Your community
Your care
Developing Buckinghamshire together

Listening and working together to tackle mental ill health

# All-Age Mental Health and Wellbeing Strategy Buckinghamshire

2019 – 2022

NHS
Buckinghamshire
Clinical Commissioning Group

Buckinghamshire Council

# Contents

# Introduction

Welcome to Buckinghamshire Council and NHS Buckinghamshire Clinical Commissioning Group's All-Age Mental Health and Wellbeing Strategy.

A significant number of people in Buckinghamshire are affected by mental health problems, either directly or indirectly. We know that each year one in four of us will experience a mental health problem. It is therefore vitally important that we work together to address unmet need, build resilience within the community and ensure that people can access the correct support when needed. Without prevention and support, there is a significant impact on outcomes both for the individual experiencing mental health problems and their loved ones. We must also consider the significant social and economic costs associated with mental health as a condition, estimated to be £105 billion annually in England (roughly the entire budget of the NHS)[1].

Good mental health is more than the absence of a mental disorder. It is a 'state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to community' (WHO 2008).

## Purpose

This document seeks to align the priorities of two previously separate strategies, the Buckinghamshire Adult Mental Health Strategy (2015-18) and the Buckinghamshire Dementia Strategy (2015-18), while incorporating elements of, and referencing, Buckinghamshire's Transformation Plan for children and young people's mental health and emotional wellbeing[2]. Alignment of these three documents signals a refreshed and age-inclusive approach, ensuring a clear vision for Buckinghamshire.

By using local and national insight it seeks to set the strategic direction and priorities for all-age mental health for the next four years.

## Scope

Using feedback, thoughts and ideas taken from local people with lived experience of mental ill health (in conjunction with national ambitions), this document outlines the actions that will be taken by Buckinghamshire's health and care system to improve the mental wellbeing of the population of Buckinghamshire. The strategy covers:

- Children and young people with mental ill health
- Adults and older adults with mental ill health
- People living with dementia
- Carers of those who have mental ill health
- Professionals working with those who have mental ill health.

## Engagement

Through working with people who have lived experience of the condition over an 18 month period, five themes have been developed that will underpin our approach to mental health in Buckinghamshire. These are accompanied by priority actions which will be refreshed on an annual basis.

Delivery of these actions will be overseen by people with lived experience via Buckinghamshire Council's community engagement group (CEG) and dementia strategy group.

**We would like to thank the following groups that have been involved in the development of this strategy:**

- Mental Health Partnership Board
- Dementia Partnership Board
- Whiteleaf Centre in-patient focus group
- MIND facilitated focus groups
- Carers Bucks facilitated focus groups
- Article 12 young people's focus group
- Youth Voice focus group
- Mental Health Urgent Care Crisis Conference December 2017
- Dementia Conference October 2018

[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[2] https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan_v4-1.pdf

# National context and key drivers

The Five Year Forward View for Mental Health (FYFV MH)[3], published by NHS England in 2015, has been a key national driver for change. It outlines a number of aims that clinical commissioning groups (CCGs) across the country are expected to deliver by 2021 in order to improve the care and outcomes of people accessing mental health services. This is against a background that recognises that mental health services have been underfunded for a significant period of time with poor outcomes and stigmatisation for large proportions of the population living with the condition.

Key headlines are outlined below:

- The intrinsic link between mental and physical health can no longer be overlooked. People with significant health inequalities, for example, those with a severe and enduring mental illness, die on average 20 years earlier than the rest of the population. Two-thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.
- People need to be supported and educated about the benefits of good mental health and wellbeing at a much earlier stage, including addressing anxiety and depression among the school age population. This is to ensure there is a preventative approach to care and support, whilst improving access for children and adolescents that require interventions from more intensive secondary care services.
- Funding needs to allow much more responsive services across all age ranges that cater for the needs of the population, no matter the time of day, in line with physical health services. This creates better parity of esteem and supports the vision of a 24-hours-a-day, seven-days-a-week mental health service.
- Stigma still acts as a barrier to accessing help and support in our communities. This must be tackled and eradicated to allow a more open culture that supports mental wellbeing.
- Recruiting a resilient workforce is a national challenge. The FYFV asks if the current workforce is being used in the most efficient way. It encourages areas to seek the support of local communities and voluntary care services to commission a sustainable service that is needs driven and outcome focused.

[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

**NHS Long Term Plan**

At the beginning of 2019 the NHS published the long term plan[4]. This document outlines the government's priority areas for development over the next 10 years. There is a particular emphasis on mental health, with a renewed commitment to grow investment in the area and a pledge to increase funding faster than the NHS budget overall over the next five years. A summary of the key deliverables can be seen below:

- Mental health will receive a growing share of the NHS budget - £2.3 billion a year by 2023/24
- Further expansion of the improving access to psychological therapies (IAPT) services
- Improved crisis services, better access and more alternatives for patients out of hours other than having to attend Accident and Emergency
- Continued and expanded support for people to access employment
- Support for those bereaved by suicide
- Quicker access to treatments for children and young people, increased investment in eating disorder services and expansion of the mental health support teams programme in schools
- Reduced waiting times for diagnosis for people that have autism
- Improved dementia care
- Better access to mental health support for rough sleepers.

[4] https://www.longtermplan.nhs.uk

# Local context and key drivers

Since the publication of the Five Year Forward View for Mental Health in 2015, there have been some important steps forward in improving mental health services in Buckinghamshire, with increased investment each year in line with the mental health investment standard. However, it is well recognised on a national and local level that there is still significant work to be done to align mental health services with physical health services to ensure they are seen as equally important.

Statutory adult and older adult mental health services in Buckinghamshire are commissioned by NHS Buckinghamshire Clinical Commissioning Group (BCCG) and Buckinghamshire Council, providing an integrated health and social care service delivered by Oxford Health NHS Foundation Trust. The services are split into two main tiers: primary care mental health and secondary care specialist. Children and Adolescent Mental Health Services (CAMHS) are also jointly commissioned by Buckinghamshire Council and BCCG, and delivered by Oxford Health in partnership with Barnardo's.

The table below sets out the total spend on statutory mental health services 2015/16 – 2018/19. This includes mental health services, residential/supported living and nursing placements and s117 aftercare.

A significant amount of additional services are provided by the voluntary and community sector. A large proportion of this support is delivered using money from fundraising, with some services such as befriending, employment support and day services supplemented from local authority prevention grants[5]. Mental health support is also embedded across a range of other services, including the Youth Justice and Family Support Services.

**Table 1: Buckinghamshire spend on statutory mental health services**

| Financial Year | CCG spend | Council spend |
|---|---|---|
| 2015/16 | £50,822,000 | £8,486,225 |
| 2016/17 | £57,575,000 | £8,816,131 |
| 2017/18 | £62,998,000 | £11,298,923 |
| 2018/19 | £67,261,000 | £8,911,926 |
| Total Buckinghamshire spend 2018/19 | | **£76,172,926** |

**These local publications have been considered in developing this strategy**

- Buckinghamshire County Council's Better Lives Strategy
- Children and Young People's Local Transformation Plan for Buckinghamshire
- Buckinghamshire's Joint Strategic Needs Assessment
- Buckinghamshire's Market Position Statement: Prevention, Early Help and Supporting People at a Community Level
- Buckinghamshire CCG's annual review
- Buckinghamshire CCG's operational plan
- Buckinghamshire Integrated Care System Operations Plan
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan

[5] https://www.buckscc.gov.uk/media/4512059/asc-mps-prevention-2018.pdf

# Joint Strategic Needs Assessment (JSNA) - Key points

JSNAs[6] are developed collaboratively between health and social care partners. They provide a picture of the health needs of the local population and focus in on specific topics.

### The Buckinghamshire picture

Buckinghamshire is a relatively prosperous county and generally compares well to other counties from around the country. This can, however, mask local inequalities in health outcomes.

### Protective Factors

A variety of lifestyle factors and behaviours have a protective effect for our mental wellbeing and health. These factors include the following:

- School readiness is the percentage of children achieving a good level of development at the end of reception. in 2017/18, 72.6% of reception-aged children in Buckinghamshire achieved a good level of development.
- Being employed and in work is a protective factor for our health and wellbeing. 80.5% of 16 to 64 year olds living in Buckinghamshire were in employment in 2017/18.
- When people are physically active, their mental wellbeing is increased. 70.5% of Buckinghamshire's adults were physically active in 2017/18.

### Mental health

- Despite improving mental wellbeing scores in Buckinghamshire, common mental disorders (e.g. depression) and severe mental illness (e.g. psychosis) are occurring more frequently.
- Suicide claims the lives of around 40 people a year in Buckinghamshire, of which around 40% have previously attempted suicide.
- Hospital admission rates for mental health issues are reducing.

### Mental wellbeing

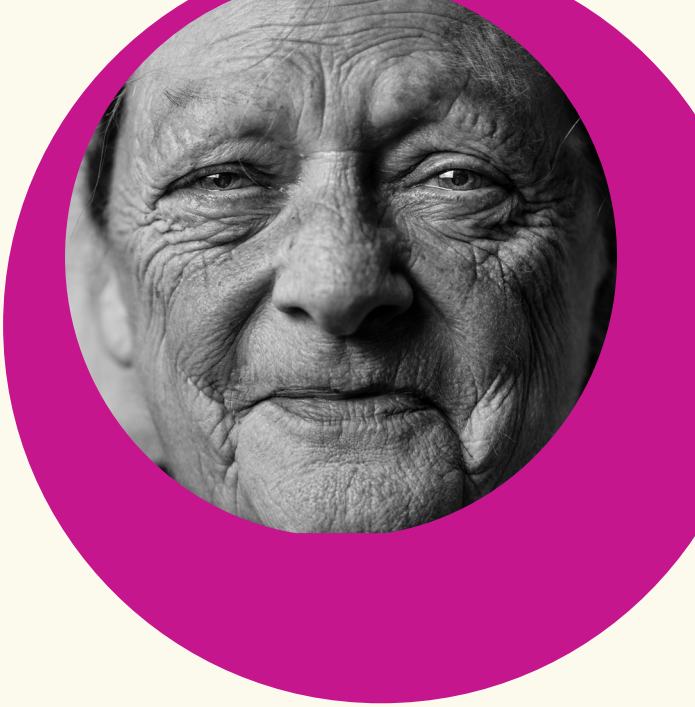
- In 2011 the Annual Population Survey began measuring the mental wellbeing of UK residents.
- Between 2011/12 to 2013/14, the proportion of people in Buckinghamshire reporting high happiness and high satisfaction scores was around 74% for high happiness and around 80% for high satisfaction.
- Between 2013/14 and 2015/16, there was an increase to 80.8% for high happiness and 88.1% for high satisfaction in life.
- Both scores are higher than the England and South East region proportion for 2015/16 (75% and 76% respectively) and have been higher than, or similar to, England and the South East since 2011/12.

### Common mental disorders

Common mental disorders (CMDs) are a group of mental health problems, including anxiety, depression and post-traumatic stress disorder. Up to 15% of the UK population are affected by these at any one time, with more women affected than men.

- According to the Quality and Outcomes Framework (QOF), the percentage of GP patients recorded as having depression in Buckinghamshire is 8.7%. This is lower than England (9.1%) and the South East (9.3%) (2016/17). There were approximately 37,500 adults living in Buckinghamshire with depression in 2016/17, which is 10,000 people more than in 2013/14.
- Since 2013/14, there has been a steady increase in the prevalence of adults with depression in Buckinghamshire. In 2013/14 64.% of adults had depression, and in 2016/17 8.8% of adults were registered as having depression. This reflects a trend seen in other regions and England as a whole. The increase since 2013/14 is statistically significant, as is the England increase.

[6] https://www.buckscc.gov.uk/services/health-and-wellbeing/joint-strategic-needs-assessment-jsna/



## Severe mental illness

Severe mental illnesses (SMIs) are conditions that are severe enough to distort the perception of reality and make everyday activities difficult. SMIs include psychotic and personality disorders, such as schizophrenia, affective psychosis, and bipolar disorder.

- In 2016/17, 0.75% of the Buckinghamshire population registered with a GP had severe mental illness. There were 4,130 cases (1,611 in Aylesbury Vale and 2,519 in Chiltern). This is statistically lower than the England average of 0.92% and the South East average of 0.83%.

## Substance misuse

People who have mental health problems are vulnerable to substance misuse, and people who misuse substances often have mental health problems.

- 1 in 4 adults (100,000) in Buckinghamshire are drinking above the recommended alcohol levels.
- In Buckinghamshire, the highest proportions of people drinking above recommended levels are women aged 55-64 years and men aged 65-74 years.
- People over 65 years old have the highest rate of alcohol-related hospital admissions in Buckinghamshire.
- An estimated 4.5% of adults in Buckinghamshire are using opiates and/or crack cocaine.

## Suicide and self-harm

- In the Buckinghamshire Suicide Audit of Coroner's Notes (covering years 2014 to 2016) 114 cases of suicide were identified.
- Of these, 78 (68%) were male and 36 (32%) were female. There were two male suicides for every one female suicide.
- For both men and women, the 40-49 year age-group had the highest number of suicides, which is similar to the England picture.
- Self-harm is the single biggest risk factor for suicide.
- Almost 40% of suicides (44 cases) in the audit were recorded as having previously attempted suicide at least once.
- Of those who had previously attempted suicide, 45% (20 cases) had attempted suicide in the last 12 months.
- The rate of emergency hospital admissions in Buckinghamshire due to self-harm has remained lower than the England rate since 2011/12.
- In 2016/17, there were 126 admissions per 100,000 population compared to the England rate of 185 admissions per 100,000.
- This equates to 657 people in Buckinghamshire who attended A&E due to self-harm in 2016/17.

## Vision for Buckinghamshire

People will feel listened to and can easily access services, care and support. Stigma will be removed and it will be understood that we are all unique and that

> “not one hat fits all”

Support to live a healthy and happy life will start early through education and by providing interventions to young people within the school setting

> “addressing mental health from the start”

Everyone will have the skills to facilitate recovery and live well with their mental health. In a crisis they will know how to access support, recognising that

> “sometimes I just need somebody to talk to, to help me get things back into perspective”

# Consultation and engagement

To inform this strategy we worked with people that have lived experience of mental ill health, including carers and staff, across a variety of settings. In total, 200 people were involved, through five workshops and two mental health conferences that were held in December 2017 and November 2018 respectively (Dementia and Crisis). Children and young people were involved in the workshops, and a specific workshop was held for children and young people.

### Workshops

Local organisations including MIND, Barnardo's and Carers Bucks helped stage workshops. We also met with patients from the local mental health hospital (Whiteleaf Centre) to gain thoughts and feedback from people of all ages with various experiences of mental ill health. Some had used or were using services themselves. Others were caring for someone with mental illness.

**This is what people told us:**

1. Values – What sort of values do you think we should be striving for in the strategy and what makes you feel valued as an individual?

- To be included and listened to in all aspects of care and recovery and to be fully informed at all times.
- Giving people time to discuss their condition so that they do not feel rushed.
- Improving communication between services so that patients do not have to repeat themselves when talking to individual professionals.
- Continue to ensure that groups such as the lesbian, gay, bisexual, transsexual and questioning (LGBTQ) community are actively supported to engage with services.

2. What are the key things that an all age strategy should have?

- As with the services that they access, people felt that a strategy should have continuity.
- To continue to meet the needs of an ever changing population, any document that drives change needs to be a live document that can be developed over time rather than a "static, standalone document".
- It must have clearly defined milestones and outcomes.
- Parity of esteem - ensuring mental health is valued equally with physical health - is incredibly important, not only for service users themselves, but also in terms of the health of those supporting them.

3. What should we be doing?

- It was widely recognised that significant work has already been done to reduce the stigma of mental health and to raise the profile of the condition both nationally and locally. However, there is still much more to do, particularly around areas such as personality disorder.
- Service users and carers felt there needs to be more awareness amongst professionals around mental health, to reduce stigma and ensure people access the right services.
- Carers felt that if they were given more information about the illness, especially in the case of dementia, then they would know what to expect, what different symptoms can be displayed and when to take action to prevent a situation from worsening.
- People asked for more services available out-of-hours to support them in a crisis.
- People thought more education and support was needed in schools.

### 4. What are we, other areas or other providers currently doing well?

The following Buckinghamshire provision was referenced:

- People considered some of the mental health urgent care services that had been introduced to be a significant step forward
- The locally commissioned recovery college
- Voluntary sector organisations such as MIND
- Local support groups and peer support provided by voluntary sector organisations
- Specialist community perinatal mental health services.

The five themes listed below were drawn from the consultation and engagment activity. They have been used to frame the system approach described in the remainder of this document.

- **Inclusive and Respectful**
- **Preventative and Flexible**
- **Parity**
- **Promoting Independence**
- **Holistic and Person Centred**

*Please see Appendix A for the full report and analysis.*

### Dementia Conference

A conference was held in 2018 with people with lived experience of dementia or memory impairment, their relatives and carers and professionals from across Buckinghamshire. This was an opportunity for people to share experiences, talk about what works well and identify gaps.

**This is what people told us:**

#### 1. "In my situation and with the help we receive what works well for me is..."

- Getting a diagnosis
- The NHS, particularly primary care
- The Alzheimer's Society
- Meeting people that I know I feel comfortable with and support from family members
- Organised group meetings
- Keeping occupied, i.e. going out/ activities/hobbies with others.

#### 2. "In my situation and with the help we receive, one thing that hasn't worked so well for me is..."

- Having to tell your story over and over
- Lack of coordination between agencies/services - no single point of contact
- Difficulty getting a GP appointment
- Lack of support, e.g. follow ups from diagnosis forward, no guidance or monitoring.

#### 3. "In my situation and with the help we receive one thing that has been missing for me is..."

- Lack of information post diagnosis
- Lack of support at the pre-crisis point
- Availability of training for carers
- A more responsive diagnosis
- Reliable transport links.

#### 4. "One thing that would be part of really good support in the future for me is ..."

- A map of NHS and support services to help guide patients through their journey
- A single point of access
- One resource for information, advice and guidance.

*Please see Appendix B for the full report and analysis.*


Every time they make me repeat my story it makes me relive it
Listening and acknowledging concerns and worries even if there is not much that you can do to help
Listen and not make people feel worse than they already feel, it's very brave to be able to say that you have a mental health problem

# Children and young people's mental health

Building resilience (the ability to cope with adversity and adapt to change) in children and young people is the foundation to protecting against emotional and mental health problems in the future.

Buckinghamshire Council commissions and develops programmes that protect and promote mental health resilience in our children, taking a life course approach that covers the child, family, school and community from birth onwards. From supporting the transition to parenthood through our progressive health visiting service and targeted family nurse partnership, to working with schools to embed evidence based methods and whole school approaches through, for example, the PSHE curriculum (Personal Social and Health Education) and peer support and mental first aid programmes.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model, which started on 1st October 2015. The service is provided by Oxford Health NHS Foundation Trust, in partnership with Barnardo's. It is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire Council under a joint budget. The service model represents a significant transformation from the provision prior to 2015. It was developed based on assessment of local needs, stakeholder feedback, including children and young people, parent and carers and existing CAMHS staff. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

Monthly project meetings are held to track continued transformation in addition to monthly performance monitoring meetings. Investment through Future in Mind has enabled a faster pace of change for the service and better access to a service for children and young people, in line with the expectations of the Five Year Forward View for Mental Health[7].

Since 2015 there has been an expectation that all local areas publish a Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing. Plans should articulate the local offer and cover the whole spectrum of services for children and young people's mental health and wellbeing, from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

The Buckinghamshire LTP was first published in 2015 and has been refreshed annually since then. It sets out local priorities for Buckinghamshire and is informed by feedback from service users and stakeholders. To ensure consistency, this strategy refers to key elements contained within the LTP. For an in-depth account of children and young people's mental health and wellbeing, please refer directly to the LTP.

**The Five Year Forward View for Mental Health (children)**
**Buckinghamshire achievement to date**

- **Buckinghamshire achieved national access rate for 2018/19 of 32%**
- Increased investment in CAMHS services
- Additional workforce recruited
- Online counselling services commissioned (Kooth)
- Embedded CAMHS practitioners in Social Care Teams
- Enabled e- referrals
- Improved transition pathway into adult services, including development of all age pathways (Eating Disorders)
- Provided resilience training to schools through public health

[7] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[8] https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2018/11/CAMHS-Transformation-Plan_v4-1.pdf

## Priority Plan

This plan outlines priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

**Inclusive and Respectful**

*Priority*

1. Continue to embed whole system working to ensure services delivering to children and young people work together to meet mental health needs.
2. Improve transitions for young people, including those with complex presentations, across children and young people's services to adult services.
3. Improve access for under-represented groups.

*How will this be achieved?*

- Work across social care and health to ensure the mental health needs of infants, children and young people placed within and outside of the county are identified and responded to in a timely manner.
- Establish all age pathways, including an all age urgent care pathway.
- Undertake an analysis of under-represented groups, including those groups with historically poor access to mental health services.
- Develop an engagement strategy to raise awareness and support the mental health needs of under-represented groups.

Promoting Independence

*Priority*

1. Develop knowledge and awareness of mental health amongst parents and families.

*How will this be achieved?*

- Develop and embed further training for parents and families.
- Website development and increased use of technology to enable parents and families to access information and support in different ways.

Holistic and Person Centred

*Priority*

1. Support more women and their partners to access peri-natal mental health services.
2. Implement meaningful outcomes for CAMHS service.

*How will this be achieved?*

- Further develop and expand peri-natal mental health services.
- Develop and implement a more robust system for collecting, analysing and reporting outcomes for children and young people across all services in CAMHS.

Parity

*Priority*

1. Ensure there is a whole system approach to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.
2. Further increase the number of children and young people accessing NHS commissioned mental health services.

*How will this be achieved?*

- Continue to develop and embed the system wide pathway for all age neuro-developmental presentations, including autism.
- Use service transformation, information and technology to increase reach and ensure more children and young people requiring support are able to access the right services when needed. This includes continued embedding of Kooth online counselling and the roll out of Mental Health Support Teams in schools.
- Implementation of Positive Behaviour Support offer in Buckinghamshire – people receiving the right support at the right time to understand and help manage challenging behaviours.

Preventative and Flexible

*Priority*

1. Maintain the four week wait from referral to assessment.
2. Ensure children and young people in crisis have access to timely support to prevent escalation to more complex needs.
3. Provide mental health interventions and increased awareness of the condition in schools.
4. Enable schools to provide a supportive environment that promotes emotional wellbeing and resilience.
5. Provide all children with high quality Personal Social Health and Economic Education (PSHE) / Relationships Education (RSE) as a strong foundation for promoting both physical and mental wellbeing.
6. Ensure children and young people at risk of poorer emotional wellbeing are targeted / offered early interventions via youth service support or specific evidence based educational programmes.

*How will this be achieved?*

- Embed four week wait pilot supported by NHS England funding.
- Implement mental health support teams in schools. These are multi-disciplinary teams in-reaching into Buckinghamshire schools to deliver interventions to young people that have low to moderate mental health needs.
- Improve crisis services for young people so that they know where to go when they need support out of hours. This work should be undertaken in line with adult services.
- Multi-agency children and young people's mental health and emotional wellbeing group to develop strategies to support schools adopt a whole school approach to promoting mental health and emotional wellbeing. For example, through leadership and staff policies, listening to feedback from young people and promoting a range of activities such as physical activity, arts, music, cultural opportunities and peer support.
- Emotional wellbeing in schools network to support training opportunities and development of school resources (including suicide prevention and postvention guide).
- PSHE network will offer termly forums and continuing personal development (CPD) opportunities.

# Adult /Older adult mental health (18 and over)

**Promoting Mental Health and Wellbeing**
Mental wellbeing is associated with our social and economic circumstances for example, social networks, employment and financial situation and secure housing) and health behaviours (such as physical activity). In Buckinghamshire, the public health team work with our partners to prevent mental ill health and promote resilience in our communities. Buckinghamshire Council's healthy lifestyle service Live Well Stay Well offers signposting and support for people in managing their emotional needs as well as their physical health. We are also tackling loneliness and social isolation through a multi-agency shared approach to prevention, making every contact count, and promoting physical activity (for example, through the Active Bucks Project). There are local campaigns to raise awareness of mental health, tackle stigma and promote mental wellbeing, such as Heads Up (commissioned by NHS Buckinghamshire and Buckinghamshire Council) which specifically targets men.

Statutory adult mental health services in Buckinghamshire are commissioned by Buckinghamshire Clinical Commissioning Group and Buckinghamshire Council. They are delivered predominantly by Oxford Health NHS Foundation Trust and are split into two main tiers.

**Primary Care** - Improving Access to Psychological Therapies (IAPT), known locally as Healthy Minds. One of the first IAPT services implemented nationally, it provides evidence based psychological interventions for people with low to moderate mental health problems, including anxiety and depression. The service receives approximately 950 referrals per month, employs 150 staff and deliver some of the best recovery rates in the country. Treatment is provided over the phone, in groups, face to face or via digital technologies.

**Secondary Care (specialist)** – Supporting people with longer term, more complex mental health problems, specialist community based multi–disciplinary teams provide health and care interventions and treatment to patients across Buckinghamshire, including an 80 bedded acute hospital (the Whiteleaf centre) in Aylesbury. There are a number of specialist services within secondary care, including:

- Community perinatal mental health
- Early intervention in psychosis
- Recovery College
- Adult/older adult community mental health teams
- Psychological in-reach liaison service
- Street triage
- Safe Haven.

## The Five Year Forward View for Mental Health (adults)
## Buckinghamshire achievement to date

| | National Five Year Forward View aims | What have we done in Buckinghamshire? |
|---|---|---|
| **Perinatal mental health**  | At least 30,000 more women each year can access evidence based specialist perinatal mental health care | • Additional investment provided to commission a specialist community perinatal mental health service for Buckinghamshire Service went live in December 2018<br>• Increased investment in 2019/20 to sustain the service |
| **IAPT**  | Increased access to evidence based psychological therapies will reach 25% of need, helping 600,000 more people per year | • 18% achievement in 2018/19<br>• Ongoing work across the system to increase access |
| **Community, Acute & Crisis**  | The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled | • Plans in place to meet this target by 2021 with bid to NHSE to support local expansion |
| | Inappropriate Out of Area Placements will have been eliminated for adult acute mental health care | • Plans in place to reduce out of area placements with mental health urgent care pathway re-modelled in 2018/19 to help support this<br>• Additional investment into mental health crisis services planned for 2019/20 |
| | Intensive home treatment will be available in every part of England as an alternative to hospital | • Home treatment available as part of the community mental health model with further investments available for 2019/20 |
| | 280,000 people with SMI will have access to evidence-based physical health checks and interventions | • On target to achieve by 2021<br>• CCG investment in place to deliver annual health checks for people with a SMI |
| | No acute hospital will be without all-age mental health liaison services and at least 50% are meeting the 'CORE 24' standard | • CORE 24 service commissioned in 2017<br>• Service re-modelled in 2018 to provide improved overnight response for people away from Accident and Emergency |
| | 60% people experiencing a first episode psychosis will access NICE concordat care within two weeks, including children | • Buckinghamshire consistently meeting this target |

## Priority Plan

This plan outlines the priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

**Inclusive and Respectful**

*Priority*

1. Commission and deliver services that ensure people are fully engaged in their care planning.
2. Ensure people's support networks are involved in care planning where appropriate.
3. Continue to improve access and outreach for under-represented groups including the LGBT community, rough sleepers and BAME groups.

*How will this be achieved?*

- Work with partners to explore opportunities to bid for community development funding.
- Use feedback from service users to underpin further commissioning intentions and to develop appropriate outcomes to measure service effectiveness.
- Develop targeted outreach work for under-represented groups.

**Promoting Independence**

*Priority*

1. Improve peer support and use of the third sector to delivery recovery-based models of care.
2. Ensure services support independence and provide people with the resilience skills to stay well, reducing the need for more intensive services.
3. Work more closely with the third sector to provide service that complement those of the NHS.

*How will this be achieved?*

- Review Recovery College model and opportunities for extending peer support across mental health services.
- Increase the use of peer support roles across mental health services
- Increase the use of social prescribing and personal health budgets to offer choice.
- When developing and developing new services, ensure that system resources are utilised to maximise the benefits of Buckinghamshire's population. i.e. when bidding for transformation funding from NHSE.

**Holistic and Person Centred**

*Priority*

1. Improve care pathways and transitions to adult services.
2. Commission services that are responsive to need and can provide an intervention in the least restrictive environment.
3. Create an environment where people only need to tell their story once.

*How will this be achieved?*

- Review support that is offered when people are discharged from hospital.
- Introduce 72-hour follow up for people discharged from in-patient services in line with national guidance.
- Work towards commissioning a robust home treatment team that can provide acute treatment in a person's own home.
- Undertake engagement with service users to discuss the benefit of creating a mental health passport.

## Parity

*Priority*

1. Improve access to mental health services, including urgent care and CAMHS.
2. Tackle the stigma which prevents people accessing the help they need, and create a more open culture where people are not treated differently because of a mental health problem.

*How will this be achieved?*

- Increase training opportunities for non-mental health professionals, including around suicidality.
- Support the uptake and delivery of training opportunities offered by NHSE.
- Commission services that bridge the gap between physical and mental health, including psychological support for people with long term conditions and earlier intervention in primary care.
- Improve pathways for people with autism and reduce wait times for autism diagnosis.
- Increase the numbers of people accessing CAMHS services (34% target for 2019/20).
- Increase the numbers of people accessing IAPT Healthy Minds services.
- Services to be active members of the Buckinghamshire Time To Change hub and deliver the hub action plan to tackle mental health stigma.
- Refresh existing Time To Change Employer Pledge action plans and ensure these are actively delivered.

## Preventative and Flexible

*Priority*

1. Commission improved all–age mental health urgent care services that intervene before people reach crisis point and offer alternatives to attending accident and emergency.
2. Ensure that people with an SMI are receiving an annual health check and the right support after this to reduce the inequality gap.
3. Promote the ways individuals can improve their own mental wellbeing to prevent mental health problems developing and build resilience to life's challenges.
4. Raise awareness of the signs of suicide and how to have a conversation with someone who is feeling suicidal.
5. Support those bereaved by suicide to gain the specific emotional and practical support they need.
6. Improve multi-agency responses to suicide clusters to prevent additional suicides, and to support the affected community.

*How will this be achieved?*

- Review the safe haven model and look to increase provision.
- Transform mental health urgent care pathways to include a single point.
- Continue investment in SMI to ensure that 60% of the SMI population are in receipt of an annual physical health check by 2021.
- Commission a crisis resolution and home treatment team as an alternative to in-patient admission.
- Communicate key messages to service users, staff and the public around improving mood and sleep, and reducing stress and anxiety using existing online tools such as Public Health England's Every Mind Matters campaign.
- Communicate the signs of suicide to the broad range of staff in services, friends/family of service users, and the public.
- Work with Thames Valley partners to deliver a suicide bereavement support pilot.
- Offer training for non-mental health professionals via the Integrated Care System around suicidality and Suicide First Aid.
- Help develop the multi-agency suicide cluster response process, and be part of the response team when required.

# Dementia and memory impairment

On a national level there is a strong ambition as a result of the Five Year Forward View to increase the number of people diagnosed with dementia and ensure they receive the right care, treatment and support. NHSE have asked all CCGs to work towards consistent achievement of diagnosing at least two thirds (66.7%) of the estimated number of people with dementia in each county.

In Buckinghamshire memory assessments are predominantly undertaken by GPs, memory clinics (commissioned by the CCG and delivered by Oxford Health NHS Foundation Trust) and the memory support service (commissioned by Buckinghamshire Council and BCCG and delivered by the Alzheimer's Society). Post diagnostic support advice and guidance is also provided by the memory support service.

### The Five Year Forward View for Mental Health (older people and dementia) – Buckinghamshire achievement to date

Work in place to increase the number of people being diagnosed with dementia, and starting treatment within six weeks from referral

CCGs continue to work towards maintaining a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia

### Priority Plan

This plan outlines priorities for people locally and the actions that need to be undertaken to achieve them. The plan will be refreshed annually.

In November 2018 a dementia conference was held in Buckinghamshire to gain the thoughts, ideas and feedback of people that have lived experience of the condition. As a result of the feedback received, this plan has been developed to help improve the experiences of people that are accessing services in Buckinghamshire.

Inclusive and Respectful

*Priority*

1. Improve information, advice and guidance including awareness raising for under-represented groups.
2. Work towards delivery of a digital single point of information regarding support services that are available for people with a dementia or memory impairment.
3. Improve access to support services.
4. Improve the quality of care.

*How will this be achieved?*

- Raise awareness of the memory support service as a source of information, advice support and guidance for people diagnosed with dementia or memory impairment.
- Memory Support Service to provide ongoing point of contact and support for people living with, and carers of, those with dementia.
- Develop and embed enhanced care home framework and dementia standards into care homes.

## Promoting Independence

*Priority*

1. Ensure clear plans and support are available in the first year post diagnosis.
2. Support existing and develop new dementia friendly communities.
3. Improve support for carers of people with dementia.

*How will this be achieved?*

- Review of diagnostic pathways and the support available post diagnosis.
- Work towards accreditation of county-wide dementia friendly community status.
- Review existing peer support and consider options for expansion.

## Holistic and Person Centred

*Priority*

1. Improve awareness of dementia for those living with, and supporting others with learning disabilities.
2. Support effective referral pathways and early diagnosis.
3. Develop a delirium pathway across hospitals, care homes and the community.
4. Raise awareness amongst the health and social care workforce.

*How will this be achieved?*

- Review referral pathways from health and third sector organisations to identify barriers to diagnosis.
- Develop clear post diagnostic support pathways; no 'discharge' from care.
- Develop information packages for GPs to raise awareness and set out clear routes to diagnosis and treatment.
- Deliver ongoing Tier One training for the health and social care workforce with the ambition of training 75% of the workforce.

## Parity

*Priority*

1. Improve dementia diagnosis rates and the support available for people across Buckinghamshire, inclusive of those living with additional needs.
2. Reduce emergency admissions at end of life.
3. Improve data quality relating to deaths where dementia is the primary diagnosis.

*How will this be achieved?*

- Review and improve diagnostic pathways and post diagnostic support for those with learning disabilities.
- Establish palliative care pathway for individuals with dementia.
- Ensure end of life care plans are used and that people are supported to die in a place of their choice.

## Preventative and Flexible

*Priority*

1. Promote health and wellbeing for those age 40+ years to reduce the risk of developing dementia.
2. Improve take-up of targeted NHS Health Checks.
3. Improve awareness of delirium as a contributor to dementia.
4. Ensure the workforce can access suitable training opportunities.

*How will this be achieved?*

- Review relevant health and wellbeing information, advice and guidance with stakeholders and create system strategy for promotion.
- Review and promote available training.
- Support partners to prioritise training around dementia and memory impairment.
- Review dementia pathway with support from health and care partners and other stakeholders including service users.

# APPENDICES

## Appendix A
## All Age Mental Health Engagement

**All Age Mental Health Strategy - workshop analysis**

### Context

A total of 102 service users, carers and professionals across the county took part in this engagement activity to inform the development of the all-age mental health strategy. There were four main questions asked and the responses were then analysed using the Braun and Clarke method of thematic analysis (2006):

**1. Values**

- What sort of values do you think we should be striving for in the strategy?
- What makes you feel valued as an individual?
- What values do you feel that those in charge of your care and support should have?

**2. What are the key things that an all age strategy should have?**

- How do you think that we can create one pathway?
- What are the most important factors of an all age pathway?
- How can one pathway meet the needs of all of the population of Buckinghamshire?
- What do you think future needs may look like?

**3. What should we be doing?**

- Are there gaps in our current services and provisions?
- How can we improve that?
- What are we missing?
- How can we create an all-encompassing strategy?

**4. What are we, other areas or other providers currently doing well?**

- What are we currently doing that can be carried forward into the new strategy?
- Is there learning and best practice that we can take from other areas and organisations?

The research was conducted in the following forums:

- Partnership/strategic boards – Dementia Partnership Board, Carers Partnership Board, Emotional Wellbeing Board, perinatal local network meeting and Mental Health Partnership Board.
- Further groups of professionals, service users and carers workshops were organised through three third sector organisations: Mind (Buckinghamshire and Wycombe) and Carers Bucks. Questionnaires were distributed by those organisations to people that could not attend.
- Young people contributed through the CAMHS Article 12 and Youth Voice groups.
- Individual face-to-face meetings were held with people receiving treatment on the in-patient wards at the Whiteleaf Centre in Aylesbury.
- Further consultation and engagement was carried out at the Dementia Conference held in October 2018 and the Urgent Care Crisis Conference in December 2017.

We would like to thank all of the organisations that were involved in the development of the all-age mental health strategy and to the people that talked openly and honestly about their experiences.

## 1. Values

The analysis of the response to 'values' has been presented as a visual (see below).

Some of the responses were strong enough to be identified as themes. However, so as to not lose the other responses they have been presented so that the weighting and strength of the responses can be easily seen.


### Inclusive

The responses showed that the most important value to service users, professionals and carers was to be 'inclusive'. It was felt that the most important thing was to be included in all aspects of care and recovery and to be fully informed at all times. Service users and carers involved in the research reported that they would appreciate being more involved in the formulation of their care and support, articulating that sometimes they felt that they were on the periphery and that a more person-centred approach would benefit and enhance their recovery.

"To be listened to and acted upon. Not an attitude of one hat fits all"

"When professionals listen and offer tailored advice"

### Promote Independence

The second theme that was identified from the responses was '**promote independence**'. Service users and carers reported that they often felt, particularly in the in-patient services, that staff did not always have the capacity to support them to build independence skills. They thought it would be beneficial to be taught to recognise the signs that either they or their loved ones were approaching crisis point and provided with the strategies to be able to support them through it and to de-escalate the situation.

When admitted to in-patient services they felt that generally they had a lot of support but weren't necessarily taught everyday skills, such as identifying and preparing healthy food. This was particularly important for service users that had transitioned from children and young people's services and had potentially missed out on learning life skills in a formal educational setting.

It was widely recognised that a side effect of some medication is weight gain, so therefore food education was felt to be very important in promoting independence. Service users and carers felt that they should be included in any care planning decisions in order to take ownership of them and to be able to fully engage with them; this also feeds into the theme of '**inclusive**'.

Service users advised that the impact of not promoting independence with them meant that when they were discharged from services, some of them felt "**lost**" and "**alone**" and "**not able to cope**".

This is also identified in the theme of 'prevention'.

"Engage with the whole family and offer support to improve peoples' lives"

### Respect

The third theme identified was '**respect**'. Service users reported that they wanted to be viewed as "**not just a label**". What came through strongly in this theme was that service users and carers want to feel holistically included in their care.

One carer noted that:

"nobody knows my daughter better than I do, they just see this 'snapshot' of her life when she is not well but they don't listen to or respect what I am saying"

Professionals reported that they felt that services should be working more collaboratively across the system to improve outcomes for patients.

Some service users and carers felt "**rushed**" by staff when accessing services; this links into this theme as could be perceived as a lack of respect by some people.

"I just want to be spoken to with respect and patience, not rushed"

Being 'listened to' was a theme that presented strongly; it came up on multiple occasions across all ages and throughout the engagement period. Although being 'listened to' is not a 'value' it cannot be disregarded in the analysis. It does feed into the theme of 'inclusive'. However, it is recommended that this is included as a theme in its own right and that subsequently a measure is developed.

Service users, professionals and carers all expressed their frustration with the repetition that they experience across the system. In the context of service users and carers, the frustration is born from having to repeat their clinical history, or "story", to different professionals multiple times. Staff reported that they find it challenging to complete the in-depth paperwork that was expected as part of their job role whilst still undertaking their core duties of assessing and treating patients.

A well received solution that was suggested was to create mental health passports that negated the need to repeat information to multiple professionals. It was agreed that this would be particularly helpful in the event of a mental health crisis and could be shared with emergency services in this scenario.

"Listening and acknowledging concerns and worries even if there is not much that you can do to help"

"Every time they make me repeat my story it makes me relive it, this happens even more in the complex needs service (the mental health 'last chance saloon')"

## 2. What are the key things that an all age strategy should have

### Continuity

The key theme that was identified regarding what an all-age mental health strategy should have is '**continuity**', which is also an expectation of people's care services. Service users and carers felt that there were significant challenges when transitioning between services particularly children's to adults'. Many reported that they felt that they got "**lost in the system**" and that the support that they received from children and young people services was more intense than that they received in adult services. This often led to confusion and feelings of being "**alone**" and "**abandoned**".

Service users felt that the adult mental health services have much more of a "**medical focus**" whereas children and adolescent mental health services were more "**holistic and person centred**".

"I have had the same psychiatrist for 12 years and I have worked through many issues with them, he is the same psychiatrist that I had when I was a child and this has really helped me with my mental health as he knows me"

"People are not told that as you are under 55 with dementia we cannot help you, it should be seamless from birth to death"

## Flexibility

The second theme that was identified was 'flexibility'. Service users, carers and professionals felt that to continue to meet the needs of an ever changing population, any document driving change needs to organically grow and not be seen as a "static, standalone document". The strategy needs to have "linkage with other strategies such as the learning disability and autism one" and it needs to be a live, working document that can be adapted and changed when necessary with clearly defined milestones and outcomes.

Flexibility of the services themselves also fed into this theme - many service users and carers felt that if a "whole family approach was taken", this would aid recovery and educate the service user and their carer about the condition and how to support them to stay well and in the event of a crisis. People felt that, in the long term, this could support to relieve some of the pressure on statutory services, ensuring the person experiencing the condition has a robust support network to rely on.

"The strategy that we have is a live document and it is reviewed at every partnership board meeting that we have to ensure that it is still meeting the needs but also to ensure that we are doing what we said we would do, it allows us to measure our success and outcomes" (local organisation)

"So many of these strategies work in isolation and we never know where we are, they're too long to read and nobody ever reads them - not even the people that created them"

## Parity

The third theme that was identified was 'parity'. Service users, carers and professionals strongly felt that parity of esteem was incredibly important, not only for the service users themselves, but also in terms of the health of those that were supporting them. Weight loss was mentioned a number of times in service user focus groups, particularly body image issues due to weight gain, which had a detrimental impact on mental wellbeing. Service users recognised that when they were "fuelling" their body with nutritious and healthy food they had more energy to manage their mental health condition.

A number of service users recognised that their condition was incredibly taxing and difficult for those that take care of them; this included the staff that support them. They recognised the pressure that mental health services are under and the importance of ensuring that the physical and mental wellbeing of staff is taken care of appropriately too.

"staff need to have access to wellbeing services so that they can keep taking care of people".

It was also articulated that there needs to be parity across services within the care system to enable people to seamlessly access them. Parity of information sharing across services was recognised as being important, as was the need to have a more equal and standardised way of making a referral (different services request different information to assess whether a person meets their thresholds and that can become labour intensive for staff members that would prefer to spend more time with service users).

Some service users also felt that there needed to be more parity between different groups of individuals, such as the LGBTQ community. It is important to note from the feedback that 'inclusive' does not mean that all individuals of the same group are treated the same; it means that they are treated in the way that they need to be treated, dependant on their individual needs.

"I was prescribed six weeks of slimming world through my GP, it worked so well for me and I lost over a stone. Weighing less made me feel better about myself and it improved my mental health loads, not only that but I made friends and had this sort of support group around me. I

was sad when my six weeks ended because I couldn't afford to go anymore and I started to feel worse in my mental health again"

"There should be the right 'linkage' as you transfer from one service to another and from one department to another"

"There is a lot of focus on thresholds rather than equality in the services and equality of access to the services"

### 3. What should we be doing

#### De-stigmatisation

The first theme that emerged was '**de-stigmatisation**' this was communicated strongly in all of the groups. It was widely recognised that a significant amount of work has already been done to reduce the stigma of mental health and to raise the profile of the condition, both nationally and locally, but it was felt that there was still much further to do, particularly around areas such as personality disorders.

Service users and carers felt that there needed to be increased awareness amongst professionals around mental health to help reduce stigma and ensure that people are accessing the right services. Along with personality disorder they felt that there was a knowledge gap around early onset dementia and Korsakoff syndrome. The early onset dementia group felt that there was a stigma attached to them, that they were unable to cope and manage life due to their diagnosis and the impact that it would have. This also feeds into the earlier theme of '**respect**'.

Service users and carers felt that if stigma was reduced then people would seek help sooner rather than wait until they're at crisis point. This would invariably have wide reaching benefits for the health and care system with people becoming less reliant upon more intensive support services.

Personality disorders were raised again here; they felt that people were less likely to come forward out of fear of being labelled as "**manipulative**".

This also feeds into the themes of 'inclusive' and '**appropriation of language**'.

"Increase training for all frontline staff, particularly from a customer service perspective"

"Listen and not make people feel worse than they already feel, it's very brave to be able to say that you have a mental health problem"

#### Prevention

The second theme that emerged was '**prevention**' and this links to the earlier theme of '**promote independence**'. Service users and carers often felt that they had to reach a relatively high threshold before support could be offered.

Commenting that:

"Sometimes I just need somebody to talk to, to help me get things back into perspective".

One service user advised that she had recently self-harmed and had needed to go to accident and emergency; when asked what would have needed to have been in place to prevent that situation from escalating she advised that:

"I just needed to hear a voice at the end of the phone, it was 4 o'clock in the morning and I felt alone".

Carers commented that if they had ongoing support from the services after discharge, then they could support in the prevention of the people they care for reaching crisis point. This also feeds into the theme of '**continuity**'. Carers also felt that if they were given more information about the illness, especially in the case of the dementia, then they would know what to expect from the illness, the different symptoms that can be displayed and when they need to take action to prevent a situation from worsening. An example of this is medication; carers felt that if they had more education then they would be able to spot

the signs of when medication needs altering and therefore prevent further deterioration of the service user.

Service users, carers and professionals recognised that the root of prevention comes from education. They felt that more education should be given in schools to both pupils and staff and that education should begin at a much younger age than it does currently.

"Education should begin in primary school"

They acknowledged campaigns such as 'Time to Change' and the positive impact that this has had. They also recognised that signposting and knowledge of other services and their provisions was a key to success with this theme.

"There needs to be earlier identification of risk factors regarding early intervention in terms of prevention"

"Attacking mental illness from the start. Educating people on signs and symptoms so that people know to ask for support when it begins"

"Push agenda in schools"

### Appropriation of language

The third theme that was identified was '**appropriation of language**'. Service users and carers felt that they were often left feeling confused by the use of 'jargon' and medicalised terms. They need to be communicated with in a way that they are able to understand. They also reported that they were communicated 'about' whilst they were present in the room and they felt that often the language that was used by professionals was unhelpful. This feeds into the themes of '**promote independence**', '**de-stigmatisation**' and '**inclusive**'.

It was also identified that service users that have a dual diagnosis of autism, Asperger's or a learning disability are often left confused by the language used to communicate with them. Service users and carers recognised the value of peer support groups as a place to meet with others to alleviate the confusion around the language that is used by medical professionals.

"Communicate properly with people"

"The language used needs to be suitable for the end user/patient"

**4. What are we, other areas and providers doing well?**

It was recognised by the groups that there are some good pieces of work in place and that there has been significant progress since the introduction of the five year forward view for mental health. The introduction of the psychiatric in-reach liaison service at Stoke Mandeville Hospital and community urgent care services, like street triage, are widely acknowledged as a significant step forward in the support of people when in crisis. The recent commissioning of the safe haven service has been welcomed, as has the recovery college, with service users and carers asking for more services that complement traditional NHS delivered care, focusing on building resilience for long term recovery and wellness.

Below represents the feedback for this particular question:


## Appendix B
## Dementia Conference Full Report

Available at: www.buckinghamshireccg.nhs.uk/public/getting-involved/public-engagement-updates/dementia