



Southend, Essex and Thurrock Mental Health and Wellbeing Strategy 2017-21 – Executive Summary

Everybody in Southend, Essex and Thurrock is affected by mental health issues either directly or indirectly. One in four of us will experience a mental health problem each year, and we all have a stake in our own and others emotional wellbeing and resilience. Mental health is linked to every aspect of our lives, including physical health, the quality of our relationships, social inclusion and community safety. Failure to address mental health problems is not only bad for people, it is expensive for society too. The economic and social cost has been estimated at £105 billion annually in England, with the cost of dedicated mental health support estimated at £34 billion.

In 2015, we commissioned an independent review of Greater Essex's adult mental health services from Boston Consulting Group. The key recommendation was that all partners across Southend, Essex and Thurrock come together to articulate a common vision and ambition for mental health and wellbeing, develop a shared language, agree shared outcomes and share data and information.

This new strategy has been developed collaboratively by the three local authorities (Southend, Essex and Thurrock) and seven clinical commissioning groups across Greater Essex. It should be read along with our strategy for children and young people's emotional wellbeing and mental health - which is called *Open up, Reach out* – and will be supported by new strategies on dementia and suicide prevention.

We believe there is a unique opportunity to further promote good emotional wellbeing and mental health in our county, address challenges, improve

experience of mental health services and drive change. We are building on our experience of transforming our children and young people's services, and the platform provided by a national focus on mental health transformation, particularly with the publication of NHS England's *Five Year Forward View for Mental Health*.

Our Vision for Mental Health

We have a clear vision for mental health and well-being in Southend, Essex and Thurrock:

- We will put mental health at the heart of all policy and services in Southend, Essex and Thurrock as we work with communities to build their resilience and promote mental well-being for all.
- We will do all we can to ensure that everyone needing support in Southend, Essex and Thurrock – including families and carers – get the right service at the right time from the right people in the right way.
- We will make children and young people's emotional wellbeing and mental health the bedrock of our approach, continuing our work to transform services.
- We will continue to remodel our services to get support to people at the earliest opportunity, with a focus on support for recovery, promoting inclusion and empowerment.
- We will enable resilience for our communities, working in partnership with the third sector, education and community leaders to transform the mental health and well-being of Greater Essex residents.
- Our services will be based on best evidence and co-produced with people who use them.
- We will develop a seamless all-age approach, recognising that mental health is an issue throughout life and there are heightened points of vulnerability.
- We will play our part in challenging mental health stigma and promoting social inclusion and social justice for everyone affected by mental illness.
- We will have a resolute focus on delivering the outcomes that matter to individuals, families and communities, and will not let bureaucracy or silo-ed thinking get in the way.
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Our principles

In delivering our Vision for Mental Health we will be guided by the eight principles set out in NHS England's *Five Year Forward View for Mental Health*:

1. Decisions must be locally led.
2. Care must be based on the best available evidence.
3. Services must be designed in partnership with people who have mental health problems and with carers.
4. Inequalities must be reduced to ensure all needs are met across all ages.
5. Care must be integrated, spanning physical, mental and social needs.
6. Prevention and early intervention must be prioritised.
7. Care must be safe, effective and delivered in the least restrictive setting.
8. The right data must be collected and used to drive and evaluate progress.

Facing facts

This strategy is informed by an assessment of mental health need in Essex.

- We estimate that around 22,500 children and young people in Essex have a mental health problem requiring specialist help, with around 10% of children aged 5-16 having a clinically diagnosable problem.
- Approaching 10,000 five to 10 year olds in Essex have a mental disorder.
- It is estimated that there are 23,830 young people aged 16 to 24 with eating disorders in Southend, Essex and Thurrock.
- 11% of referrals to the new Greater Essex Emotional Wellbeing and Mental Health Service for children and young people are a result of deliberate self-harm.
- A quarter to half of adult mental illness may be preventable with appropriate interventions in childhood and adolescence.
- About 1 in 6 of our residents (150,000) are known to be living with mental illness, and there will be others we don't know about yet.
- As many as 1 in 5 new and expectant mothers will experience mental health problems in pregnancy or in the first 12 months after birth.
- Around a third of people suffering from long-term physical health conditions have a mental health problem.

- 25,000 older people in Essex have depression, and a further 8,000 experience severe depression. These rates of depression are expected to increase by 37% and 41% respectively in the next 15 years.
- The suicide rate in Essex increased between 2007 and 2014, despite a small reduction in the national rate.
- It is estimated that between 15% and 25% of all police time in Essex is spent on incidents when mental health is a factor.
- Complexity is common among individuals with mental illness in Essex, including links with learning difficulties, substance misuse, offending and social exclusion.
- Only half of adults in contact with specialist mental health services are in stable and appropriate accommodation.
- The difference in the employment rate between people in contact with specialist mental health services and the general population was nearly 70% in Essex in 2013-14.

How will we do it?

We will have a strong focus on prevention, early intervention, resilience and recovery, as we believe a fundamental shift in focus is key to improving mental health and well-being in Southend, Essex and Thurrock while delivering a responsive, effective and sustainable mental health system (see figure 1). In particular, we will realise our vision for mental health and well-being in Essex by:

- creating a single mental health commissioning focus to provide services for all ages and across the whole county;
- Working in partnership and co-producing services with clinicians, experts by experience, families and carers;
- Drawing on up-to-date evidence and best clinical practice, but not being afraid to innovate and try new things;
- Developing models of care that ensure integrated, effective and accessible services for all;
- Focusing on prevention, early intervention and supporting people back into the community;

- Reducing costs through better prevention and improved service models, and reinvesting that money in further service improvements; and
- Being a voice for mental health on the national stage and providing leadership.

We will recognise the contribution made by families and carers, and the need – highlighted in the Care Act 2014 – to provide support for carers and families in their own right as well as to enable them to better support their loved ones.

Figure 1: Rebalancing the system in favour of prevention, early intervention, empowerment and recovery



How will we pay for it?

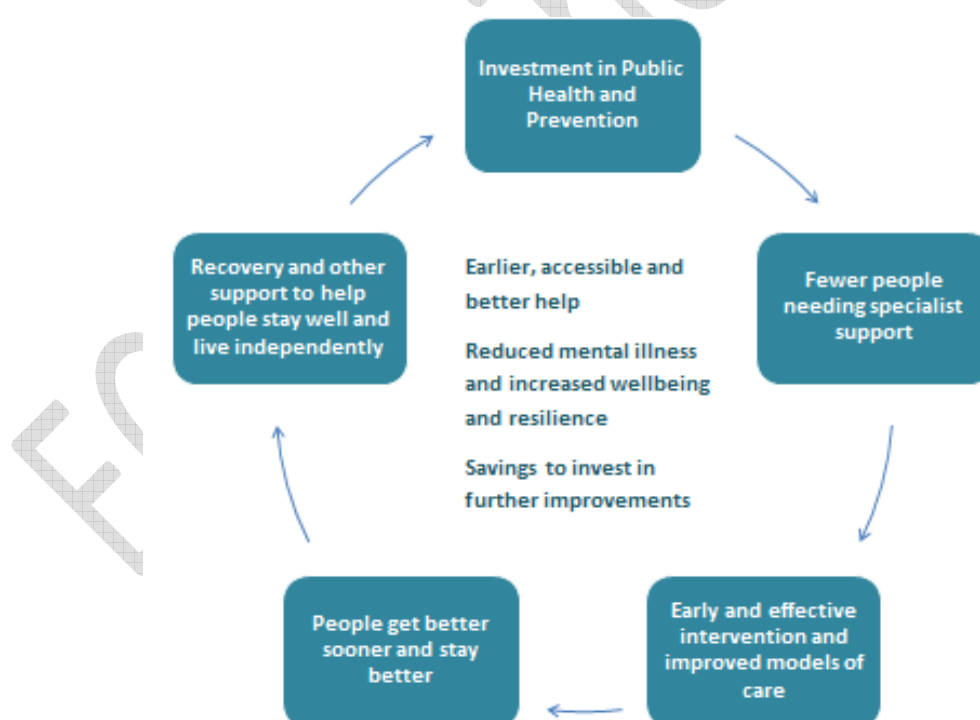
Southend, Essex and Thurrock are experiencing increased demand for mental health services at a time when the NHS and local authorities have to make savings.

We have less money than we used to, and are likely to face further reductions in our budgets in the future. So, how will we pay for service transformation? We will 'hold a mirror' up to central government where necessary, and engage with Westminster and Whitehall to secure the support and resources that we need to deliver our vision and ambitions. But we believe that we can also improve services and outcomes in Essex in ways that will save money over time ... and then invest those savings in further improvements, with the potential to create a virtuous circle.

This approach follows NHS England's *Five Year Forward View for Mental Health*, which concludes that an additional £1 billion will be needed in England by 2020-21, but that over time the national strategy will start to pay for itself, as improved service models and early intervention reduce the costs of providing acute and crisis support later on (figure 2). Taking this approach will require us to think imaginatively about how we use the resources that we have, and to work collaboratively to use them in the best way. It will also mean fully mobilising the strengths and assets of people with mental health needs, families and communities.

We recognise the scale of the financial and other challenges for health, mental health and social care services in Essex, and do not want to make promises that we cannot deliver. Equally, we will be aspirational and innovative in seizing the opportunities presented by national initiatives like the Five Year Forward View to drive improvements in care and support for mental health issues in our county,

Figure 2: The Southend, Essex and Thurrock Model: Better care drives system change and sustainability



We will particularly target areas where there is unmet need and the potential for savings through early and effective intervention is significant. These include: improving peri-natal mental health services for new and expectant mothers; targeting links between physical and mental health (for example by developing mental health liaison services to work in hospital emergency departments and smoking cessation interventions for people with mental health problems); and improving support for recovery and social reintegration (including peer support, access to accommodation and employment).

Themes from stakeholder engagement

To inform this strategy, we commissioned an independent review of our adult services, and have consulted with 'experts by experience', doctors, nurses and other clinicians working in mental health. There has been a striking congruence in their key messages for us.

Improving the system

- **Simplify things** - getting help for a mental health problem in Southend, Essex and Thurrock can be complicated and confusing, including for people experiencing crisis. There is a need for much better and clearer signposting.
- **Use the same language** – currently different organisations are using different words for the same things and the same words for different things.
- **Better information** - collect, share and provide information better, and use data effectively to shape and develop better services.
- **A caring and supported workforce** – address staff shortages and develop and implement a comprehensive workforce strategy with a key role for 'experts by experience'.

'I feel that there is no preventative work... only reactive and crisis support. The process of referral ... takes too long ... I can understand and relate to the limited resource that may be available, however what about a simple phone call ... so you do not feel that you are forgotten about?'

MH Ambassador

Prevention and early intervention

- **Increase the spend** - invest more in prevention and early intervention.

- **Rebalance the system** – early access to help and support will reduce demand on acute and crisis services. There is also a need to focus on suicide prevention.
- **Improve services for children and young people** – intervene earlier and address mental health and wellbeing issues in schools and communities.
- **Choice and control** – empower and support people to manage their own conditions and take control of their lives.

Access to care and support

- **Accelerated access to talking treatments** – people are still waiting too long to access psychological therapies.
- **Address other service gaps and bottlenecks**
 - these include limited services to support people with complex needs and personality disorders.
- **Close the gaps** – people continue to get ‘lost’ at points of transition, particularly when moving from children and young people’s to adult services.
- **More support in familiar settings** - Mental health support should be better embedded in GP surgeries and other primary care settings.
- **Eliminate out of area places** – people in crisis should not have to access services that may be many miles from where they – and friends and family - live.
- **Invest in recovery and reintegration** – there is an urgent need to improve continuity of care and to provide better support for people discharged from acute services, including with issues like debt, housing, jobs and relationships.

‘A few weeks went by and things got worse for me I tried to call the crisis line but they put me on hold and told me there was no room for me.’

MH Ambassador

Sustainability

- **Rebalance the system** - in favour of prevention, early intervention, recovery and social reintegration.
- **Commission more effectively and efficiently.**
- **Integrate health and social care** – with agreed outcomes and NHS and local authorities acting as one to give clarity of purpose for providers.

- **A national voice** – provide representation and voice in the national discussion on mental health to secure support and investment for local transformation.

Starting with the foundations

The messages from stakeholder engagement have challenged us to rethink our mental health provision from the foundations upwards. Public health activity will be developed to provide a firm foundation for well-being, resilience and good mental health. Support for children and young people will remain the bedrock for improved mental health and wellbeing across the life course. We have set out plans for the emotional wellbeing and mental health of children and young people in our *Open up, Reach Out* plan.

To ensure we get the foundations right, we will be guided by the principles of good commissioning practice set out in NHS England's *Five Year Forward View for Mental Health*.

1. We will work in partnership with local stakeholders, including voluntary organisations.
2. We will 'co-produce' with clinicians, experts-by-experience and carers.
3. We will consider mental and physical health needs together.
4. We will plan for effective transitions between services, including between children and young people's and adult services.
5. We will enable and support integration.
6. We will draw on the best evidence, quality standards and clinical guidance.
7. We will make use of financial incentives to drive improvements in service quality.
8. We will emphasise early intervention, choice, personalisation and recovery.
9. We will ensure all services are provided with humanity, dignity and respect.

We will work with criminal justice partners to support offenders with mental health problems to get well and recover, and reduce crime, recognising the high prevalence of mental health problems and the need to improve the co-ordination of custodial and community services. We will also engage with innovative approaches to the challenge of 'multiple need'.

We recognise that we have some challenges in recruiting the professionals we need to deliver our vision, including specialist CAMHS commissioners, mental health nurses and social workers (including Approved Mental Health Professionals). NHS England's Five Year Forward View for Mental Health includes a commitment to produce a national workforce strategy, and we will be engaging with government to make this happen, and developing a strategic approach to recruiting, training and supporting the mental health workforce in our county. Our message to Government is that workforce challenges are a brake on transformation.

Doing things differently

We will invest in interventions and services that have been proven to work, while also exploring innovative new models of care, working collaboratively and creatively with people who use and provide services, and being prepared to learn from positive experiences in other localities. We will be guided by the three priority areas for innovation in NHS England's *Five Year Forward View for Mental Health*:

- New models of care to deliver integrated and accessible services for all.
- Expanding access to digital services, building in Essex on existing initiatives such as the Lifestyle Essex App, online Therapy for You service and on-line resources available through Mind and other voluntary sector services.
- A system-wide focus on quality improvements. In particular, in Essex we will be working together to integrate services across the NHS and local authorities, and to improve links between young peoples and adults services, older peoples and mental health services, primary and specialist mental health services, physical and mental health support and NHS and voluntary and community sector organisations.

We have picked out three further areas to support innovation in Essex:

- Service providers should work with people who use services to 'co-produce' care pathways.
- Service providers should make more use of their data to review and improve service delivery.

- Service providers should work together to find ways of further supporting and developing our specialist mental health workforce, enabling them to deliver evidence-based interventions and making the very best use of existing resources.

We are also committed to making as much information about our mental health system as possible available to the public, and will be assessing and measuring our performance by comparing outcomes with national averages and our statistical neighbours.

What difference will we make? Our outcomes for 2020-21

1. Matters of principle

- 1.1 There will be a single mental health commissioning focus for Southend, Essex and Thurrock bringing together local authorities, NHS and other partners around a common plan and shared priorities.
- 1.2 Parity of esteem will be fully established for all policy, strategy and practice in Southend, Essex and Thurrock.
- 1.3 Experts by experience will be involved in shaping and designing strategy, policy and services, always and everywhere.
- 1.4 A year on year reduction in premature mortality among people with severe mental health problems through public health initiatives and integration with physical health.
- 1.5 Southend, Essex and Thurrock will build on its Zero Suicide work guided by a suicide prevention strategy from 2017.

2. Children and young people

- 2.1 Further transformation of emotional wellbeing and mental health services for children and young people across Greater Essex with the implementation of our *Open up, Reach Out* prospectus.
- 2.2 The development of a single transition protocol between children and young people's and adult services across Essex, Southend and Thurrock.

3. Older people

3.1 A renewed focus on mental health support for older people, recognising the need to support carers, and the impact of social isolation and loneliness.

3.2 The Greater Essex mental health and dementia strategies will be 'joined up' with better support for people with dementia who get depressed or anxious.

4. Common mental health problems

4.1 Improved access to psychological therapies for people with common mental health problems, with services integrated with physical health care and available in settings that are familiar to people and where they feel comfortable, such as GP surgeries.

4.2 People will access psychological therapies more quickly and at least half will recover.

5. Peri-natal mental health

5.1 All new and expectant mothers in Southend, Essex and Thurrock will have access to specialist mental health support.

5.2 Health visitors in Greater Essex will help to identify mothers who may be experiencing mental health problems and signpost them to support.

6. Acute and crisis support

6.1 At least 60 per cent of people in Southend, Essex and Thurrock experiencing a first episode of psychosis will start treatment with a specialist early intervention in psychosis service within two weeks.

6.2 All acute hospitals in Greater Essex will have all-age mental health liaison teams in place, with at least half meeting the NHS 'Core 24' standard.

6.3 Expansion of home treatment and crisis support in the community, with more people treated in their homes and less having to stay in hospital.

6.4 No one in Southend, Essex and Thurrock who needs inpatient care will be placed in a hospital outside of Greater Essex.

6.5 There will be more Approved Mental Health Professionals in Essex to make assessments under the Mental Health Act, with a new centralised services from 2017 operating 24/7.

7. Supporting people with complex needs

- 7.1 Liaison and diversion will be available in custodial settings across Greater Essex, with street triage to divert individuals to treatment and away from trouble at the first opportunity.
- 7.2 Offenders with Complex and Additional Needs service and other services for 'multiple needs' and personality disorder will be developed guided by emerging evidence and practice.
- 7.3 Elimination of the use of police cells as 'places of safety' for assessing people in crisis.

8. Life support for recovery

- 8.1 Everyone with a serious mental health and/or substance misuse problem will have the opportunity to work with a peer mentor and to be trained to provide support for others.
- 8.2 More adults in contact with mental health services will access appropriate accommodation with a reduction of people living in mental health residential care, and intensive support with issues like debt, financial advice and independent living.
- 8.3 More people will be supported into work through evidence based approaches with a year on year reduction in the gap in employment rates between working age adults in contact with mental health services and the general population.
- 8.4 Year on year reductions in offending and reoffending by offenders with mental health and related problems, such as personality disorder and drug and alcohol misuse.