



Mental Health is Everybody's Business

We will support people to be healthier and more independent, feel safer, happier and more supported in and by their community





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Foreword – Mental Health Strategy

It is a well-known fact that 1 in 4 of us will suffer from mental health problems in our lives. Suffering from mental ill health can feel just as bad if not worse than being in physical pain due to illness, however, there is still a lack of understanding and a stigma associated with it.

We know that individuals with mental health problems often manage their conditions well and lead full and productive lives. We also know, however, that people with mental health issues are much less likely to have a job, stable housing and their life expectancy is lower. This is unacceptable and we strongly support the concept of 'parity of esteem' and 'closing the gap' for individuals and will work to ensure that for our citizens, mental ill health is not a barrier to achieving good life outcomes.

We also need to focus more generally on the population and what we need to do to promote good mental wellbeing.

We know what makes people happy is not just material goods, but a sense of community and giving.

As partners, we have developed this strategy to clearly mark our intentions to improve outcomes for service users across Staffordshire and Stoke on Trent. The strategy focusses on adults; however, we recognise the key need to link to children's mental health services to ensure smooth transition.

This document outlines our proposals, both in terms of priority outcomes and actions to deliver. If agreed, we will move forward to develop implementation plans for the north and south of the areas.

Ultimately, we want to get on with making things better for our citizens and for people with mental health problems.

Signatories



01



Our Vision

We aim to support people to be healthier and more independent, feel safer, happier and more supported in and by their community.

We have 3 clear Outcomes:

- **People will be Healthier and More Independent**
- **They will feel Safer, Happier and more Supported in and by their communities**
- **They will be able to access more, and appropriate, employment**

We will inspire, influence and empower people to be more independent, to achieve this:-

- We will tackle the stigma and discrimination associated with mental illness
- We will build on the strengths that exist in our communities so that they can make a difference to the wellbeing of the people around them
- We will make sure that those people at the greatest risk of developing a mental illness understand when and how to find the right support
- We will intervene early when there is a problem
- We will ensure people get the right response to their mental health need 24 hours a day, 7 days a week.



- No one with a mental illness will be detained in a police cell unless there are exceptional circumstances
- We will increase the number of people with lived experience of mental illness across our workforce and build networks of peer support to help people of all ages understand how to manage their problems
- We will increase the number of people with a mental illness in paid work or volunteering
- We will ensure that people are supported to access accommodation options appropriate to their needs.
- We will ensure that the emotional wellbeing of people is managed alongside their physical health problems to improve their recovery.
- We will also ensure that people with severe mental illness live longer because their physical health needs are met effectively.
- We will drive innovation and maximize the use of new technology and social media
- We want to reduce suicide



We know that to deliver our vision we must fundamentally change the way we commission and deliver services for people with mental illness.

We will use our influence across the economy to embed mental health into everything that we do across public services:

We are changing the way that we work, with a new focus on working together in partnership, to ensure that mental illness is considered with equal parity to physical illness across all aspects of our services:

We will commission services based on the principle that only the person using services or experiencing illness can attach value to the outcome of the care they receive ... placing them truly at the centre of what we deliver ..

We see this as the start of new relationships, more choice and control for people using our services and greater innovation and new ways of delivering our outcomes through collaboration, engagement and co-production with the people who understand what good looks like.



Everybody's Business

Mental illness is common and expensive and where stigma and discrimination continue to be an issue, people would simply rather not talk about it.

Because we don't talk about it, it is easy to underestimate the impact that these conditions can have on individuals, their families, our communities and the local economy

But poor mental health is both a cause and a consequence of family breakdown, debt and unemployment, homelessness and isolation; it is consistently linked with lower levels of educational achievement as well as poor physical health and it is no coincidence that the most deprived communities have the poorest health and well-being and the highest levels of mental illness.

This has to change ... We have to talk about it!

- Mental ill health accounts for over a third of all illness in Britain and 40% of all disability.
- At any one time one in six working age adults (16 % of the population) will experience depression and/or anxiety
- Children from the poorest households are 3 times more likely to have mental health problems than children from more affluent households
- The most recent figures available show that only around 27% of working age adults in England with a mental illness are in employment.
- About 50% of lifetime cases of diagnosable mental illnesses begin by age 14 and It is estimated that a quarter of all older people suffer from depression
- Mental illness accounts for over 20% of the total burden of disease in the UK, more than cardiovascular disease or cancer.
- Mental disorder accounts for around 5% of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions
- People with severe mental illness are less likely to have their physical health problems diagnosed and treated and as a result die on average 15 - 20 years sooner than the general population.
- People with physical health problems often have undiagnosed mental health problems. Depression is two to three times more common in people with chronic physical health problems.
- People who have been abused or been victims of domestic violence have higher rates of mental health problems

- People with mental health problems are much more likely to smoke and to drink more alcohol than is healthy.
- Mental illness carries a stigma, and people with a mental illness are more likely to be living in poverty and be unemployed - unemployed people are twice as likely to have depression as people in work
- Suicide accounts for 8 deaths per 100,000 population every year

Tackling these issues is complex and measuring the true cost is almost impossible.



02



Introduction

We have set out a clear vision to ensure that everything we do supports and empowers people to be healthier and more independent and to feel safer, happier and more supported in and by their communities: This includes people with a mental illness.

Growing evidence supports the principle that good mental health underpins everything we do and its absence is reflected in costs to individuals, to our communities and to the local economy and is strongly associated with inequalities in both health and wellbeing.

The strategy draws on the national direction set out in 'No Health without Mental Health' (DoH 2011) and the associated guidance, and has 2 distinct themes:-

- To improve the mental health and wellbeing of the population, including those recovering from a mental illness;
- To improve access to and the delivery of mental health services with better outcomes for individuals with mental illness and their carers:

We have set out our commitment to ensure that through greater integration we will enable positive behaviour and support for those who need it most, whilst helping people to take control of their own lives.

We want our communities to be able to:-

- stay in control of their lives
- access high quality services when they need them
- receive care which is focused on recovery and independence

We are committed to leading an integrated agenda that ensures local people with a mental illness have the opportunity to prosper, be healthy and happy.



We will achieve New Ways of thinking about Health

Mental health is as important as physical health.

- everyone has mental health needs;
- mental well-being underpins all aspects of health and well-being; and
- mental health, like physical health, is a resource that we all need to promote and protect

Everyone has a role in creating an environment that promotes mental well-being to improve the lives of individuals, families and communities.

To achieve this:

- We will Increase collaborative working among and across key agencies to embed a clear understanding that poor life chances such as unemployment, poor housing and education poor parenting and family breakdown, and unhealthy lifestyle including excessive use of alcohol, substance misuse, smoking, and obesity are inextricably linked to physical and mental illness in our communities and that together we can make a difference.
- Integrated care will be seen as a 'must do' priority – the argument is not just about providing better care and support to people often with complex needs, but also about making the best use of public services and reducing the use of expensive specialist services – this can only be achieved on an economy wide basis, integration will break down the barriers of separate funding streams and improve outcomes.

The local Suicide Prevention plan operates within the context of this strategy reflecting the key outcomes of the National Strategy, Preventing Suicide in England (DoH 2011).

We recognise that suicide devastates families and communities and its impact can be felt for many years.

Last year, local suicide prevention plans were developed and we are committed to making sure that these plans are driven forward.

This joint strategy endorses a key principle that mental health is everybody's business and we will use our influence across the economy to embed mental health into everything that we do.

The detail of how our aims and priorities will be delivered will be set out in clear locally developed implementation plans reflecting local strategies that will be co-produced with partners, with local people and with people who have lived experience of mental illness.

These plans will reflect much of the action required to deliver the suicide prevention plans, however we will set up focused action groups, with clear leadership, to review the suicide plans and set clear priorities for action. We specifically want to see action to increase suicide awareness training for frontline staff, particularly GPs, and targeted work to encourage responsible reporting of suicide in the local media.

The scope of this strategy is focused on adults of all ages; however there is a strong link with those set out for children and young people to ensure continuity across a life time approach with a seamless transition taking place as young people become adults.

We will champion our agenda across all aspects of the Public Sector in order to reduce the impact of mental illness on people, families, communities, services and our economy, working closely with our district councils and locality teams.

Action

We will identify mental health champions who can influence change in all aspects of public services including: Council Cabinet members: Senior Police Officers: GP Champions and Experts through lived experience.

We will ensure that 'good mental health' is a service specific goal and outcome of all public provided and commissioned services.



03



Why do we need to change?

The causes of mental illness are complex, some of which we can't easily influence, however what we do know is that everyone has periods in their life when they feel sad, lonely or stressed – sometimes there is no explanation – we also know that there are some factors that can cause prolonged periods of poor mental health, such as isolation and loneliness, unemployment, debt, family breakdown, abuse or trauma, physical health problems and poor housing or homelessness. These are factors where we believe we can make a difference.

Poor mental health can in turn lead to a more defined mental illness and we want to prevent this wherever we can.

We know

- Mental Wellbeing is essential for each of us to reach our full potential.
- Mental illness often starts early in life interrupting education and limiting life chances
- If we can make a difference at an early stage then we can begin to impact on the future.
- Where mental illness does occur, if we take a positive approach to recovery then people with a mental illness can retain or gain control of their lives



Mental wellbeing is more than the absence of mental illness it is about people being able to realise his or her own abilities to cope with the normal stresses of life, to be able to work productively, and to be able to engage with and make a contribution to his or her community: This includes people who have a mental illness.



There are incalculable costs associated with mental illness to the individual, their family and their community so it is difficult to quantify lost potential and unrealised hopes and goals - but there is also a cost to the economy:

We spend more than £120 million on treatment care and support to adults with a mental illness, in the current climate this is not likely to increase but demand is growing:

- Locally around 45% of the people claiming incapacity benefits have a mental or behavioral disorder, this is at a cost of over £60 million
- Where people with long term physical health conditions also have mental health problems, evidence suggests that £1 in every £8 spent is linked to depression and anxiety.
- A detailed report published by the Office of the Police and Crime commissioner in May 2013 set out the cost associated with police time spent dealing with issues relating to mental illness at around £600,000 for the period January – December 2012

And we can keep adding to that, the cost of absence from work with stress related illness, the cost associated with caring for a person with mental illness, the cost of family breakdown ... it is difficult to place a financial value on everything but there is non the less a cost to the economy - if we are going to make a difference we need to use our influence to harness this resource locally to prevent mental health problems escalating to mental illness and to support people with a mental illness to recover and reduce dependency on services

Under the umbrella of our Health and Well-Being strategies for both the County and the City we are clear that tackling the wider determinants of health and well-being and investing in early help and prevention underpins our agenda for mental illness and improving mental wellbeing underpins the successful achievement of our outcomes across public services.

We will work with our public health leads and local councils to promote mental wellbeing and prevent mental illness and where mental illness occurs to maximise the opportunities for recovery.

We will support people and communities to use their knowledge and strength to build the foundation, with more access to support locally, when it is needed, to make sure that intervention is early when there is a problem with the aim of reducing long term dependence on services:

This agenda is not just about what happens in health or social care settings, it is about influencing change so that everybody understands their responsibility for mental health and wellbeing - this will only be delivered by partnerships between and across public services, voluntary organisations and service providers and between local communities and the people who use services.

Mental health and wellbeing is everybody's business and through the collective leadership of our Health and Wellbeing Boards we will make the best use of our combined resources to improve our identified outcomes.

We know we can't solve everyone's problems but we can start the conversations, change minds, influence new ways of thinking and working and show people that it is time to change our ways of thinking about mental wellbeing and mental illness.



04



Prevention

We will do everything we can to influence change so that more people will have good mental health including those recovering from a mental illness.

Improved mental well-being is associated with a range of better outcomes including improved physical health, better educational achievement, improved employment rates and reduced anti-social behaviour – all contributing to a healthier and more productive future.

Effective prevention and early intervention are essential if we are to reduce the impact of mental illness on our communities and our economy.

The key areas to achieve this objective are the same as those set out in the Public Health White Paper 'Healthy lives Healthy people' :-

Starting Well

People's earliest years and all that they experience has a profound impact upon the rest of their life.

Maternal mental health, postnatal care, and effective parenting are key to promoting the positive development of children and lay the foundations for their future particularly because half of life time mental health problems have already developed by the age of 14 years.



Developing Well

Developing independence and individual resilience continues as a child becomes a young adult – however it is also important to target young people who are at particular risk of developing mental health problems, this would include

- Victims of abuse or neglect
- Those in contact with the criminal justice system
- Underachievers in school
- Children in the looked after system
- Children of a parent with a mental illness
- Children living in poverty

Adolescence in itself is a time of major developmental change at all levels, the major influences on their lifestyle shift from their parents to their peers.

There are clear local strategies that reflect the specific complexities in addressing the mental health needs of children and young people but the interface with the adult strategy is key to a seamless approach where young people will transition to adult services: The interface is also key to the long term objectives as the foundations preventing mental illness are laid in the early years.

Living Well

We all need to take responsibility for our own health and well being – however our communities and environment can influence behaviours – Housing, families, social networks and community safety and community involvement are all key factors:

Physical activity, social interaction, leisure, involvement and awareness all contribute to a wider sense of wellbeing and belonging.

The '5 ways to mental wellbeing' which were developed from evidence gathered in the government's Foresight Project on Mental Capital and Wellbeing published in 2008, provide a framework not only for developing our agenda, but for the wellbeing agenda as it applies to the wider population and specific vulnerable groups within our communities.

- Connect
- Be active
- Take notice
- Keep learning
- Give

Working Well

Employment not only has economic benefits but there are significant psychological benefits – not least a sense of self-worth: the longer someone is out of work the harder it is to re-join the job market

Support with job seeking can prevent the deterioration that can lead to long term unemployment and potential for mental illness, just as targeted support for people recovering from mental illness assists recovery and reduces the demand for care services.

For those with mental illness, being employed can be an important step to recovery, improving self-esteem and confidence and reducing psychological distress. Conversely, unemployment increases the risk of developing mental illness, and is associated with increased rates of depression and suicide as well as higher use of health services and hospital admission. Employment is therefore vital for maintaining good mental health and promoting recovery from mental illness.

However employment and employers can also be the cause of stress and mental ill health – healthy workplace initiatives need to extend beyond the environment to take account of psychological well-being – and raising awareness of mental health issues has benefits not only for the individuals but also can reduce the costs associated with sickness absence due to mental illness.

Ageing Well

As people live longer, problems associated with ageing – social isolation, physical health problems, grief and loss and increasingly the need for care and support lead to the increasing likelihood of mental health problems, depression being the most common mental disorder in older people particularly linked to bereavement and social isolation, and leads to poor diet, confusion, falls, which in return leads to increasing dependence on care services: Bereavement counselling for older people is not considered and yet they are the one part of our population most likely to experience loss.

Social networks, support for carers and safer communities all increase the opportunities for older people to continue to be involved members of their families and communities.



How will we tackle this?

We will influence a broad span of activities to reduce risk and prevent mental illness, this will include:

- Driving the delivery of effective Parenting programmes targeting those areas where children are most likely to be at risk including teenage parents, and parents with a mental illness or problems with substance misuse
- Working with Children's Services and Education to develop effective programmes to raise emotional awareness both amongst teachers and carers and through school based education programmes for children and young people
- Ensuring that mental illness and mental wellbeing is integral to the management of the 'whole family' particularly where there is evidence of violence or abuse, mental illness or substance misuse
- Drive continued improvement in access to age appropriate Talking Therapies increasing the scope of options available in line with best practice and guidance, particularly for children and older people, and maximising the potential of modern technology to support this agenda.
- Working with Health Promotion colleagues to develop effective campaigns which include programmes specifically focusing on access for people with Mental Illness
- Influence the development of new business locally to include opportunities for people with mental illness such as apprentice schemes and supported employment opportunities
- Working with employers to understand Stress in the workplace through effective information, education and achievement of the Healthy Workplace Awards
- Work alongside our district and local councils and housing providers to improve housing opportunities
- Develop the opportunities for volunteering, especially in local communities
- Influence contracting and procurement opportunities to ensure that wellbeing is embedded in all of our contracted services
- Work with local police to maximise the opportunities to improve wellbeing and provide targeted support for individuals and families who are known to the criminal justice system.

05



We will improve access to and the delivery of mental health services with better outcomes for individuals with mental illness.

What people have told us

We have heard what people who use mental health services locally have said - whether this has been through engagement with people who use services or their carers or through feedback from surveys – the messages have been clear.

People want:-

- Services closer to home and family
- Access to services when they need them in a crisis, especially where this will avoid admission to hospital
- Information on the options available to them
- Services that are appropriate to them
- Choice
- Greater support in the community
- More active support and help with day to day living so that they can live more independently
- To be treated as a whole person not a diagnosis



They have asked that:-

- There are clear pathways through services so that they get the intervention they need quickly without being referred over and over again
- If they are unwell that treatment at home is considered before admission to hospital
- If they are admitted to hospital there is a discharge plan agreed with them and they know who to contact if they are in crisis so that they don't have to go back into hospital
- If they are admitted it is for as short a time as possible and it is clear to them why wherever possible
- They are involved in planning their care – wherever that is delivered
- They are part of setting their own outcomes and that these outcomes matter

They suggested that:

- Information on the side-effects of medication is provided by a range of health professionals at different times, so that they have a chance to absorb the information at the right time for them. - Pharmacists were considered effective and under-used.
- Information about their condition and treatment is shared between their GP and specialist services to reduce repeating details about themselves to numerous different professionals
- Social care, peer-support and the voluntary sector to be part of the same pathway
- They have one care-plan that includes their mental and physical health needs and well-being.
- Everyone involved in their care understand all of their medication

We have heard but now we need to listen and respond:

We know that we need to extend our methods of engagement to become more innovative asking the right questions of the right people.

Moving forward:

We will develop a robust communications plan that extends our methods of engagement to become more innovative across all of our partners – asking the right questions of the right people.

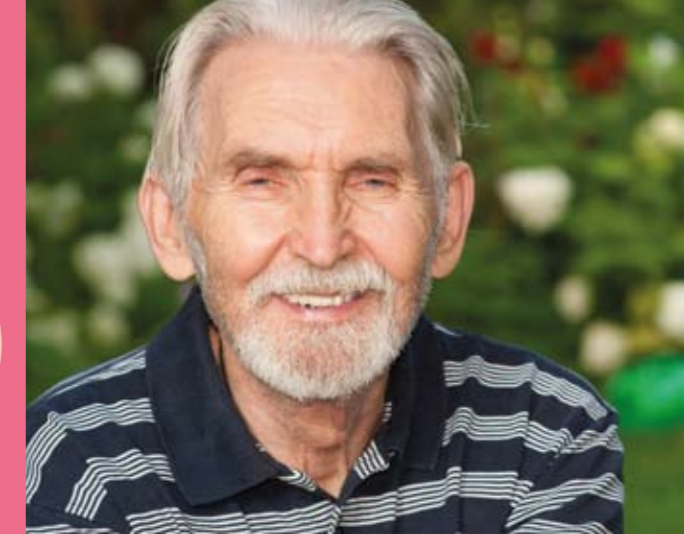
We will work with service users and professionals to co-produce the plans that will deliver the expectations of this strategy

Where people are accessing services we also need to be confident that they are of the highest quality, therefore services will be monitored against the principles set out below:

- Decisions about care will be made with the person
- Care will be delivered as close to home as possible
- Interventions will be planned around the outcomes agreed by the person
- Services will be appropriate to the age and development of the person referred
- Services will meet the cultural needs of the individual
- Early intervention will be provided when someone needs support
- Families and carers will be involved as appropriate
- The right Information will be available to support choice and decision making
- Patient Reported Outcome Measures will be recorded and demonstrate how they support continuous improvement
- Services will be able to demonstrate innovation and new ways of working
- We will target areas where we know there is dissatisfaction and address the problems

We will work with care providers to ensure that we can demonstrate that these principles are embedded in the delivery of care

06



People will be able to access the right level of assessment, advice, support and intervention at the earliest opportunity:

Mental illness will occur, it is common and varies in its nature and severity, for some the disorders are long term and disabling for others it is less severe and many recover fully

We need to ensure that people can access services when they need them:

We need professionals to work more closely with people to understand how a crisis referral can be avoided, but when a crisis does occur that a swift and appropriate response can be initiated.

People who use mental health services and their families or carers often know when they are approaching crisis and many know what they need to avoid it – we need to listen and be able respond effectively.

For many people the first point of contact is their GP, whether this is the first time they experience a problem or when they are approaching a crisis – GPs are central to achieving effective early intervention. We need our GPs to work differently – to share care with but be better supported by specialist services.

We will work with the Local Area team of NHS England to influence primary care commissioning.

We actively support the recently published priorities for change in mental health and aim to ensure that **'No one experiencing a mental health crisis should ever be turned away from services'** early recognition of, and response to, mental illness at the first point of contact is key to the achievement of this and whilst it is often through the GP the first point of contact may also be through other services including the Police, Emergency Departments, an Acute

Hospital or Community Health Service, local pharmacy services or even housing providers and advice services.

Too many people wait for too long to get the services they need and too often people are turned away because services don't have capacity or are not open outside of office hours or care is just delayed because information is not shared between services and professionals.

We will change this.

Significantly, in 2012/13, 25% of people in Staffordshire, detained under the Mental Health Act by the police, were held in police cells because care services were not able to respond quickly, this has a profound impact on the mental health of the person already in crisis or distress and takes up an unacceptable amount of police time, who are not equipped with the skills to support someone with a mental illness: **Our aspiration is that no individual, detained under section 136, will be held in police custody** unless there are exceptional circumstances, but equally that people are not detained under Section 136 unless it is appropriate, and that requires a new level of understanding and intervention at the frontline of policing.

Delays in care often lead to a crisis for that person as their needs have increased as a result of delays:

We also recognise that there are local people, with a mental illness whose needs are often poorly met because they fall between services when it comes to getting the right intervention, especially when they have complex needs that require more than one service or intervention; collectively we commission a range of services from both health and social care, voluntary organisations and independent providers which have been developed in isolation with a range of criteria and outcomes or success measures:

It is the gaps that exist between services that increase the cost both to the individual and to the wider economy

We are clear that we need to understand the impact that gaps in service pathways have on individuals and the cost of these gaps to the economy and then close them.

We are focused on ensuring that we have a clear model of care, that sits across the whole system, that is able to deliver a more efficient and effective experience for people who have mental health needs and that proactive work will be undertaken to improve pathways and deliver clear outcomes making our services more responsive, flexible, and tailored to individual need – **Mental health care will be solution focused rather than criteria driven**

We will strengthen connectivity between services and professionals to both improve the outcomes for the individual and to drive greater efficiency and effectiveness across services, through clear and integrated pathways of care.

Priorities for Development

- 24 Hour Response to People in Crisis
- Single Point of Access
- Extended Services in the Community to bridge the gaps between Primary and Secondary care
- Police community triage linked to liaison and diversion
- Sufficient Place of Safety provision for people detained under the Mental Health Act:
 - People who are intoxicated as a result of Alcohol or Substance abuse
 - People who have Physical Health Problems
- We will work with our children's commissioners to identify a Place of Safety for people under the age of 18.
- Clear transition policy for children with a mental illness moving from CAMHS to Adult services



07



Early intervention and care as close to home as possible.

We have seen an increasing demand for talking therapies in recent years but coverage is still not in place for all adults, for children and young people, people with physical health problems and for frail older people, nor is it in place for many people with complex mental health needs and personality disorders:

Talking therapies help people to manage their mental health problems or support them to recover. They are an effective means of early intervention where there are mild to moderate levels of depression and anxiety, **simple short term interventions can prevent the need for longer term care and treatment options** and for many these can be very practical self-help approaches that support recovery and prevent longer term mental illness:

Identifying problems early and supporting people to access advice, information and simple self-help options can be achieved through raising awareness within the existing workforce across organisations and professionals. This could include staff within Job Centres, Community Police Officers or Pharmacists. It should not be restricted to just health and social care but wherever someone comes into contact with public services or community groups.

Talking therapies can also support people with more complex needs to cope with or manage their mental illness allowing them to live their lives, people with psychotic illness, personality disorders and those who self-harm can all achieve greater and more sustained recovery through access to appropriate talking therapies.

We will be creative in our thinking working closely with providers and service users to understand what makes a difference:

There are times when someone has a level of need such that 24 hour care is required but we don't want hospital to be the first option considered. Where someone could be supported at home and this would give them a better outcome, then that approach should be taken. Every decision must be based on the need of the individual and the views of the professionals involved at the time.

This is not a new idea and it is not always the easiest option – but where people have experienced effective treatment at home they have been very positive about the experience and felt that being with their family helped them to recover sooner:

We want care to be delivered as close to home as possible in a setting that will deliver the best outcome for the individual:

We will deliver the right care option in the right setting supporting independence, choice and control

Priorities for Development

- Increased access to talking Therapies and Psychological Interventions for all people with mental health needs
- Shared Care options between GPs and Specialist services
- Work with libraries to extend the reading well project to include self-help reading groups
- Provide alternative care and support wherever possible to avoid hospital admission



08



People will have good healthcare and enjoy healthy lifestyles.

Many people with long-term physical health conditions also have some degree of mental illness – usually depression or anxiety. These can lead to significantly poorer health outcomes, reduced quality of life and longer term dependence on health or social care services. The cost to the care system is significant.

Primary care services are central to effective integration of care across physical and mental health services but wider collaborative approaches can improve the management and outcomes of both conditions – we need to behave differently to achieve different outcomes.

We will influence our partners, both providers and commissioners of care, support and treatment services in acute and community settings, to embed mental wellbeing in the care they provide: We are confident that not only will this improve the outcomes for people and give them greater independence but we will reduce the demand for a range of services including the number of people attending emergency departments, admissions to hospital, community services and social care packages including residential care.

The evidence is overwhelming that poor mental wellbeing delays recovery from physical illness – we have to view mental and physical health with equal importance.

Mental wellbeing will be an integral aspect of pathways for people with long term conditions including for those with physical and sensory impairment - assessment and appropriate interventions will be embedded in all aspects of care reducing the likelihood of people requiring specialist interventions in the future, but where need is identified there will be clear pathways into psychological therapies with the overall aim to improve their health outcomes and recovery.

We will support partners to:

Develop integrated care pathways managing the mental health needs of people with physical health problems both in primary and secondary care ensuring screening, psychological support and access to talking therapies across care pathways.

Develop the skills of professionals working with people with physical health needs in assessing emotional and mental health needs and providing low level interventions to support their overall recovery

Implement a single care co-ordination approach reducing the need for cross referral between parts of the health and care system

We know that having a mental illness increases the risk of physical ill health – having both a physical and mental illness delays recovery from both,

We don't have local data on the physical health of people with mental health problems

However, national data/research shows:

- 69% of people with a psychotic illness and 55% of people with depression are smokers
- 16% of people with schizophrenia drink above the recommended levels for adults – this is higher in people with Bi Polar disorder and extends to other substance misuse.
- 42% of people with schizophrenia are obese
- 19% of people with schizophrenia will suffer from hypertension (compared to 15% of the general population)
- People taking some anti-psychotic medications are more likely to develop diabetes than the general population.



All of these contributors and the other identified causes of mental illness basically mean that **people with schizophrenia and bi-polar disorder die on average 15 - 20 years sooner than the general population** because of higher rates of respiratory and cardiovascular disorders.

We want people to live long and healthy lives – that includes people with a mental illness: We will drive a programme of awareness and support to help people with a mental illness to take care of their own health but we also expect GPs and mental health professionals to understand and take responsibility for ensuring that the physical health needs of people with a mental illness are met.



We know we can't make a difference overnight but we can make a difference and reduce the number of people dying too soon. We will adapt services such as smoking cessation or weight management to ensure they are relevant for people recovering from a mental illness.

But most importantly we will do more to enable people to take care of their own physical health – encouragement, information, advice and support so that they do access health screening and health checks, visit the dentist or optician, feel confident in attending their GP for regular health checks and understand the side effects of the medication they may be taking so that they can take action early.

People with mental health problems will be supported to access physical health care and lifestyle services as an integral aspect of care planning

People with a mental illness, will be supported to access an NHS Health Check from their GP

We will ensure that lifestyle services are designed to support people with complex mental health needs

Explore opportunities for providing effective medicines management through local pharmacies

09



People Can and Will Recover

We will support and encourage people with a mental illness to move forward, set new goals and develop relationships that give their lives meaning:

Recovery is a personal journey of discovery: It involves making sense of, and finding meaning in, what has happened; it is about people becoming experts in their own self-care; and building a new sense of self and purpose in life; discovering their own resourcefulness and possibilities and using these, and the support available to them, to pursue their aspirations and goals.

Recovery is about people staying in control of their life; the guiding principle being is that it is possible for someone to regain a meaningful life, despite mental illness.

Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health, professionals, friends and families can be overly protective or pessimistic about what someone with a mental illness problem will be able to achieve.

Taking a recovery approach across services we will support people to achieve their own goals and aspirations.

The challenge then is for us to help people on this journey, to look beyond symptoms and to help people build satisfying and meaningful lives.

The key factors important to recovery include:

- good relationships
- financial security
- satisfying work
- personal growth
- the right living environment
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future
- being believed in listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.

We will work together to reduce the number of people in contact with specialist mental health services by remodelling the system to support people in the community to recover, and we want to take this forward through a proactive education and learning approach

We will support people to live their lives as they want and to take the risks that we all take – but with the knowledge that they can regain access to services quickly if they need additional support.

We will empower people to take personal responsibility for their own recovery.

We will support and encourage people with a mental health problem to move forward, set new goals and develop relationships that give their lives meaning

Recovery needs to start at the first intervention and we need new and innovative ways of working because we believe that recovery is not only possible but is the right of everyone

People will have a positive experience of care and support

As far as possible people should be able to control and manage their own care and support so that it matches a recovery plan that has been developed with them; Placing the individual at the centre of their own care is key to improving the experience of care and key to ensuring that our services take a problem solving approach.

We not only want to know that the quality of the service they received was good but that it made a difference, and this can only be achieved if the care plan reflects what the person needs to support that recovery process – this will require everyone to think differently about what is offered.

We will introduce a Patient Reported Outcomes tool – a way of working or a tool for measuring outcomes from the patient’s perspective, across all services to ensure that people are supported and empowered to create their own recovery action plan to achieve their own aspirations, setting out their goals, what help they need to get there, what helps keep them well and what puts their recovery at risk giving individuals a sense of control over their life despite having a mental illness.



We will evidence that we are making a difference to people’s lives by working with all of our providers to ensure that an individual outcome tool is integral to the delivery of services and monitored through the contracting process

We will reward innovation for services that are supporting people in their recovery and achieving outcomes

We will

- Develop a Recovery college approach to supporting independence
- Develop peer support approaches to support self-management and recovery including peer recovery workers in services
- We will maximise the use of technology and social media

We know that measuring outcomes with people works – because we already use a recovery star across some of our services and the feedback from people is positive: We want to embed this approach across all of our services.

When people have identified their needs we want to make it easier for everyone to get the care that best suits them, therefore we will drive the development of integrated personal health budgets ensuring that everyone is fully involved in discussions and decisions about their health and wellbeing enabling the individual to work in equal partnership with professionals about how their needs can best be met.



We will test the introduction of personal health budgets with a small group of people initially building on experience from elsewhere and then extend the programme over the next 2-3 years

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People will feel safer, happier and more supported in and by their communities

A person's home environment can either promote or hinder good mental health: when people live in a place that helps them feel safe and secure it will support recovery.

Currently we don't have a clearly defined model or strategic plan to ensure that the needs of people with mental health problems are effectively addressed:

We will work with our local and district councils and local housing associations to ensure that good quality housing advice and information is available at the appropriate time to support people with a mental illness and to enable them to make informed choices as to their future housing options, and that strategic plans specifically address the needs of people with mental illness in the future.



People with a mental illness will be supported to live in settled and appropriate accommodation

We will work with each district or locality to understand the blocks to achieving our outcomes and agree how we can move forward

We will undertake a housing needs analysis for people with a mental illness and identify the gaps we need to address.

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Stigma and discrimination is essentially driven by ignorance and fear

Stigma can stop people from seeking help, sadly even within support services professionals hold attitudes and beliefs that negatively stereotype people with mental illness and they can have low expectations therefore people become isolated and unable to engage in ordinary life or activities that could improve their mental wellbeing.

Discrimination is costly to the individual their families and to communities – not least discrimination is illegal. The Equality Act 2010 makes it illegal to discriminate directly or indirectly against people with mental illness in public services and functions, access to premises, work, education and transport.



Stigma and discrimination can also worsen someone's mental illness and delay or impede their getting help, treatment and their recovery. Social isolation, poor housing, unemployment and poverty are all linked to mental ill health so stigma can trap people in a cycle of illness.

The situation is made worse by the media where reports often link mental illness with violence, or portray people with mental illness as dangerous, criminal or very disabled and unable to live normal fulfilled lives.

We will make a concerted effort to actively tackle discrimination through innovative approaches in order to begin to shift attitudes and institutionalised discrimination in many organisations.

We will raise the profile of mental health and challenge discrimination wherever we see it

We Will

Undertake effective campaigns, programmes and projects to raise awareness and understanding built around 'Time to Change' principles

Build capacity within advocacy and engagement services to support people and families with mental illness to have more say about local services

Delivering equity of access to comprehensive, appropriate high quality services where mental illness is not an exclusion criterion and all services are responsive to the needs of people with mental illness

We will undertake a Survey of service users and their experience of stigma and discrimination- using the outcomes of this to target campaigns

We will use our influence to change the attitudes of the local media to improve reporting where mental illness is a factor.



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People with a mental illness will gain and retain paid work

We know that Work is good for mental wellbeing, and that mental illness can be the reason for people becoming unemployed:

However people with a mental illness find it hard to access the workplace.

Mental illness makes up the single greatest number of incapacity benefits claimants.

It is a complex and challenging agenda requiring a joined up approach to resolution:

Targeted support for people recovering from mental illness assists recovery and reduces the demand for care services.

For those with a mental illness, being employed is an important step to recovery, whether that is paid employment, volunteering or just having something meaningful to contribute to the local community. Employment improves self-esteem and confidence.



Employment is therefore vital for promoting recovery from mental illness.

We will be proactive in building the links between employment and mental health services to increase the opportunities for people with a mental illness to access employment:

Priorities for Development

- To proactively identify work opportunities for people in contact with mental health services
- To ensure employment is a priority as part of all assessment and care planning.
- Increase the range and level of support available to support people with a mental illness into employment and to retain employment building on the success of our current services operating an Individual Placement Support model
- Support employers to create a healthier workplace and raise awareness of mental health issues
- Focus on employers to tackle discrimination in the workplace
- Increase opportunities for volunteering
- Work with our business development leads in the council to develop apprenticeships and supported work opportunities particularly for young people.

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How will you know we have delivered our vision

Some of the developments we have identified are clearly service changes or new ways of working – these developments are building blocks to help us to achieve the outcomes we have identified and of paramount importance is to be able to demonstrate that not only are our services high quality and evidence based, but that they make a difference to the people that access them.

Commissioning for outcomes means that, in many cases we don't have a baseline position from which to measure success and how we measure success requires a new way of capturing data – and this will take time to develop.

The strategy is an overarching commitment to people in Staffordshire and Stoke on Trent, there will be localised delivery plans to reflect the north and south footprint of commissioning and provider economy, this is to ensure that local people and local partners are able to reflect local need; one size will not fit all.

A key outcomes framework is being developed to reflect each of the strategic aims and this will continue to be developed and adapted to reflect local priorities for action.

We will produce this in year one.

Much of the information that will demonstrate delivery is new therefore for the first year it will be about setting baselines but there is a view to the outcomes frameworks for the NHS, Adult Social Care and Public Health to ensure we harness those indicators which will demonstrate our achievement.

Our challenge to ourselves, to all of our providers and our partners is to demonstrate that we are making a difference to people, particularly to those with a mental illness:

Good is only good if it makes a difference, and this is a new way of thinking and working.



How will you will be able to hold us to account?

We will ensure that our governance structure is adjusted to reflect the complexity of delivering such a wide ranging strategy – and we will set out our plans and the measures that we will use to demonstrate progress against the outcomes we want to achieve at a local level.

Our key aims are to:

- Strengthen early recognition and intervention
- Reduce long term disability
- Increase recovery rates
- Improve access to services including shorter waiting times
- Maximise choice and control,
- Reduce inequality through targeting those at risk,
- Listen to what people say
- Build capacity through innovative approaches
- Focus on effective and efficient models of commissioning and provision
- Reduce demand for and time spent within specialist mental health services where appropriate





**South East Staffordshire and Seisdon Peninsula
Clinical Commissioning Group**

- Stafford & Surrounds Clinical Commissioning Group*
- North Staffordshire Clinical Commissioning Group*
- East Staffordshire Clinical Commissioning Group*
- Cannock Chase Clinical Commissioning Group*
- Stoke-on-Trent Commissioning Group*

