MENTAL HEALTH :

A Strategic Plan for Sefton 2015-2020

Revised Final Draft (5) 13.1.16

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Foreword:

Our Mental Health is a vital part of our quality of life. However, at least one in four of us will experience a mental health problem at some point in our life, and around half of people with lifetime mental health problems experience their first symptoms by the age of 14.

By promoting good mental health and intervening early, particularly in the critical childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. This Strategic Plan has been developed under the governance of the Health and Wellbeing Board and incorporates and references a range of strategies and plans, such as the Dementia Strategy, and approaches mental health from prevention through to recovery as well as across the life course. It recognises the importance of ensuring that the basis for lifelong wellbeing is in place before birth, and the many things we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age.

The Health and Wellbeing Board recognises the interdependence of positive mental health and wellbeing with education, training, employment, good health care and taking part in useful daily and social activities. We want a borough where people are able to talk about their mental health by creating a community where we are able to break down the stigma associated with mental health issues and support people with mental health concerns to feel safe, get help quickly if they need it and to live fulfilling lives.

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This draft Strategic Plan has been produced by a number of partners, together with input from:-

- Sefton Council
- South Sefton CCG
- Sefton CVS
- Public Health
- Venus Resource Centre
- EXPECT Ltd
- CHART
- Swan
- Sefton Young Advisors
- Feel Good Factory
- First Initiatives
- Mersey Care NHS Trust
- Southport & Formby CCG
- Parenting 2000
- CALM
- IMAGINE
- Alzheimer's Society
- Sefton & Liverpool Age Concern
- Inclusion Matters
- Liverpool community Health (LCH)
- Sefton Partnership for Older Citizens (SPOC)
- Citizens Advice Sefton
- Mersey Care NHS Trust
- Southport & Formby CCG
- Merseyfire & Rescue Service
- Service Users

Executive Summary

Background

Improving the mental health and wellbeing of Sefton's population has been prioritised by Sefton's Health & Wellbeing Board and runs across all six objectives of the Sefton Health and Wellbeing Strategy 2013-2018:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes
- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

This strategic plan has been written in partnership with key statutory and voluntary partners to help deliver the Health & wellbeing Boards objectives and provides a framework for working in an integrated way to help deliver outcomes for Mental Health. It was agreed that this Strategic Plan should be an "umbrella document" which pulls together and references information from several different plans and strategies across the borough as well as incorporating feedback from carers and services users. The aim of this umbrella document is to provide a home for, but not duplicate, the service delivery associated with these documents. Information referenced in the Plan has been drawn from the Crisis Care Concordat Delivery Plan, Dementia Strategy, Carers Strategy, Older Persons Strategy, Suicide Prevention Plan, Joint Clinical Commissioning Groups Mental Health Plan, the draft Children and Young People Mental Health and Emotional Wellbeing Strategy for Sefton and the draft Children & Young Peoples Plan.

Summary of what the evidence tells us

Mental health, the national picture:

- At least 1 in 4 people will experience a mental health problem at some point in their life and 1 in 6 adults has a mental health problem at any one time
- 1 in 10 children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s
- Self-harming in young people is not uncommon (between 10 and 13% of 15-16 year olds have self-harmed)
- Almost half of all adults will experience at least one episode of depression during their lifetime
- 1 in 10 new mothers' experiences postnatal depression

- About 1 in 100 people has a severe mental health problem
- Some 60% of adults living in hostels have a personality disorder
- Some 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem
- Approximately 90% of mental health conditions are exclusively managed with in primary care with 10% treated in secondary care (Kings Fund, 2012)
- Mental illness results in 70 million sick days per year, making it the leading cause of sickness absence in the United Kingdom (SCMH, 2007).

Mental Health, Sefton: The Local Picture

- Using the Warwick Edinburgh Mental Wellbeing Scale (WEMWEBS), Sefton is one of the highest scoring areas in Merseyside, the North West Survey has shown that people with good wellbeing have higher life satisfaction, are more likely to be in employment, be educated, be healthy and have closer relationships with others. Approximately 15% of respondents reported low wellbeing and those individuals are more often from the most deprived areas of Sefton. (WEMWEBS is a scale for assessing positive mental health, using a 14 positively worded item scale with five response categories. It covers most aspects of positive mental health (positive thoughts and feelings) currently in the literature).
- In 2013 there were 24 deaths from suicide in Sefton and a three year total of 73 deaths between 2011 and 2013.
- In 2012/13 there were a total of 517 hospital admissions for self-harm across the two CCG's that make up Sefton, almost two thirds of which (332 of 517) were from Southport and Formby CCG.
- There were approximately 721 individuals in Sefton in 2014 living with Personality Disorder.
- In 2012/13 98.5 per 100,000, young people aged 0-17 were admitted to hospital as a result of mental health problems.
- It is currently predicted that there are 5,317 Sefton residents over the age of 65 living with depression and a further 1,691 living with severe depression, this equates to around one in eight people in this cohort living with some form of depression. Approximately 11% of 65-96 year olds live with depression, compared to 13.5% over the age of 85, suggesting that prevalence increases with age. (SMBC, NHS Sefton, 2012)
- Sefton has a higher than average prevalence of adults with dementia in the UK. One person in 14 over 65 has a form of dementia and the prevalence increases with age. It is estimated that there will be approximately 3,000 people over 80 with dementia in Sefton in 2015 and it is anticipated that this number will continue to increase. Dementia in people aged under 65 is relatively rare – less than 2% of all those with dementia. (Sefton MBC, 2014)

A comprehensive analysis can be found in Appendix 1

Vision

Our vision for Mental Health is that Sefton is a place where the circumstances in which people live promotes better mental and physical health, where there is no shame attached to having a mental health problem and where an integrated approach gives parity of esteem to mental and physical health.

Sefton is a place where there is effective treatment for mental health: the right service, in the right place, at the right time.

In Sefton people and their communities have emotional resilience, with the skills to manage their mental health and spot early signs of poor mental health. A place where families are supported and actions are taken to reduce social isolation and loneliness. Sefton is a borough that fosters a suicide safe community.

Outcomes

We will have delivered on our vision when:

- More people have good mental health
- People feel better supported to look after their own mental health and feel confident to recognise mental illness early and seek early intervention
- People have access to effective treatment and recovery services across all life-stages
- The quality of life for those experiencing mental health problems is improved
- Mental health services and those who use them enjoy parity of esteem with physical health services so that mental and physical health are not viewed in isolation of each other.

We will measure and publish our performance on an annual basis using the existing national performance frameworks for the NHS, Public Health, Adult Social Care, No Health without Mental Health and the measures outlined in the Draft Children and Young People Mental Health and Emotional Wellbeing Strategy for Sefton.

Purpose

This plan is not simply a call for more action on mental health, it is a call for a shift in understanding and thinking about mental health, recognising that there really is no health without mental health and that mental health must be integral to and underpin all actions to improve the quality of life within the population.

This plan recognises that mental health and wellbeing exists in a dynamic continuum from illness to wellness, and the need to address the full spectrum on this continuum through effective approaches to prevention, treatment and recovery.

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. Therefore, this plan takes a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age, where functional mental health needs are addressed in addition to those identified in responding to dementia.

This plan endeavours to support and join together the work being done around, children's emotional health and wellbeing, suicide prevention, social isolation, emotional health and wellbeing, dementia and the needs of carers. This plan is aligned with the draft Sefton Children and Young People, Mental Health and Emotional Wellbeing Strategy, the Sefton Older Person's Strategy, the Sefton Dementia Strategy and the Sefton Carer's Strategy.

Objectives

- Promotion of positive wellbeing, prevention and combating stigma & discrimination
- Time To Talk - Leadership to champion mental health, provide advocacy, knowledge and communicate key messages
- Wider determinants of mental health are tackled, ensuring mental health is integrated into other strategies and policies, neighbourhood development, environment and social actions
- Community resilience, engagement and co-production, workforce and community champions
- Commissioning of effective and accessible mental health services from birth to old-age
- Prevention - To support the promotion of mental wellbeing and the primary prevention of mental illness
- Treatment - Achieving parity of esteem between mental and physical health in the delivery of care and treatment services
- Recovery - Based upon an ethos of hope and empowerment, recovery models build recovery, well-being and self-management. The programmes encourage co-production by involving people with lived experience.

Delivery

Attached at Appendix 2 is the overarching Action Plan which brings together the above objectives along with those in the national strategy "No Health without Mental Health 2011" and the Mental Health Crisis Concordat 2014. Service users across all ages will be supported to engage in the delivery and evaluation of this strategic plan and those aligned with it as outlined above. Furthermore children, young people and adults will be supported to be involved in the co-production of further iterations of this plan.

Mental Health Strategic Plan

Introduction

This is the first Strategic Plan for Mental Health in Sefton since the introduction of the Health and Social Care Act 2012, which entailed the creation of Clinical Commissioning Groups, Healthwatch and the move of local responsibility for Public Health to the Council. This strategic plan builds upon the strong foundations of services supporting children, young people, families and adults living with poor mental health delivered through the previous Mental Health Action Plans. Based on this strong foundation the promotion of mental health was identified as a priority within the Sefton Health and Wellbeing Strategy (2013-18). This strategic plan sets out our direction of travel for Mental Health in Sefton. The strategic plan is split into 3 sections Prevention, Treatment and Recovery.

Vision for Sefton

Sefton is a place where the circumstances in which people live promotes better mental and physical health, where there is no shame attached to having a mental health problem and where an integrated approach gives parity of esteem to mental and physical health.

Sefton is a place where there is effective treatment for mental health: the right service, in the right place, at the right time.

In Sefton people and their communities have emotional resilience, with the skills to manage their mental health and spot early signs of poor mental health. A place where families are supported and actions are taken to reduce social isolation and loneliness. Sefton is a borough that fosters a suicide safe community.

After five years there will be:

- Improved mental health and wellbeing of the population
- People and communities know how to keep well and are able to take responsibility for their wellbeing
- Early intervention is in place to prevent long lasting conditions
- Parity of esteem between mental and physical health services
- Accessible and effective services
- Local needs are reflected through consultation, engagement and co-production

Improving the mental health and wellbeing of Sefton's population has been prioritised by Sefton's Health & Wellbeing Board and is interwoven across all six objectives of the Sefton Health and Wellbeing Strategy:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes
- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

To implement the objective to 'promote positive mental health and wellbeing' the views of a wide range of stakeholders were gathered in September 2013. These views and priorities provide the foundations for this Strategic Plan and are interwoven into the considerations, objectives and action plan.

Key messages from stakeholders include:

- Engaging and listening to people: Service users need to be meaningfully engaged in the co-production and co-design of services to ensure they are effective. The views and experiences of those not using services should be gathered.
- An ethos of prevention and recovery should be balanced with the need for effective responses to acute mental health problems. Where possible services should be in a community setting.
- Suicide prevention and addressing the needs of those who self-harm should go across all levels from prevention, to crisis services and support.
- Transitions need to be improved, particularly from child and adolescent to adult services.
- The effects of Dementia and the impact of Sefton's aging population need to be part of the mental health strategic plan.

Aim and Purpose

Aim

We aim to commission for good mental health and wellbeing in Sefton, creating a borough that sees mental health as a positive state and people with a mental illness as contributing meaningfully to the mental capital of the borough.

The aim of this strategic plan will be achieved when:

- More people have good mental health
- People feel better supported to look after their own mental health and feel confident to recognise mental illness early and seek early intervention
- People have access to effective treatment and recovery services across all life-stages
- The quality of life for those experiencing mental health problems is improved
- Mental health services and those who use them enjoy parity of esteem with physical health services so that mental and physical health are not viewed in isolation of each other.

Purpose

This strategic plan is not simply a call for more action on mental health, it is a call for a shift in understanding and thinking about mental health, recognising that there really is no health without mental health and that mental health must be integral to and underpin all actions to improve the quality of life within the population.

This strategic plan recognises that mental health and wellbeing exists in a dynamic continuum from illness to wellness, and the need to address the full spectrum on this continuum through effective approaches to prevention, treatment and recovery.

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does. Therefore this strategic plan takes a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age, where functional mental health needs are addressed in addition to those identified in responding to dementia.

This strategic plan supports and brings together the work being done around children's emotional health and wellbeing, suicide prevention, social isolation, emotional health and wellbeing, dementia and the needs of carers. This strategic plan is aligned with the Sefton Children and Young People Mental Health and Emotional Wellbeing Strategy, the Sefton Older Person's Strategy, the Sefton Dementia Strategy, Sefton Carer's Strategy and the draft Children and Young Peoples Plan.

Objectives

- Promotion of positive wellbeing, prevention and combating stigma & discrimination
- Time To Talk Leadership to champion mental health, provide advocacy, knowledge and communicate key messages
- Wider determinants of mental health are tackled, ensuring mental health is integrated into other strategies and policies, neighbourhood development, environment and social actions
- Community resilience, engagement and co-production, workforce and community champions
- Commissioning of effective and accessible mental health services from birth to old-age
- Prevention - to support the promotion of mental wellbeing and the primary prevention of mental illness
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Action Planning

The Action Plan brings together the above Sefton Objectives along with those in the national strategy 'No health, without mental health' (NHWMH 2011) and the Mental Health Crisis Concordat 2014.[47]

See Overarching Mental Health Action Plan at Appendix 2

Context

‘Mental Health’ is integral to the overall health of individuals, communities and whole populations.

> The World Health Organisation defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Put simply mental health has been described as ‘feeling good and functioning well’
>
> Social wellbeing impacts on mental health; it encompasses social and income equality, social capital, social trust, social connectedness and social networks. Conversely the positive mental health of individuals impacts on social wellbeing through good relationships on a one to one, family or group level and by positive contributions to society

This ‘Mental Health Strategic Plan’ will use the term ‘mental health’ to encompass mental illness/disorder, mental wellbeing, social wellbeing and all other states of mental health.

This Mental Health Strategic plan is set in the context of the national strategy No Health Without Mental Health 2011 the public health white paper Healthy Lives Healthy People 2010 that has mental health as a cross-cutting theme and the 2014 government call to action in ‘Closing the Gap’ a 25 point action plan for change in mental health No Health without Mental Health’ ‘recognises that mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime’.

This strategic plan builds upon the six national objectives:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

No Health without Mental Health identifies mental health as being “everybody’s business”. The Government requires individuals, communities and the organisations within them to take responsibility for improving their own mental health and wellbeing and/or taking care of that of other people. Challenging “the blight of stigma and discrimination” is also prioritised as both an individual and collective responsibility.

Summary of evidence across the life stages

This strategic plan is written for all age across the life course, this means:

- **Starting Well**
  Children’s experiences in their first five years of life have lasting impacts on their wellbeing. Child wellbeing in the early years is strongly associated with the mental health of their parents.

- **Developing Well**
  Children's ratings of their wellbeing appear to be most strongly influenced by relationships, with family members and with their peers. Wellbeing in adolescence suggests a 'u-shaped' curve, with wellbeing reaching its lowest ebb around 14-15. This decline appears to be sharper for girls. Health is important for young people's wellbeing, but they perceive it as less important for their wellbeing than adults do.

- **Living Well**
  Self-reported health is one of the factors most closely related to wellbeing. The frequency of contact with family and friends, and the quality of those personal relationships, are crucial determinants of people's wellbeing. Caring responsibilities for someone with a disability or in poor health is associated with lower happiness ratings, and more depressive symptoms.

- **Working Well**
  Those in unemployment tend to experience lower levels of wellbeing than those in employment. It is not just having a job that is important; it is having a good job. Job quality and job security are important for greater wellbeing. There is evidence that unemployment of a parent may cause a child to have reduced levels of wellbeing in the longer term.

- **Ageing Well**
  Although advancing age is associated with physical and cognitive decline, wellbeing is consistently found to be higher in later life than among young or middle aged adults. However, wellbeing subsequently declines in the oldest old.

'Poor mental health affects people of all ages yet with effective promotion, prevention and early intervention its impact can be reduced dramatically' **.**

Time to Talk

Progress has been made in understanding mental health and illness, effective treatments and how to look after our mental health; however attitudes to mental health have not kept pace with these changes, this strategic plan will set out a communication plan to ensure Sefton plays its part in changing attitudes.

National campaigns such as the Five Ways to Wellbeing, Time to Change and Time to Talk are all now contributing to a momentum and a shift in attitudes. This strategic plan will capitalise on this momentum to make talking about mental health part of each and every day.

We will do this by

- Challenging people to talk about their own mental health.
- Tackle the stigma of mental health
- Develop a Time to Talk communications plan beyond the traditional campaigns that will be co-developed with people who have experience working alongside key stakeholders
- Raise awareness of the impact of poor mental wellbeing and ensure interventions are highly visible
- Promote a shared vision with professionals, communities and neighbourhood's and encourage that people speak with a 'common voice'
- Build capacity and capability through workforce and community training

Determinants of Mental Health

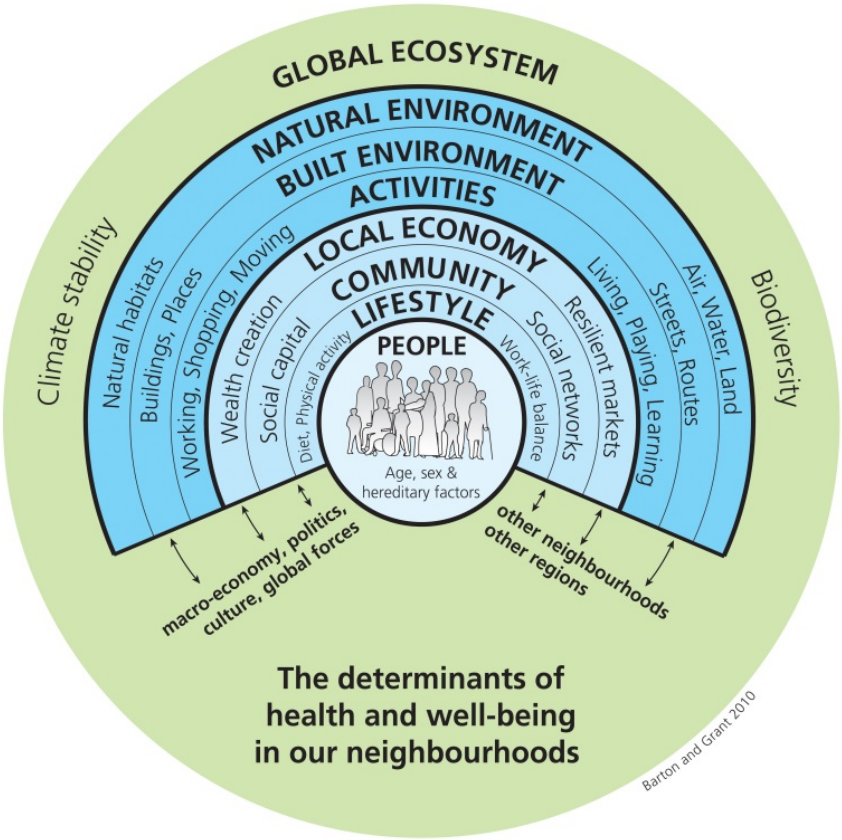
The determinants that lead to positive mental health and wellbeing are multiple and complex they include:

i) the wider determinants of education, finances, employment, housing, transport systems, the physical environment and access to green spaces

ii) the circumstances in which people live such as neighbourhood safety and community strengths (assets), the settings in which people work, study and play/socialise, engagement in local life and opportunities for social participation, social norms and levels of discrimination, levels of violence, crime and abuse

iii) the individuals emotional resilience, family history and developmental factors, individuals physical health and health behaviours, life events and opportunities, psychosocial factors such as access to support, sense of belonging, feeling respected and a sense of autonomy and control over one's life.

In recognising the breadth of the determinants of mental health this strategic plan encourages the full engagement of all stakeholders to influence population mental health in Sefton and for all to challenge those determinants that lead to poor mental health and to develop resilience to them.



Barton H, and Grant M, (2006)

Community Resilience

The North West Wellbeing Survey examines those factors that make up social capital: such as social participation, contact with friends and family and neighbours, a sense of belonging to a neighbourhood and perception of being able to influence local life. Sefton had one of the highest scores for high social capital, 33.8, compared to the North West average of 24.3% 9 .

Community assets are the factors that support the creation of positive health and wellbeing - the skills, strengths and resources of individuals, communities and organisations that contribute to health.

"The asset approach values the capacity, skills, knowledge, connections and potential in a community. In an asset approach, the glass is half full rather than half-empty".

Building a community asset approach is already building momentum in several neighbourhoods in Sefton:

- Litherland Think Family
- Think Community
- Norwood Community Development
- Church Ward and Well Sefton

Neighbourhood risk factors such as criminal activity and feeling unsafe, discrimination and hate crime, levels of drug and alcohol abuse, domestic violence and sexual abuse are all factors that can undermine community assets and individual mental health. This strategic plan links to actions and policies in Sefton to tackle these issues.

Prevention

'Good mental health and well-being are fundamental to flourishing individuals, families and communities and to national economic productivity and social cohesion'

Wellbeing matters to health; the evidence-base demonstrates that it:

- Adds years to life (building the Five Ways to Wellbeing into daily life can add 7.5 years to life expectancy)
- Improves recovery from illness
- Is associated with positive health behaviours in adults and children
  Is associated with broader positive outcomes :Employment, education, crime, relationships
- Influences the wellbeing and mental health of those close to us

Social relationships are key to wellbeing:

- Family relationships are very important for young people's wellbeing.
- Young people's experiences of bullying have a strong negative effect on their wellbeing.
- The influence of social relationships on the risk of death are comparable to other established mortality risk factors such as smoking and alcohol consumption, and actually exceed the influence of physical activity and obesity.

- Good quality relationships with partners have been found to be a strong correlate of happiness.

During the engagement and consultation process for this strategic plan people told us that they wanted to be empowered, have a sense of purpose and take care of themselves and their family. People should be encouraged to admit problems and seek help early.

The Government's Mental Health strategy recognises that "there is increasingly robust evidence that a range of innovative and preventative approaches can reduce costs by improving outcomes and increasing quality and productivity"[5]

'Commissioning Mental Wellbeing for All – A toolkit for commissioners' and 'Mental health promotion and mental illness promotion, the economic case' are key among a wealth of evidence-based reviews of what works to promote and protect mental health

- Promote good parental mental health
- Promote good parenting skills
- Provide emotional resilience interventions for children and young people
- Improving working lives
- Improve quality of older people's lives
- Increase opportunities for social participation, self-care and preventing social isolation
- Initiatives to prevent emotional, physical and sexual abuse
- Integrate physical and mental health providing access to lifestyle services
- Tackling alcohol and substance misuse, providing screening interventions
- Community empowerment, improving environments and strengthening social networks

These preventative measures are reflected in the strategic action plan.

Suicide intervention programmes need to be targeted at men, particularly in the 20-45 year age – range. Lack of service uptake by men requires a community based approach to improving their social and mental wellbeing. Between 2011-13 there were 73 suicide verdicts were recorded in Sefton (8.79 per 100,000). Of the 24 suicides reported in Sefton in 2013, 83% were male. For each suicide up to 6 family and friends are directly affected, with their own subsequent health needs, equating to 438 individuals.

The Mental Health Crisis Care Concordat

The **Mental Health Crisis Care Concordat**[49] is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

Crisis Care Concordat – Sefton's Local Action Plan

All 152 local areas pledged their support for the Mental Health Crisis Care Concordat by the end of 2014 and everyone has now developed and agreed an action plan - See Appendix 2 for Sefton's Action Plan

Treatment

The partners to this strategic plan are committed to working together to improve the mental health and wellbeing of Sefton residents, for too long mental health has been viewed in isolation, this strategic plan aims to bring this disconnect to an end and ensure that people of all ages in Sefton receive at least the same level of access to timely, evidence-based, clinically effective, recovery focused, safe and personalised care as people with a physical health condition.

The aim for treatment services is to have cradle to grave mental health and dementia services across Sefton which will be on an equal footing with people with physical problems. It is essential for services to intervene early, to provide the right intervention at right time, and get it right first time, preventing the development of morbidity, reducing the risk of harm and promoting recovery.

Services will be visible, easily accessible, of high quality, safe and deliver beneficial outcomes. An emphasis will be placed on early intervention, recovery and integrated mental and physical health working to enable patients to be supported to live healthy lives in the community thereby making real progress to reducing life expectancy. The physical needs of people with mental health conditions will be assessed and treated routinely alongside their physical health needs.

Parity of esteem for mental health is an aspiration within NHWMH in recognition that for too long the separation of mind and body within health and social care has been to the detriment of mental health. Any future mental health care pathways must not be only treatment focused. They must encompass the following components which reflect the wider determinants of mental health wellbeing:

- Advocacy
- Education
- Employment
- Housing
- Welfare advice
- Good parenting
- Health start in life for children
- Good relationships
- Wider social inclusion

A recovery based approach to mental illness can help build resilience which can reduce the risk of relapse and the need for crisis intervention or on-going support; improving the quality of life for the individual and their families.

Parity of care and treatment means standards are developed for waiting times, mental health assessment, diagnosis and treatment. People in a mental health crisis should have an emergency response service equivalent to that of those presenting with physical health problems.

The partners to this strategic plan see Recovery as a key element, all services will share the responsibility of improving physical health of people with mental illness and all care plans should be are co-produced, holistic, and recovery focused, and include social care, this requires the sharing of information among all agencies involved in patient care.

Recovery

National mental health policy recommends the development of Recovery Colleges as a key lever for change. There is good evidence that a Recovery College has the potential to transform mainstream services by moving the focus from treatment and risk management to education, growth and self-fulfilment.

The defining features of the recovery college are:

- Co-production between people with personal and professional experience of mental health and it operates on college (not day care) principles
- It is for everyone – professionals, service users, carers, families and friends
- There is a Personal Tutor (or equivalent) who offers information advice and guidance
- The College is not a substitute for traditional assessment and treatment It is not a substitute for mainstream colleges
- It reflects recovery principles in all aspects of its culture and operation
- Access to a physical base (building) with classrooms and a library where people can do their own research

Mersey Care NHS Trust was one of the early adopters of the 'Recovery College' ideas, and it now provides one as part of a comprehensive programme of organisational change. The Recovery College was launched in September 2013.

The Journey so far

For Children and Young People

We want good mental and emotional well-being for children and young people in Sefton where the psychological development and emotional welfare of the child is paramount. The Children's & Young People Plan for Sefton has 4 priority areas, one of which is "Ensure positive emotional health and wellbeing of children and young people is achieved".

What are we doing to improve things?

- The establishment of a Sefton children and young people's emotional health and wellbeing steering group, as well as provider partnerships are enabling services to work together to better understand emotional health and wellbeing locally and improve access to services
- Sefton has been successfully appointed by NHS England as a CYP IAPT (Children and Young People's Improving Access to Psychological Therapies) site, bringing enhanced resource, workforce development opportunities and an increased focus on youth involvement in the delivery and design of emotional wellbeing services
- A joint NHS CQUIN (Commissioning for Quality and Innovation) programme, involving Alder Hey and Merseycare Trusts is shaping improved transitions between children and adult services for 0-25's and new service model.
- Sefton were successful in 2014/15 in receiving national funding from NHS England to enhance how Clinical Commissioning Groups (CCGs), Education and the Local Authority work together to fund Child and Adolescent Health Services (CAMHS), with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community [46]

We are doing this by:-

- Promoting good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.
- Improving access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health.
- Improving knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues [46].

For Adults & Older People

We want good mental and emotional wellbeing for adults and older people regardless of social background or geography.

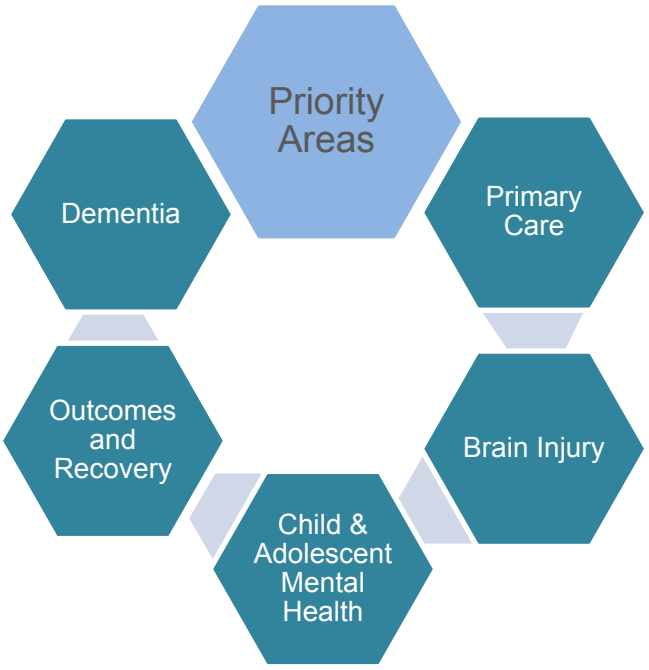
What are we doing to improve things?

- The establishment of a Sefton Adults emotional health and wellbeing steering group, as well as provider partnerships are enabling services to work together to better understand emotional health and wellbeing locally and improve access to services.
- The transition of the established “Church Ward Pilot” group to the Early Intervention and Prevention group along with the appointment of 3 development workers is helping address social isolation, particularly in older people.
- The Dementia working group is helping develop a dementia friendly community across the whole of Sefton and has developed the Dementia Strategy for Sefton.
- Sefton Partnership for Older Citizens (SPOC) works with partners to create a better place where older people can live, work and enjoy life as valued members of the community. The Sefton Strategy for Older Citizens 2014-2019 sets a clear direction for our communities and strives to ensure that the needs of people are met.
- The Carers Strategy for Sefton also helps address Mental Health in adults and older people

Sefton Clinical Commissioning Group's

The health care system that can solve-for the really big challenges – dementia, obesity, inequalities, mental health and wellbeing, personalisation, prevention and empowerment - that's the health system that will prosper in the 21st century"
Simon Stevens, NHS England Chief Executive

As part of the Sefton Mental Health Strategic Plan, NHS South Sefton and NHS Southport and Formby CCG have identified mental health as a key priority and as such the Sefton Mental Health Task Group was established in April 2014 to review the current pathways and practices covering the Sefton populations. Under the aegis of parity of esteem the Task Group has identified the following priority areas for action in 2015/16 and onwards:

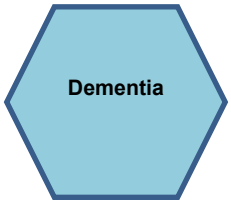


The above areas identified through the task group have been prioritised for 2015/16, however both CCGs will continue to work with Providers to ensure delivery of safe and effective services which deliver improved outcomes for all commissioned mental health and dementia services.

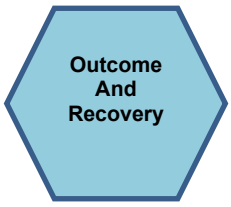
The vision is to have an all age mental health service across Sefton which is recovery focused, visible, easily accessible, of high quality, safe and deliver beneficial outcomes. Emphasis will be placed on early intervention, recovery and integrated mental and physical health to enable patients to be managed better in the community with a reduced reliance on acute interventions. Dementia will be treated as a long term condition within community based networks of care.

All future commissioning undertaken by both CCGs will, as routine, consider mental health and dementia as part of the pathway. An ageless pathway under the aegis of parity of esteem is central to this vision. Commissioning will begin at locality level upwards within the local health economy in Sefton so as to ensure that local needs are met.

To deliver the vision the best of both primary care and secondary mental health provision need to work very differently than at present to ensure delivery of better patient outcomes.

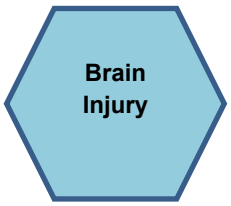


Any future models of dementia must include the existing functions but they should be truly integrated and at the centre of the model should sit primary care, similar to the future model for mental health.

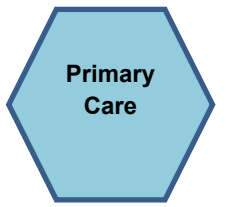


The CCG are developing their contracts to support the developmental of service specifications that will be outcome based with recovery as a key feature. This will link with the work Merseycare have commenced with the development of the recovery college and to further support people as they move into the recovery phase.

The prevalence and recognition of mental health conditions and the need of support and treatment in children and young people is increasing. A number of disorders are persistent and will continue into adult life unless properly treated. As a joint commissioning partnership (CCG & LEA) we strive to achieve, a clearer service and support pathway, increased knowledge and understanding across commissioning arrangements, build on professional development through IAPT and develop a model of best practice.



Since 1196 Merseycare NHS Trust have provided a locally commissioned an Acquired Brain Injury (ABI) service. This service is primarily an inpatient based service with a small element of community provision. The service consists of Occupational and Speech Therapists, Social work staff alongside nursing and medical staff. The service has demonstrated good outcomes with fewer than 50% of patients being discharged to home without extra support, 25% are discharged with care packages and the remaining 25% are discharged to either supported accommodation or nursing homes



The Task Group believes that existing acute liaison services operate as an “add on” to acute services however it believes that acute liaison should be an equal partner in the effective delivery of care within the future model of care. Services should be provided to meet the needs of patients with a mental health condition secondary to their physical health problem, or a physical health condition alongside their mental illness including dementia. The liaison service should be an integral part of all pathways provided within acute hospital trusts.

Service mapping and commissioning

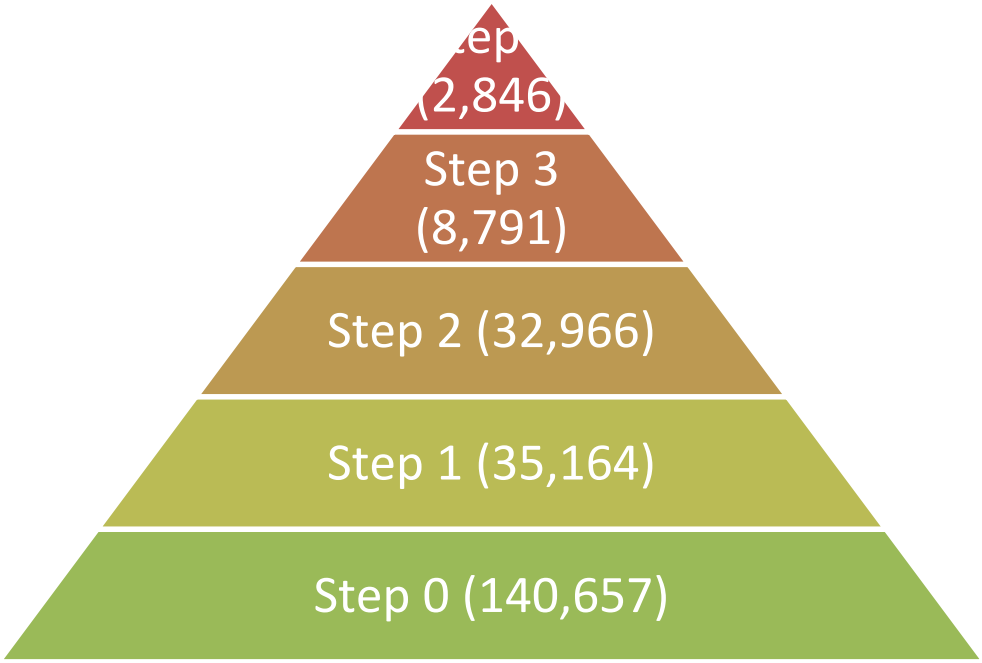
Mental Health need and provision is commonly described within a framework of Steps as described by National Institute for Clinical Excellence.

NICE recommends that a stepped-care model is used to organise the provision of services and to help people with common mental health disorders, their families, carers and healthcare professionals to choose the most effective interventions. In stepped care the least intensive intervention that is appropriate for a person is typically provided first, and people can step up or down the pathway according to changing needs and in response to treatment.

Commissioning services using the stepped-care model is likely to be cost effective because people receive the least intensive intervention for their need. If a less intensive intervention is able to deliver the desired positive service-user outcome, this limits the burden of disease and costs associated with more intensive treatment.

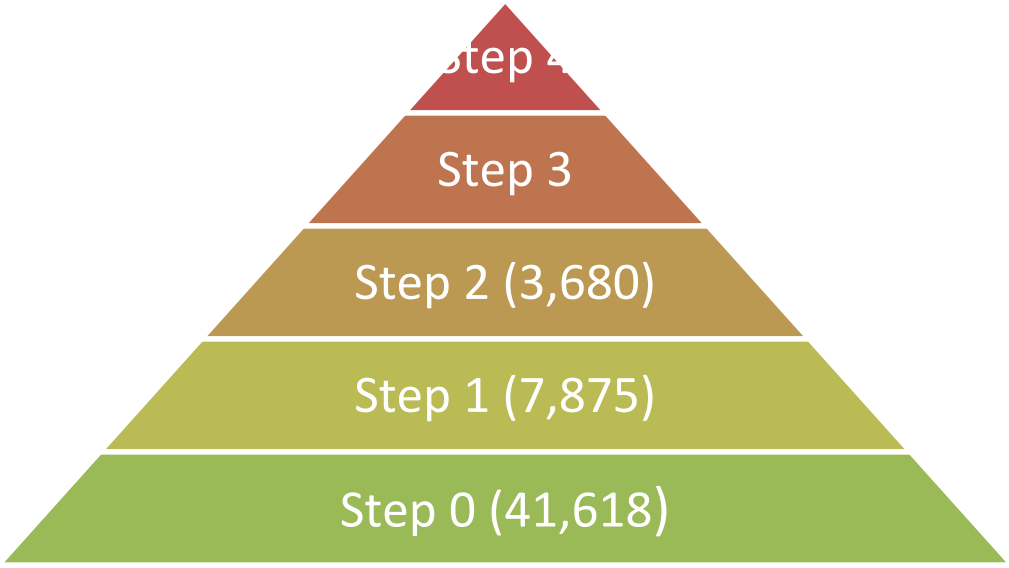
- **Step 0** Universal services and self-care
- **Step 1** Preventative work, mental health promotion, early identification and intervention, general advice and treatment for less severe problems.
- **Step 2** More specialised, for those with complex, severe and crisis level problems, offered by multidisciplinary service including support from primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.
- **Step 3** Highly specialised, services for those with enduring problems, disorders and illness. Typically a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for people with more severe, complex and persistent disorders.
- **Step 4** Inpatient care and crisis teams. Essential tertiary level services to support the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. This may include secure forensic units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused), usually serving more than one district or region)

Sefton Adult population distributed across Stepped Care Model



Total NHS Mental Health Spend for Sefton for 2012/13 (Excluding Specialist Commissioning) was approximately £31,739,000, when Local Authority (Including Public Health) expenditure of £6,897,000 is included the total expenditure in Sefton is £38,636,000

Sefton Children & Young People's population distributed across Stepped Care Model



The Children and Young People's Steering Group have mapped services in relation to the Stepped Care Model.

Early Intervention in Psychosis

The Local Picture

Estimated prevalence of psychotic disorder for people over 16 across both Sefton CCGs is above national average (0.40%), with SF CCG estimated to be 0.43%, while South Sefton is estimated to be 0.47%. Both CCGs prevalence are in line with NW regional benchmark of 0.45%, and ONS peer group benchmark of 0.46%

Most initial episodes of psychosis occur between early adolescence and age 25 but the standard applies to people of all ages in line with NICE guidance.

The access and waiting time standard

The new access and waiting time standard requires that, by 1 April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.

The standard is 'two-pronged' and both conditions must be met for the standard to be deemed to have been achieved, i.e.

1. A maximum wait of two weeks from referral to treatment; and

2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people CG155 (2013) or in adults CG178 (2014).

The early intervention access target is a key work stream of the mental health transformation group and through this forum the implementation and the wider impact this target will have in improving access mental health will be considered. Contributing to the futures of service provision

Liaison Services and the future model for Primary Care and Mental Health

Ensuring that a person's mental health needs are also addressed when they are in an acute hospital for treatment for their physical health removes one of the potential barriers to provision of good health care. Liaison services can reduce the risk of self-harm and suicide whilst also addressing the long-term conditions and medically unexplained symptoms with which many patients present.

In 2004 the Royal College of Psychiatrists and the British Association for Accident and Emergency Medicine estimated that mental illness accounted for around 5% of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions.

The Partners of this strategic plan believe that a liaison service should be an integral part of all pathways provided within acute hospital trusts. A good model for this is Rapid Assessment Interface and Discharge (RAID) model which is an age-inclusive, drugs/alcohol inclusive, consultant-led service that is fully integrated into the structure and function of an acute hospital in Birmingham. It has shown dramatic reductions in bed use, particularly use of acute/elderly ward beds by patients with dementia.

Economic evaluation of RAID, undertaken by the Centre for Mental Health in 2011 demonstrated that it can achieve the following outcomes, over and above traditional liaison services:

Outcomes

- Reduce admissions, leading to a reduction in daily bed requirement of 44 beds per day, saving the local NHS £3.55m per annum through decommissioning acute beds

- Reduce discharges to institutional care for elderly people by 50%, saving local authorities £3m per annum in contributions to residential care.

- Produce a consequent cost-to-return ratio of £1 to £4.

The CCGs have developed a community intervention to complement a RAID Model across services throughout Sefton. Across the local health economy detailed work should be undertaken to ascertain the optimum level of liaison psychiatry required. A model of acute liaison that is entirely managed by acute service should also be considered for the local health economy.

Appendix 1 – The Facts

National picture of Mental Health & Wellbeing

In 2010, the Prime Minister announced that subjective wellbeing would be a major government goal and the Office for National Statistics (ONS) has established a programme to measure and report on both objective and subjective wellbeing. ONS published a report 'Life in the UK 2014'. A useful overview of patterns of wellbeing in the UK has been produced by the new economics foundation, identifying population groups with low well-being, and the factors associated with high well-being. The most important determinants of overall well-being, of those considered, were disability, age, marital status, and employment status.

Mental Health Problems – Some Statistics (NHWMH 2011)

- At least 1 in 4 people will experience a mental health problem at some point in their life and 1 in 6 adults has a mental health problem at any one time
- 1 in 10 children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s
- Self-harming in young people is not uncommon (between 10 and 13% of 15-16 year olds have self-harmed)
- Almost half of all adults will experience at least one episode of depression during their lifetime
- 1 in 10 new mothers' experiences postnatal depression
- About 1 in 100 people has a severe mental health problem
- Some 60% of adults living in hostels have a personality disorder
- Some 90% of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem

People with one long-term condition are two to three times more likely to develop depression than the rest of the population. People with three or more conditions are seven times more likely to have depression

Approximately 90% of mental health conditions are exclusively managed with in primary care with 10% treated in secondary care.

The economic cost of mental illness

A report by the Centre for Economic Performance in 2012 estimated that nationally mental health conditions make up 23% of all the conditions dealt with by the NHS but 13% of the annual £110bn budget is spent on mental health.

Mental illness results in 70 million sick days per year, making it the leading cause of sickness absence in the United Kingdom.

It has been calculated that the rate of Employment and Support Allowance benefit claimants reporting a mental health/and or behavioural problem as their primary diagnosis is 41 per 100,000 population, which is higher than both the North West and England averages.

Sefton picture of Mental Health & Wellbeing

The Warwick Edinburgh Mental Wellbeing Scale has been developed to measure subjective wellbeing and Sefton has participated in the 2009 and the 2012 'North West Mental Wellbeing Survey' that utilises this measure. The North West Survey has shown that people with good wellbeing have higher life satisfaction, are more likely to be in employment, be educated, be healthy and have closer relationships with others. (WEMWEBS is a scale for assessing positive mental health, using a 14 positively worded item scale with five response categories. It covers most aspects of positive mental health (positive thoughts and feelings) currently in the literature).

Sefton is one of the highest scoring areas in Merseyside and mental wellbeing is above the North West average. Sefton had one of the highest scores for social capital, 33.8 %, compared to the North West average of 24.3%. Approximately 15% of respondents reported low wellbeing and those individuals are more often from the most deprived areas of Sefton.

Adult mental health conditions

The national psychiatric morbidity surveys describe the prevalence of different types of mental disorder. The vast majority of psychiatric disorders are for common mental health problems such as anxiety and depression. There are also a substantial proportion of people who have a dual diagnosis. Women were more likely than men to have a common mental health disorder and the overall prevalence was found to be highest among 45-54 years.

The main types of psychotic disorders are schizophrenia and affective psychosis, such as bi-polar disorder, overall prevalence nationally was found to be 0.4%, with a higher prevalence among black men.

Suicide

Is a major public health issue for Sefton and a leading cause of years of life lost. In 2013 there were 24 deaths from suicide and a three year total of 73 deaths between 2011 and 2013, with a rate of 8.79 per 100,000. The suicide audits for the three years 2011-13 have recorded a higher incidence in males over 35 years living in North Sefton. There is no one single cause of suicide. Stressful life events can play a part including: unemployment, debt, loneliness, bereavement, relationship breakdown and imprisonment. A 'Sefton Suicide Reduction Action Plan' interlinks with Action Plan.

Mental Health and Long Term Conditions

The links between mental health and long term conditions are well documented, with the Kings Fund in 2012 estimating that in terms of NHS spending; at least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing and they estimated that 30% of people with a long-term condition have a mental health problem and 46% of people with a mental health problem have a long-term condition approximately (4.6 million people).

People with schizophrenia are almost twice as likely to die from heart disease as the general population, and four times likely to die from respiratory diseases .

Self-harm

In 2012/13 there were a total of 517 hospital admissions for Self-harm across the two CCG's that make up Sefton, almost two thirds of which (332 of 517) were from Southport and Formby CCG. The rate per 100,000 population in Southport & Formby of 314.89 puts it amongst the top 10% of English CCG's with the highest rates of self-harm hospital admissions, and significantly higher than the England rate of 190.99 per 100,000. The rate of 118.04 in South Sefton is significantly

lower than the England rate and far lower than the rate within Southport & Formby. In addition South Sefton CCG has the lowest of the wider Merseyside CCGs and one of only two Merseyside areas below the national average.

Personality disorder

Borderline Personality Disorder, where the individual is characterised by high levels of personal and emotional instability, was estimated to affect 721 individuals in Sefton in 2014. Borderline Personality Disorder is more prevalent in females than males in Sefton. There are twice as many females with the condition in Sefton when compared to males.

Dual diagnosis

The estimated number of individuals with a dual diagnosis in Sefton in 2014 was 11,459. There were more females than males with a dual diagnosis. Dual diagnosis is known to be associated with increased severity of symptoms, longer duration, greater functional disability and increased use of health services.

Children and Young People's Mental Health

One in ten children needs support or treatment for their mental health condition. For Children and Young People (CYP) the most prevalent forms of mental health conditions are conduct disorders and anxiety. For young people mental illness is strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.

The rate of Sefton CYP admitted to hospital as a result of a mental health problem in 2012/13 was 98.5 per 100,000 young people aged 0-17. This is similar to the England average. The rate of young people under 18 who are admitted to hospital as a result of self-harm has increased in 2011/12 when compared with figures from 2009/10. Overall rates of admission in 2011/12 are significantly higher than the England average. In this period, the rate of self-harm hospital admissions was 171.2 per 100,000 young people aged 0-17. Nationally, levels of self-harm are higher among young women than young men. This is the same in Sefton. However young people from more deprived areas are significantly more likely to be admitted to hospital for self-harm Full details of Sefton prevalence are reported in the Sefton CYP Emotional Wellbeing Strategy.

Rates of hospital admission for those CYP with mental illness were higher than the national rates. The crude rate figure per 100,000 population for Sefton CYP admitted to hospital as a result of a mental health problem was 87.6 per 100,000 for 0-17 year olds in 2012/13. Self-harm related hospital admissions are similar to the national average, however young people from more deprived areas are significantly more likely to be admitted to hospital for self-harm. The figure for self-harm related hospital admissions was 352.6 per 100,000 populations over the three years between 2010 and 2013. Full details of Sefton prevalence are reported in the Sefton CYP Emotional Wellbeing Strategy.

Public Health England (PHE) launched a new data and intelligence portal in June 2014. The website provides access to a new suite of Fingertips tools which pull together the range of publicly available data providing local systems with area profiles designed to help them deliver effective care pathways and outcomes for service users. http://fingertips.phe.org.uk/profile-group/mental-health . Sefton data can be viewed alongside national data and comparable local authorities and CCGs.

Mental Health in Later Life

In the 2013/2014 Social Care Survey 20% of over 65's living in Sefton indicated that they do not have as much social contact as they would like, whilst not all of these people would describe themselves as lonely, loneliness is detrimental to good mental health adding to the burden of disease and limiting life expectancy. The 2011 Census indicates that there are 18,414 over 65's living in single occupancy households within Sefton, this equates to around one in three, of the total over 65 population of the borough and represents 15.6% of all households in the borough.

There is a common assumption that mental health problems are a 'normal' aspect of ageing, but most older people don't develop mental health problems, and they can be helped if they do. While a significant number of people do develop depression or dementia in old age, they aren't an inevitable part of getting older.

Depression can affect anyone, of any culture, age or background but more older people are affected than any other age group. This is because older people are much more vulnerable to factors that lead to depression, such as: being widowed or divorced, being retired/unemployed, physical disability or illness, loneliness and isolation.

It is currently predicted that there are 5,317 Sefton residents over the age of 65 living with depression and a further 1,691 living with severe depression, this equates to around one in eight people in this cohort live with some form of depression. Approximately 11% of 65-96 year olds live with depression, compared to 13.5% over the age of 85, suggesting that prevalence increases with age.

The neurobiological changes associated with getting older, prescribed medication for other conditions and genetic susceptibility (which increases with age) are also factors. There are a number of rarer mental health problems that affect older people too, including delirium, anxiety and late-onset schizophrenia

Dementia

Dementia is a decline in mental ability which affects memory, thinking, problem-solving, concentration and perception. It occurs as a result of the death of brain cells or damage in parts of the brain that deal with our thought processes. People with dementia can become confused and some also become restless or display repetitive behaviour. They may also seem irritable, tearful or agitated which can be very distressing for both the person with dementia and their family and friends.

Sefton has a higher than average prevalence of adults with dementia in the UK. Dementia can affect adults of any age, but is most common in older people. One person in 14 over 65 has a form of dementia and the prevalence increases with age. It is estimated that there will be approximately 3,000 people over 80 with dementia in Sefton by 2015 and it is anticipated that this number will continue to increase. Dementia in people aged under 65 is relatively rare – less than 2% of all those with dementia.

Sefton's Dementia Strategy 2014-2019 sets out a vision for Sefton that:

People with dementia and their carers will receive high quality, compassionate care whether they are at home, in hospital or in a care home. We want the person with dementia, and their family and carer, their wellbeing and quality of life to be first and foremost in the minds of those commissioning and providing services for them.

This Mental Health Strategic Plan interlinks with the ethos of the **Sefton Carers Strategy 2014-2019** that sets out the following vision:

We aim to ensure that vulnerable carers of all ages in Sefton are valued for the role they play, have access to information and support which allows them to be self-sufficient, to gain the help they need to learn, develop and thrive in their communities, and have access to opportunities for a life outside caring resulting in a feeling of improved wellbeing. We aim to ensure that carers and those they care for have a voice and are listened to when services are designed to ensure they meet their needs.

Inequalities

The two-way relationship between mental illness and social inequality can prove difficult to unravel. The Labour Force Survey presented overwhelming evidence that the key factors which increase the risk of developing mental illness are inequality and poor mental wellbeing. The North West Mental Wellbeing Survey 2012 recorded that respondents from the most deprived quintile are almost twice as likely to have low mental wellbeing as respondents from the least deprived quintile.

In Sefton there are 36 Lower Super Output Areas (LSOA) that fall within the 10% the most deprived areas within England & Wales. Within these 36 LSOA's there are 49,731 residents, equating to 18% of Sefton's population living in the most deprived areas with increased risks for mental health problems.

The risk factors for poor mental health include: stigma and discrimination, homelessness, unemployment, financial and relationship problems, alcohol and drug abuse, sexual and physical abuse, emotional abuse and bullying, internet and on-line safety, low body image, lack of self-esteem.

Mental health problems are associated with poorer physical health and premature mortality. Those with Learning Disabilities are particularly at risk. Poor mental health contributes to poorer outcomes in many areas of life and reinforces inequalities.

Mental illness is an important cause of social inequality, violence and unemployment as well as a consequence.

Children and young people from lower income households are three times at greater risk of developing mental health problems than those from higher income households.

Half of all mental illness starts by the age of 14 and 75% by mid 20s. This reduces educational achievement and employability and increases the risk of impaired relationships, drug and alcohol misuse, violence and crime (FPH). Stigma surrounds mental health and is a barrier to help seeking for children and young people[37].

Loneliness is an increasing problem that is experienced by around 9% of both older and younger people.

Older People: Certain groups of older people are more at risk of developing mental health problems, as many as 40% of those in a care homes in Sefton experience depression with social isolation a key factor. The EHRC Triennial Review 2010 (last updated 21 April 2014**),** states 25% of people over the age of 65 have significant depressive symptoms and that dementia occurs in 5% of that age group, rising to 20% in those over 80.

Gender: There are significant differences in the presentation of problems by men and women. Anxiety, depression and eating disorders are more common in women whilst substance misuse and anti-social personality disorders are more common in men. Women face higher levels of domestic and sexual violence and its links to poor mental and physical health.

Men are less likely to access GP surgeries and more likely to self-medicate using alcohol/drugs. Women are twice as likely to receive treatment for minor mental health problems however men are more than twice likely to be detained in hospital.
Under diagnosis and lack of treatment for mental health problems in males is believed to account in part for the much higher risk of becoming homeless, being imprisoned, becoming drug dependent and being involved in violence. .

Risk of suicide is greater in men, 77% of suicides in England in 2012 and 83% of suicides in Sefton in 2013 were males, with the age range 45-64 years having the highest numbers of deaths.

Self-harm is more prevalent in women than men; in Sefton in 2013 there were 378.4 per 100,000 attendances for females and 313.9 for males .

Race & Ethnicity: Most BME groups have worse general health than the White British majority. These inequalities are persistent and do not appear to be improving across generations for most BME groups.

For Sefton there are concerns for the gypsy and traveller population, asylum seekers and refugees and those from Eastern European countries. Mental health problems are clouded in secrecy, kept hidden which increases the burden on the individual and the family. Evidence of poor experience of statutory services can exacerbate poor mental health and may negatively impact on other members of that community.

Lesbian Gay and Bisexual people have higher than average levels of mental health problems, suicide and self-harm, with homophobia increasing mental distress.

Transgender- A 2012 survey found 62% of transgender people were affected by depression and 56% anxiety and that 34% had considered suicide .

(Appendix 2) Crisis Care Concordat – Sefton's Local Action Plan

1. Commissioning to allow earlier intervention and responsive crisis services						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Update**	**RAG**
Matching local need with a suitable range of services						
1	Using local information sources establish a baseline of need and agree the dataset.	June 2015	Steve Foster	A baseline on which to plan future developments from the national data set, including high level prevalence from the JSNAs/MH intelligence network.		
2	Identify the existing services across the Mersey Care footprint to support people in crisis. All services asked to provide relevant information.	June 2015	Carol Bernard / Andy Kerr	The baseline of existing services will enable gaps to be identified.		
Improving mental health crisis services						
1	Following the baseline assessments of the data and services already available, a joint service model to be developed.	September 2015	Carol Bernard / Andy Kerr	Service model agreed and business cases developed for consideration by relevant commissioners.		
2	Establish an improvement collaborative within the Mersey Care footprint with terms of reference and appropriate governance to share learning and transform services.	April 2015	Carol Bernard / Andy Kerr	Sharing good practice and joint working to enable a consistent and equitable approach to crisis care across the Mersey Care footprint.		
3.	Discuss with relevant organisations asking them to design and develop a process for service user engagement and involvement.	June 2015	Andy Kerr Debra Lawson Geraldine O'Carroll	Use outcomes to inform future developments. The Liverpool mental health consortium has agreed to co-ordinate this work with Sefton		

				and Knowsley.		
Ensuring the right numbers of high quality staff						
1	Using local information sources, establish a baseline of the current staffing resource and skills in statutory and third sector organisations.	June 2015	Andy Kerr Debra Lawson Carol Bernard Geraldine O'Carroll	We will know where staff are employed and what the gaps are. This would inform bespoke pieces of work in individual organisations. Link with the mental health liaison reviews for Liverpool, Sefton and Kirkby.		
2	Using all the baseline information, benchmark against the RAID and other models.	December 2015	TBC	We will have an understanding of the workforce skills deficit, to enable us to develop a comprehensive workforce development plan.		
Improved partnership working in Mersey Care NHS Trust locality						
1	Build on good existing partnership arrangements.	December 2015	Mersey Care Improvement Collaborative	To further enhance existing relationships with Police, Social Services Departments and relevant third sector organisations and identify gaps. Event to be planned.		
2	Develop partnership arrangements with CAMHS, NWAS and Primary Care around Crisis Mental Health Care.	December 2015	Mersey Care Improvement Collaborative GP leads	To ensure excellent partnership arrangements across all sectors and identify gaps. Declaration to be signed. Action plan agreed. Event to be planned.		

2. Access to support before crisis point						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Update**	**RAG**
Improve access to support via primary care						
1	Develop a programme to support primary care to work collaboratively with other services, facilitating and co-ordinating access to specialist expertise pre and post crisis for individuals.	April 2016	GP leads Service user and carer leads	Shape and develop the pathway and ensure a greater understanding of availability of support pre and post crisis. Ensure this is a user led model.		
2	Establish a baseline of Section 12 approved GPs, including on call Section 12 doctors.	June 2015	Andy Kerr	Review the baseline and develop plans to increase capacity if required. To review numbers and capacity given the advice in the new Code of Practice.		
Improve access to and experience of mental health services						
1	Using information from Service User feedback, identify groups whose voice has not been heard to inform future developments including access arrangements.	December 2015	TBC once the baseline has been completed.	To work with service users and voluntary providers to assess any gaps in provision. Andy Kerr to discuss with the mental health consortium.		
3. Urgent and emergency access to crisis care						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Update**	**RAG**
Improve NHS emergency response to mental health crisis						
1	Using the information from the baseline of services that have been benchmarked, develop a plan to ensure consistency and manage identified gaps in service.	December 2015	Mersey Care Improvement Collaborative	A consistent emergency response across the footprint. A set of standards and model of delivery agreed.		
2	Audit of Mental Health assessment rooms in emergency departments.	June 2015	Alex Henderson	All Mental Health assessment rooms will adhere to the		

				required Royal College of Psychiatry standards.		
3	Collaborative commissioning arrangements to support service development will be agreed.	December 2015	Representatives from the four CCGs and local authorities	A consistent equitable service across all four CCGs. This links with the work on developing liaison services across Liverpool, Sefton and Knowsley, and the Prenton Suite. Also Liverpool CCG review of in-house mental health provision and the national CQUIN.		
4	Mental Health Street Triage workers working closely with police and ambulance staff to support patients in public places, avoiding attendance to A&E department and escalation to crisis point.	April 2015	Police, NWAS, Mark Sergeant	This will ensure good communication and a proactive response to individuals in crisis. We will be using the AQUA outcome measures to monitor. There is currently an issue with the involvement of NWAS due to pressure of work.		
5	Timely and effective Mental Health Assessments, priority given to patients at risk, or where Police/Ambulance are in attendance.	April 2015	Alex Henderson	No delays in assessments for individuals with a mental health crisis including Mental Health Act referrals. Review local data, audits being completed in Aintree and RLBUHT. Monitor progress of pilots to reduce frequent attendance at A&E, and self harm follow up		

				clinics.		
6	Provide a single point of access for paramedics, local authorities and police to contact assessment teams regarding patients who are at crisis point for telephone screening and referral options. (This is already underway in other areas of the North West)	July 2015	NWAS, CCG, Alex Henderson Police	A clear understanding of process across the Mersey Care footprint. Consider link with NHS 111 services.		
7	Conveyance and Transportation • Review of multi-agency conveyance guidance for individuals detained under the Mental Health Act. • A clear defined policy is in place with regards to the transportation of patients with mental health needs in crisis, it clearly defines the roles of Ambulance service, police and mental health teams with regard to ensuring that patients should always be conveyed in a manner which is most likely to preserve their dignity and privacy and consistent with managing any risk to their health and safety or to other people. • Monitor compliance	TBA	NWAS	Final draft of North West Regional Policy and Guidance for Conveying Mental Health Patients; Mark Parker and Steve Bernard signing off.		
8.	Establish a pilot project of locating mental health practitioners within a joint contact centre, to effectively triage mental health related calls, provide advice and relevant patient history to crews in real time, and provide referral options to patients that are known to services and screening patients new to services.		NWAS CCG Police	This has a high level of support and is being progressed in Bridle Road. Consider links to NHS 111 services.		

Social services' contribution to mental health crisis services						
1	Baseline of existing social services contribution to mental health crisis services, including out of hours provision.	June 2015	Martin Lawton Rose Brooks	Understanding of their contribution including AMHPs. Understanding current out of hours provision and gaps.		
2	Identify authorities who have combined the services with children's safeguarding and where that is the case they should satisfy themselves, in consultation with the police and mental health providers, that AMHPs can be available within locally agreed response times.	September 2015	Martin Lawton Angela Clintworth Rose Brooks	Locally agreed response times are agreed and achieved.		
3	Support local social services to review and plan their contribution to local mental health crisis services: • Representation in local senior operational and strategic forum.	December 2015	Martin Lawton Debra Lawson Angela Clintworth Rose Brooks	Social services will be a key partner in service development and delivery.		
Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983						
1	Use the outcomes of the recent Section 136 review to inform future quality of response.	December 2015	Steve Morgan and the 136 Strategy Group and local authorities	Improved experience of individuals detained under Section 136. Review the Section 136 Action Plan and agree to combine the workstreams and embed in the division.		
2	Review the existing local Section 136 Mental Health Act policy and ensure it is relevant and updated.	April 2015	Steve Morgan and the 136 Strategy Group and local authorities.	Reviewed and audited for compliance		
3	Review Section 135 parts 1 and 2, and new police data collection requirements.	December 2015	Marcella Camara, Hayley Sherwen and	Improved process and experience for people detained on a Section 135		

			Martin Lawton Rose Brooks			
4	Review partnership working between AMPHS and • Police • Primary Care • Crisis & Home Treatment Team • North West Ambulance Service		All	Event to be developed to review next steps.		
Improved information and advice available to front line staff to enable better response to individuals						
1	Support agencies sharing key information about a person in line with current guidance – information sharing and mental health.	March 2016	Steve to liaise with Linda Yell	An agreed information sharing protocol. Healthy Liverpool Merseyside Information Sharing Agreement already in place.		
2	Ensure information and advice is readily accessible 24/7 to all partners, including primary care.	tbc	tbc	All partners will have access to real time advice and support to manage an individual in crisis, based on achieving an agreed information sharing protocol as above.		
3	Consider the introduction of a Mersey Care footprint Crisis Response Line 24/7.	March 2016	tbc	From our baseline and service user feedback, it would provide an improved response to individuals in crisis and access for NWAS and the Police.		
4	NWAS ERISS, system adapted for mental health patients and offered to mental health trusts. This system alerts attending Ambulance crews of care plans in place and appropriate contact number for patients in crisis, which can reduce Emergency Department attendances. This system is available to all mental health care providers following a registration process.		NWAS			

Improved training and guidance for police officers						
1	Review existing training available to Merseyside Police.	September 2015	Hayley Sherwen	Training plan is improved and updated.		
Improved services for those with co-existing mental health and substance misuse issues						
1	From the baseline identify any specific gaps for people with co-existing mental health and substance misuse issues.	September 2015	Hayley Sherwen	Address any gaps identified. Training needs analysis being undertaken.		
4. Quality of treatment and care when in crisis						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Update**	**RAG**
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring						
1	Continue to monitor the existing good practice of using appropriate places of safety under the mental health act.	On-going	Hayley Sherwen	The police continue to use the appropriate place of safety.		
Service User/Patient safety and safeguarding						
1	Continue to roll out the 'No Force First' campaign.	On-going	Jenny Robb NWAS	Continued reduction in the use of restraint. This should be included into Ambulance and police training.		
2	Support strategic and operational systems across the footprint e.g. MAPPA / MARAC.	On-going	Mark Sergeant MAPPA SMB	Risk is managed safely across the system. Mark is working with Ray Walker on a task and finish group.		
Staff safety						
1	Review existing protocols and processes around staff safety and training.	September 2015	All agencies	Safe working practice / safe workforce. Once we know who the agencies are we will contact them for assurance.		

Primary care response						
1	As a result of the programme of work to support Primary Care, they will be confident in their role in crisis support.	April 2016	CQUIN Leads GP Leads	Improved primary care response and increased satisfaction in mental health services.		
5. Recovery and staying well / preventing future crisis						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Update**	**RAG**
Joint planning for prevention of crises						
1	Linking with existing work streams to inform crisis management e.g. review of frequent callers, the North Mersey Urgent Care Working Group/SRG Southport and Formby SRG. Liaison service reviews and any gaps identified by the CQC visits.	On-going	All	A system wide plan for prevention of management and prevention of crisis which encompasses frequent callers and the development of safety plans.		
2	Bring to the attention of health and social care services vulnerable people identified in the course of day to day policing; this is actioned via the VPRFI form.	March 2016	Hayley Sherwen Marcella Camara Martin Lawton	An audit of the process to be completed.		

Appendix 2 - Mental Health Overarching Action Plan

Below is an action plan which describes an overarching all age group programme of work which follows the Treatment, Prevention and Recovery Pathway. Each intervention has more detailed plans of work which have been drawn from more than one strategy i.e. Dementia, Carers, End of Life and Older Peoples Strategies along with the Suicide Prevention Plan and the Clinical Commission Group (CCG) Five Year Plan. This strategic plan is an overarching plan in which they sit. To obtain further details of these plans you can find contact details for assigned leads from each agency at the back of this Action Plan. The Action Plan will be reviewed on an annual basis and updates will be presented to the Health & Wellbeing Board.

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
Time to Talk • **Implementation**	**Leadership & Governance**	Transition the Mental Health Strategy Development Group into a delivery and monitoring support group to oversee the implementation of the strategic plan and monitor progress	Review membership & TOR of group. Oversee delivery of overarching action plan and suicide prevention plan. Report progress to the Health & Wellbeing Board. Challenge progress Carry out annual review	Health & Wellbeing Board	2015-2020
	Remodelling	Development of a coherent All Age Mental Health Service As part of the CCG Mental Health Strategic	Strategic plan and time line to be developed CCG will work in	Commissioning Leads CCG CCG's	2015 - 2020 CCG 5yr Plan

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
		Action Plan will identify the need to destigmitise Mental Health in order to encourage early access to services	partnership with the 3rd Sector to develop a programme around community facilities to encourage people to access services to destigmitise Mental Health		2015 - 2020
Time to Talk • **Awareness Raising**	**Wellbeing Promotion**	Commission multi-agency interventions to promote mental wellbeing across the life course	Implement wellbeing interventions as outlined in the Mental Health Strategic Plan	Public Health	2015-2017 All elements reflected in the commissioning of the Public Health Integrated Wellness Service. Outlined in the Mental Health Strategic Plan and Better Care Fund Integrated Wellness Scheme.

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
		Training in wellbeing promotion	Roll out of the Connect 5 wellbeing training Five Ways to Wellbeing, SMILE, Time to Talk Condition Management Programmes Children and Young People Improving Access to Psychological Therapies (CYP IAPT) /training model of the transformational programme has an emphasis on emotional health and wellbeing and raising awareness of staff and professionals.	SeftonCVS Leaders and MH Champions CCG & LA MH Lead Commissioner	March 2016-March 2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
		Stigma and Discrimination	Support targeted awareness raising and anti-stigma campaigns e.g. Time to talk, World Mental health Day	SeftonCVS	2016-2017
	Partnership Communication	Development of a multi-agency forum to exchange information and inform the planning, development and delivery of the MH Strategic Plan	Mental Health Forum – Sefton in Mind	SeftonCVS	May 2016 - 2017
Community & Neighbourhoods	**Social Isolation**	Develop & deliver a Prevention Programme	Recruit development workers Utilise directories Connect individuals and communities Reduce social isolation Signposting	SeftonCVS	2016-2017
	5 Ways to Wellbeing	To deliver the 5 Ways to Wellbeing	Promote the use of Sefton Directories	Public Health SeftonCVS Active Sefton	2016 - 2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
	Connect **Be Active** **Take Notice** **Keep Learning** **Give**		Engagement with wider community resources		
Prevention	**Early detection and intervention with a view to prevention or stabilisation of mental illness**	Identification of existing evidence based activities currently delivered in borough that demonstrate positive returns on investment	Befriending support Management of Medically unexplained symptoms Reducing depression for those people with long term conditions Workplace screening Brief intervention, for alcohol misuse Early detection and intervention in psychosis Anti-Bullying programmes Conduct Disorder	CCG's	2015-2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
			Identification of post-natal depression		
	Suicide Prevention	Reduce the risk of suicide in high-risk groups including young and middle-aged men, people in the care of mental health services, people with a history of self-harm and people in contact with the criminal justice system	Suicide awareness & skills training for health professionals and key workers Multi-agency prevention programmes Outreach support via innovative ways of engaging with the target groups Mental wellbeing programmes that support individuals. Effective treatment, implementing the 'Perfect Depression Care Model'	CCG's, Mersey Care and Liverpool Community Health to implement across all health settings following recommendations from current pilot	April 2016-17
		Reduce access to the means of suicide.	Risk assessments and preventative actions in clinical and custody settings	All of the Sefton Suicide Prevention Group in liaison with the Cheshire & Merseyside Suicide Reduction Network	Focus on rail network for 2016-17

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
			Promote safe prescribing Implement rail prevention plan Monitor new methods	(CM SRN)	
	Reduce the prevalence of Pre and Post-natal depression	Identification of at risk groups and direct intervention via Health Visitors or other appropriate Health care worker.	Staff providing support for those accessing pre & post-natal services	Public Health	2016-2018
	Self-Harm	Reduce the prevalence of Self Harm and Self Injury in Children & Young People	Deliver awareness raising activities for professionals, parents and young people Develop peer support clinical and non-clinical support	Public Health	2016-2018
	Adult Mental Health Services	Deliver Mental Health services that support people to achieve a range of outcomes that lead to the recovery or prevent recurrent episodes of mental ill health.	Remodel the Mental Health Pathway to ensure intervention and commissioned services are robust, effective and outcome focussed	LA	2016-2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
	Crisis Provision	Remodel existing crisis provision to prevent unnecessary hospital admissions and to assist with timely discharge from acute settings.	Increase existing bed capacity from 6 beds to 8 beds and redefine service criteria and specification.	LA	2016-2017
Treatment	**Ageless Access** **To develop an all age service to improve the identification of physical health needs**	Timely identification and treatment of all people with serious mental illness who also have untreated physical health care needs. The right service and interventions are to be identified early in their treatment journey.	Development of the Primary Care Model Collaborative working with Primary Care when developing a model of care and service specifications.	CCG's	CCG 5yr Plan 2015 -2020
	Communication	Service users, families and carers and professionals will find it easier to navigate the dementia system.	Develop Care Navigators, who will to provide signposting and information	CCG's	CCG 5yr Plan 2015 2020
	Integrated working	Improved joint working between mental health specialists and primary care to ensure faster access as well as use shared electronic records, screening of high risk groups and proactive use of	Development of Primary Care Model	CCG's	2015-2020

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
		disease registers.			
	Locality based integrated care delivered by multidisciplinary teams including the VCF Sector	Identification and treatment of people with long term health conditions who also have poor mental health and wellbeing through integrated personalised care plans to enable access to a range of mental health and dementia support.	Development of integrated personalised care plans Awareness raising for teams Coordinated communication to service users and public	CCG's	2015-2020
	Information sharing	Robust communications in place to support patients as they transfer from secondary to primary care	To develop good methods of communication	CCG's and Partners	2016-2017
	Case Management	Effective case management, systematic follow up and close collaboration between primary and secondary care.	Development of shared care agreements	CCG's	2016-2017
	Improving Access to Psychological Therapies (IAPT)	IAPT therapists working collaboratively with chronic disease specialists through collaborative care models e.g. for people	Development of a model of working that supports more effective self-care and condition management along	CCG's	2016-2018

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
		with anxiety, depression and a long term condition.	with closer working with IAPT Services		
	Mental Health Care Closer to home	Treatment for patients at a locality level closer to their homes.	Where possible devolve responsibility for on-going case management to patients locality Team	CCG's	2016-2018
	Locality focussed communication	Localities working with partners to develop tailored public health messages for individual localities e.g. Dementia friendly, young person's mental health.	Use existing resources to shape a local offer. Building on locality thematic priorities	CCG's	2016-2017
	Care Homes	Liaison psychiatry with hospitals and care homes.	Liaison psychiatry services to be in acute hospital and care homes in order to improve care for people with mental health and dementia.	CCG's	CCG 5yr Plan 2015 - 2020
	Improve communication support	Information sharing and improved access to community resources	Promote better access to community resources through directories and informal support	SeftonCVS	2016-2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
	Mental Health Service users and Carers	Ensure effective mechanisms are in place to hear and respond to the experience of mental health service users and their carers	Peer Lead users groups, EPEG, Friends and Family reporting, Patient experience reports	SeftonCVS	2016-2017
	VCF Mental Health Support	Development of third sector capacity to support new models of care	Develop collaborative networks for the delivery of more effective community based non clinical support	SeftonCVS	2016-2017
Recovery	**Children and Adolescents Mental Health Services**	Remodelling care delivery in line with the 5 year plan.	Implement the Youth Mental health model of care as part of the CCG strategy.	CCG's	March 2017
	Children and Young People Improving Access to psychological Therapies	This programme works to transform services provided by the NHS and partners from Local Authority and Third Sector that together form local area CAMHS Partnerships. The four key factors are ; Collaborative working Participation Training Routine Outcome Measures	Effective partnership working through this programme. (no interventions as such as it is a transformational programme)	Integrated Commissioning Team	March 2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
	Sefton Emotional Achievement Service (SEAS)	Providing bespoke emotional wellbeing interventions and activities for children, young people and families	Mentoring, counselling and therapy, one to one or group-based	SeftonCVS	2016-2017
	SEAS -Together	This is the result of a successful bid for grants form NHS England to work collaboratively in relation to co commissioning of early intervention and prevention as a consortium, this will link with the IAP Service and the work undertaken with CAHMS and the All age Mental Health Strategic Plan.	To design an Early Intervention and Prevention Model of Care	SeftonCVS	2016-2018
Involving Children, Young People and Adults	**Engagement in delivery and evaluation of this Strategic Plan and production of further iterations.**	Children, young people and adults will be supported through a range of methods, including Sefton in Mind, Sefton Young Advisors and People First.	A Communication and inclusion delivery plan will be produced including an annual review of delivery against this plan.	LA an CCG's	2016-2017
Measuring and publication	**Develop**	Create performance	Agree methodology	LA an CCG's	2016-2017

	Area for action	Target/ focus of activity	Intervention	Lead Responsible Agency	When
of Achievements	**balanced scorecard to measure achievements**	dashboard and agree format for publication	and resourcing for the collation of performance information and achievements		

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