



GOVERNING BODY

Agenda Item No.	09
Reference No.	IESCCG 19-03
Date	22 January 2019
Title	East and West Suffolk Mental Health & Emotional Wellbeing Strategy (2019-2029)
Lead Chief Officer	Richard Watson (Deputy Accountable Officer & Chief Transformation Officer)
Author(s)	Eugene Staunton (Associate Director for Mental Health Transformation)
Purpose	To receive an update on the final strategy following further engagement between 29.11.18-10.01.19 and steps taken in support of the strategy.

Applicable CCG Clinical Priorities:	
1. To promote self-care	x
2. To ensure high quality local services where possible	x
3. To improve the health of those most in need	x
4. To improve health & educational attainment for children & young people	x
5. To improve access to mental health services	x
6. To improve outcomes for patients with diabetes to above national averages	x
7. To improve care for frail elderly individuals	x
8. To allow patients to die with dignity & compassion & to choose their place of death	

Action required by Governing Body:

The Governing Body is requested to:

- Receive an update on the 6 week engagement process and themes arising (29.11.18-10.01.19) following consideration of the draft mental health and wellbeing strategy at the November 2018 CCG Governing Body.
- Receive an update on the steps taken in support of the strategy and agree additional funding in specific schemes.
- Approve the final strategy (to follow this cover paper- final amendments are currently been made as the engagement exercise closed on 10.01.19).



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1. **Background**

- 1.1 The East and West Suffolk system-wide programme of work *#averydifferentconversation* commenced in April 2018 in order to develop a Mental Health and Emotional Wellbeing Strategy that describes our future model for mental health services in the context of:
 - increased integrated working with other services, focusing on early prevention and intervention for mental health and emotional wellbeing
 - a need for the entire Suffolk system to raise the profile and identify their contribution to improving mental health and emotional wellbeing
 - a shift in the focus and ongoing commitment to co-production
 - our main local mental health NHS provider, Norfolk and Suffolk Foundation Trust (NSFT), rated by the CQC as 'Inadequate' (November 2018)
- 1.2 The draft East and West Suffolk Mental Health and Emotional Wellbeing Strategy was discussed at the November 2018 CCG Governing Body where it was well received. In the intervening 6-week period (29.11.18-10.01.19) our co-production partners (Suffolk User Forum, Suffolk Family Carers, Suffolk Parent Carer Network and Suffolk Health watch) have supported an engagement process to share the draft strategy with the Suffolk system and invite responses to a survey hosted by Suffolk Health watch to ask if we have missed anything and if people feel engaged. This paper sets out the key findings of the survey (**recognising that at the time of writing the content of the findings has not been quality assured due to the engagement session only closing on 10.01.19 and deadline for Governing Body papers being 14.01.19*).
- 1.3 In addition to the feedback survey, co-production partners supported a drop in session in Kesgrave (East) on 08.01.19 and Elmswell (West) on 09.01.19 to provide an opportunity for the Suffolk population to hear about the strategy and contribute to the dialogue. Co-production partners also worked with their networks to promote the strategy and encourage responses to the survey. Clinical leads from the CCG's and NSFT have also been meeting with NSFT teams in localities to further promote the strategy and invite feedback.
- 1.4 The final strategy is due to be shared with the Governing Body before its meeting on Tuesday 22 January 2019 in order to be agreed.
- 1.5 This paper also requests agreement for some additional funding with the voluntary sector to expand and develop services in support of the strategy and mental health and emotional wellbeing of the East and West Suffolk population.

2. **Future Suffolk Model**

- 2.1 Our future model is based on four quadrants (Fig.1), which describes a system-wide response to supporting the mental health and emotional wellbeing of the population of East and West Suffolk. The four quadrants are 1) Self Care, 2) Universal Health Primary Prevention and Care, 3) Access and Brief Community Interventions and 4) Specialist Secondary Mental Health Services.

Fig 1: Future Suffolk Mental Health & Emotional Wellbeing Model



2.2 **Self –Care** - when people have the tools, information and advice to self-manage their health, wellbeing and social care needs, the whole system will support service users and the people who care for them at every stage to stay well mentally and physically. This will include information about local community networks e.g. groups, societies, clubs and other services within the community including help for people to link up with them. This will result in better outcomes and quality of life for individuals, families, communities and organisations.

2.3 **Universal Health Primary Prevention and Care-** all Suffolk services have a responsibility to support the emotional health and wellbeing of the East and West Suffolk population. Working closely with the CCGs, our 'Alliances' have local strategies in place to meet the challenges our local population face and see much closer integration of health, care and wider wellbeing services in the future.

From a health perspective, we need to ensure that primary care provides a consistent offer to patients presenting with mental health issues. We propose to develop an evidence-based programme of mental health and emotional wellbeing educational sessions for primary care staff. The programme will be shaped around the findings of the Suffolk Joint Needs Assessment refresh (summer 2018), with sessions to be delivered outside of core hours to enable maximum attendance.

2.4 **Access and Brief Community Interventions** - we envisage a very different relationship between GPs and Practice staff and mental health and wellbeing services. We expect all practitioners to work in a collaborative way to identify and meet the holistic needs of the local population. The new model will provide simplified access and an offer of mental health advice and guidance for professionals, assessment and brief intervention. Our new proposed Primary Care Mental Health Service will be different. It will provide quick access to specialist mental health support for professionals and patients alike in community locations negotiated with clusters of GP Practices. The service will be age inclusive and

with access through schools and colleges as an alternative choice of gateway to services for service users and the people who care for them. We also wish to embed the Increasing Access to Psychological Therapies (IAPT) service fully in the community as part of our core Primary Care Mental Health Service offer.

We wish to move away from a place where standalone mental health services can only be accessed through meeting clinical thresholds, to one where integrated, locality-based teams work together to meet the needs of service users. Each of our CCG member GP Practices will have access to a;

- Named Link Worker (providing support and the conduit to)
- Specialist Mental Health Community Clinics (specialist support and conduit to)
- Recovery Community Mental Health Teams (Specialist Services linked to wider system)

Figure Two below illustrates the complimenting and interdependent nature of Suffolk system wide services all supporting the broader determinants of mental health and emotional well-being. We see our evolving Alliances as providing the opportunity to better improve how these services work together to meet the overall needs of our Suffolk population.

Figure Two: Suffolk Mental Health and Emotional Health Wellbeing Hive

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2.5 **Specialist Secondary Mental Health Services** - in November 2016, the Mental Health Five Year Forward View set out the necessity for the NHS to provide high-quality, responsive, 24/7 accessible mental health services for people who may be seriously ill and in need of urgent support. To enable this vision for Suffolk, it is essential that there is a change in how the Suffolk System as a whole delivers crisis services to ensure that the capacity is available to cope with the demand in a variety of ways and offer ways to support patients earlier to prevent a crisis occurring.

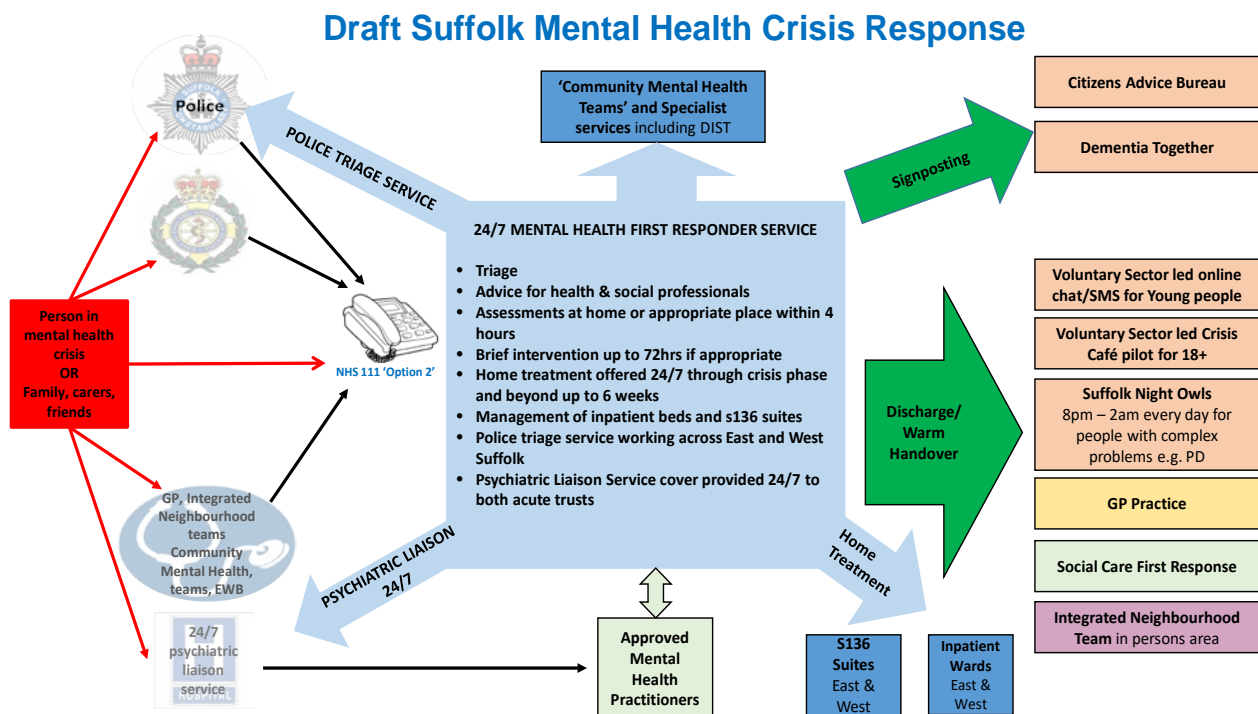
Our new model (Figure Three) is for a mental health system which can offer a response to people in crisis (via 111), have the ability to provide timely assessment for those who need it, have excellent links into Recovery Community Mental Health Teams and voluntary sector

services, offer a high quality 24/7 home treatment service and manage Inpatient bed capacity.

The new system wide model will consolidate the mental health services as below into a discrete crisis mental health response:

- Crisis Resolution and Community Home Treatment Teams (CRHTTs)
- Police Triage and Serenity Intensive Monitoring
- Psychiatric Liaison Services
- Voluntary Sector response
- Mental Health Inpatient Units

Figure Three: Draft Suffolk Mental Health Crisis Response



3. **Survey Responses (29.11.18-10.01.19)(**initial findings as at 11.01.19- not quality assured*)**. This section sets out the response received to the engagement survey with the Suffolk population following the publication of the draft strategy at the end of November 2018.

3.1 **Quantitative Responses**. There were 153 responses to the survey. The response to the quantitative questions has been very positive as 3 questions had more than 50% of respondents agree or strongly agree with the question.

Q1: This feels like a very different conversation

152, 1 skipped

- Strongly disagree or disagree: 13%
- Neither agree or disagree: 30%
- Agree or strongly agree: 57%

Q2: I am influencing or contributing to this piece of work

153 answered

- Strongly disagree or disagree: 17%

- Neither agree or disagree: 30%
- Agree or strongly agree: 53%

Q3: The strategy will make a positive difference

151 answered, 2 skipped

- Strongly disagree or disagree: 9%
- Neither agree or disagree: 35%
- Agree or strongly agree: 56%

3.2 **Qualitative responses.** There were 72 text narrative submissions, of which four were group feedback and six stated 'Inpatient West wards' and will be analysed separately and contained in the final feedback report. This leaves 62 valid survey responses which are set out below.

Qn: 'Has anything been missed?'

Three key themes have emerged in the responses;

- Mentions of the implementation of the strategy and the future direction of mental health services (29).
- Mentions of wider social factors or policies that may not be being addressed (17).
- Mentions of gaps in services (13).

3.3 **Implementation of the strategy and the future direction of services.** This group of themes are all about how services will be shaped in the future, either by the strategy or more widely.

- Six responses mentioned *service leadership and culture*.
- Four responses mentioned *a new model of mental health treatment*, a move towards a *"trauma informed"* model and challenging the *biomedical model* of mental "illness". There were two mentions of the need for *improved leadership* of mental health services.
- Five responses mentioned funding and the need for increased funding to implement the strategy. One said that *people needed to be involved* in services.
- Five responses requested more detail on how the strategy would be carried out in practical terms. "People need a clear understanding of what services they will be offered, in what time frame." "This is a really good strategy but how are we going to actually do this?"
- Five people mentioned wanting to know more about the future of Norfolk and Suffolk Foundation Trust.
- On implementation of the strategy, people referred to a need for qualified staff and training for staff (three), a need for integration or joined up working to implement the strategy (three) and a desire for continued co-production (two).

3.4 **Wider social factors and inequality.** This group of themes are all about how social factors or institutions other than health services themselves impact mental health.

- Five people mentioned the impact that childhood experiences, families and parenting have on children and young people's mental health and emotional well-being.
- *"More emphasis should be placed on parental support for children - parents need to be held responsible for their children's wellbeing not just schools who are left to pick up the pieces."*
- Four people mentioned the impact of poverty, debt or socio-economic inequality on mental health and there were two mentions of the impact of housing:
- *"More emphasis on the social conditions that make people ill - debt, housing, trauma etc, as well as long term conditions"*

- Four people mentioned a need for greater support for mental health in schools. Two of these talked specifically about the pressure which school places on young people impacting on mental health.
- *“There should be far more focus on young children in schools. More support should be given to schools to provide this support for children. It should not be as hard or as expensive to access training or outside agency support for the children who require it.”*
- Two people mentioned the needs of black and minority ethnic groups.

3.5 **Gaps in services.** This group of themes refer to comments where the respondent said there was a need for more or improved services.

- Eight people mentioned a need for additional services or awareness for people with specific needs or diagnoses. Three of these comments referred to support for people with mental health needs co-existing with a diagnosis of autism or ASD. One mentioned support for ASD more generally. Other services mentioned include: those for Deaf people, people with a diagnosis of Personality Disorder, specialist talking therapy and psychosexual therapy. *“These are very much a Venn diagram of overlapping conditions and need specific strategies and expertise.”*
- Three people mentioned that they had been unable to access services or that there was a lack of support available for them but did not mention a specific service. *“We have been getting very little help from the mental health services and been pushed away from any help that is offered and out there.”*
- Two people made specific mentions to a lack of support for people with long term or severe and enduring mental health needs. *“There are clients who have severe and enduring mental health problems who require long term, skilfull intervention and treatment. A very different conversation seems to under-represent the needs of this specific client group and it appears to me that Youth work and people with a personality disorder have greater voice and choice.”*

3.6 **Group data.** There were seven pieces of group or other feedback submitted through the survey link and via email. Numbers recorded in the comments show that these contain the views of just over 100 people.

- Events listed include the I&E CCG patient engagement event, SUF event of a screening of ‘CrazyWise’, SUF engagement with service users (including SUF at Ipswich library) and staff at Woodlands. The analysis of the group data is in its very early stages, but comments which support the themes found in the survey responses include:
- Concerns about pace of implementation.
- A need for increased investment and to understand existing service costs.
- *“Doesn’t mention anything about parent support/assessments/training which I think is crucial for young people”.*

4. **Proposed Investment into Suffolk Voluntary Sector**

4.1 One of the key themes in the Mental Health and Emotional Wellbeing strategy is the commitment to better join up and support the role of the Voluntary Sector in working with and alongside statutory partners. The following voluntary sector projects have been identified as initial areas to compliment the strategy and the CCG governing Body is asked to agree the increased investment as set out.

4.2 **Suffolk MIND- Suffolk Night Owls.**

Suffolk Night Owls is a >18 years telephone and text support line for patients with borderline personality disorder or complex emotional problems. The service works to provide a safety net and support for individuals who may otherwise utilise system wide urgent and crisis services. Evaluations of the service were carried out by Public Health in 2015 and 2017 and showed a positive reduction on calls to NHS111 and the NSFT crisis line.

In developing the MH&EW Strategy the crisis task and finish group identified that extending the Suffolk Night Owls (SNO) service to a 7-day service would help support a cohort of patients who have the potential to become high users of services. Since 2014, the SNO service has grown to support 328 users for 4 nights per week (Thursday to Sunday 6.30pm-1.30am). The proposed extension to 7 days recognises the support, which is required over the full week (Monday-Wednesday). The service currently costs: £73K and is funded by SCC: £45K, I&E/West Suffolk CCGs: £28K (I&E:£17K: West: £11K).

The extension to a 7-day service, 6.30pm to 1.30am will cost an additional £97K. SCC (ACS) have agreed to increase their share from £45K to £112K. I&E and West CCG's are therefore requested to approve an increase in investment from £27K to £58K recurrently (I&E:£19K: West: £12K) to support the extension to a 7 day service from 1st April 2019.

4.3 **Suffolk MIND- Waves Service.**

Waves is an innovative service for people with a diagnosis of Borderline Personality Disorder (BPD) that has been in place since 2014. It offers a fortnightly-staffed facility in Bury St Edmunds and Ipswich, providing a safe, supportive and empowering environment. Waves also provides a fortnightly facilitated peer support group. The Waves service is available to clients for a 12-month period and offers:

- Positive activities to individuals who are ready to work on new skills in order to help themselves maintain their own mental wellbeing.
- Help to individuals in building their confidence and self-esteem.
- Help to clients to make positive connections and achieve personal goals.

Evaluations of the service were carried out in 2015 and 2017 that showed a positive reduction on calls to NHS111 and the NSFT crisis line. The service currently costs £76K per annum (I&E: £46K: West: £30K) and is funded via the NSFT SLA which is held between the CCG's and NSFT and has capacity for up to 60 users. There is also a current waiting list of 66 users for Ipswich and 8 users in Bury St Edmunds: Total: 74 users waiting.

The proposal is for additional funding to address the users who are waiting to access the Waves service and provide much needed future capacity to support users with BPD. SCC have recently agreed to utilise an underspend in the Mental Health Pooled fund to contribute £24K non-recurrently for 1 year to support 30 additional users in Ipswich. I&E and West Suffolk CCGs are requested to support additional funding of £38K (I&E: £23K: West: £15K) recurrently to support 30 users per year in a potential new location.

4.4 **Survivors in Transition.**

Survivors in Transition (SIT) are a charity who provide an >18 years counselling and treatment service for individuals who have experienced sexual abuse in childhood, through a range of trauma informed, psycho-educational activities. The average age for people seeking treatment is 42 years. CCG's do not currently commission an adults service so this is a gap, but do commission '*Fresh Start New Beginnings*' for <18 years for children who have experienced sexual abuse. SIT currently receives all of its funding from charitable donations, which they feel is unsustainable due to rising demand. This proposal follows presentations from SIT at the local STP Board and the growing national and local

awareness of the issue of sexual abuse and the impact on lifetime emotional health and wellbeing.

SIT offer tiers of treatment as follows:

- Tier 1 (self esteem) - people receive the 6 weeks stabilisation programme to support with life skills.
- Tiers 2 (intermediate) and 3 (complex) are predominantly those who have been referred from health sources and are experiencing a wide range of mental health problems and are potential high users of services. These people will receive the stabilisation, together with trauma and reintegration. The average cost per case is approximately £500 over a period of +/- 15 weeks depending on the individual and they may access multiple interventions across this time.
- Tier 4 (outside SIT scope), SIT support intensively for a short period of time to assist people in getting help from Secondary Care Mental Health services (eg within NSFT services).

The proposal is for CCGs is to commission a number of treatment packages from users who access Tiers 2 and 3 as described above. Between 1st January and 30th September 2018, for IES and WS CCG patients, there have been 361 completed interventions carried out for the Tiers 2 & 3 level of service from all sources costing £180K. We know that approximately 65% of the people receiving these interventions arise from health referrals i.e NSFT or GPs.

We propose that the CCG's fund £28K (I&E: £17K, West: £11K) to support 56 packages (£500 per package) for 2018/19 Q4 and £149K (I&E: £89K, West: £60K (298 packages) for 2019/20 full year effect. The CCG would work with SIT to monitor the numbers of interventions carried out from health sources in 2019/20 to ensure funding levels are correct and adjusted accordingly.

4.5 **Serenity Intensive Monitoring/ High Intensity Networks.**

Serenity Intensive Monitoring/High Intensity networks is a national 'best practice' initiative backed by NHS England/Improvement. This involves a police officer being seconded into a Mental Health Trust and mentoring a small cohort of complex mental health patients who are high users of system wide emergency services and potentially multiple S136 detainees. The national evidence shows a reduction in use of system wide services for users who are supported by this initiative.

In August 2018, IESCCG funded a CCG Transformation Bid for £36K to support a police officer post in the East. Suffolk Police wish to increase the pilot and fund a second year to enable the outcomes to be evidenced. They also wish the initiative to cover West Suffolk and are requesting an additional investment of £18K from WSCCG. They are currently taking the funding proposal through their internal processes to agree their funding contributions.

4.6 **Dementia Together- Primary Care Navigator Roles.**

'*Dementia Together*' is a Health Service Journal (2017) award winning service provided by Sue Ryder, and jointly commissioned by SCC and Suffolk CCGs. It supports anyone who is concerned and curious about their memory, as well as those living with dementia. Individuals and their families can access the service who then signpost to services in their community and other organisations such as the Alzheimer's Society, Suffolk Family Carers and Wellbeing Suffolk.

The *Dementia Together* service is currently supporting 2180 individuals (April 2017-November 2018) and is receiving approximately 100 new referrals per month. Patients and carers are never discharged from the service and can access the support whenever they

need it - ensuring that they tell their story only once. As a result of increasing demand to the *Dementia Together* Service, and recognising undiagnosed levels of support in the county, the service would like to expand to provide a Primary Care Navigator in the East and West of the county (£35Kx2) who would:

- Provide clinics from GP practices across Suffolk.
- Support anyone curious or concerned about their memory, giving tailored information and practical support to the person with dementia and their family carer.
- Inform and give confidence to enable the individual to follow up with GP.
- Register people with Dementia Together, so they tell their story only once and are not discharged.
- Actively support those going through the diagnosis process. Be present to support when diagnosis is given if required.
- Work closely with GP navigators to refer/flag patients to clinics.
- Share care plans with professionals in the practices (with patient's consent).

Ipswich and East and West Suffolk CCGs are requested to each support a £35K post.

4.7 **Emerging Leaders.**

This is a Leadership Programme designed for 8-13 year olds to help build confidence and make positive choices, particularly focussed on those children who live in challenging communities/environments, which often can limit a child's view of themselves and their potential. The post (£75K), if sufficient interest from primary schools, would aim to reduce poor self-esteem, prevent CYP from limiting their employment potential and making them more vulnerable to criminality and substance misuse. This is a particular need as highlighted by the Suffolk wide focus on reducing and preventing county lines and gangs and would contribute to the delivery of the strategy that has been developed. The *Lead Now* programme would support teachers in schools across Suffolk to give them the resources to deliver a structured programme, which enhances self-worth and encourages CYP to take positive action about their future

Ipswich and East and West Suffolk CCGs are requested to support £45K and £30K accordingly.

5. **Patient and Public Engagement**

- 5.1 *The co-production process (#averydifferentconversation), which has underpinned our work to date in producing this Mental Health and Emotional Wellbeing Strategy, has shifted how the CCGs co-produce and engage with partners and signals a different way of working in future.*

I&ESCCG, WSCCG, NSFT and partners wished to conduct its engagement with the Suffolk system in a very different way in order to move away from a traditional engagement or consultation exercise. The real views of the east and west Suffolk population matter to us and we therefore wished to hear from service users, carers, families and professionals. I&ESCCG and WSCCG commissioned Suffolk User Forum (SUF), Suffolk Parent Carer Network (SPCN), Suffolk Family Carers (SFC) and Healthwatch Suffolk (HWS) to lead and co-ordinate an independent listening exercise #averydifferentconversation. NSFT were also a key partner in the development of the strategy. Three separate surveys were co-produced by the partnership and distributed online and at engagement events. There was one survey for service users, one for carers and one for professionals. Activities completed included;

- Three Suffolk system wide workshops held at Elmswell on 06 June 2018, 11 July 2018 and 09 October 2018.
- GP and CCG engagement events and visits to best practice areas.

- *#averydifferentconversation* survey hosted by Healthwatch Suffolk (768 responses (444 service users/citizens, 169 carers and 155 professionals).
- A six-week engagement session setting out the draft strategy (29.11.18-10.01.19) with online survey and two drop in sessions held at Kesgrave (08.01.19) and Elmswell (09.01.19). 153 responses to the survey.
- Data from 'My Health Our Future', Healthwatch Suffolk's research with 7,088 young people in schools in Suffolk, aged from 11 to 19 has also been included to include young people's voice in the feedback.

In total, just over 400 people attended the series of system workshops held during this process and over 5000 people were involved in the group sessions held.

6. **Recommendation(s)**

The Governing Body is asked to note/agree:

- *#averydifferentconversation* has developed this strategy in a co-productive manner that has sought the views of service users, carers, families and professionals. Not only has this shifted our entire approach to co-production, but it has also resulted in a future commitment to continue this approach as we move forward in our journey to transform our mental health and connected services.
- Receive an update on the 6 week engagement process and themes arising (29.11.18-10.01.19) following consideration of the draft mental health and wellbeing strategy at the November 2018 CCG Governing Body.
- Agree the additional investment in the voluntary sector as set out in this paper to compliment the implementation of the strategy and deliver our commitment to closer working between statutory partners and the voluntary sector.
- Approve the final East and West Suffolk Emotional Health and Wellbeing strategy (*to follow this cover paper- final version was not available by the Governing Body papers deadline on 14.01.19*).
- Work directly with our health and other system partners to implement the strategy in order to make mental health and emotional wellbeing truly '*everybody's business*'.