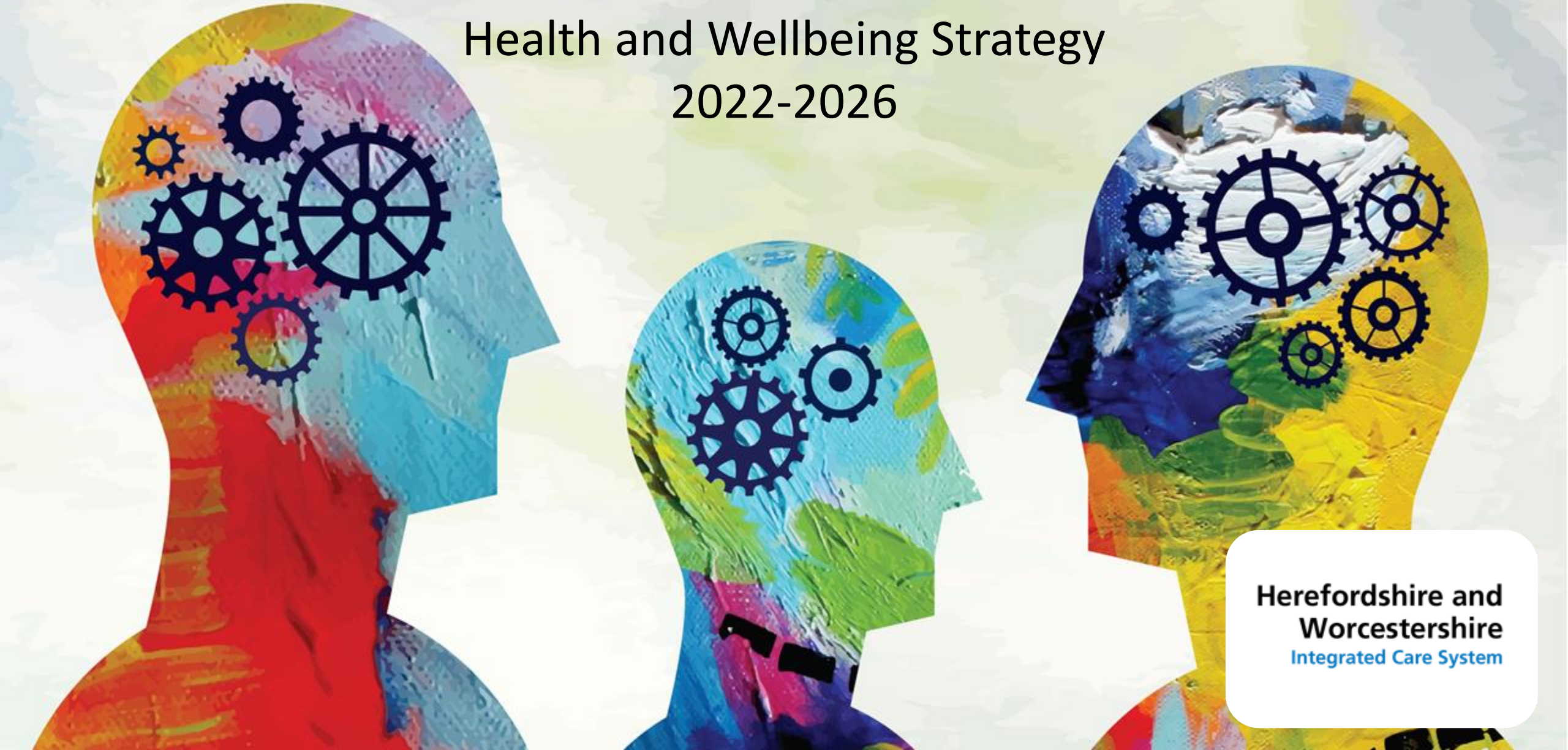
Herefordshire and Worcestershire Mental Health and Wellbeing Strategy 2022-2026



Herefordshire and Worcestershire
Integrated Care System

Introduction

Awareness of mental health and wellbeing is growing in the public consciousness and is a major priority both in Herefordshire and Worcestershire, and nationally. This is reflected in the NHS Long Term Plan, which sets our the strategic direction for NHS mental health services nationally over the next 5-10 years.

Our strategy for Herefordshire and Worcestershire sets out our ambitions to support and treat people with mental health issues over the next 5 years, in terms of delivering the national strategy in a way that works for our area, as well as identifying local priorities to meet our specific needs based on feedback from stakeholders.

This Strategy is informed by what people have told us about their experiences either as a person who has experienced mental health illness, a carer of someone with a mental health illness, or a member of staff working with people experiencing mental health illness.

Executive Summary

We will work with local people and communities so that everyone can be mentally well, or access services quickly when they need them, and that those services will work together in an integrated fashion to provide the best possible care.

A key role of Integrated Care Systems (ICS) is to ensure that services are delivered in a way that works for each local area. 'Mental health' has a variety of meanings to different people, and mental health services span an equally wide range of needs. These include inpatient and community care delivered by NHS Trusts, social care support delivered by local authorities, liaison and diversion services funded by the Police and Crime Commissioner, acute hospital services and A&E supporting people in crisis or co-occurring physical health needs, police, ambulance and fire services responding to mental health related emergencies, mental health workers in GP practices, or a huge range of voluntary and community services supporting mental health and wellbeing.

The majority of national ambitions for mental health services stem from the NHS Long Term Plan, however broader ambitions such as from the National Police Chiefs' Council National Strategy on Policing and Mental Health must also be considered. Local ambitions are driven by the respective Health and Wellbeing Strategies for Herefordshire and Worcestershire County Councils, which both identify mental health and wellbeing as a key priority.

This strategy aims to set out a plan for how both local and national ambitions for mental health services can be achieved, through integrated working across a diverse range of partners. An essential element of this is ensuring that services are delivered to meet the needs of our local population and geography. This means achieving the same outcomes for service users, though this may be delivered in very different ways, for example services for residents in urban centres and rural communities. This balance is at the heart of how the ICS will work, with oversight from stakeholders at ICS, county and community-levels, through Health and Wellbeing Boards and partnership forums.

What this means for local communities is that services will be accountable at county and local level for delivery of services that work at place, with greater opportunity for local organisations to influence and mould the delivery of mental health services. For example Primary Care Networks are working with Neighbourhood Mental Health Teams to set out how community mental health services can work together to improve patient care. A key element of this strategy that supports this drive is to change how services are commissioned from voluntary sector organisations to provide a commissioning environment that is conducive to high quality services, collaborative working and sustainability, while also providing an increased voice into commissioning priorities.

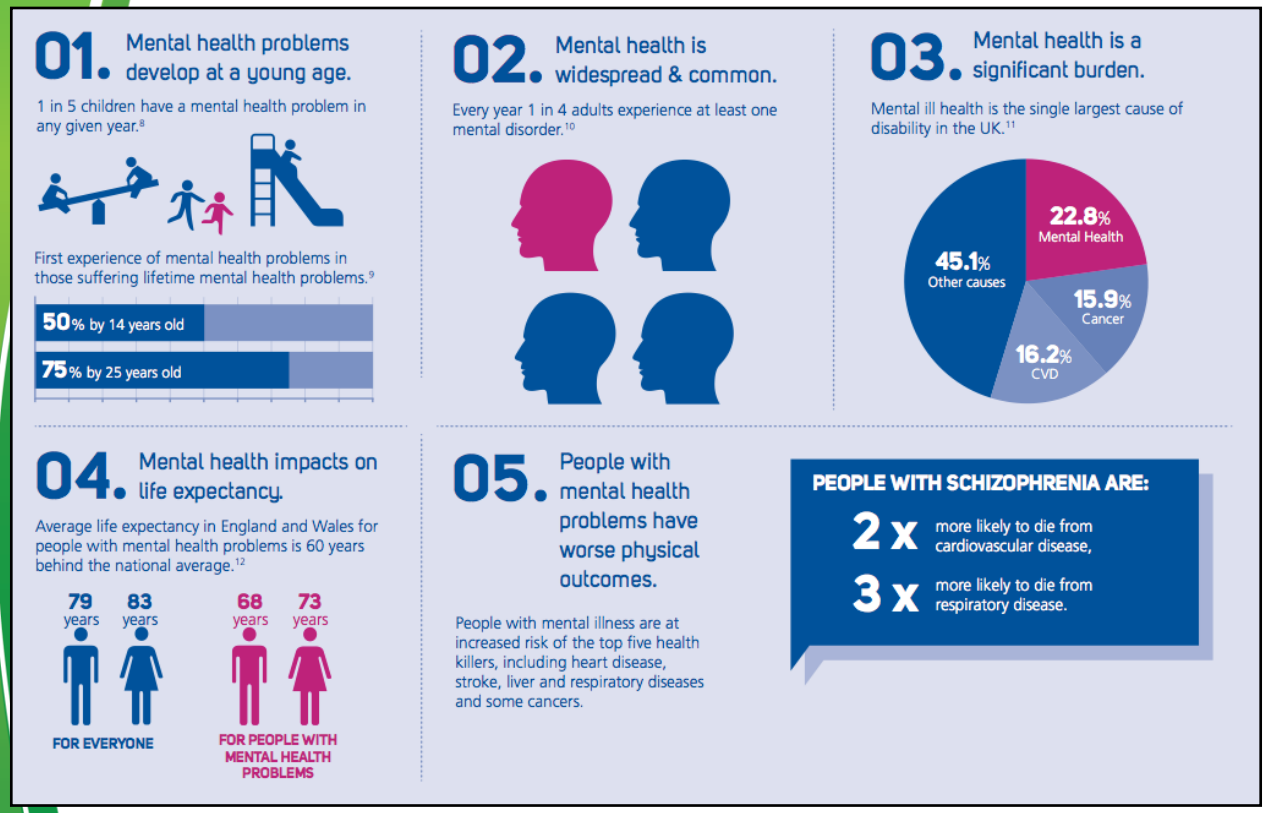
Though this strategy sets out a range of new initiatives to be delivered within the next 3 years, which will be refreshed in line with the next stage of the NHS Long Term Plan and the re-development of local Health and Wellbeing Strategies, these services cannot be delivered in isolation. The underlying principle is therefore one of joint working across partners to deliver local change, while achieving consistent, positive outcomes across both counties.

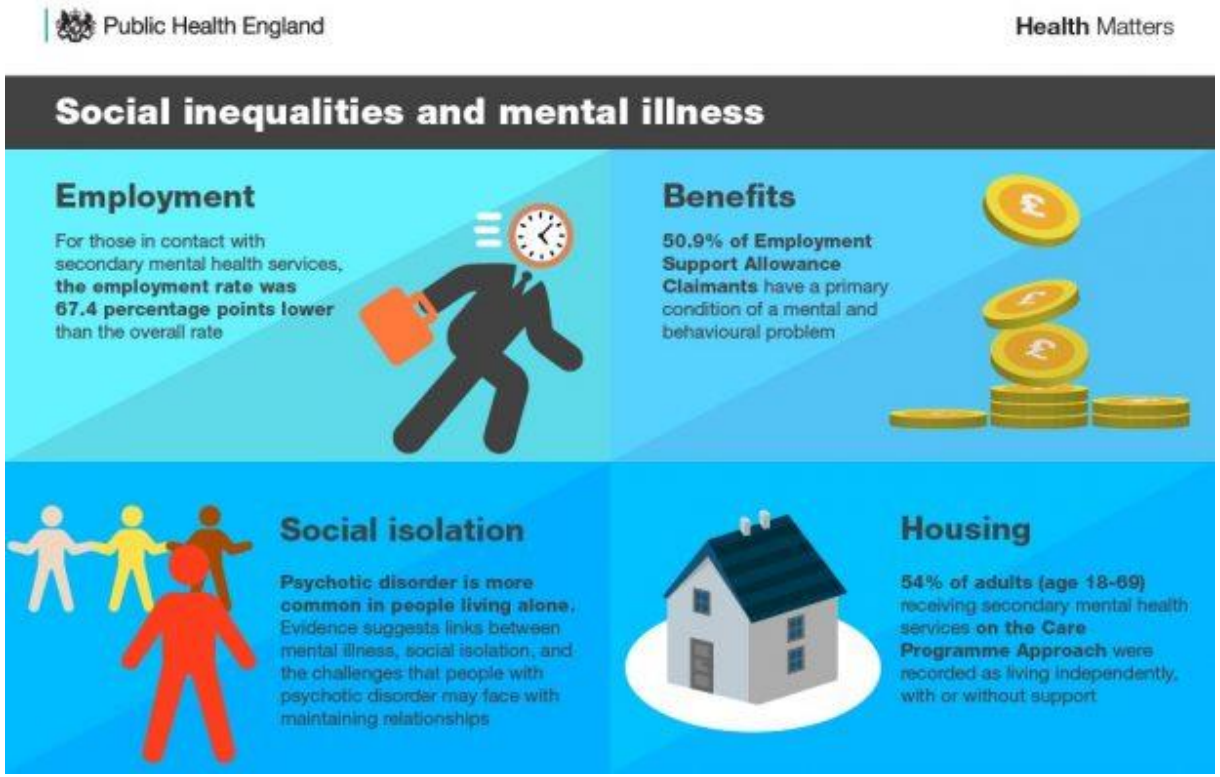
What is mental health and wellbeing?

‘In many ways, mental health is just like physical health; everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.’ ‘Mental wellbeing describes your mental state - how you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year.’	Mind
‘When our mental health is good, we feel positive about ourselves, enjoy being around others and feel able to deal with life’s challenges. We all go through times when we feel worried, confused or down. But when it starts to feel difficult to do everyday things like hanging out with friends, getting work done or doing the things we normally enjoy, this could mean we have a problem with our mental health.’	Young Minds
‘Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others.’	World Health Organisation
‘There’s a stigma attached to mental health problems. This means that people feel uncomfortable about them and don’t talk about them much. Many people don’t even feel comfortable talking about their feelings. But it’s healthy to know and say how you’re feeling.’	Mental Health Foundation
‘Mental health and mental illness have an impact on all of us, either directly or indirectly – whilst we can all benefit from having good mental health, 1 in 6 adults experienced a common mental health problem in the last week.’	Public Health England
‘One in four adults and one in 10 children experience mental illness, and many more of us know and care for people who do.’	NHS England
‘Mental wellbeing can be described as 'feeling good and functioning well.’	Herefordshire County Council
‘One in four people will experience and mental illness in their lifetime - it is not as uncommon as you think.’	Rethink Mental Illness

National Picture

Mental health illness is widespread and common, and is linked to wider determinants of health. It is also linked to a broad range of inequalities, both with mental health services and in daily life.





National Picture

Adverse Childhood Experiences (**ACEs**): 47% of people report at least 1 ACE, 9% report 4 ACEs or more

1 in 4 adults experience at least one diagnosable mental health problem in any given year

One in six school age children has a mental health problem

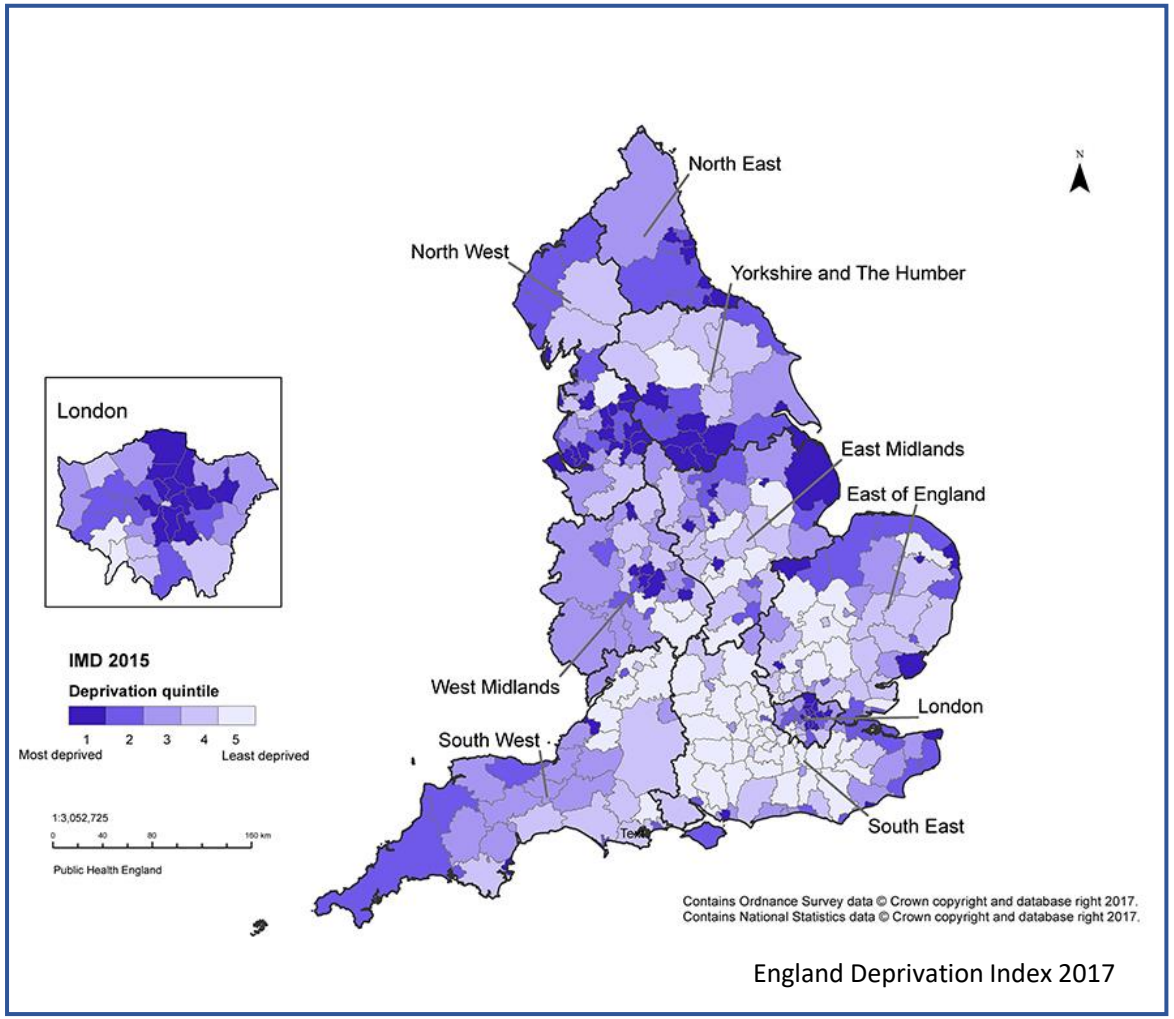
Suicide is the leading cause of death in 15-29 year olds and the second leading cause of maternal death

75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24

Severe Mental Illnesses affect around **500,000** people in England

1 in 5 older people are affected by depression

1 in 5 mothers suffer with depression, anxiety or psychosis in pregnancy or first year after children



England Deprivation Index 2017

National context and background

There are a number of national drivers that shape and influence the way mental health services are delivered in the UK

'Parity of esteem is the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012.' ***Centre for Mental Health***

'The Mental Health Investment Standard (MHIS) is the requirement for CCGs to increase investment in Mental Health services in line with their overall increase in allocation each year.' ***NHS England***

A 'parity approach' enables NHS and local authority health and social care services to provide a holistic, 'whole-person' response to each individual in need of care and support, with their physical and mental health needs treated equally. The relationship between physical and mental health is such that poor mental health is linked with a higher risk of physical health problems, and poor physical health is linked with poor mental health. ***Mental Health Foundation***

The anticipated Health and Care Bill aims to remove barriers to integration, 'remove much of the transactional bureaucracy' and 'ensure a system that is more accountable and responsive to the people that work in it and the people that use it'. ***Government white paper setting out legislative proposals for a Health and Care Bill***

Legislation
Care Act 2014
Health and Social Care Act 2012
Equalities Act 2010
Mental Health Act 1983
Policing and Crime Act 2017
Children's Act 2004

Context
Five Year Forward View for Mental Health (2016)
NHS Long Term Plan (2019)
NHS & Adult Social Care Outcomes Frameworks
Advancing Mental Health Equality (2019)
Prevention Concordat
Crisis Care Concordat

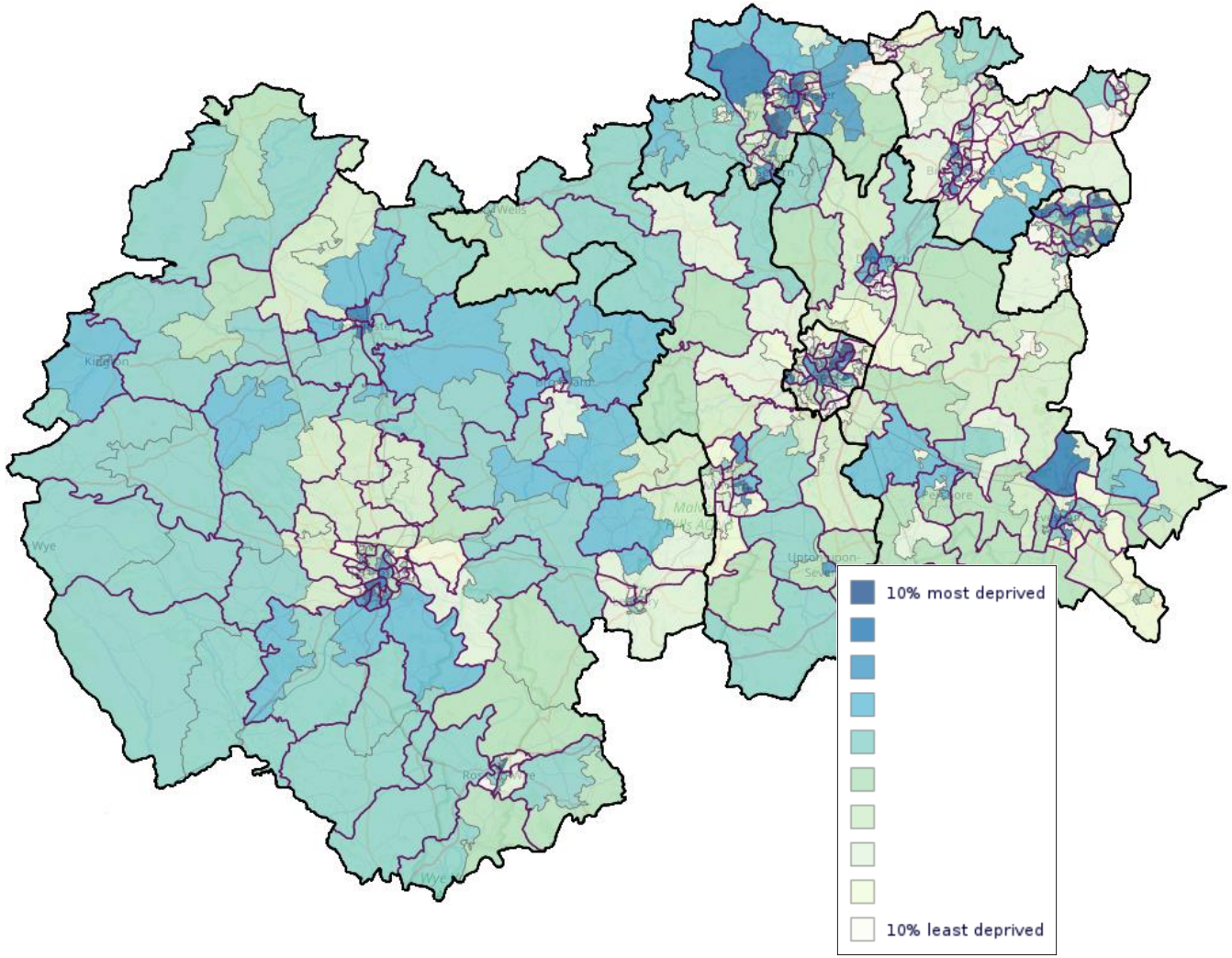
Local Picture

The determinants of mental health are not limited to an individual's attributes but include social, cultural, economic, political and environmental factors. Deprivation, generally described as a relative disadvantage in terms of material and social factors (including money, resources and access to life opportunities) increases the risk of poorer mental health.

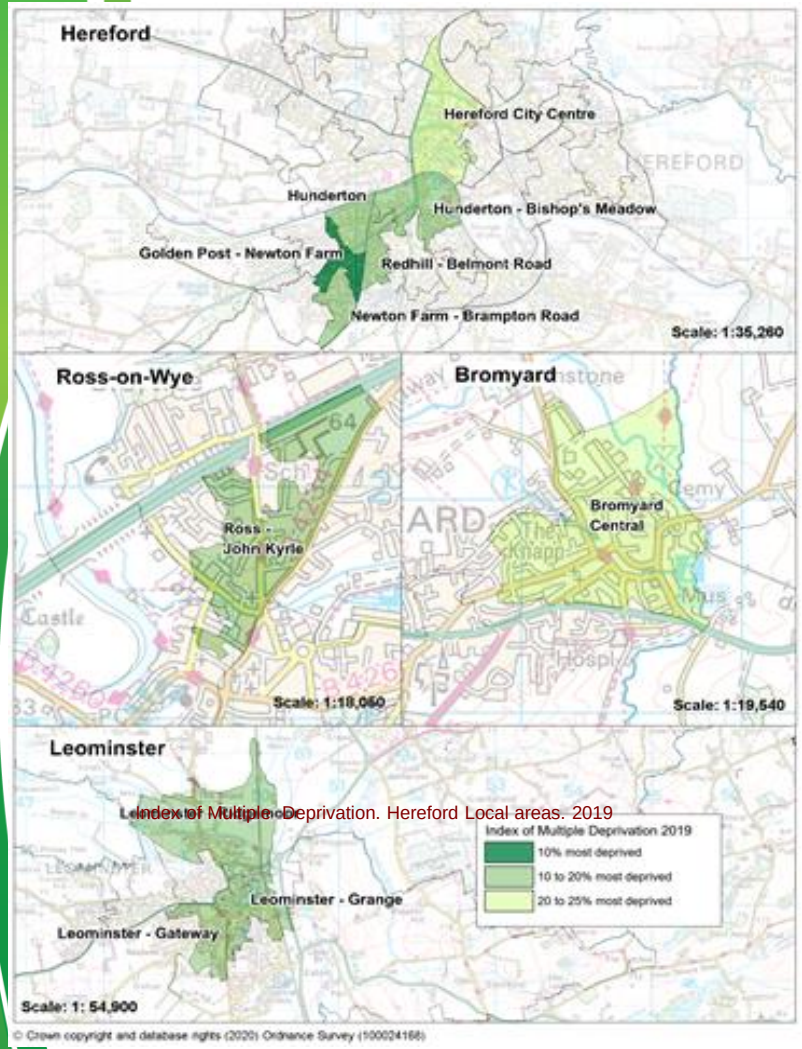
The Index of Multiple Deprivation (IMD) is a combined measure of deprivation reflecting 37 indicators across 7 domains and is used to compare relative deprivation across different geographical areas. Prevalence of psychotic disorders among the lowest fifth of household income is 9 times higher than in the highest and double the level of common mental health problems between the same groups. Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.

Both Herefordshire and Worcestershire are predominantly rural counties with some urban areas, particularly in Worcestershire. The health of the rural population is on average better than that of urban areas though this is not clear cut, with evidence suggesting very diverse levels of affluence in rural areas also. This is in line with the variation in IMD seen across the two counties (right).

Mental health services need to recognise this variation wherever possible to reflect the diverse needs of different areas in order to deliver services most effectively.



Local Picture - Herefordshire



Index of Multiple Deprivation. Hereford Local areas. 2019

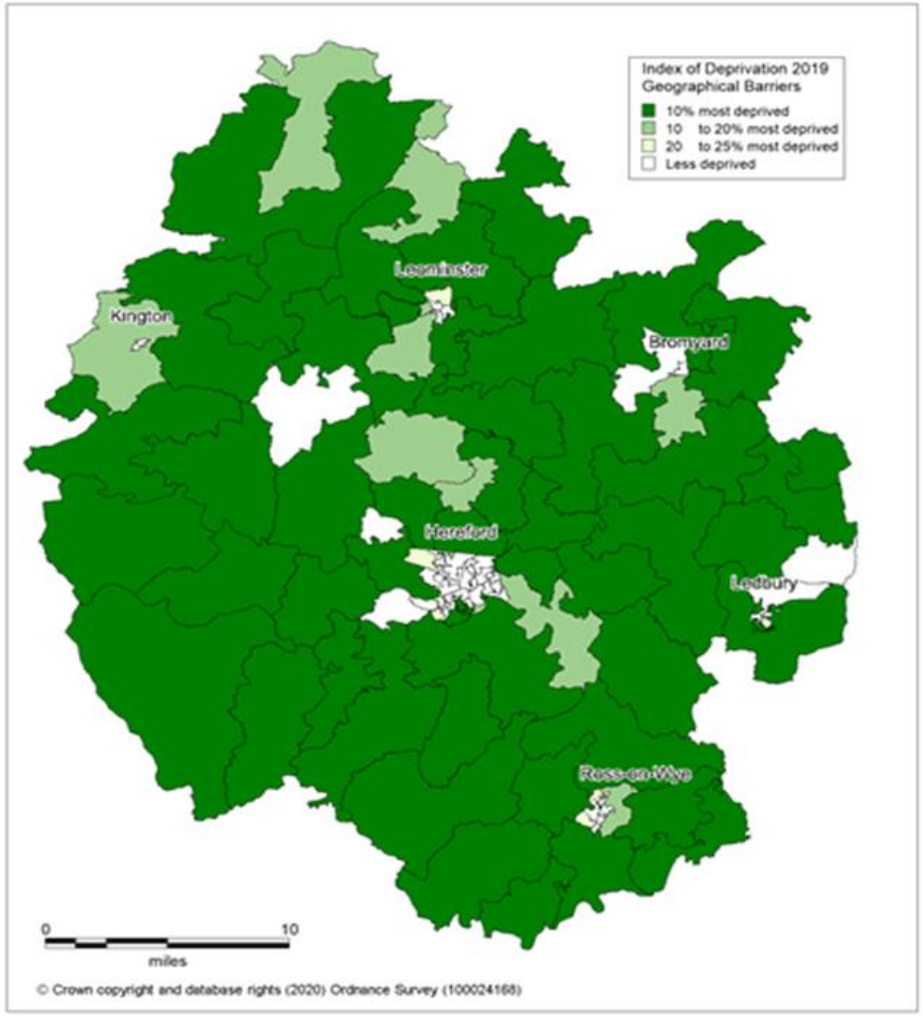
Rurality concerns : Almost half the county's areas are amongst the 10% most deprived in relation to physical distance from essential services and facilities including schools and the GP.

Less than 25% of adult carers receive as much social interaction as they would like.

3% of children have social, emotional or mental health needs (above national benchmark)

69% of adults classed as overweight or obese (above national benchmark)

Index of Deprivation 2019 (Geographical Barriers)



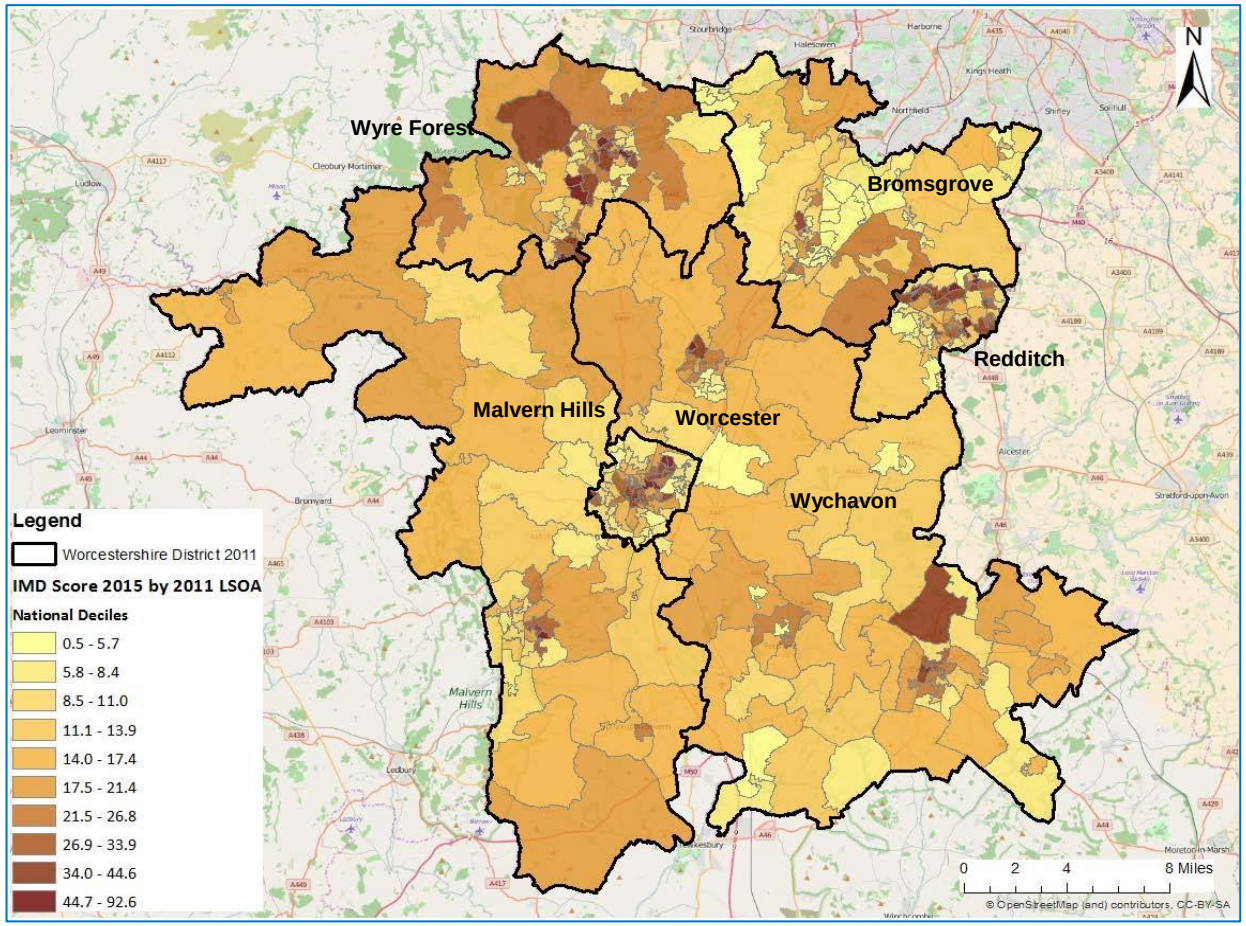
Local Picture - Worcestershire

Worcester = 9th worst area in England for rising deprivation levels

KEY FIGURES

- Higher rates of psychosis (17.5 per 100000)
- Higher rates of family homelessness (13.4 per 10000)
- High reported bullying rates amongst children – 58%
- More children taken into care (71 per 10000)
- 39.9 per 10000 children in need due to disability or illness
- Greater prevalence of mental disorders in children (3.4%)

Source: Indices of Multiple Deprivation 2015



COVID-19

COVID-19 has had, and will continue to have, a major impact on peoples' mental health and wellbeing, and on the way mental health services are delivered. In the short term many mental health services saw a dramatic reduction in referrals, meaning fewer people are receiving the care that they require, though these have largely now returned to normal levels. Conversely there was also increased demand for some services, as a result of the increased stresses brought about by the pandemic and subsequent lockdown.

The scale of the longer term negative impacts of the pandemic on mental health and wellbeing, both direct and indirect, remains unclear. They are expected to be significant however, and we are now seeing a significant increase in mental illness, and exacerbation of existing ill health. Issues such as anxiety and depression are expected to become more prevalent, particularly as negative economic effects impact on employment; trauma caused directly by treatment for COVID in Intensive Care Units is also a risk, and it is also being reported that people presenting to services are experiencing a greater acuity of symptoms, suggesting that people are not accessing services as early as previously.

There have however been some positives that have come out of the pandemic, as coronavirus has also forced organisations to think differently about how services are delivered and triggered major rapid transformation of services.

While mental health services in Herefordshire and Worcestershire remained largely operational during the first wave of the pandemic, in contrast to many elective physical health services, many have begun to routinely utilise digital solutions such as appointments by phone or videoconference. An acute mental health ward that was closed to accommodate COVID-positive patients, with staff redeployed to deliver intensive community treatment instead, is proving a success. Estates strategies are being revisited off the back of a more flexible, mobile workforce than ever before, and public awareness of mental health and wellbeing continues to grow. Our local Voluntary, Community and Social Enterprise (VCSE) sector has provided wide-ranging and invaluable support, including closer integration with statutory services, and continues to buck the trend around workforce challenges.

While there remain challenging times to come as a result of COVID-19, it is important that we take advantage of and retain the major positive changes that have been made to how services are delivered wherever possible.

Inequalities

Many inequalities of access, experience and outcomes of services for people with mental health illness are longstanding, but are understood to have been exacerbated by the COVID-19 pandemic. National data shows:

Characteristic	Access	Experience	Outcomes
Age	Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication Children and young people from BAME communities are less likely to be able to access services which could intervene early to prevent mental health problems escalating	Older people with common mental health problems are more likely to be on drug therapies and less likely to be in receipt of talking therapies	Young people in prison are more likely to take their own lives than others of the same age Older people have better recovery outcomes in IAPT than working-age, but access is lower
Ethnicity	Many black-African and Caribbean people, particularly men, do not have access to psychological treatment at an early stage of their mental health problem People from black-African and Caribbean communities are 40% more likely than white-British people to come into contact with mental health services through the criminal justice system	BAME patients are less likely to rate their overall experience as 8 or above on a 10-point scale (44% vs 49% for white-British) Black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental Health Act	Though there have been gradual improvements, the IAPT recovery rate for BAME service users is below that of their white-British Counterparts
Gender	Men are less likely to be referred to IAPT services, and enter IAPT treatment, than women	Women are more likely to be restrained than men and girls are more likely to be restrained in a face down position than boys	Women, on average, have a longer length of stay in secure care
Sexual Orientation	LGB people still experience discrimination in healthcare settings and many avoid healthcare for fear of discrimination from staff	LGB patients are far less likely to feel they had been treated with dignity and respect by NHS mental health services (55% vs 73%)	LGB people experience poorer recovery outcomes in IAPT than their heterosexual counterparts
Disability	People with disabilities face unique barriers to accessing care with transportation and cost cited as significant barriers	A Mental Health Foundation survey found that those with a learning disability were not as satisfied with MH care provided	People with disabilities experience poorer recovery outcomes in IAPT than those without a disability
Deprivation	People in lower income households are more likely to have unmet mental health treatment requests compared with the highest	Evidence on differential patient and carer experiences of mental health in deprived localities is still emerging	IAPT recovery rates are generally poorer in the most deprived localities compared to the least deprived
Other	Many health inclusion groups face barriers to accessing healthcare services in the round, including those sleeping rough, sex workers, and migrants	Evidence on differential patient and carer experiences in mental health services is still emerging	People of the Muslim faith experience poorer recovery outcomes in IAPT services than any other faith group

A Herefordshire and Worcestershire Mental Health Inequalities Board has been established to review local intelligence and put in place action plans to address inequalities identified locally.

Local context and background

Mental health services in Herefordshire and Worcestershire have recently undergone a period of significant change, with the move to both a single NHS mental health provider trust and a single NHS Clinical Commissioning Group expected to have a beneficial impact on services across both counties. Further change is expected over the next few years, with health services moving to develop and operate as Integrated Care Systems (ICS) in line with national strategy.

Past	Present	Future
4 Clinical Commissioning Groups • Herefordshire CCG • Redditch & Bromsgrove CCG • South Worcestershire CCG • Wyre Forest CCG	A single Clinical Commissioning Group for both counties	An Integrated Care System (ICS) spanning both counties, dissolving the commissioner / provider divide within health services
2 Mental Health Provider Trusts • Gloucestershire Health and Care Trust • Worcestershire Health and Care Trust	A single Mental Health Provider Trust for both counties	A Mental Health Collaborative in place, to include broad range of stakeholders including VCSE, police and ambulance services

Up to now → **Going forward**

Advantages

1. Economies of scale
2. Greater service resilience and shared expertise
3. Simpler to navigate
4. Reduced commissioning and contracting burden

Local context and background

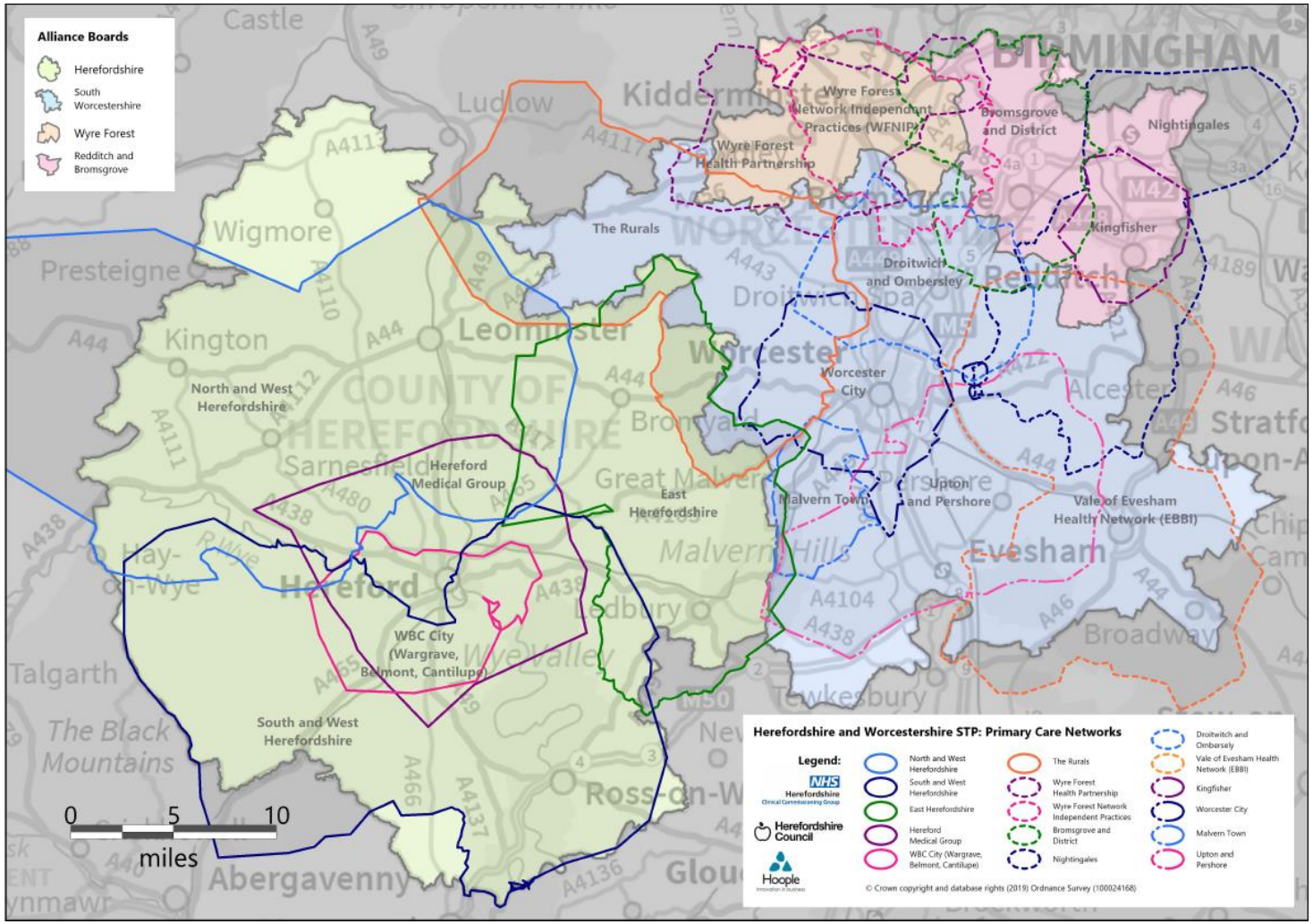
Although Herefordshire and Worcestershire now have a single mental health provider and a single CCG as health commissioner, services that address local needs are essential.

The following statutory commissioning and provider bodies support and ensure localised delivery of services across the ICS:

- 2 County Councils (including Public Health teams)
- 6 District Councils in Worcestershire
- 3 Acute Hospitals
- 8 Community Hospitals
- 16 Primary Care Networks (PCN)
- 85 GP Practices

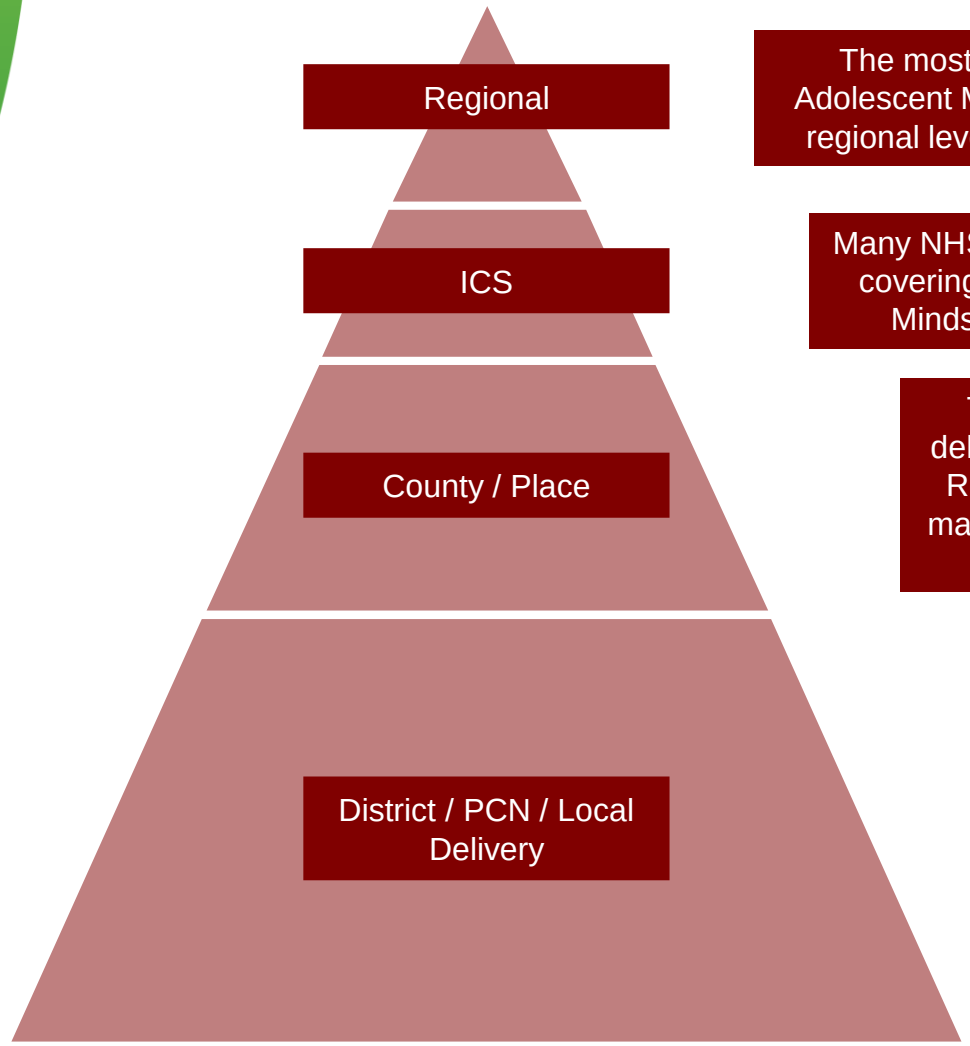
While some services are best delivered at an ICS-level, such as more specialised services, many are better delivered at different levels such as county, district or PCN-level.

At whatever geography services are delivered, the purpose is to improve health and wellbeing outcomes for all and to reduce the gap between those with the best and worst outcomes by working as equal partners to drive collaboration. This is delivered through the triumvirate of place leadership, provider collaboratives and system leadership, underpinned by the principle of subsidiarity.



Local context and background

How services are commissioned and delivered



The most specialist services are commissioned and delivered at a regional level, notably Children and Adolescent Mental Health inpatient wards. Other services commissioned and/or delivered at regional or sub-regional level who have regular contact with mental health patients include ambulance and police services.

Many NHS mental health services are commissioned at, and have management structures at, an ICS level covering both counties, such as acute inpatient units, perinatal mental health services or IAPT (Healthy Minds) services. The majority of these services retain local delivery teams for each place however.

The majority of mental health services, including NHS, local authority and VCSE-provided, are delivered at place. This includes social work teams, CAMHS, Early Intervention in Psychosis, Crisis Resolution and Home Treatment, and Safe Haven services, amongst others. Commissioning and management arrangements vary, but county-based services make up the bulk of services from both a health and social care perspective, recognising the importance of place.

A major aim of both the NHS Long Term Plan and this strategy is to shift the delivery of services to a more local level, with flexibility of delivery depending on local need, while still delivering the same outcomes for individuals. A major driver for this within adult services is the Community Mental Health Transformation, which created Neighbourhood Mental Health Teams operating at a more local level linked to identified Primary Care Networks (PCN). Broader wellbeing support and lower level interventions in particular are often best delivered by local, often smaller organisations who are a part of the community. It is through locally-devised solutions that equality of mental health services will be improved, through agencies working together to ensure equitable access, outcomes and experience for all people requiring mental health support.

Local context and background

Mental health and wellbeing affect people in all walks of life, but has particular links to a number of other issues. This strategy does not seek to replace but to link to these strategies, including those below.

Strategies

- Herefordshire Learning Disability Strategy
- Worcestershire Learning Disability Strategy
- Herefordshire Autism Strategy
- Worcestershire All-Age Autism Strategy
- Herefordshire & Worcestershire CYMPH Transformation Plan
- Herefordshire & Worcestershire Dementia Strategy
- Herefordshire Homelessness Prevention and Rough Sleeping Strategy
- Worcestershire Homelessness and Rough Sleeping Strategy
- Herefordshire Health and Wellbeing Strategy
- Worcestershire Joint Health and Wellbeing Strategy
- Herefordshire Joint Carers Strategy
- Worcestershire Carers Strategy
- Herefordshire Interim Housing Strategy
- Worcestershire Strategy for CYP and SEND
- Herefordshire & Worcestershire Sustainability and Transformation Plan

Local context and background

Below is just some of the work already underway locally that this strategy seeks to support includes:

Worcestershire All-Age Autism Strategy:

Links adult services with services for children and young people for support

Ensure that people with autism spectrum conditions are supported as they progress to more independent living. Enables children, young people and adults with autism spectrum conditions to have access to all universal and health and social care services

Herefordshire and Worcestershire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan:

Plans on improved crisis care and early identification of children in need to prevent escalation or further risks and continued support in recovery

Worcestershire Joint Health and Wellbeing Strategy:

Prioritise building resilience to improving mental wellbeing and dementia. (A higher proportion of adults in Worcestershire are diagnosed with dementia (7.8%) than the national average (5.8%)

Herefordshire Joint Carers Strategy:

Provide support to enable fulfilled lives as 82% carers struggle with their health

Worcestershire homelessness & rough sleeping strategy:

Poor mental health outcomes of homeless people are twice as high compared with the general population

Plans to develop, review and promote local housing and support pathways for groups vulnerable to becoming homeless as a result of mental health problems

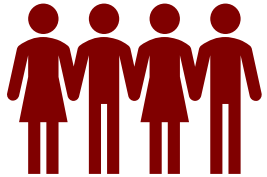
Herefordshire Suicide Prevention Strategy:

Focus on suicide prevention through identifying key areas for development, improving support for those already at risk

Challenges

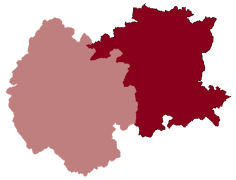
The profile of mental health has risen in recent years, and with it has come greater focus as well as increased funding. While this is welcomed, there remain significant challenges to delivering high quality mental health services to our communities.

Workforce
With a shortage of 40,000 nurses and 10,000 Consultants nationally, finding sufficient workforce is challenging, particularly in rural areas. We need to think differently about our workforce in Herefordshire and Worcestershire to ensure we are able to provide safe, quality services.



Increasing demand
Demand for mental health services is increasing, by as much as a third nationally over the last five years. Our services need to meet the rising and changing profile of demand in across the ICS, while addressing gaps and maintaining quality within existing provision.

Bringing together two counties
Mental health provision looks different depending on whether you live in Herefordshire or Worcestershire. We want to bring both areas closer together so that there is a consistent service offer no matter where you are in our ICS.



Ambitious national agenda
The NHS Long Term Plan is ambitious in what it has set out to achieve over the next 5 and 10 years, with all areas expected to improve and expand mental health services at pace. While this is very welcome, it also poses a challenge to local systems to deliver.

System Financial Recovery
Local authorities and the NHS are under significant financial pressure and Herefordshire and Worcestershire ICS is currently in a financial deficit position. Mental health services need to do their part to drive efficiency and ensure services across the system are sustainable.

Responding to local need
Herefordshire and Worcestershire is a mixed area geographically with both urban and rural areas that pose different questions, and require different solutions. Getting the right services for each local population while also gaining the benefits of ICS-wide services will be key.

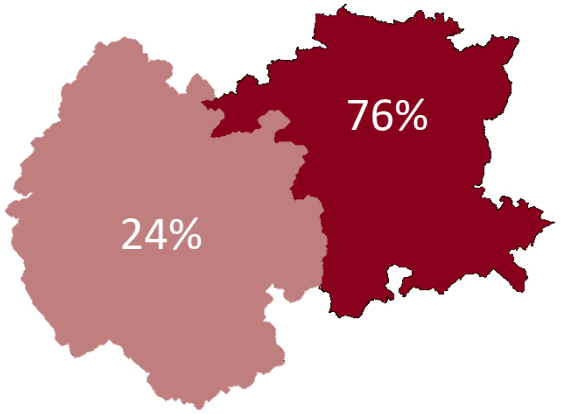
Who we spoke to

Between 1 October 2019 until 12 November 2019 the Engagement Manager on behalf of the Herefordshire and Worcestershire Integrated Care System ran a survey and a series listening events to engage with the Herefordshire and Worcestershire populations, with the purpose of gaining their views on a new ICS Mental Health Strategy. The full Engagement Report is available at http://www.redditchandbromsgroveccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=198401 .

192 people responded to the survey and 47 people attended a Listening Event. Respondents were asked to comment on the following three questions:

1. What do you think works well for people with a mental health condition in the area where you live?
2. What doesn't work well?
3. What do you think the mental health strategy should focus on?

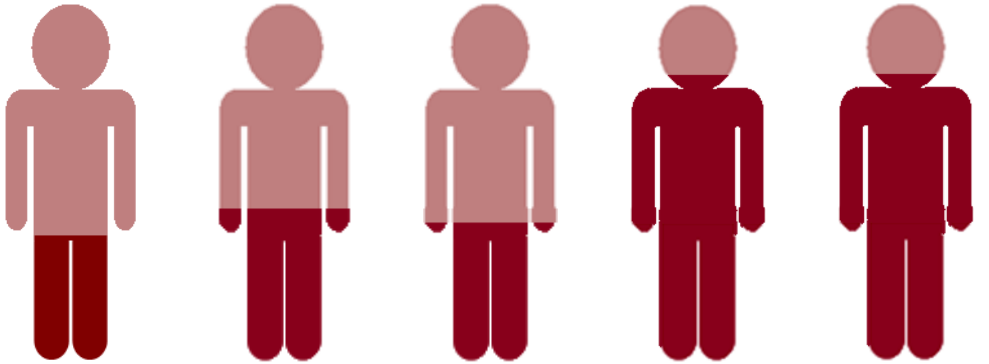
239 Respondents



69% Female
31% Male

34% Disabled

20% Answering on behalf of an organisation



39% Carers

80% Heterosexual

Who we spoke to

Mental health and wellbeing is a broad area covering many issues affecting people in all walks and stages of life, and alongside a wide range of other issues. Though present everywhere, mental health difficulties are particularly prevalent alongside difficulties such as:

- Homelessness and housing issues
- Substance misuse
- Long term physical health conditions
- Autistic Spectrum Condition (ASC)
- Learning disabilities
- Being a Carer
- Bullying
- Unemployment or workplace stress
- Debt issues

Mental health is therefore a regular topic of conversation at a variety of different forums within health and social care. This strategy will impact on, and has therefore been discussed at or shared with, the groups and forums to the right:

- Herefordshire and Worcestershire CCG Clinical Commissioning Committee
- Herefordshire & Worcestershire ICS Mental Health Programme Board
- Herefordshire & Worcestershire CCG Clinical Commissioning Group
- Herefordshire CYP MH and Emotional Wellbeing Partnership Board
- Herefordshire County Council Cabinet Members and Scrutiny Chairs
- Herefordshire Health and Wellbeing Board
- Herefordshire County Council Departmental Leadership Teams
- Herefordshire Mental Health Partnership Board
- Herefordshire Suicide Prevention Sub-Group
- Hereford Autism Partnership
- Herefordshire Homeless Forum
- Worcestershire CCGs Patient Advisory Group
- Worcestershire Health & Care Trust Community Engagement Panel
- Worcestershire Health & Care Trust Youth Board
- Worcestershire County Council Youth Cabinet
- Worcestershire CYP MH and Emotional Wellbeing Partnership Board
- Worcestershire Integrated Commissioning Executive Officers Group
- Worcestershire Health and Wellbeing Board
- Worcestershire CCGs Clinical Innovation Group
- Worcestershire County Council Departmental Leadership Team
- Worcestershire Strategic Housing Partnership
- Worcestershire Suicide Prevention Steering Group
- Worcester Cares Vulnerable People and Homelessness Forum
- Worcestershire Autism Partnership Board

Engagement reports from public events are available here:

- http://www.wyreforestccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=198401
- https://www.herefordshireandworcestershireccg.nhs.uk/about-us/publications/engagement/additional-engagement-docs/274-mental-health-strategy-summary-engagement-report-final-july-2020/file

What people told us - what works well?

Question 1 – What do you think works well for people with a mental health condition in the area where you live? [this could be a service, a team, how to access information or help, or anything else that you think works well]

Key Theme 1 - Praise for a specific / individual mental health service
There were various individual services that respondents thought worked well for people with a mental health condition. These included a wide range of services across both counties.

Key Theme 2 - Ability to access the service
Numerous respondents thought that access to a service was good. Comments included praise for the following:

- Self-referral option
- Online and telephone support
- 24/7 availability of the Crisis Team
- Support available in the community

Key Theme 3 - The role or support of staff
The care and support received from staff, featured high in the comments of what people thought works well. Respondents praised various individual staff members and teams.

What people told us - what doesn't work well?

Question 2 – What doesn't work well? [this could be a gap / lack of service, a team, how to access information or help, or anything else that you think that needs improvement]

Key Theme 1 - Access
Many comments highlighted 'access' as being the area of highest concern. Nearly half of the comments received for Question 2 gave feedback about access. Waiting times and access for children and young people all gained the highest criticism.

Key Theme 2 - Shortages – staff and services
Respondents reported various aspects of service where they felt there was a shortage of either staff or services.

Key Theme 3 - Poor communication
Some respondents gave examples of how they felt communication had been poor. Access and lack of information came across as the key areas of concern.

Shortages identified through engagement process:

Staff
- Psychiatrists
- Psychologists
- Nurses
- Mental Health Liaison in A&E
- Mental Health staff across the health system

Service
- Children & Young People's Services
- Voluntary Community Sector
- Drop-in Service
- Bed Availability
- CAMHS Out of Hours
- Personality Disorder Service
- Complex Childhood Abuse Service
- Service for those at risk of offending
- Service for those with a 'medium' mental health need
- Outreach
- Out of hours
- Services for those with multiple diagnoses / health needs

What people told us - what should we focus on?

Question 3 – What do you think the Mental Health Strategy should focus on?

The top five themes that received the most comments were: Improved access, early intervention, children and young people, prevention, and patient-centred care.

"Improving long term care & targeting young children at an early age."

"Making support available, particularly for young people, much more quickly."

"The strategy should focus on mental health support for CYP in schools, colleges, universities. There needs to be support for parents and coping mechanisms so that the child can stay within the family unit."

"Younger children and support to parents."

"Easy quick access to the right support and enough of it."

"Easier and quicker access to services."

"Improving access to community-based mental health services and support, counselling, psychotherapy."

"Access in a reasonable timeframe to all services."

"Prevention to stop mental health moving into crisis."

"Prevention, education, self-help."

"Staying well, prevention."

"Prevention. Maintain good mental health alongside exercise healthy eating etc for all ages."

"Treating clients as individual human beings."

"Helping the individual & getting them settled."

"Individual needs. A good initial assessment and what the patient thinks they think would help and the opportunity to experience 1:1, support group, someone on the end of a phone, online community support etc.to see what they feels helps."

"Using the time they have to focus on a plan of recovery specifically for patients on a one to one basis, rather than the textbook regime."

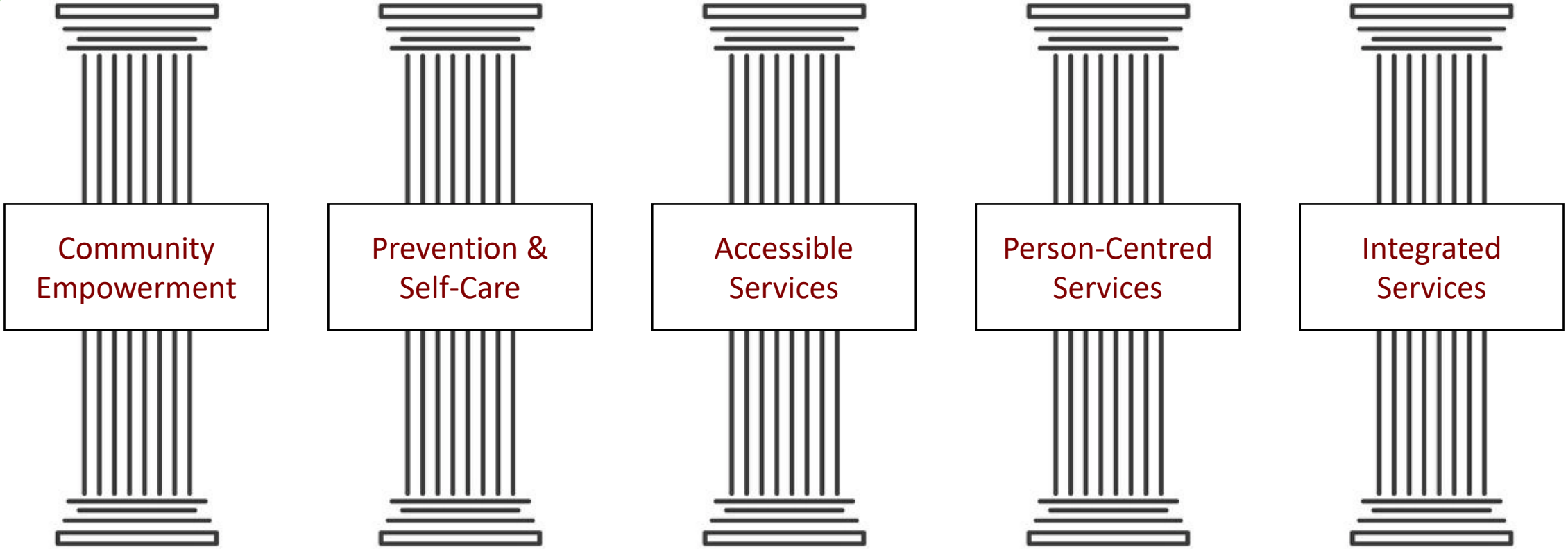
"Early intervention and enough staff to relieve police/A&E and others from responsibility except for reporting"

"Early intervention for any mental condition."

"Early Intervention in Primary and Secondary Schools."

"Early services. Catching people before they get too poorly. Early intervention as the public see it - take pre-emptive action."

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing



Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Community empowerment is having a mental health aware population. It is about the five ways to wellbeing and preventing mental illness. We want to build on the success of the 'Now We're Talking' campaign in Worcestershire and utilise the Talk Community approach in Herefordshire to continue to expand awareness of mental health and self-care, and promote community asset growth, across both counties.

Community empowerment is also about supporting and empowering our Voluntary, Community and Social Enterprise (VCSE) sector to do more, grow and flourish. There is currently very different infrastructure and capacity within our VCSE across both counties, but a shared goal of supporting the growth of the VCSE across health and local authority organisations in both counties. It will never be possible for commissioners to fund all the activities of the various community organisations across Herefordshire and Worcestershire, nor would this be desirable as it would risk stunting innovation. Development and growth of supportive communities and the VCSE in Herefordshire and Worcestershire would therefore mean support in a variety of areas, depending on the needs of the organisations in questions, but would focus as much on sustainability and infrastructure as much as direct service delivery. This could include:

- Creating an environment where organisations are encouraged and incentivised to work together
- Build social capital through community asset growth
- Information sharing and awareness raising
- Infrastructure support for small organisations such as standard policies, procedures etc.
- Clinical supervision support
- Sharing of accommodation
- Support to access other funding streams
- Economies of scale for back-office functions
- System-wide training (direct and 'train the trainer')
- Celebrating success

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Linked to all of the above, prevention and self-care for mental health illness in Herefordshire and Worcestershire can provide the best possible outcomes for patients, minimise escalation to acute mental health services, and relieve pressure on secondary services, allowing a faster response for those in urgent need. Though children and young peoples' mental health services are key, prevention and self-care are important across the life course.

The principles of prevention and self care should apply at all levels, from mental health aware communities, to mental health literacy for frontline staff in areas such as housing, right through to self-care skills development and proactive crisis planning for people accessing acute and crisis mental health services.

We need to reconfigure funding and services where possible to provide greater focus on prevention, in local communities, to reduce pressure on secondary and acute services, as well as statutory partners. Investment in more preventative services will also help us as a system in terms or recruitment in a challenging environment, and support the growth of the VCSE, while investing in training for frontline staff across statutory and non-statutory partners will help us create mental health aware services more widely. There is a real groundswell of grass routes organisations supporting people with mental health issues, as well as statutory services, who would really benefit from links and training to support the people accessing their services. If we can develop a cohesive network to support these organisations and partners we hope to support and build the resilience of our communities.

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Accessibility of services was the most frequently talked about issue with mental health services, both positively where particular services are views as accessible and negatively where improvement is needed. Accessibility includes a variety of factors, such as:

- Early Intervention
- Waiting times for a first appointment or assessment
- Waiting times for the start of treatment
- Where a wait is unavoidable, communication from the service during this period
- Thresholds for accessing services
- Transitions from children and young peoples' services, either to wider community networks or to adult services where required
- Barriers to accessing services and reasonable adjustments
- Discharge from services requiring re-referral
- Identified gaps in provision of services

Our aspiration is for mental health services at all levels to be accessible for those who need them, in line with the national aim to move to a 4-week waiting time standard for secondary mental health services. Herefordshire and Worcestershire bid to become, and has been selected as, an Early Implementer site for the Community Mental Health (CMH) Transformation programme which is trialling this. The underlying principle of our proposal for this new model of service was that of inclusivity, seeking to remove barriers to services and based on an assumption of an appropriate offer for all.

Significant investment has been made into expanding mental health services nationally and locally through the NHS Long Term Plan and Mental Health Investment Standard. This expansion has been accelerated in response to COVID in order to meet growing demand, making it all the more important to ensure accessibility of services when they're needed, and for all.

A major focus is also on reducing inequalities within mental health services, demonstrated by the establishment of a H&W Mental Health Inequalities Board.

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Another clear message from public and stakeholder engagement was the need for services to wrap around the individual and to prevent patients having to navigate between disparate services, often with no support, which can cause disengagement or deterioration. This extends to carers also, who too often hold the burden of supporting people who are mentally ill with limited support.

This priority links to both accessibility and collaboration above, but goes beyond this to patient choice on when, where and how they wish to receive treatment.

While there is a need to increase the treatment options available where possible, such as expanding the variety of talking therapies available or options available to people experiencing crisis, another important goal is to standardise the treatment offers available across Herefordshire and Worcestershire. To remove the 'postcode lottery' currently in place while continuing to reflect the distinct needs of different localities and communities will be a key challenge of working as an Integrated Care System.

An ambition of this strategy over the next 5 years is to minimise variation in treatment offers across Herefordshire and Worcestershire, continue to expand the treatment and support offers available, and to close the gaps between services through improved collaboration and shared outcomes.

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

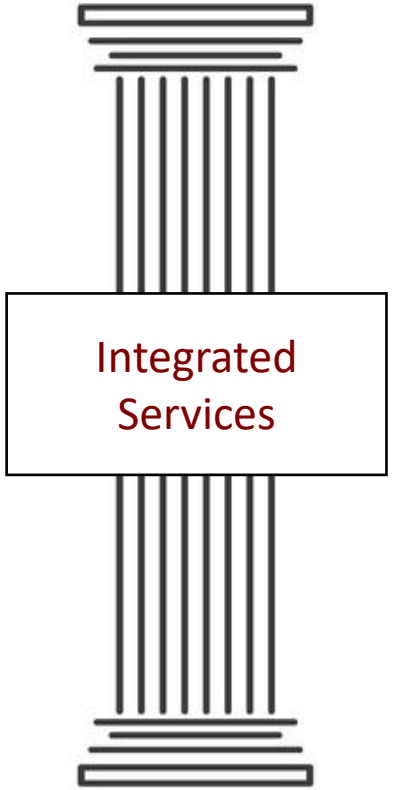
Another key message from public and stakeholder engagement was that many people are 'falling in the gaps' between services. Collaboration between different services is essential to close these gaps and links back to the principle of accessibility of services and removing barriers to services. This was particularly noted for individuals with multiple complex needs such as Autistic Spectrum Condition (ASC), learning disabilities, substance misuse issues and homelessness.

While the investment in mental health services in recent years is valuable and welcomed it is not and can not be the solution for everything, and so much more can be achieved through improved joint working across team and organisational boundaries.

Our ambition is to improve joint-working across organisations through a combination of enablers. These will include moving to an alliance-based model for mental health service provision, targeted investment where necessary for identified groups at risk of falling between services, and supporting the growth and development of the Voluntary, Community and Social Enterprise (VCSE) sector across both counties.

Integration across a range of geographical footprints will also be essential, with mental health and wellbeing services delivered at regional, ICS, county, PCN and community levels, supported by key programmes such as Talk Community.

The local desire for greater integration of services echoes the national strategy for the development of Integrated Care Systems, and Mental Health Provider Collaboratives, the focus of which is on improving joint working and decreasing duplication and bureaucracy by bringing funding and commissioning decision closer to frontline workers, with the ultimate aim of improving outcomes for individuals receiving services.

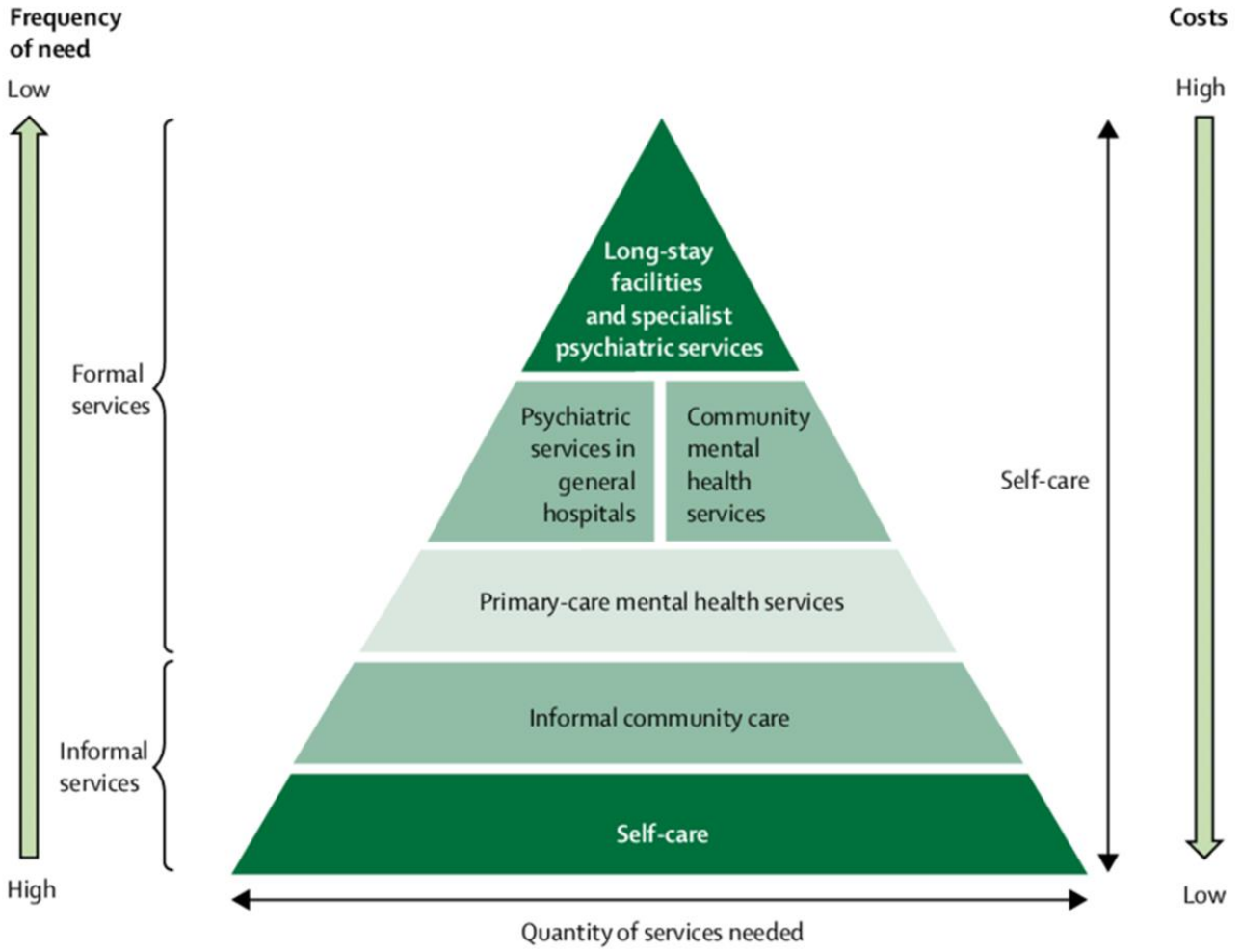


Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Historically, mental health services have focused more on those with the most acute needs, at the top of the pyramid where frequency of need is lower but costs higher. In recent years focus on the lower tiers of the pyramid of need has increased, but this has largely focused on primary-care mental health services and some inconsistent wellbeing provision across the ICS. To continue this move toward the bottom of the pyramid and preventing mental ill health, there remains much to be done.

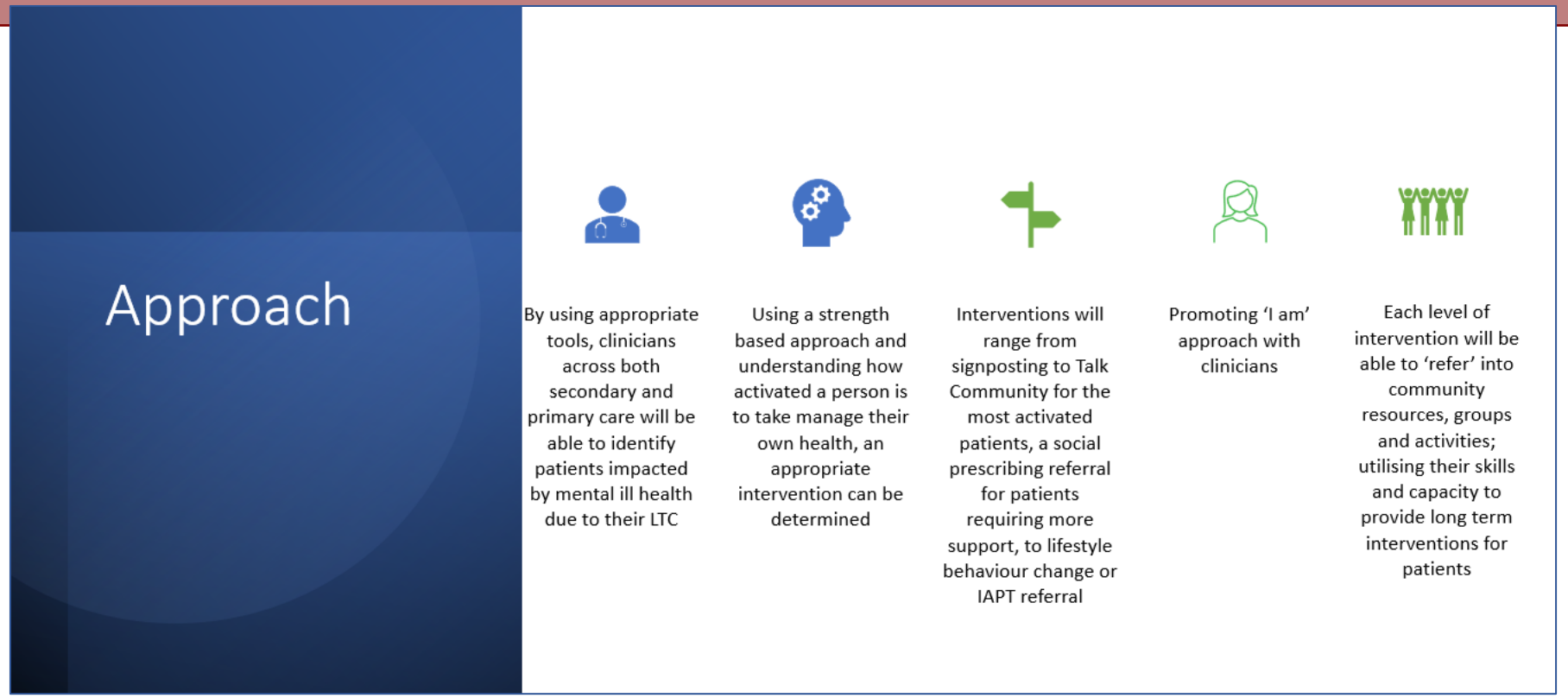
While the majority of the national priorities from the NHS Long Term Plan are rightly focused on increasing resources to and improving secondary care services where specific gaps have been identified, locally there is a real drive to increase wellbeing support, informal community care and self-care options. This has been clear from public engagement events and in some cases is already underway, including Talk Community and Integrated Wellbeing Offer for Worcestershire, as well as the Community Mental Health transformation programme. Mental health is a spectrum and it is important to remember that peoples' mental health can be good or bad, and that it will fluctuate, so self care and learning strategies to support this are essential in preventing mental health from deteriorating.

Transition of resources towards self care and more preventative services will be a gradual process, however this strategy represents a commitment to continue to move investment in this direction.



Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

Mental health services must not be viewed in isolation, but alongside physical health needs and interventions. While national programmes such as comprehensive physical health checks for people with a severe mental illness rightly focus on the disparity in physical health and premature mortality, the reverse must also be considered. People with physical health illnesses, particularly long term conditions, are also more likely to experience poor mental health. A community wellbeing approach is being developed in Herefordshire to improve mental health support for people with long term conditions, ranging from self-care and community provision utilising the Community First model, to social prescribing and lifestyle advice, to clinical mental health services such as IAPT (Healthy Minds). This community wellbeing approach will utilise the principles below, with an emphases on consistent screening, understanding care pathways and education.



Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

In order to expand provision and support for self-care and informal community care, we want to utilise a community-centred approach to enhance individual and community capabilities, and support the many community health assets already in place to grow and flourish.

This will mean working closely with community organisations to co-create resources and services that can support people before they become mentally ill, on the principle that prevention is always better than cure. Such an approach, aligned to the principles of 'anchor organisations', will require joint-working across statutory and non-statutory services, NHS and local authority, and utilises a 'family' of approaches including:

- Strengthening communities
- Volunteer and peer roles
- Collaborations and partnerships
- Access to community resources
- ABCD approach for community development projects

Who we spoke to

Following the successful engagement sessions in October 2019, two follow up engagement sessions were coordinated on the 27th Feb 2020 and 5th March 2020 to further discuss the ICS mental health strategy.

The purpose of these sessions were to give attendees an opportunity to voice their opinions on the first draft on the Mental Health strategy and how to develop it further.

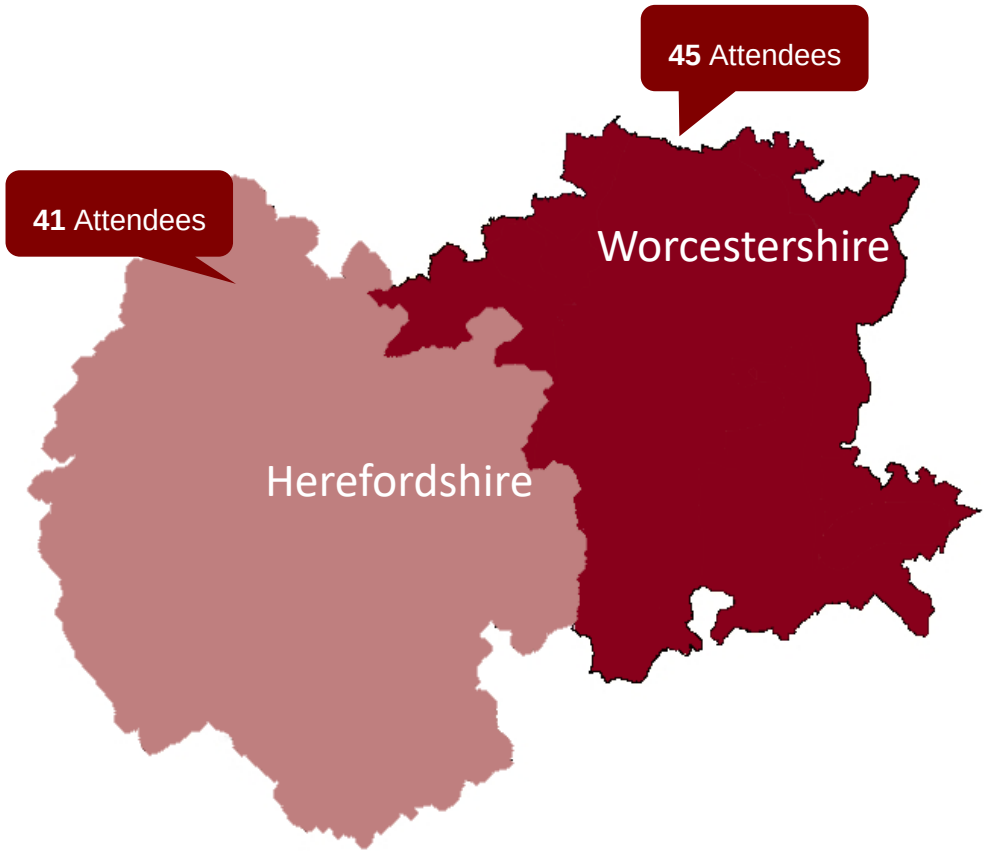
Attendees were asked to participate in the 2 following exercises:

Exercise 1 -
Focus on the 5 pillar themes and discuss:

- *What can be done in each area to move this forward*
- *What would enable these themes' success?*

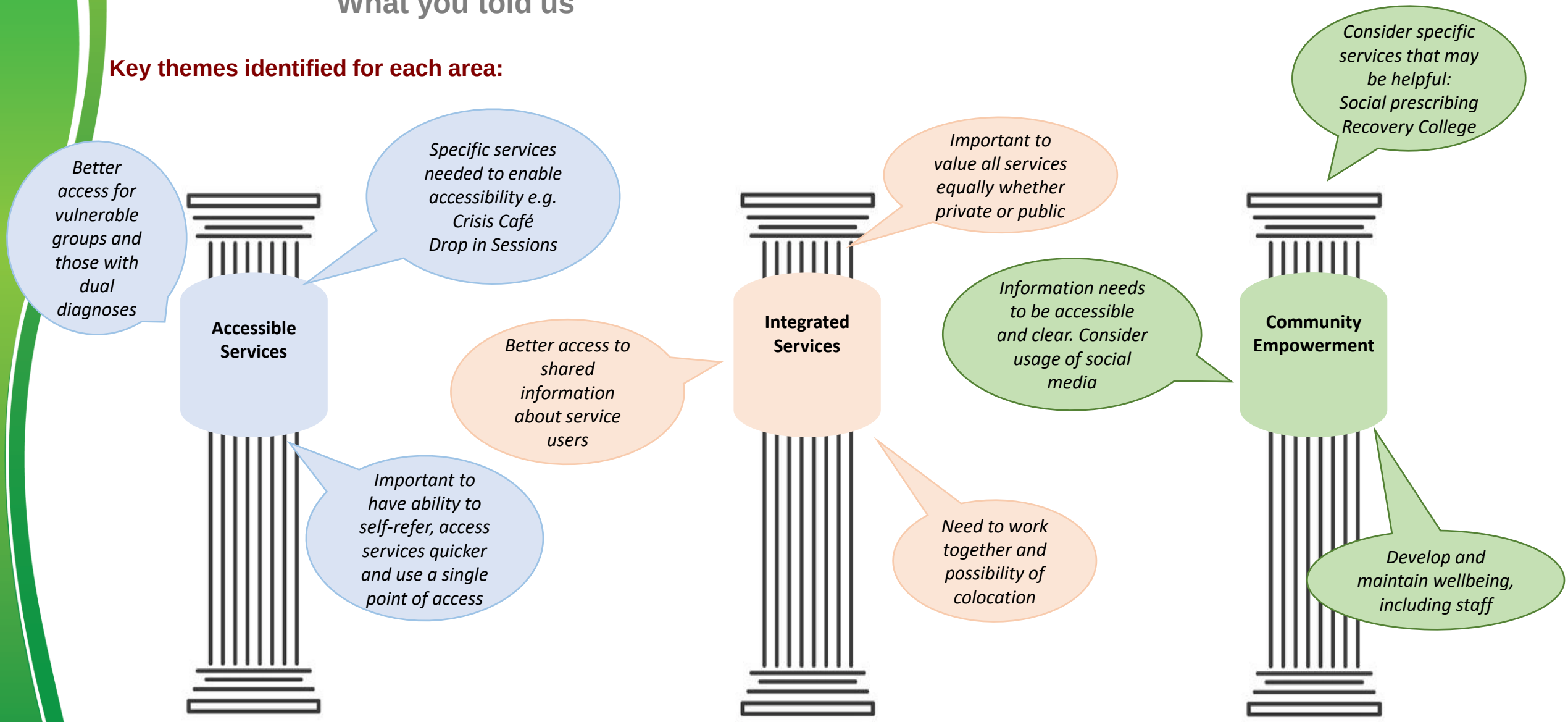
Exercise 2 -
Priorities and timeline plotting:

- *Choose top 3 priorities for each pillar*
- *Plot the priorities on a timeline, in order of what should be achieved in terms of urgency*



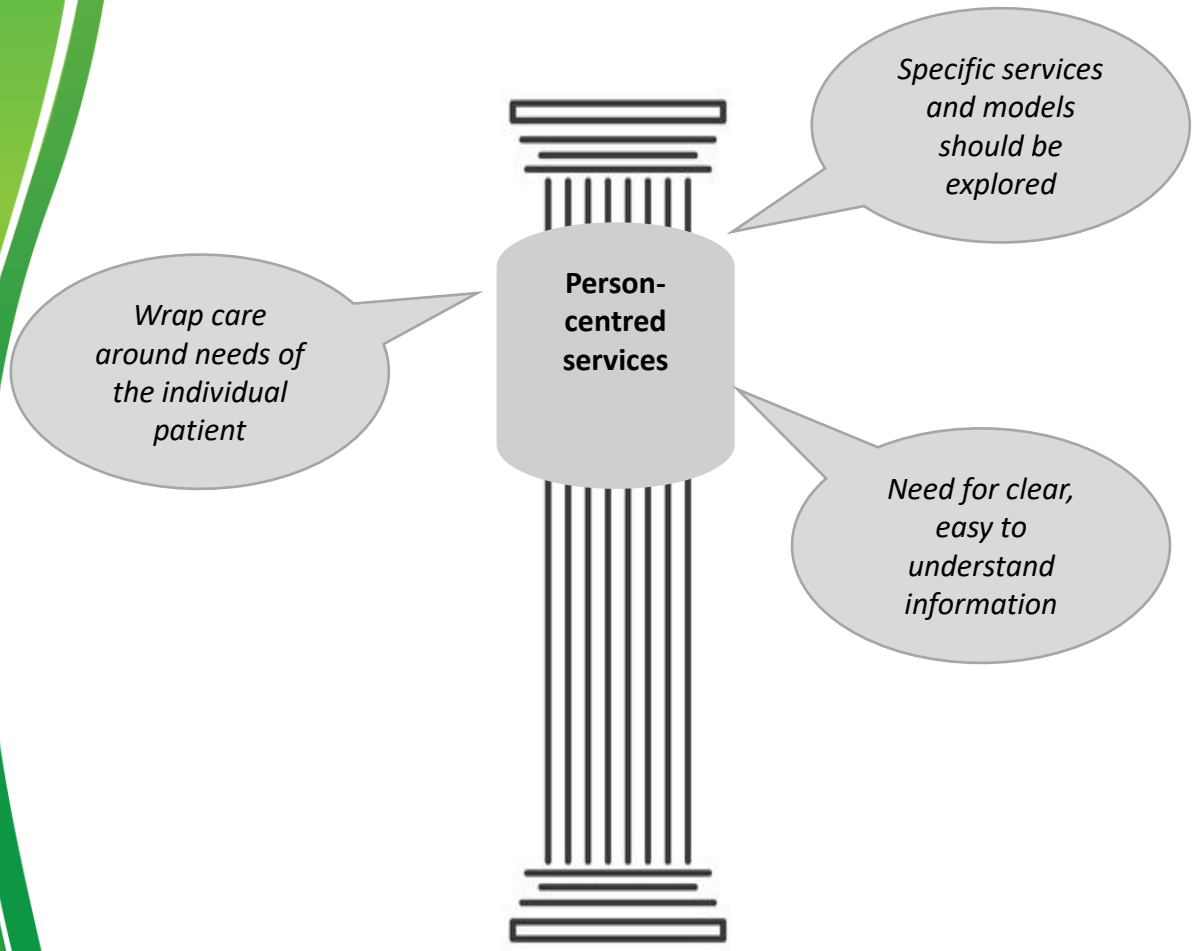
What you told us

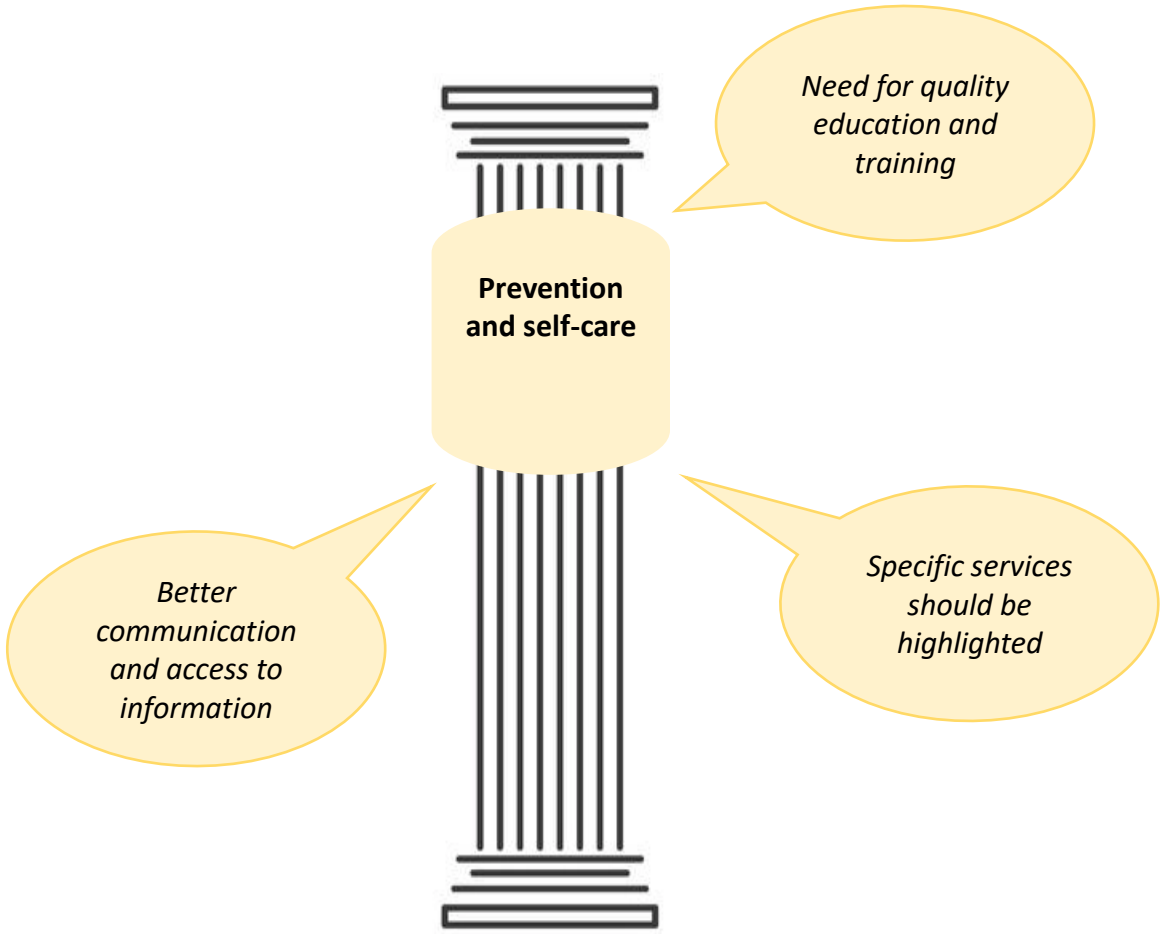
Key themes identified for each area:



What you told us

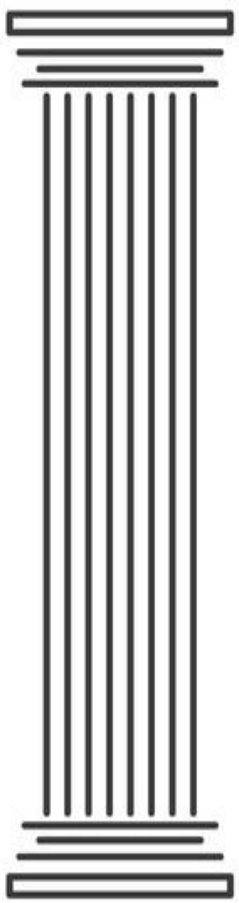
Key themes identified for each area:



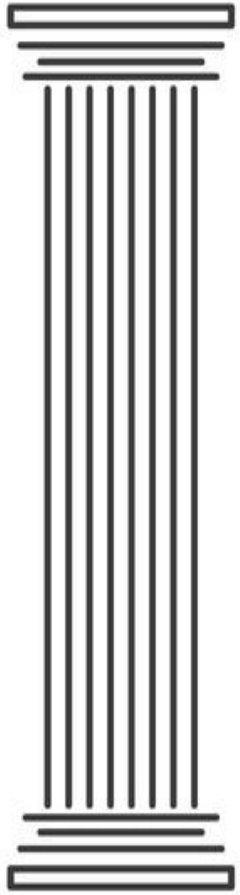


What you told us

Priorities identified:

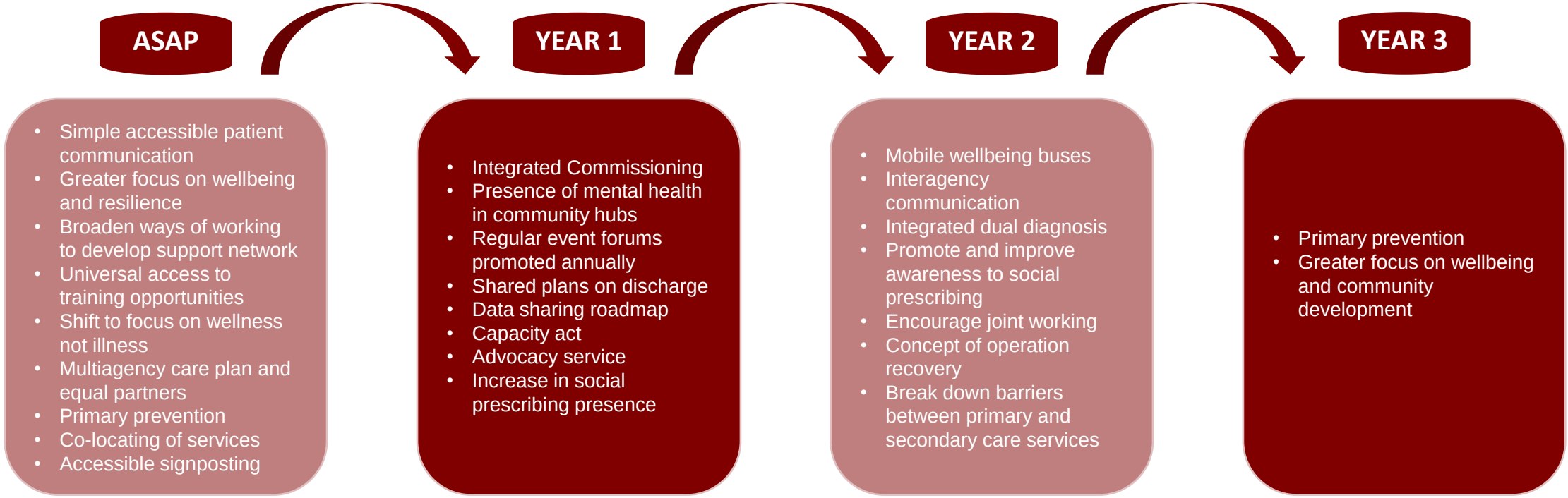


Theme	Priorities
Accessible services	- Video consultations - Recovery college - Improved Information sharing - Increase of community based support i.e. drop-ins
Integrated services	- Co-locating services - Outcome framework - Shared discharge plans - Integrated dual diagnosis
Community empowerment	- Encouragement of joint working - Promotion of social prescribing - Outreach
Person-centred services	- Opportunity for face to face assessments - Create culture of greater compassion - Flexibility in interventions
Prevention and self-care	- Raise awareness of services to dispel stigma - Social media campaigns - Recovery and reablement approach



What you told us

Suggested timeline of priorities from co-production events:



Prevention, wellbeing and community development were themes throughout the prioritisation exercise, though may not have been put in the ASAP category as this was typically where specific issues with current provision were placed.

These suggestions will be taken forward through a variety of means, including existing transformation programmes, upcoming change projects such as the VCSE alliance approach work (see local plan for mental health and wellbeing below), and the Mental Health Inequalities Board.

The National Vision for Mental Health & Wellbeing

The NHS Long Term Plan has set out a range of ambitious deliverables for the five years from 2019-20 to 2023-24, including significant investment into CCG baselines of £21 million over the 5 years. This has been utilised to deliver transformation and increased access, with further developments outlined below. Where opportunities for shared funding with local authority partners are available these are also being actively pursued, increasing funding for mental health still further.

2021-22	2022-23	2023-24
24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions.	Improved therapeutic offer for inpatients to improve outcomes and experience, and deliver average length of stay of 32 days	Extended period of care, partner assessment and increased psychological therapies in place for perinatal patients
Establish Maternity Outreach Clinics / Maternal Mental Health Services (MMHS)	CYP MH plans aligned with those for learning disability, autism, SEND, children and young people's services, and health and justice	Support roll-out of national programme for health professionals working in ambulance control rooms
Establish 24/7 Mental Health Liaison across all acute hospitals	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults	24/7 crisis care to be in place for via NHS 111
24/7 crisis provision in place for children and young people		
Community Mental Health (CMH) Transformation Wave 2		
Early Intervention Service to achieve NCAP/CCQI Level 3 Standard		

The National Vision for Mental Health & Wellbeing

2021-22	2022-23	2023-24
Minimum of 733 women accessing community based perinatal mental health treatment	Minimum of 1,017 women accessing community based perinatal mental health treatment	Minimum of 1,301 women accessing community based perinatal mental health treatment
Minimum of 4,937 children and young people receiving treatment from an NHS-funded community mental health service	Minimum of 5,459 children and young people receiving treatment from an NHS-funded community mental health service	Minimum of 6,265 children and young people receiving treatment from an NHS-funded community mental health service
Minimum of 3,366 people with serious mental illness receiving physical health checks	Minimum of 3,856 people with serious mental illness receiving physical health checks	Minimum of 4,347 people with serious mental illness receiving physical health checks
Minimum of 19,089 people starting IAPT treatment	Minimum of 21,541 people starting IAPT treatment	Minimum of 23,658 people starting IAPT treatment
Minimum of 1,696 adults and older adults accessing integrated models of primary and community mental health care	Minimum of 3,464 adults and older adults accessing integrated models of primary and community mental health care	Minimum of 4,991 adults and older adults accessing integrated models of primary and community mental health care
Minimum of 429 adults accessing Individual Placement Support (IPS) services	Minimum of 592 adults accessing Individual Placement Support (IPS) services	Minimum of 742 adults accessing Individual Placement Support (IPS) services

Major programmes

Community mental health (CMH) transformation

In 2019 Herefordshire and Worcestershire was selected as one of 12 Early Implementer sites nationally to transform adult community mental health services in line with the new national framework. The transformation is taking place across approximately half the ICS, based on Primary Care Network footprints, with the new service set to expand to remaining PCNs in October 2021.

The vision for the new service model is to:

- Dissolve the barriers between primary and secondary care
- Be based on cross-sector collaboration, including increased VCSE resource
- Create and improve flexible, easy and clear means of access
- Maximise continuity of care
- Ensure there is no cliff-edge of lost care and support, moving away from current approaches based on referral and discharge
- Ensure timely access by testing 4-week waiting times from initial contact to appropriate care (and testing what appropriate care means)
- Adopt a principal of inclusivity as opposed to exclusions
- Increase access for people who currently fall through the gaps

PCNs trialling the new model for CMH

Herefordshire	Worcestershire
E Herefordshire	Wyre Forest HP
Hereford City	Wyre Forest NIP
Hereford Medical Group	The Rurals
N & W Herefordshire	Malvern Town
S&W Herefordshire	

In addition to the revised ‘core’ model above, further work is underway through the transformation to develop local Eating Disorders and Complex Needs services, to strengthen delivery in these areas.

Major programmes

Mental health support teams (MHST) in schools

In 2020 Herefordshire and Worcestershire successfully bid for national transformation funding to deliver mental health support teams in schools, a national initiative laid out in the NHS Long Term Plan. MHST in schools provide early intervention for mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams act as a link with local children and young people's mental health services, supervised by NHS staff.

Four MHST have been established within the ICS, made up of senior clinicians and Education Mental Health Practitioners (EMHPs), and will:

- Work within the mental health supports that already exist, such as counselling, educational psychologisy, school nurses, pastoral care, educational welfare officers, VCSEs, local authority provision and NHS CYPMH services.
- Be responsible for a defined cluster or group of education settings, building a relationship with each, including the senior mental health lead.
- Work with each setting to scope out and co-design the support offer required.
- Work to ensure that the support offer reflects the needs of children and young people and education settings using clearly established expectations and ways of working that fit with the setting and the local system.

MHSTs will be expanded over the next 7 years to cover 100% of schools across the country. Two more MHSTs are due to commence in Herefordshire and Worcestershire by 2023-24, with the remainder to be implemented between 2024 and 2029.

Wyre Forest MHST

Primary and High Schools

Rural Worcestershire MHST

High Schools

Redditch MHST

Middle and High Schools, Special School and PRU

Herefordshire MHST

High Schools, Special Schools and PRUs

National Enablers

There are several projects underway or to be undertaken nationally that will act as key enablers to service change and improvement. These form part of the NHS Long Term Plan, and include:

Data Quality
Under the NHS Long Term Plan, providers are required to be compliant with national data quality requirements including MHSDS, DQMI, SNOMED CT and patient-level costing. Having robust, high quality data aids decision-making and ultimately, better services.

Provider Collaboratives
The NHS Long Term Plan requires mental health providers to form collaboratives to take on budget and pathway management for specialist services. These include adult low and medium secure services, CYP inpatient services, and adult eating disorder specialised services, but are expected to expand to additional areas. These are distinct from the local Mental Health Collaborative within the Herefordshire and Worcestershire ICS, often covering a wider geography for more specialist services.

Digitisation
Another NHS Long Term Plan priority is the development of a wider range of self-management apps, consultations, digitally-enabled models of therapy, and digital clinical decision-making. With a Global Digital Exemplar as mental health provider within Herefordshire and Worcestershire, and an award-winning app for children and young people (BESTIE), we have a strong foundation to build on to further enhance our digital offer for people experiencing mental health difficulties.

Mental Health Investment Standard (MHIS)
The Mental Health Investment Standard, previously known as Parity of Esteem, is the requirement for NHS Clinical Commissioning Groups to increase investment in mental health services in line with their overall increase in allocation each year. Under the NHS Long Term Plan, all CCGs are required to achieve the MHIS for at least the next 5 years covered by this strategy.

Local Enablers

In addition to national projects, a variety of local programmes are already in place or being planned that can support the aims of mental health services across the ICS, and with which this strategy will seek to dovetail:

Integrated Wellbeing Offer

The Worcestershire IWO aims to bring together the many assets and services that offer “lower level” support for wellbeing and health to form a comprehensive, holistic pathway through services, where people can access and move between the services and support they need.

Having good health and wellbeing depends on a wide range of factors. We need to address all these factors that protect and create health and wellbeing, including those at community level, to achieve positive health outcomes for Worcestershire.

Building on the response to Covid19, we want to grow an integrated and enhanced health and well-being offer that promotes early intervention and prevention to best meet peoples’ needs, improve health and wellbeing, and reduce inequalities.

Now We're Talking

Now we’re talking is a mental health campaign, launched in 2018, to encourage communities to talk about and seek support when experiencing mental health difficulties.

The campaign aims to raise awareness of mental health issues, fight stigma, and support people to open up and talk about mental health while promoting self-care.

While originally focused on the Healthy Minds (IAPT) service, it has recently expanded to focus on parents’ mental health and children's mental health. Our ambition is to build on the strong foundations in place by continuing to expand this campaign, as a means to broaden awareness around mental health and self-care, to support the drive toward self-care, prevention and early intervention.

Talk Community

Talk Community is a system wide partnership approach focused on managing demand by linking three fundamental elements that promote and maximise independence and wellbeing within Herefordshire’s communities.

Talk Community therefore focuses on the strengths of people and communities; the place and space which those communities occupy; and the economy in which those communities work.

At the heart of Talk Community is a culture and ambition to make independence and wellbeing for Herefordshire citizens inevitable.

The Talk Community approach, and the philosophy it engenders, can be a major vehicle to support the expansion of mental health and wellbeing support, raise awareness, and support the empowerment of local communities to maximise prevention, self-care and independence.

The Plan for Mental Health & Wellbeing

2021-22	2022-23	2023-24
Worcestershire multiagency pathway and collaborative commissioning arrangements for assessment and diagnosis of children with Autism Spectrum Condition to be implemented in Herefordshire.	Review of existing and potential complimentary crisis care alternatives across the ICS, including for CYP.	Establish additional crisis alternative provision, based on local need and co-production approach.
Review and redevelopment of mental health VCSE provision across Herefordshire and Worcestershire.		Move to alliance-based model of provision for mental health services across the ICS.
Review care pathways for Looked After Children, children and young people subject to a child protection plan, and children with ADHD.	Establish system-wide approach to career development, support and training for Peer Support workforce.	Closer joint working regionally with police and criminal justice, including Liaison and Diversion and Crisis Alternatives, to ensure people reach the right services as early as possible while reducing the burden on police and other blue light services.
Commission Qwell online mental health support and advice portal across ICS, and Mental Wellbeing service in most deprived schools in Worcestershire (where MHST not in place)	Length of hospital stay and delayed transfers of care to be reduced for children and young people.	
Consistent service models to be established across Herefordshire and Worcestershire, following move to a single NHS provider.		
Establish ICS Mental Health Inequalities Board to address health inequalities across system, including those exacerbated by COVID	CAMHS waiting times to be reduced utilising Quality Improvement methodology and best practice across two counties and nationally.	
Needs assessments to be undertaken focusing on: • Mental Health • Employability among vulnerable groups • Sexual abuse and trauma	New Drugs and alcohol strategy to be developed for Worcestershire in line with Dame Carol Black review recommendations, including increased training and integration with mental health services.	
Patient Shared Care Record to be developed to provide up to date information for patients and clinicians across organisations	Develop a model of care that will provide rehabilitation, or reduce the need for admissions, for young people who require more intensive support.	
Service redesign for public health nursing, health visiting and school nursing to improve integration of services and strengthen the mental health offer for young families, pregnant women and school age children.		

Local Vision

We will work with local people and communities so that everyone can be mentally well, or access services quickly when they need them, and that those services will work together in an integrated fashion to provide the best possible care.

What good looks like

We will:

- **Provide more mental health services to more people, as per the NHS Long Term Plan**
- **Decrease waiting time for assessment of Autistic Spectrum Condition in children**
- **Offer more opportunities for work, and career development, for Peer Support Workers**
- **Increase mental health support to young families, pregnant women and school age children**
- **Decrease waiting time for children to access mental health support in CAMHS**
- **Reduce how long children and young people stay as inpatients in acute wards**
- **Increase equality of access, outcomes and experience for all of our population**
- **Provide alternative services to people experiencing crisis**

COVID response for Mental Health & Wellbeing

Almost all mental health services in Herefordshire and Worcestershire were maintained throughout the pandemic, with only limited redeployments to support key services such as the 24/7 crisis line. As the impact of the pandemic on peoples' mental health became clear, recovery and restoration planning focused on expanding capacity of services wherever possible. As many of the mental health priorities within the NHS Long Term Plan are focused on expanding provision, many of these ambitions have subsequently been brought forward from 2022-23 to 2021-22 to support with increased demand.

Phase 1: Response

- 24/7 mental health crisis line established
- Systems put in place to segregate COVID positive inpatients. Closure of one older adult mental health ward and set up of hospital at home provision
- Proactive contact and support approach adopted to ensure patients on caseload were supported through first national lockdown
- Single Points of Access established for each county for help and support

Phase 2: Recovery

- Preparation for longer term increase in demand for mental health services, including actively recruiting in line with NHS Long Term Plan
- Establishment of enhanced psychological support for health and social care staff, including process to ensure BAME staff were considered and protected
- Ensuring 24/7 mental health crisis line is made permanent and sustainable
- Review of interagency suicide prevention plans for each county

Phase 3: Restoration

- Re-establishment of transformation programmes including crisis alternative services, mental health support teams in schools, 24/7 psychiatric liaison and phase 2 of the community mental health transformation.
- Early implementation of NHS Long Term Plan ambitions including CYP crisis resolution and home treatment services and increasing access to psychological therapies.
- Recovery trajectories in place for services impacted by COVID (e.g. physical health checks for people with severe mental illness

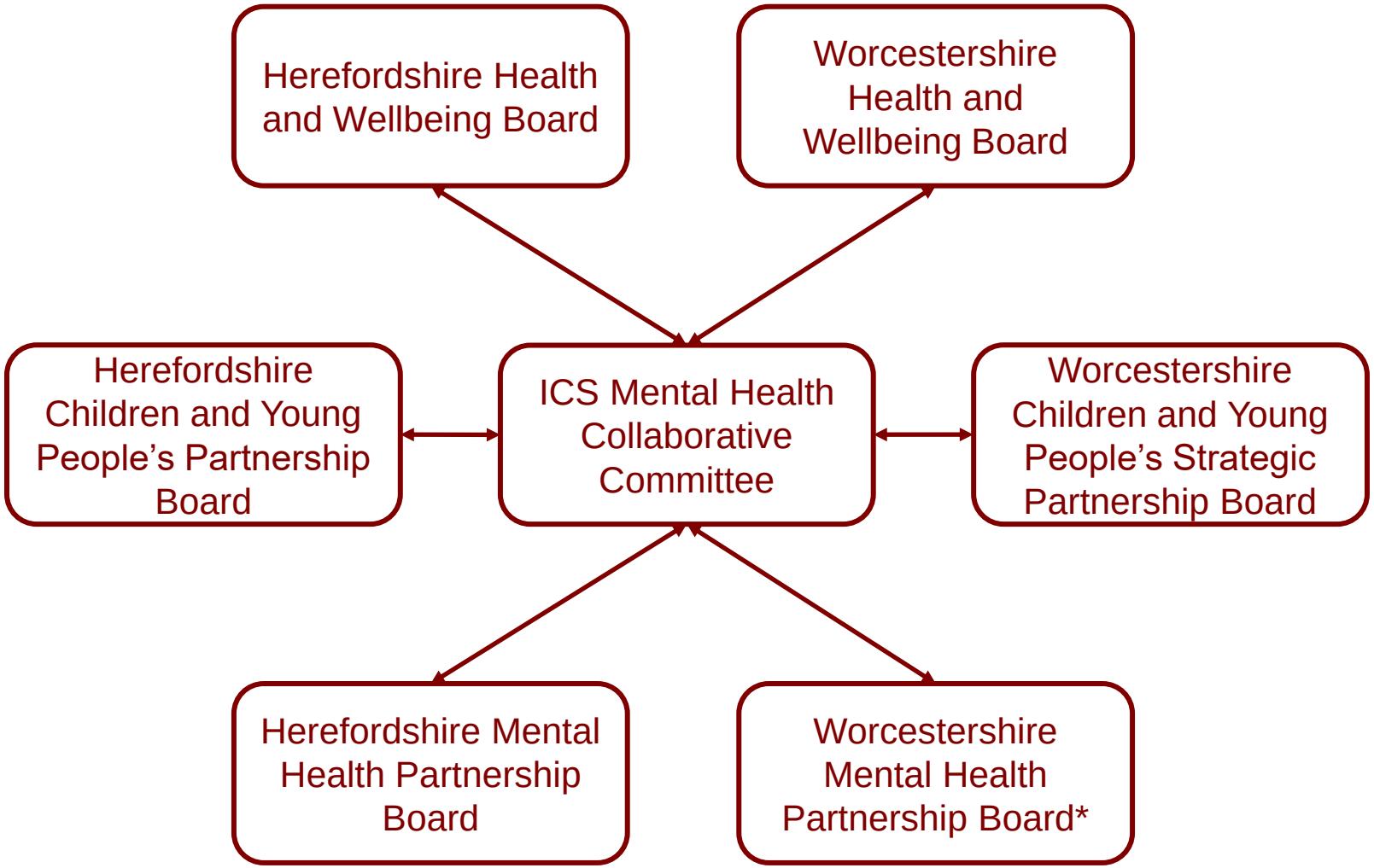
Delivery and accountability

From October 2021 the ICS Mental Health Programme Board will take on the broader remit of the ICS Mental Health Collaborative Committee. This committee will oversee delivery of the strategic aims within this strategy. The Mental Health Collaborative Committee will work closely with the Health and Wellbeing Boards in both counties, to ensure strong links between mental health and broader wellbeing services are maintained and built upon.

In Herefordshire there is an established Mental Health Partnership Board, comprising broad system partners and Experts by Experience, which will continue to be utilised to drive collaboration on key workstreams. In Worcestershire a similar county-level Mental Health Partnership Board will be established to fulfil the same role, ensuring a local voice for partners and Experts by Experience.*

In addition, the Mental health Collaborative Committee will also work closely with the Children and Young People's Partnership Boards in both counties to ensure collaboration at Executive, Strategic and operational levels.

This structure reflects the need for consistency of service offer and outcomes at an ICS level, but to be delivered at a more local level whether county, district or PCN, under the principle of proportionate universalism.



Delivery and accountability

Herefordshire and Worcestershire ICS Mental Health Collaborative Executive

The Mental Health Collaborative Executive will be a multi-organisational forum for the consideration of all matters regarding the transformation, commissioning and contracting of in scope mental health services are duly considered. The Executive will ensure that the requirements of an effective provider collaborative are complied with and the outcomes are delivered, and will act as a sub-group to the Herefordshire and Worcestershire Health and Care Trust Mental Health Collaborative Committee, a sub-committee of the Trust board.

Management and proposal development will be the core responsibilities of the Mental Health Collaborative Executive, addressing service transformation and performance, quality performance and improvement, financial control and risk management.

The Mental Health Collaborative Executive will have powers of decision making and to make recommendations to the Collaborative Committee. The views of partners will form an essential element of this within an open and transparent culture.

The Executive will sponsor and operate to the principles that underpin the Provider Collaborative model:

- Collaboration between Providers and across local systems, aligning priorities across the Partnership, and respecting sovereignty and risk and gain share
- Experts by Experience and clinicians leading improvements in care pathways
- People and patients come first – delivering parity of esteem and outcomes
- Managing resources and ensuring value for money across the collaborative to invest in community alternatives and reduce inappropriate admissions/care away from home
- Delivering a clinically and financially sustainable health and care system
- Working with local stakeholders
- Improvements in quality, patient experience and outcomes driving change
- Built upon innovation, international evidence, and proven best practice.
- Advancing equality for the local population

Membership

The ICS Mental Health Collaborative Executive will comprise membership from the following organisations:

- Herefordshire and Worcestershire Health and Care NHS Trust
- Herefordshire and Worcestershire Integrated Care Board (functions currently held by Herefordshire and Worcestershire Clinical Commissioning Group)
- Worcestershire County Council
- Herefordshire County Council
- Primary Care Network representation
- Place-based clinical leadership
- Service User representation
- Carer representation
- Housing
- West Mercia Police
- West Midlands Ambulance Service
- VCSE representation