the graphic artist for the day who used participant's contributions to create a local timeline, from someone beginning to feel unwell, right through from crisis to recovery.

The facilitator was Tracey Butler. She is the Managing Director of Raise. Raise it is a company managed entirely by people who have experience of mental distress. They aim to educate and promote positive emotional wellbeing and mental distress based upon theory and insight.

Tracey has extensive experience of facilitating events and shared her story of mental ill health and distress as she steered participants through the day.

OUTLINE OF THE DAY –

PURPOSE OF THE DAY

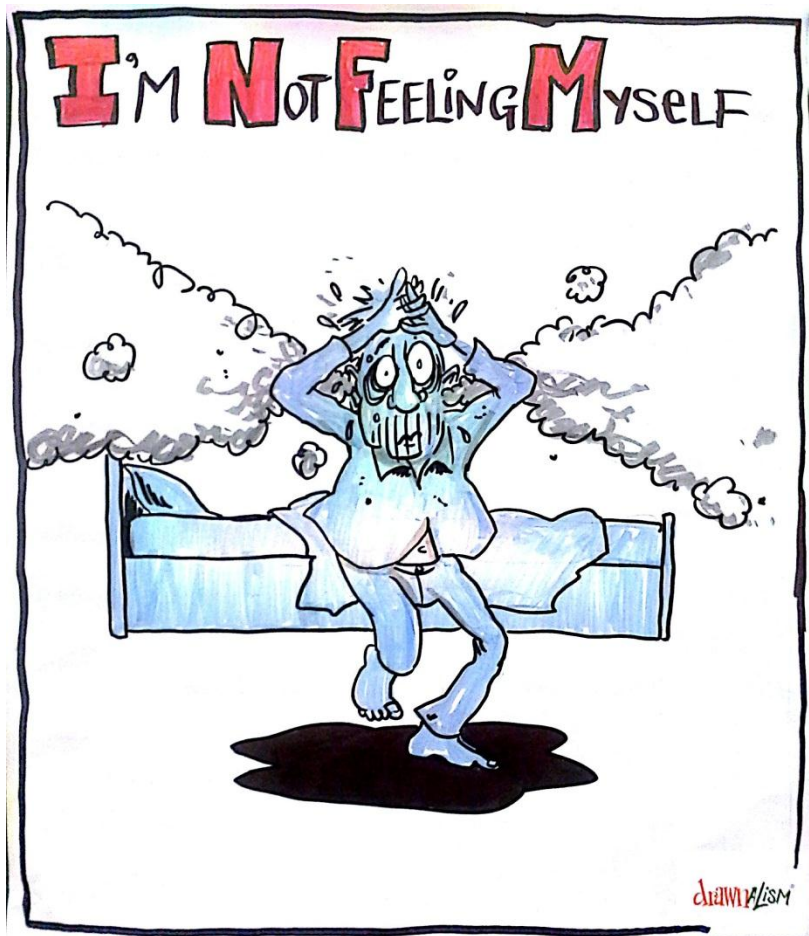
	Interactive Seminar bringing together service users, carers, providers & commissioners to discuss and debate how we can work better together so that more people in Hampshire can have 'good mental health'
Celebrating existing good practise and discussing any gaps in services	<p>The board provides the key focus for promoting health and wellbeing of those who live, work and visit Hampshire. It brings together leaders from the County Council, NHS & District and Borough Councils—to develop a shared understanding of local needs, priorities & service developments</p> <p>The Board is also responsible for producing a Joint Health & Wellbeing strategy that explains how healthcare, health improvement & social care services will be changed to improve everyone's health & wellbeing</p>

OUTLINE OF TODAY'S SEMINAR


- The format will consist of exploring the mental health continuum from wellness through to mental ill health and recovery
 - Round table discussions
 - Short presentations from keynote speakers
 - Service user perspective
- Each table has a facilitator—their role to encourage directed discussion and for you to write down your comments on post it notes, jotting down key issues such as barriers to working together and key issues that prevent service improvements.
- Graphic artist who will capture and use feedback from the tables throughout the day (3 pieces of work focusing on timeline, existing services and gaps in service provision)

WHY DOES MENTAL HEALTH MATTER?



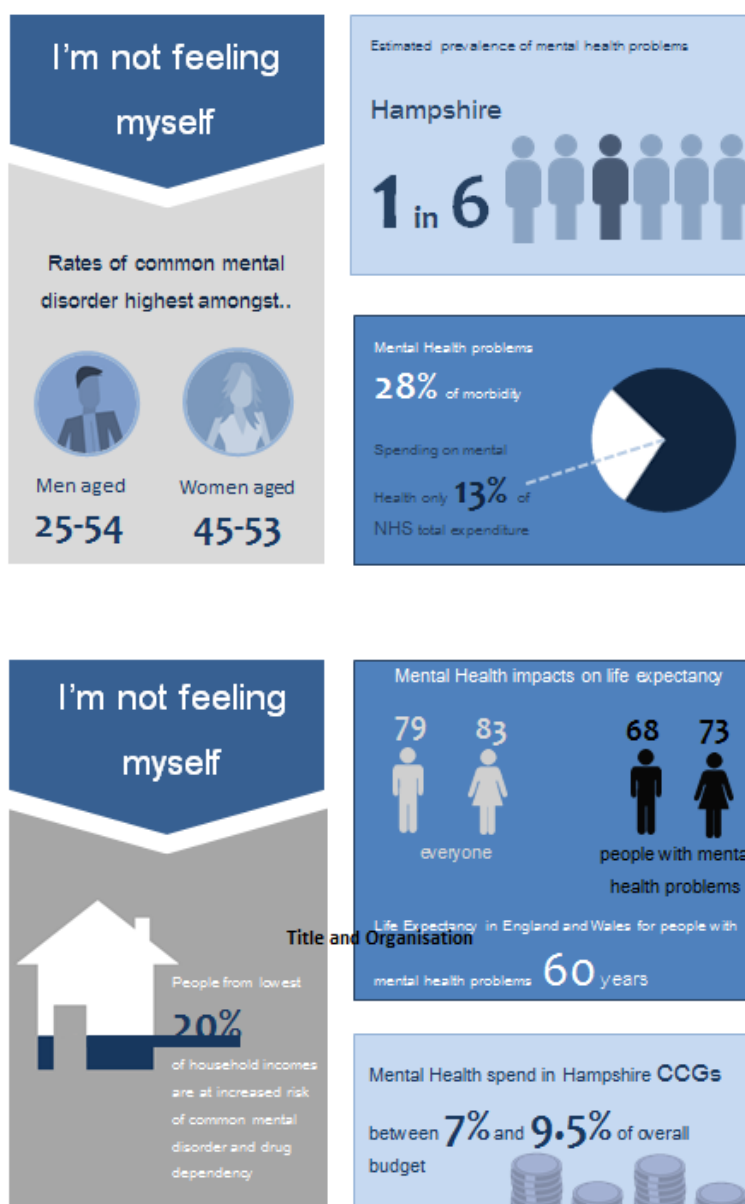


To set the scene and explain part of the primary care response Dr Jenny Allinson South Eastern and Fareham & Gosport CCG gave a GP perspective and Hazel

Nicholls Southern Health NHS Foundation Trust talked about 
<http://www.italk.org.uk/>

I'M NOT FEELING MYSELF

- We know that neglect, abuse, poverty, work stress, relationship difficulties and lack of timely access to good services all contribute to poor mental health.
- 1/3 of all GP visits are by people with a mental health condition
 80% with MH problems are managed in primary care.
Geraldine Strathdee, clinical director for mental health, NHS England
- We also know that many mental health problems do not materialise into long term, chronic conditions but without timely access to evidence based services those people who experience depression & anxiety are more likely to develop secondary problems, such as eating disorders, alcohol dependency, employment and relationship problems.



ROUND TABLE DISCUSSION

On tables each group discussed the following questions

- What is being done to break down stigma?
- Is local early intervention and prevention support accessible enough when they are need?
 - If yes – what are they?
 - If not, why not?
- What is the one thing that will make the difference?
- Each table to agree one thing that will make the biggest difference

COMMUNICATE,
COMMUNICATE,
COMMUNICATE

The following key points were raised:

EDUCATION

- To reduce stigma – increase awareness for all
- Everyone has a role to play – employers, media
- Need to be more accessible (branding Wellbeing Centred with MIND may put people off)
- Education / time to change champions

PARTNERSHIP – on 3 levels: Organisational, Community Level and Individual Level

- Need a paradigm shift
- Integrated working
- Co-location and shared processes and practices
- With and in communities – organisations need to extend their reach and be rooted in their communities and communities need to be supportive, accepting of difference and enabled to care

CHILDREN AND YOUNG PEOPLE

- Start earlier
- Involve school nurses
- Think of child's wellbeing and include mental wellbeing
- Changing philosophy in schools

PEER SUPPORT – people with experience as assets

- Networks that work
- Make more of peer support
- Buddies
- Mental health apps

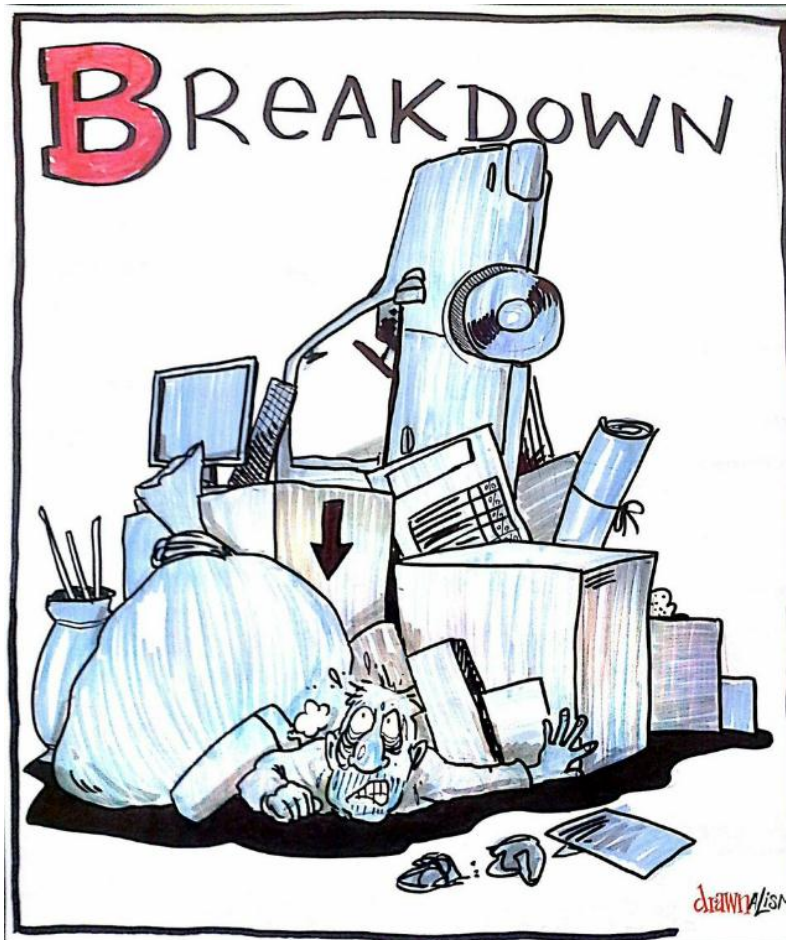
GP'S & PRIMARY CARE

- Educate GP's
- Specialist roles
- Offer more than just medical help but practical help via signposting
- Better use of recovery college

WHAT WOULD MAKE THE BIGGEST DIFFERENCE?

- More of a focus on supporting everyone to think about and maintain their mental wellbeing
- Prevention and early intervention education
- Better communication between people (patients, carers & professionals) and organisations (GP, Acute and Community)

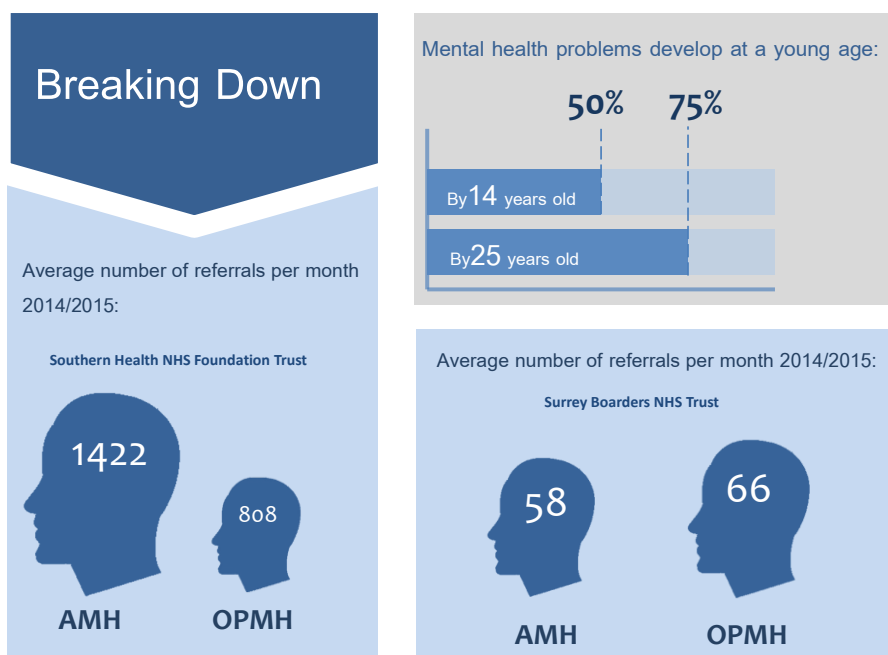




The focus of this session was 'Breaking Down' and averting a crisis. To set the scene Huw Griffiths from Hampshire Constabulary spoke about how the police are working to reduce the number of people in mental distress detained in police cells. Richard Barritt spoke about having a quiet crisis that is not so public.

WHEN THINGS ARE BREAKING DOWN

- How we work together at the point of 'pre crisis' is crucial.
- When trying to prevent a crisis occurring when someone is becoming increasingly unwell, how we work together as a group and our interdependent roles can either alleviate or exacerbate symptoms.
- Common issues described by service users
 - feeling overwhelmed by circumstance
 - not feeling heard and/or validated
 - lack of resources, support, specialist services
 - rapid access/referral
 - using maladaptive coping strategies



ROUND TABLE DISCUSSION

On tables each group discussed the following questions:

- Are we working well together to avert a crisis?
- Are accessible and responsive services there when things are starting to breakdown?
 - If yes – what are they (to be added to timeline)
 - If not, why not (to be added to barriers and issues)
- What is the one thing that will make the difference?
- Each table to agree 1 thing that will make the biggest difference

The following key points were raised:

WORKING TOGETHER

- Multi agency single point of access
- Smooth hand over's, better follow through between organisations / primary and secondary care
- Intelligent integration that thinks of the users experience, shares information and offers support around a person not at the services convenience and see the whole person – their life, dual diagnosis, mental and physical health
- Specialist team to avert a crisis
- Stop arguing over the money

ONE SIDE WILL NOT FIT ALL

- Different people need different things at different times

GOOD MULTI AGENCY MEETINGS
INLCUDING HOUSING, TRAINING,
NHS, SOCIAL CARE, VOLUNTARY
SECTOR...WHOEVER IS NEEDED

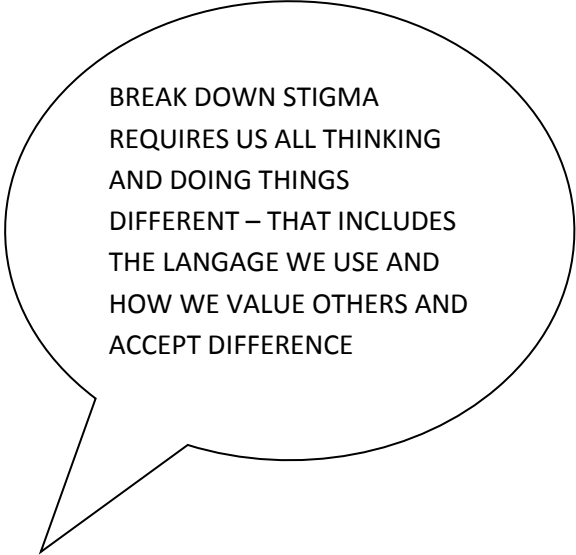
- People need to know where to find support for themselves and others for them
- Mental health first aid alongside physical health first aid
- Start with acceptance, validation and compassionate listening

RESPONSIVENESS

- Response that listens, validates, supports
- Be consistent
- Share good practice across organisation
- Work together – do not work in silo's

FEET ON THE STREET

- Be more visible – speak about it
- Mental health ambassadors/champions
- Street pastors could be trained
- Men's shed
- Care navigators
- Trained volunteers



BREAK DOWN STIGMA
REQUIRES US ALL THINKING
AND DOING THINGS
DIFFERENT – THAT INCLUDES
THE LANGUAGE WE USE AND
HOW WE VALUE OTHERS AND
ACCEPT DIFFERENCE

PEOPLE WITH LIVED EXPERIENCE OF MENTAL ILLNESS AS AN ASSETS

- People with lived experience can help shape services – feed their ideas into service delivery and design – create a feedback loop
- Self awareness – how do people know they are about to / having a crisis
- Accessible information that explains what is happening and who does what
- Carers as trainers
- Create different support networks – what about different technologies?

WHAT WOULD MAKE THE BIGGEST DIFFERENCE?

- Working together at different levels
- Better use and understanding of what we already have
- Everyone committed to removing the blocks
- Shared commitment to change – this involves changing ourselves, the way we work and the way our organisations work





The focus of this session was 'Supporting people in a Crisis'. To set the scene Lesley Stevens Southern Health NHS Foundation Trust gave a brief overview of plans to train people with lived experience of mental to be peer supporters in acute settings.

**Mental Health Crisis Care Concordat - Improving
outcomes for people experiencing mental health crisis
– Feb 2014**

- States service users should expect the following...
 - **Access to support before crisis point**
 - **Urgent and emergency access to crisis care** (treated with the same urgency & respect as physical health problems)
 - **Quality of treatment and care when in crisis** (specifically respect & care at all times and support and treatment from people who have the right skills).

CRISIS

In a mental health crisis, your mind is at melting point. You can't carry on anymore.

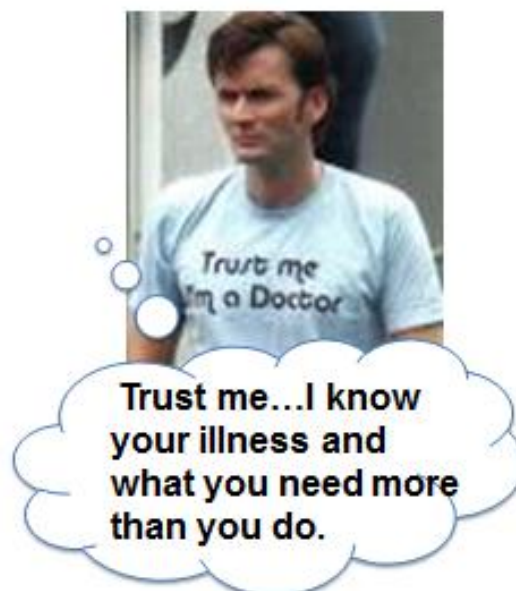
When people's lives come crashing down in a mental health crisis, they need help. URGENTLY

MIND states only 14 per cent of people in crisis got all the help and support they needed.

That's not acceptable: An emergency is an emergency.

Excellent crisis care exists. It can save lives and that's why we need it available for everyone.

We want to move from this.....



.....to this:



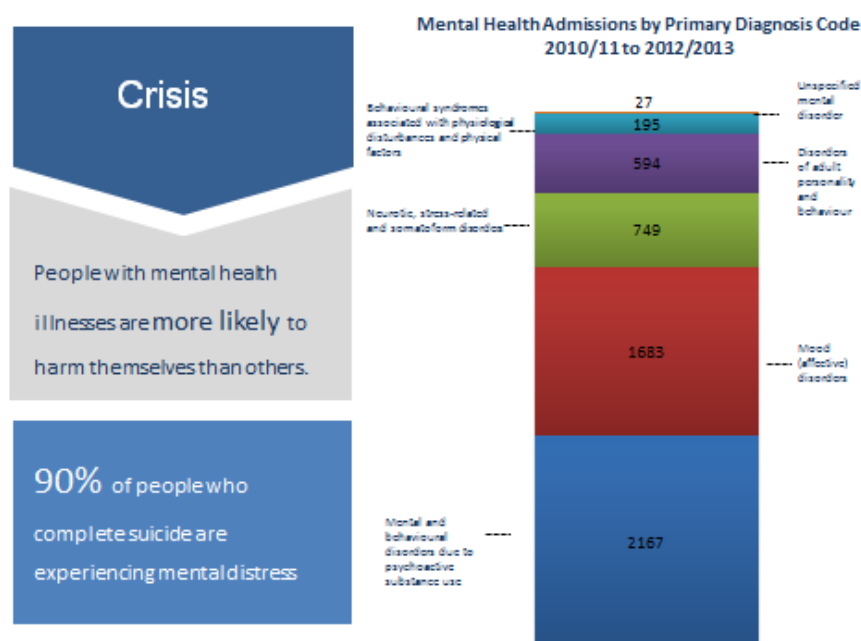
WHAT IS PEER SUPPORT?

Peer Support may be defined as the help and support that people with lived experience of a mental illness or a learning disability are able to give to one another

WHAT ARE THE BENEFITS?

- Culture change
- Improved experience
- Reduced restraint/seclusion/detention
- Shorter length of stay

This was followed by a short film on Safe Haven Project [Safe Haven Film](#)



ROUND TABLE DISCUSSION

On tables each group discussed the following questions:

- Are we working together well enough to support people through a crisis?
- Do we have the right support
 - If yes – have we got (to be added to timeline)
 - If not, why not (to be added to barriers and issues)
- What is the one thing that will make the difference?
- Each table to agree 1 thing that will make the biggest difference

The following key points were raised:

WORKING AS ONE WHOLE SYSTEM

- Need to remove the blocks so that the system can be transformed
- A pathway where relapse is built in and easier access to crisis care
- Stop silo working, too many silo's
- Enabled by joint commissioning
- Use crisis concordat and Better Care Fund Plan as an opportunity and enabler for a step change

SERVICE USER LED CRISIS PLANS THAT ARE SHARED AND COMMUNICATE ADVANCE DIRECTIVES



The focus of this session was 'Recovery and Hope'. To provide the wider context of issues that impact on recovery Maria Middleton highlighted the work of Department of work and Pensions. Nick Tustian provided an overview of the role of district councils and how they contribute to supporting people during recovery.

RECOVERY - REQUIRES SERVICES TO EMBRACE NEW AND INNOVATIVE WAYS OF WORKING

Recovery is about staying in control – for staffs to support recovery and help build the resilience of people with mental health problems. To show optimism & confidence

Recovery encourages individuals to move forward, beyond the limitations of mental ill health. It does not necessarily mean getting back to where you were before. It happens in 'fits and starts' and, like life, has many ups and downs

Recovery can be a voyage of self-discovery and personal growth. Experiences of mental illness can provide opportunities for change, reflection and discovery of new values, skills and interests.

WHAT SUPPORTS RECOVERY?

Research has found that important factors on the road to recovery include:



From a DWP perspective

- Many individuals with mental health problems can and do work but, as a group, **people with mental health problems fare worse in the labour market**
- The employment rate for all people with mental health problems is 37%
- much lower than for people with health conditions in general – 58%
- or the working-age population as a whole

- For disabled people with mental illness, employment rates are lower still at just 18%

Why is mental health different?

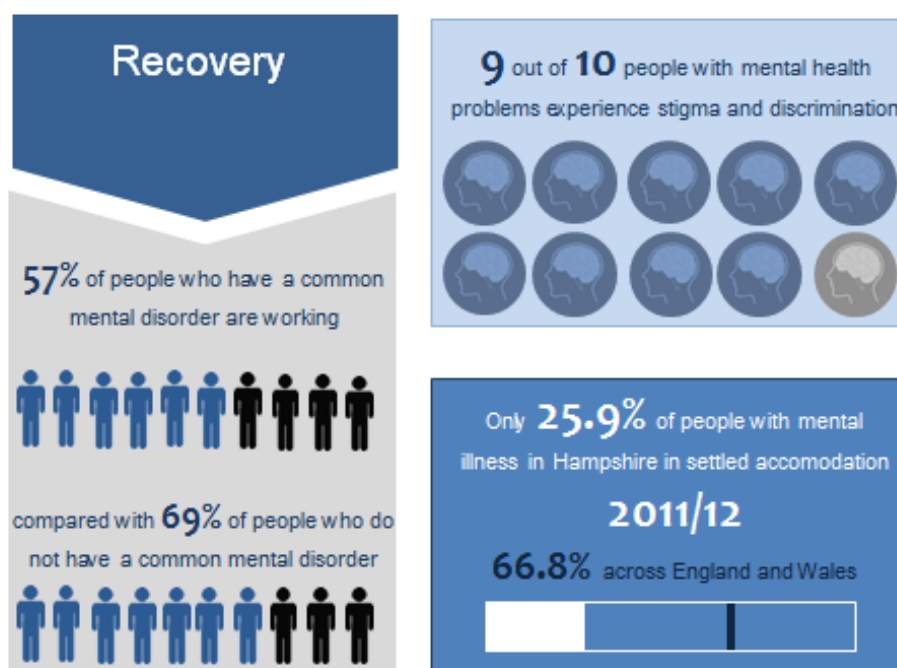
- For too many working people, an **episode of mental ill-health contributes to job loss.**

Your “local” DWP

- We believe that empowerment of those with mental health issues is key to helping them to return to work.
- Solution focussed approaches see customers as experts in their own lives.

This is where you come in!

- We need to build on the great work we are already doing with our specialist teams and beyond.
- This includes building on our partnerships with key organisations.



ROUND TABLE DISCUSSION

On tables each group discussed the following questions:

- How do we help people to take responsibility for their health and wellbeing?
- Are we doing enough to support people?
- What would make the biggest difference?
- Each table to agree 1 thing that will make the biggest difference

The following key points were raised:

EMPLOYMENT

- Supporting people to stay in work
- Better links between DWP, NHS & CCGs
- Some of the processes we use are disabling
- Better strategies to get people back to work

HOUSING

- More supportive housing
- Not enough housing or help to support people to obtain and retain housing
- Homeless people with dual diagnosis

INFORMATION SHARING & EDUCATION

- Professionals need the knowledge to signpost people
- Use recovery college as a resource
- To enable self management

PERSONAL RESPONSIBILITY

- Better promotion to help all people take more responsibility for their mental wellbeing
- Promote low cost options already available and consider rolling out across the county – lets share good practice better
- Help people stay well through circle of support
- Creative solutions to support people during recovery groups are not for everyone
- Practical support for people to look after themselves – eat and sleep well, be active

WHAT WOULD MAKE THE BIGGEST DIFFERENCE?

- Change in culture – at organisational level, community level and individual level
- Work in partnership – use common approaches across services, processes are getting in the way
- Better planning
- Knowledge of what is available
- See service users as part of the solution not the problem
- Parity of esteem in housing so mental illness is on par with physical health
- Reduction in complexity – make it easy for people to ask for support by having easy access
- An App for Wrap



AN APP FOR WRAP



LABELS ARE FOR CANS NOT FOR PEOPLE



OUR FUTURE FOCUS

SUMMARY

- People are impatient for better prevention and more timely access to high quality services.
- Whole communities need to recognise the contributory factors and work together to reduce the causes, and intervene early, to give people the best evidence-based education and support.
- More adult education opportunities and support at work are needed so people can learn how to stop stress from turning into mental health distress.
- Not only is preventing ill health a good aim in itself but, if we are successful, it would give services a greater opportunity to provide earlier, higher quality care to those who need it.
- With the right, timely intervention we can transform outcomes in mental health just as they have been transformed for many physical conditions.
- Specialist mental health services already help more people get care at home. That process has plateaued and we now need to reach the next stage by talking to partners in housing, employment support services and local authorities.

THOUGHTS FOR THE FUTURE

Ensuring that the discussions, ideas and suggestions from the day are not lost a few key messages have been distilled. They sum up the thinking shared during the day and the need for a significant shift in shared thinking and cultural change.

There was a call for some fresh thinking, which needed to focus on 3 levels:

INDIVIDUALS:

- **Think human person to person contact**, treat people with compassion, seeing everyone as an individual understanding, acceptance, validation, compassionate listening
- **People with mental illness are everywhere** – they are your work colleague, friend, neighbours, family
- **People with lived experience of mental ill health and their carers can contribute to creating solutions.** They are the experts in knowing what can work better, what has worked for them and what could be done to make responsive, accessible services they people what and will use.
- **Everyone to take personal responsibility** for their own mental wellbeing through focused campaigns to raise awareness, easy to access information and services make ‘every contact count’ through competent and knowledge staff who can give high quality information and signposting in their patch.

- **We all have something to learn** – education and increased awareness is key to having an informed population and skilled professionals. The recovery college is open to everyone.

COMMUNITY LEVEL – harnessing the assets we have

- **Voluntary and community sector organisations** all have something unique to bring to creating solutions. They know their patch and their community. They have a voluntary sector workforce that could be utilised better. Make them partners in this collaboration.
- **Disadvantaged communities** – need to reach communities with multiple disadvantages and engage with a diverse groups in our population who services are not reaching. We need a different way to reach these communities.
- **Communities of interest** – use existing good practice from Learning Disability and tailor make it for people in recovery and avert a crisis using social networks and circles of support models. Peer to peer support needs to be a cornerstone of a community based model.

ORGANISATIONAL LEVEL – providers and commissioners

- **Lead by example** – trust one another to do the right thing, stop arguing about money, think of it as ‘our money’, commit to doing a few things differently and actually do them, show leadership and demonstrate that things are going to change, articulate how they will change and involve service users to ensure initiatives will have the desired results and have benefits for local people.
- **Service providers – reduce complexity** do more to create common approaches, think whole system working and review processes so that they reduce duplication and create improved alignment so people’s experience and outcomes improve, specialist trained staff or mental health champions, better sharing of information and joint recording, break down professional workforce silo’s. **Capture service user feedback** and evidence what has happened because of it.
- **Think beyond the obvious** – parity of esteem in more than NHS services, housing/ landlords Create the right links to cascade information across all sector.
- **Accelerate collaboration** – be open to think the unthinkable, learn from past mistakes (don’t let them stop you), build stronger relationships.
- **Commissioners** – do more **joint commissioning, create a blue print for integrated working.**

SUGGESTED ACTIONS:

- **MENTAL HEALTH CHAMPIONS & MENTAL HEALTH SAFE PLACES** – piggyback existing methodology to create ‘inclusion’ champions who promote involvement of ‘vulnerable groups’ in everyday settings – high streets, leisure facilities etc. expand dementia friendly communities to inclusive communities
- **AWARENESS CAMPAIGN** – annual timetable of activities that promote positive wellbeing ranging from individual: self help/management to activities ½ marathons. *Community:* 5 tips to support someone in the work place/street. *Organisation:* Mental health first aid or every contact count, specialist training for professionals
- **INFORMATION AND ADVOCACY: (accessible)** Information hubs and more prominent access to advocates, find out what the voluntary sector is offering – particularly the support without a mental health badge
- **NEW SERVICE/ROLES SUGGESTIONS:**
 - Care/ support navigator
 - Information hubs
 - Mental health practitioners in A&E
 - Extra care schemes to incorporate tenancies for people with mental ill health
 - Make early intervention services more visible
 - Use time banking
 - Carers support
 - Revisit the role of wellbeing centres – how they are branded, role in crisis and recovery
 - Dual diagnosis specialists
 - GP specialists
 - Joint working across South Central Ambulance Service, 111, mental health and social care
- **PEER ROLE MODELS** – promote opportunities for people with lived experience to contribute
- **SHARE BEST PRACTICE** – Information portal to spotlight new/good practice projects, support mental health pioneers who want to do things differently

EVALUATION FEEDBACK**Something I didn't know**

- Eastleigh Borough Council buying furniture/white goods for tenants
- The breadth of good working being undertaken in Wellbeing Centres
- About Well being Centres
- Only one Disability Officer in each Job Centre!
- About Recovery Colleges and peer support
- Physical health and life expectancy is so much lower/poorer amongst individuals with mental illness
- Information regarding self management tools such as WRAP
- Importance of voluntary services within prevention, recovery of mental health cycle
- All the various organisations which contribute to health and well being
- That lots of people are interested in physical health of those with mental illness but little collaboration.
- The offer of support from DWP to people who are at risk of losing their jobs
- That the DWP are now taking significant interest in people with mental health issues
- I learned more about the involvement of the police and housing services. Also about the importance of wellbeing centres in the road to recovery.
- The Recovery College – I'd never heard of it before – sounds fantastic
- The work of Well Being Centres
- Referrals to I Talk and how they have increased
- Winchester has a pastoral service involving volunteers that go around pubs etc. helping vulnerable people
- DWP support people to retain employment
- About the existence of the Recovery College
- Didn't realise just how fragmented and silo'd mental health was!

Something I didn't know continued

- % reduction in transportation of service users by Police when in a "136"
- Only 8% of people with schizophrenia are in employment
- What it felt like to have a mental health crisis
- The nice food at the Guildhall
- The Safe Haven Project in Aldershot – good example of wellbeing
- Haven't heard of Wellbeing Cafes – will investigate where our local one is
- Didn't realise Relates wouldn't work with DV
- Didn't realise no support after discharge
- The numbers of people with mental health - What supports are in place
- About some services that are around Hampshire.
- Impact on carers and how little they are supported
- How wellbeing covers work
- Introduction of peer workers in hospitals
- Safe haven cafes
- That there's a lot of great work going on for people with mental health but so much of it is being done in silos and not joined up.
- That vulnerable people are penalised for missing appointments which impact on their benefits – DWP - further stigmatising them and impairing recovery
- About parity of esteem!
- How Wellbeing Centres operated.
- About the range of Recovery College courses

One thing I'm going to Change

- To make sure we get co-produced commissioning in place
- Participate/advocate mental health in Better Care Fund development and implementation
- Improve my collaborative working with other agencies
- Arrange mental health matters training for my teams
- Increasing networks to reduce silo working
- Ensure housing team are better trained and briefed
- Carers pathways for support
- Linking with the neighbourhoods and communities
- Mental health champions?
- Try and think of a more innovative approach to engagement with all parties
- After external discussions map out gaps across HIOW – that is financial inclusion/digital/mental health support/ ready for UC
- Be more aware of all the stigma that surrounds mental illness and challenge this on an individual level to people who have no experience of mental health conditions
- Gain a more rounded understanding of the services available; know where to signpost, access information.
- As a customer, push for greater representation and involvement of customers (patients and carers) in health and well being matters
- Bring physical medical health training into sharper focus for medics in psychiatry in my Trust (SHFT)
- Encourage all teams to build contacts and relationships to ensure knowledgeable about all services available to support people with mental health issues
- To continue to develop partnership working
- I hope to run a make a change day with the Wellbeing Centre and take what I have learned forward to my future career in GP

One thing I'm going to Change continued....

- How we can shift the emphasis from being a counselling service to incorporate the idea of being a well being centre
- Getting bogged down in the “too risky” “too complicated” and find a way through this to a solution
- Develop contacts with local DWP regarding the Access to Work and Health and Disability Services
- Work to expand communication to improve patient/service user experiences.
- Make sure mental health services are brought to the fore
- Start using other avenues to contact and inform service users regarding the Recovery College
- Work in Gosport to increase recovery College awareness
- The way I approach mental health at work
- How can we engage service users in commissioning and developing services
- Consider delivery of floating support from wellbeing centres
- Consider time-banking in local area – ensure our local website signposts to mental health services properly
- Advocate more!
- Promote the development of carers support groups
- Perception of mental health
- Access to housing
- Communicate more with wider services/GPs
- Better position and influence the commissioning of mental health services

What I'd like the Health and Wellbeing Board to do

- Make the Crisis Concordat work
- Prioritise Mental Health
- Deliver and achieve parity of esteem
- Sign up to the long-term and additional funding for the Wellbeing Centres
- Support the cultural changes required to move away from the traditional service provision to recovery/personalised models of care
- Maintain the initiative
- To facilitate more joint working with all agencies to benefit individuals with mental health issues
- Provide more Extra Care and other supported housing including crisis beds
- Help the move away from medical model;
- build into new commissions targets that embrace the human connection
- Consider holding other events like this. Great format!
- "Work" to focus on more
- Challenge the issues arising from poor information sharing
- Challenge current practices in order to improve services
- Involve customers in the development of policies and strategies – not just consultation
- Bring us together more frequently to generate a collaboration and share the solutions we came up with.
- Encourage joint working between all agencies that deliver services to people with mental health
- Securing funding for future development of Wellbeing Centres
- Help collaboration between services by improving education to enable the MDT to signpost service users to the correct service and most appropriate service for them.
- Commission services for children, young people and adults who just sit below CAMHS and AMH thresholds for specialist services.
- Promote the value of talking therapies and how they can be accessed outside the NHS
- Listen to feedback and make mental health a priority in the future!
- Develop a Committee that focuses solely on people with schizophrenia to develop clearly defined support networks either that help in the homes or within the community.

What I'd like the Health and Wellbeing Board to do continued

- The demise of day centres and social networks now means we have a growing population of clients who are isolated and neglected by society, also have poor health and largely die 20 years earlier than the general population.
- Promote mental health nurses being appointed to GP practices – this would reduce the amount of time clients with mental health issues need to meet with GP
- Have a look at the Safe Haven video
- Invest in education
- Physical health, mental health and first aid on the curriculum from a young age
- Investigate more partnership working and how people can be supported back into and already in the work place.
- Don't know what they are responsible for.
- Work with redesign of Mental Health/Wellbeing in a meaningful way – clearly state what HWWB can/will support and how and when
- Ensure that actions are followed up.
- Be honest about how reduction in mental health budgets have affected service provision and the capacity to manage demand
- Ensure parity
- Look more closely at social isolation and loneliness – re-commission befriender services
- Provide more planning for mental health in the county
- To look at provision provided for early intervention in mental health
- Establish properly funded joined up programmes that support mental health provision
- Invest in early intervention, including counselling (poor support)
- Work on education and communication between departments, health, social care, schools, council
- Encourage facilitate the forming up of mental health services in Hampshire. Each part of the pathways should have conversations with each other.