

Report about 'Breaking the Mould' and developing a long-term strategy for mental health in Norfolk and Waveney

June 2018

Executive summary

The key themes that were discussed at the event were:

- People need to be given the tools to help support their own wellbeing and mental health, including the knowledge to understand what mental ill health is and what are 'normal' life stresses and strains or mental distress. This was felt to be particularly important for young people.
- We need to think again about our attitudes towards and the support available for older people, because too often anxiety and depression are perceived by society as 'just part of getting old'.
- Community support plays a vital role in keeping people well, preventing mental distress and ill health, and enabling the early recognition and diagnosis of mental health conditions. We need to make the most of our community assets and build community resilience, particularly in rural areas, as there are people who don't need formal services but who would benefit from community support.
- Giving more people mental health first aid training would be worthwhile. Frontline employees of public services and people who work or volunteer for voluntary and community groups see many people every day – if these people had a greater understanding of mental health they would be a real force for good and it could go a long-way to helping to reduce the stigma around mental health.
- Services are fragmented and difficult to navigate and understand, even for professionals. This is not helped by different services being commissioned by different organisations. We need to get the transitions between services right, particularly from child and adolescent services to adult mental health services. We need to get mental and physical health professionals, as well as social services, talking more often with each other, so that they can provide more coordinated care.

Next steps

Since the event we have started a review of adult and older people's mental health and specialist mental health provision across Norfolk and Waveney, alongside the work we were already doing to review child and adolescent mental health services. This report and the findings of these reviews will be used to help write our long-term strategy for mental health.

Our strategy will be co-produced with service users, their families and carers, as well as staff and clinicians. The group overseeing the development of our strategy will have people who have used mental health services on it. We will have a draft strategy by the end of 2018. Once we have a draft of our strategy, we will ask people what they think of it, before finalising it in early 2019.

Background

The ambition of Norfolk and Waveney STP is to embed the delivery of mental health within the local health and care system, supporting people effectively in the community wherever possible.

On 1 May 2018, the STP organised an event called 'Breaking the Mould' to start the process of developing a long-term strategy for mental health in Norfolk and Waveney. This report summarises the feedback that we received at the event about mental health care and what people would like to be included in our long-term strategy.

At the event Alastair Campbell, former Downing Street Press Secretary, political aide, journalist and advocate for mental health, gave the keynote speech outlining the importance of integrated, supportive mental health services within the health and social care sector.

Presentations were also provided by Dr Tony Palframan, Chair of the STP Mental Health Forum, on the local context of how mental health services are commissioned and provided, and by Jocelyn Pike, Chief Operating Officer of NHS South Norfolk Clinical Commissioning Group, focusing on the need to develop a comprehensive and long-term strategy for mental health within the STP.

The event was chaired by Patricia Hewitt, Independent Chair of the Norfolk and Waveney STP. Attendees included people with lived experience of mental health services, carers, providers of physical and mental health services, adult and children social care services, the voluntary and community sector, commissioners, and clinicians from primary and secondary care.

Workshop sessions

Everyone that attended took part in facilitated discussions, split into two thematic areas – one focusing on the impact of mental health and wellbeing in key age and life stages, and the other on the level of care available at different points within the current mental health and care system.

An important element of the discussion focused on the differentiation between mental distress and mental ill health:

Mental distress can be understood as feelings, thoughts and behaviours that many of us experience on a day-to-day or week-by-week basis, which are usually short term and do not necessarily require a diagnosis or need the support of professional intervention.

Mental ill health can occur when someone experiences a major setback or life trauma and have not recovered in the way that someone experiencing mental distress may recover. Mental illness is diagnosable, can be long-term and may be chronic and enduring, and professional intervention may be required.

Workshop 1

We asked attendees:

- What do you think of the support available for children and young people / working age people / older people experiencing mental distress? How should people experiencing mental distress be supported?
- What do you think of the support available for children and young people / working age people / older people experiencing mental illness? How should people experiencing mental illness be supported?

Feedback – Children and young people

- Substantial focus on ‘chasing’ a **diagnosis**; an expectation that all things are diagnosable and needed in order to get services to support the children
- Diagnosis should not be required for an **education health and care plan (ECHCP)**
- Focus needs to move **to assessment and provision directed at identified need** not wrapped around a diagnosis.
- **Services are fragmented** – especially neurodevelopmental ones. Provision should be developed in line with an evidence base.
- Young people need education and support to **determine what is mental ill health** and what is ‘normal’ life stresses and strains or mental distress. Issues with ‘self labelling’ conditions
- More support needed at **Tier 1 – universal services** and enable children and young people to be resilient – this needs to be embedded in families, communities, schools and other supporting services.
- Young people need to be given the **tools to help support their own wellbeing** and mental health, such as
 - Relaxation techniques
 - Emotional control strategies
 - Self support links
 - Education re normal emotional responses
 - Self reflection and mindfulness
- Schools and other organisations are often **managing crisis situations** – staff working with these children and young people need to know who to call and supported to manage, reduce the risks and support the child or young person involved.
- **Transitions** between service areas – and between children and adult services - are key
- Children and young people are being pushed up the services route in terms of escalating needs and we need to switch this around. **Enabling and supporting resilience** at all levels.
- **Learning Disability CAMHS** needs to be joined up with a whole child/young person view.
- **Separate commissioning** between health / education and children / adult social care problematic.

Feedback – Working age adults

- **District Councils** often have initial contact and experience with people with mental health needs – especially front of house staff
- **Help and training** needed for how to manage need – Mental Health First Aid training is applicable for all?
- Challenges of **employment and benefit system** and the mental distress and mental health problems that it is causing
- The whole system is fixated and **dependent on diagnosis** – this should not be the case and is at odds with medical practice at times
- **Funding** is nationally required to be spent in certain areas and sometimes commissioners and providers have no local say in this
- **Wider perspective of mental ill health and mental distress** needed – focusing on debt, relationships, employment
- **Accountability of front line staff** when meeting people presenting mental distress or ill health
- There are **too many referrals into formal services** that could be appropriately dealt with by community support
- There is a distinct lack of **community support in rural areas**
- The **community wellbeing hubs** will help with the balance and require community support wrapped around the hubs.
- **Atmosphere and venue** are important when supporting emotion/mental wellbeing, e.g. NHS and statutory facilities are not always appropriate.
- **Directory of service** is really important for support and practitioners. Need to build around one directory that is accessible and user friendly.
- Groups can be useful, although **support needs to focus on the individual** as well
- **Peer support** has become increasingly available across the system but needs to be more effectively designed and coordinated so that it is accessed by service users
- People accessing **residential care and supported living** are very vulnerable to episodes of crisis. Need to focus community support around this client group, with timely access to support.

Feedback – Older people

- Current support available for older people needs greater focus – anxiety and depression are perceived as part of ‘getting old’. This leads to other symptoms such as **loneliness and isolation**
- A lot of older people are ‘**under the radar**’ and we need to find the unseen people
- Role of **health / care professionals going into homes** that could pick up mental health and surrounding issues in older people
- How do we get **mental, social and physical health services talking to each other**
- Need to utilise assets of **volunteers – social prescribing** for non-medical interventions
- **Signposting** between services can be seen as ‘passing the buck’
- Workforce should have **training on Mental Health awareness** so they know what to do when approached for help, or how to spot the signs when visiting an older person
- Carers should be provided with an opportunity for **in-house respite**

- Discussed that the voluntary providers seem to have more time for **face to face, longer appointment times**, which would be better suited for older people
- Services require **more coordination**
- Language used by professionals can cause mental distress. **Labels are not useful**, not meaningful to service users.
- The diagnosis doesn't always matter to the individual. It's the functional aspects of life and living with the illness which is important to people – need to **focus on the impact of the illness not the diagnosis**.
- Services can also be **complex for professionals to navigate**, so even harder for non-professionals.
- Need to ensure services sit within the correct structures - should **dementia** sit in mental health?
- Located in appropriate environments – should be familiar and feel safe, should facilitate or improve assessment or treatment, **community based, patient's own home, outreach**
- Remember the limits of non-face to face as well as **opportunities of non-face to face**, especially with those less familiar to these options (usually IT based) – likely to be less engaged / older population.
- Accessing older people at moments of distress - consider trigger points (registering a spouses death, arranging bins doorstep collection), **every contact counts, no wrong door, simple access, single access, non-branded contact point**
- Use **community assets and build community resilience**. Capacity in the community can lead to early recognition, early identification, prevention
- Don't apply our own model of life or 'normal' to others.
- Older people focus on **what they can do not what they can't**.

Workshop 2

We asked attendees:

- Have we got the right balance between community support and formal services?
- How can we make the support available and the system more coordinated?

The above questions were asked against the following themes:

- Preventing mental ill health and building resiliency in communities
- Supporting people in crisis
- Supporting people with long-term conditions

Feedback - Preventing mental ill health and building resiliency in communities

- Look for **therapeutic solutions** alongside medicines
- Work with the community to get the **balance right between community services**
- **Understand tensions in communities** that can exacerbate individual mental health issues
- Develop **joint budgets**

- Think about how communities are built and how **social architecture** impacts on wellbeing
- Electronic systems need to talk to each other to make services seamless – **digital strategy** needed, information needs to follow the patient
- Use **smart technologies and apps** in more services to assist prevention agenda
- **Identification tags/bracelets for people with dementia** could be used that provide information on home address, medications, contact details etc
- Discussion about mental health awareness training for Job Centre / Department for Work and Pensions colleagues – encourage a system that is **supportive of people with ill mental health**
- **Embed mental health within the community** so that it is highly visible in all local assets – newsagents, hairdressers, pubs etc
- There is a need for a strategy outlining **true integration with the voluntary sector**
- Public /statutory organisations could commit to half day per month per employee to volunteer - build community assets and resilience, build in early identification and prevention, enhance employees knowledge and skills, use skills of professionals in the community/voluntary sector, build networks for work use, understand the system and needs of users – improve the quality of work, improve employee mental health

Feedback – Supporting people in crisis

- Need to **define crisis**: immediate harm to self or others – consequences of rapid responses significant.
- Across all ages - pathways will need to differ
- Person closest to the patient – **what skills do they have and what support do they need?**
- **Level of perceived risk** dependant on the people doing the assessment. What might be viewed as high risk to 1 person may be considered differently to another. For example the difference between a GP risk analysis and a Consultant Psych.
- Need to **support the person seeking help for the individual in crisis** – the fact that someone is with them is seen as a protective factor – however that person needs support and guidance in their own right.
- Coordination – how can people find out **who is already supporting the people in crisis** in a quick an easy way.
- **Openness and communication** is key at all stages – when someone is in crisis – to the patient, the carers, along with advice and support.
- The **Early Help Hubs** are an important part of the solution and need further mental health input
- **Shared resources** across providers and commissioners in advance of the Integrated Care Systems (ICS).
- A **review of the crisis response system for mental health** would be useful in light of experience from other areas

Feedback - Supporting people with long-term conditions

- Need **one IT or documentation system** to enable coordination and communication
- **'Standardisation'** at the foundation of services may help – e.g. the core principles and deliverables of services are consistent and detail tailored locally. Should help navigation of the system
- The medical model needs to become a **community model of illness**
- Commissioning must **support sustainable third sector**, which offers flexibility, responsiveness, value for money, but needs more certainty in order to deliver.
- **Adaptive working** - professionals who can navigate services, multi-agency service access, vertical integration, community clinics, skilled navigators / triage
- **People need confidence** that by making efficiencies their capacity won't be removed or funding cut as a result
- Services are target driven rather than about the outcomes for individuals and they should be **outcome focused**
- Need to consider **where the individual wants to receive their care/support** – taking into consider capacity
- There needs be some **behavioural change** for individuals
- Multi-disciplinary teams should include staff trained in a **health coaching approach** and this should apply across Norfolk and Waveney
- There are a number of admissions to hospital which could be deemed as **"social admissions"**
- The system is not flexible enough to respond to some of the **complex/chaotic needs** of some individuals

Question and answer panel

Following the facilitated discussions, there was a question and answer panel consisting of the following people:

Alastair Campbell	Keynote speaker and mental health advocate
Antek Lejk	Chief Officer, Norfolk and Suffolk Foundation NHS Trust
Patricia Hewitt	Independent Chair, Norfolk and Waveney STP
Megan	Service user, NSFT
Tony Osmani	Chair, East Coast Community Healthcare CIC
Dr Tony Palframan	Chair, Norfolk and Waveney STP Mental Health Forum, NHS South Norfolk CCG Governing Body

Here is a summary of the questions asked and the responses given:

Question 1: Could you say more about mental ill health and mental distress?

Mental distress is something that everyone has an experience of at some point; mental ill health is related to more sustained, chronic conditions that require more support.

Recognising distress at an early stage is vital so that it doesn't escalate or contribute to mental ill health. The distinction is not always clear cut, as people don't neatly fall in to categories.

Question 2: How are we going to involve the wide range of stakeholder in improving mental health and wellbeing?

Community is a key theme within what we want to achieve within mental health as part of Norfolk and Waveney's STP. One opportunity is working with both tiers of local government to utilise the key roles that district and borough councils can deliver to populations.

The example of Early Help Hubs and the co-location of services and professionals allows organisations to focus on prevention and building capacity of teams. This is a key driver in forging links with communities and managing mental ill health. The voluntary sector is also at the forefront of changing how we develop the capacity of workforces and communities.

Question 3: How are we going to engage patients and their cares in the development of any mental health strategy?

Talk to them, and listen!

Use technology to encourage young people to access and interact with services – e.g. use Skype to call support workers, text services as reminders for appointments, break down barriers between staff and service users and understand people's personalities.

Co-design of services and pathways is vital, as is engagement with people that use services and young people. We need to take on board their views in shaping how we communicate, and the technology we use.

Question 4: When we talk about physical and mental health working together, there's an issue of commissioning on both these sides and providers. This is the same on social services as well. How do we make sure that this coproduction with service users is seen as a joint effort?

Integrating health and social care – along with physical and mental health – is a key factor in developing an Integrated Care System long term. We need to think beyond commissioner-provider relationships that create transactional costs and fragmented services. To get to a functioning ICS approach that is right for Norfolk and Waveney, we need to focus on what people need and develop teams based around that.

Question 5: How will you work with critical partners and campaigners in shaping the mental health agenda locally?

We need to create an environment where everyone can be heard, but it also needs to be mutually respectful. Being challenged by critical friends is important – it is fundamental in understanding the root cause of issues within the mental health system.

People that challenge you provide you with leverage up the chain – you need to encourage those that want to be part of the discussions to get involved.

We need to engage people's passion, we need more of it!

Question 6: Do you think that the way in which physical health care professionals work, goes against the culture that's required for integrated approaches to mental health care?

For clinicians developing in the 'physical' health education system, there is a risk that mental health training and awareness doesn't get equal parity. As medicine becomes more specialized, we need to make sure that mental health doesn't get lost as a core skill – we can achieve this by focusing on education, culture and process within organisations.