



Together in mind


Personalising, collaborating & enabling for
positive mental health and wellbeing




healthwatch
Cornwall

Welcome



A large, stylized blue shape on the left side of the slide, resembling a partial circle or a speech bubble tail, pointing towards the text.

Housekeeping
Why are we all here ?
What Healthwatch Cornwall have
been working on
Our hopes for today

A large, stylized green shape on the right side of the slide, resembling a partial circle or a speech bubble tail, pointing towards the text.

#Togetherinmind2019

www.slido.com

Enter event code **5071**

Join

One word to describe Adult Mental Health
Services in Cornwall and the Isles of Scilly






Together in mind

Personalising, collaborating & enabling for
positive mental health and wellbeing



Appreciative Inquiry into adult mental health services in Cornwall

- 30 groups of staff and managers from all teams
 - commitment to treating people with compassion
 - THIS IS AN ASSET TO BE TREASURED AND BUILT UPON**
 - Strong teamwork - more collaboration across teams
 - Review pathways and referral routes
 - Need for a consistent understanding of other teams remits
 - Some great learning available - more opportunities to build skills and share good practice
- 

*“My group therapy stopped, I wasn’t kept on by my CPN
My care just stopped and then I was discharged completely from
my CHMT without any warning. I wasn’t told.”*



What could the NHS do ?

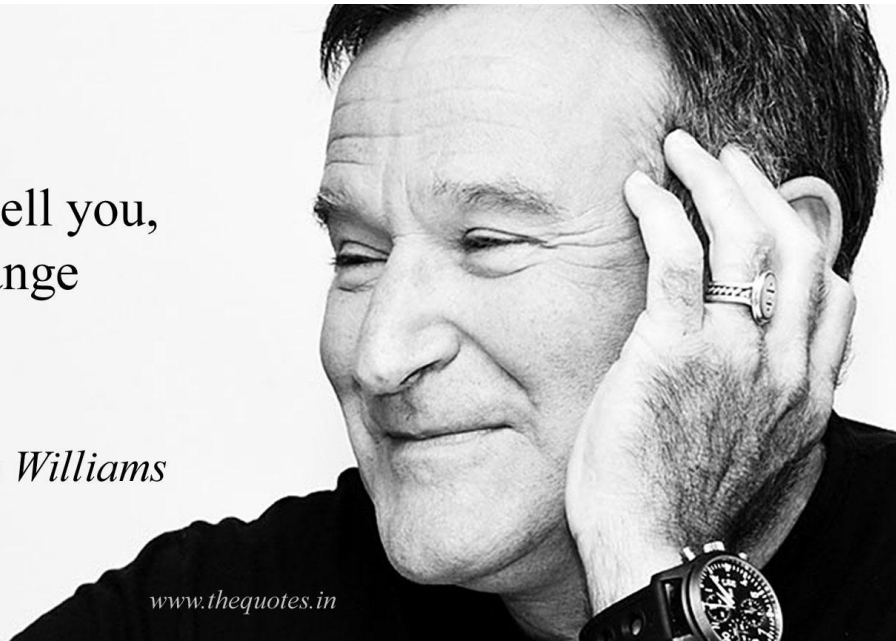
*“I need the NHS to give me my official
diagnosis and offer more than one
group therapy.*

*What is important to me is seeing
the professional
I normally see and be supported
through any wait ”*

No matter what people tell you,
words and ideas can change
the world.

Robin Williams

www.thequotes.in





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FUTURES IN MIND

Adult Mental Health Strategy 2019–2024



Welcome

Tim Francis

Head of Adult MH & LD

Joint Strategic Commissioning

FUTURES IN MIND

Wide Engagement and Involvement



PenCHORD



FUTURES IN MIND

Vision

- People will feel supported and able to access care and treatment
- People will have choice in the support and care that they receive
- People will reach their own personal recovery goals
- People will live longer and in good health
- People will feel positive about the services they receive

FUTURES IN MIND

Scope

- Adults aged 18 years and over
- Emphasising people journey through life
- Mental and physical health
- Particular focus on:
 - Younger adults
 - Those with complex and enduring needs
 - Higher risk groups
 - Older members of our community who may feel vulnerable and lonely

FUTURES IN MIND

National Picture

- It is estimated that **1 in 6** people in the past week experienced common mental health problems (McManus et al, 2016)
- In England, one in four adults experiences at least one diagnosable mental health problem in any given year (NHS Digital, 2018)
- In 2013, there were **8.2 million** cases of anxiety in the UK (Fineberg et al, 2013)
- In England women are almost **twice as likely** to be diagnosed with anxiety disorders as men (Martin-Merino et al, 2009)
- In 2013, depression was the **second leading cause of years lived with a disability worldwide**, behind lower back pain (Ferrari et al, 2013)
- In 2014, **19.7% of people in the UK aged 16 and over showed symptoms of anxiety or depression**. This percentage was higher among females (22.5%) than males (16.8%) (Evans et al, 2016)
- Bipolar is **the fourth most-common mental health problem** worldwide after depression, anxiety and schizophrenia (Vos et al, 2013)

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National Picture

- In 2014, **younger people were more likely to have bipolar** than older people - 3.4% of 16-24 year olds screened positive but only 0.4% of 65-74 year olds screened positive (Marwaha et al, 2016)
- For every **£1** spent on early intervention psychosis teams that work with young people in their first episode of schizophrenia, **£18** is saved (LSE&PS, 2010)
- In the past year, 74% of people have felt so stressed they have been overwhelmed or unable to cope (YouGov, 2018)
- 30% of older people reported never feeling overwhelmed or unable to cope in the past year, compared to 7% of young adults (YouGov, 2018)
- In 2017, **5,821** suicides were recorded in Great Britain. Of these, **75%** were male and **25%** were female (ONS, 2016)
- **One person in fifteen** had made a suicide attempt at some point in their life (McManus et al, 2016)

(<https://www.mentalhealth.org.uk/statistics/mental-health-statistics>)

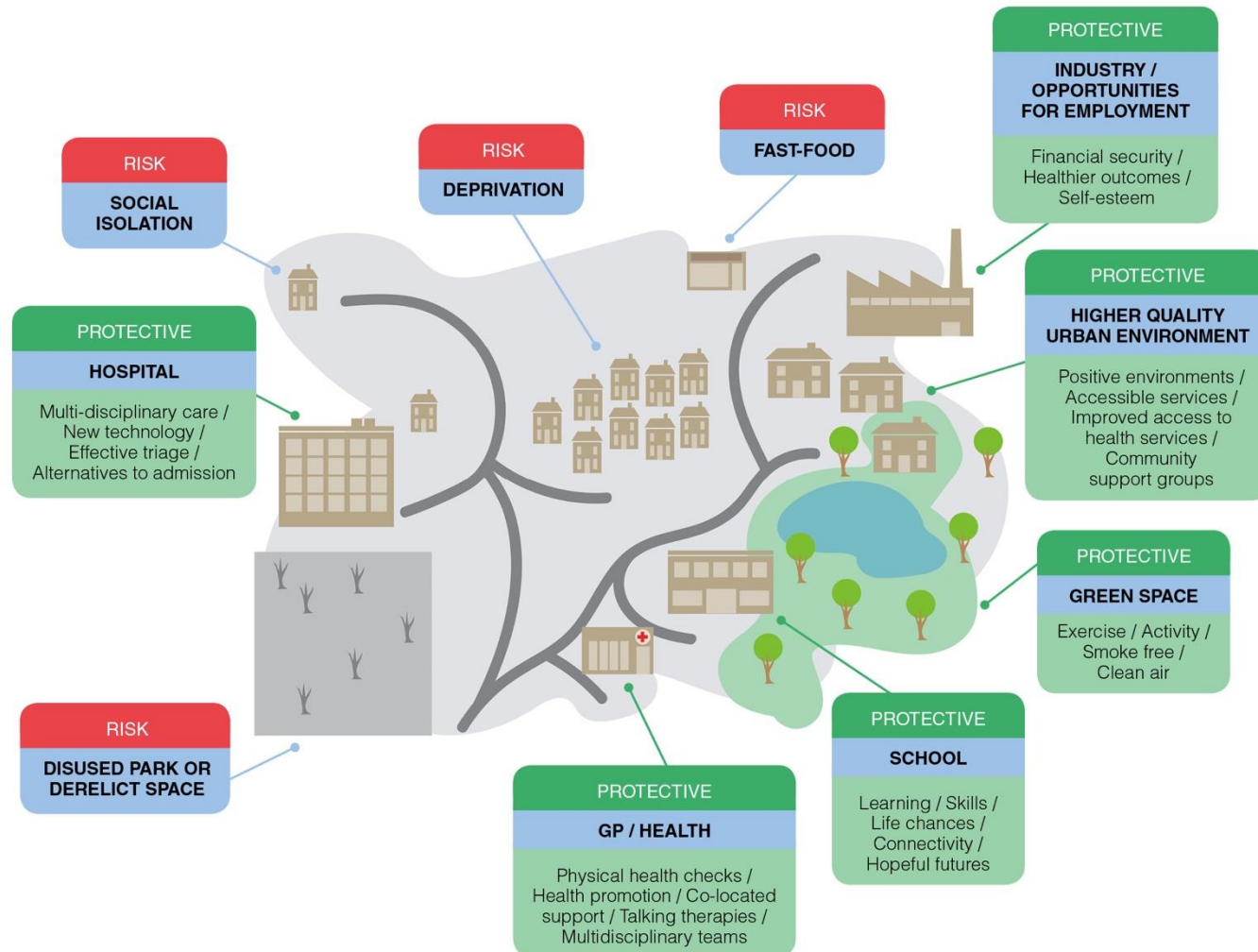
FUTURES IN MIND

Local Needs

- The prevalence of all mental health disorders are predicted to increase (among adults aged 18+ years) until 2035.
- Sixteen GP practices across Cornwall and the Isles of Scilly have a higher mental health prevalence rate than across England (GP Survey)
- Depression in those over 65 years is set to rise by 2035 (JSNA, PHC 2019)
- 4,894 registered patient across C&IoS with serious mental illness, this is increasing (2017/18)
- 40,866 registered patients across C&IoS with depression
- 8.7% of GP registered patients had depression (2017/18)
- 1,270 (244.1 per 100,00) Emergency hospital admissions for self-harm in 2017/18 – a nationally outlier
- C&IoS has one of highest national suicide rates at 14.5 per 100,000 (compared to 10.6 regionally and 9.6 nationally per 100,000)
- Prescribing rates for mental health conditions remains stable across C&IoS (JSNA, PHC 2019)
- 4,041 Emergency department attendances in 2017/18 related to mental health

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Risk and Protective Factors



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What People Have Already Told Us

- **People receiving care and support;**
 - Would like more joined up and flexible support
 - Would like more accessible support
 - Would like more timely support
 - Would like more personalised support
 - Would like more choice and consistency
- **People delivering care and support;**
 - Would like to offer more co-located, flexible and holistic care
 - Would like to deliver more integrated care
 - Would like to offer greater choice
 - Would like to offer even more quality and 'hands-on' care
 - Are proud of their ability to go 'above and beyond'

FUTURES IN MIND

Strategic Intentions

- Preventative approaches
- Easier access to treatment and ensuring parity of esteem
- Personalised care and greater choice
- Recovery focused and resilience forming
- Greater integration
- Embracing new technology

FUTURES IN MIND

National Priorities

- The Mental Health 5 Year Forward View and now the NHS Long Term Plan
- Expansion of evidence based talking therapies (IAPT) for anxiety and depression as well as co-located long term conditions (LTC)
- Specialist perinatal mental health services, including psychological support for women during pregnancy and after childbirth as well as wider community based support
- Suicide reduction and prevention programme including bereavement support
- Early intervention services for first episode psychosis (EIP)
- Liaison psychiatry services in acute hospitals (CORE24)
- Improved management of medically unexplained symptoms and related complex needs (MUS)
- Supported employment services for people with severe mental illness (IPS)
- Community-based alternatives to acute inpatient care for people in a crisis, 24/7
- Interventions to improve the physical health of people with severe mental illness, especially smoking cessation

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Initial Achievements

- 5 Year Forward View transformation on track and performing above target in nearly all areas
- Targeted NHS investment secured within Mental Health Investment Standard commitment (MHIS) to meet 5YFV key deliverables with 6m additional investment over the last two years.
- Commissioning of 'in-county' rehabilitation step down unit at Redruth (Cove Ward) meaning zero out of area placements for non-specialist patients requiring acute inpatient care
- Expansion of IAPT service to assess, treat and recover hundreds more people every year
- Commissioning of specialist Long Term Conditions IAPT service to treat co-morbid conditions (Diabetes/COPD/Medically Unexplained Symptoms) – to be collocated in phys' clinics
- Commissioning of specialist Perinatal Mental Health service – support to mother, baby and father.
- Expansion of specialist Early Intervention Psychosis service to 'all age' and to address 'At Risk Mental States' (ARM's)

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Initial Achievements

- Specialist employment support now in place (IPS)
- Commissioning of CORE24 Psychiatric Liaisons service at RCHT ahead of national target and delivering national model. Investment secured to bring Derriford up to same level over coming years
- Commissioning of IMPACT multi agency prevention and assessment integrated hub at RCHT to bring together front line services to meet need of vulnerable individuals
- Expansion of crisis service with out of hours telephone support
- Investment to establish local Suicide Prevention steering grp and local plans focusing on men's MH, use of sport/exercise, GP training, 'postvention' support to those bereaved.
- Extension of Crisis café pilot to provide community based alternative to standard secondary care crisis support including peer support
- Development of local Adult ADHD service to avoid use of Out-of-county provision.

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The Future Will Include

- A focus on multi-disciplinary, community-based provision
- A focus on inclusive, whole person approaches the 'wrap-around'
- A focus on men's mental health and wellbeing
- A focus on integrative alternatives and counselling-style approaches
- Expanding social prescribing
- Developing a system which is trauma aware
- Developing specialist, evidence-based pathways
- Developing the personal health budgets programme
- Developing IT capability, online and App-based support

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Our Commitment

- We will aim to prevent people becoming unwell
- We will provide easier access to treatment
- We will ensure that mental health is as important as physical health
- We will support personalised care and greater choice
- We will support people toward their own recovery.
- We will develop people's resilience
- We will develop integrated, local services
- We will strive for better outcomes and improve experiences
- We will strive for excellence in everything we do

FUTURES IN MIND

The Future

- People will know what support is available and where to access it
- People will receive support at the right time, in the right place
- People will feel listened to and at the centre of their care and support
- People will feel supported by services which work together
- People will enjoy healthier and more hopeful lives
- People will receive support which feels meaningful and valuable

FUTURES IN MIND

Next Steps

Launch Draft
(May 2019)

**Formal Engagement
& Involvement**

**Creation of
Implementation
Plan and Outcome
Framework**

Full Ratification
(December 2019)

ROUND TABLE DISCUSSIONS





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Social Prescribing in Cornwall

eden project

ACTIVE PLUS
VETERANS INSPIRING PEOPLE


CHAOS
GROUP

 Cornwall &
The Isles of Scilly
ageUK

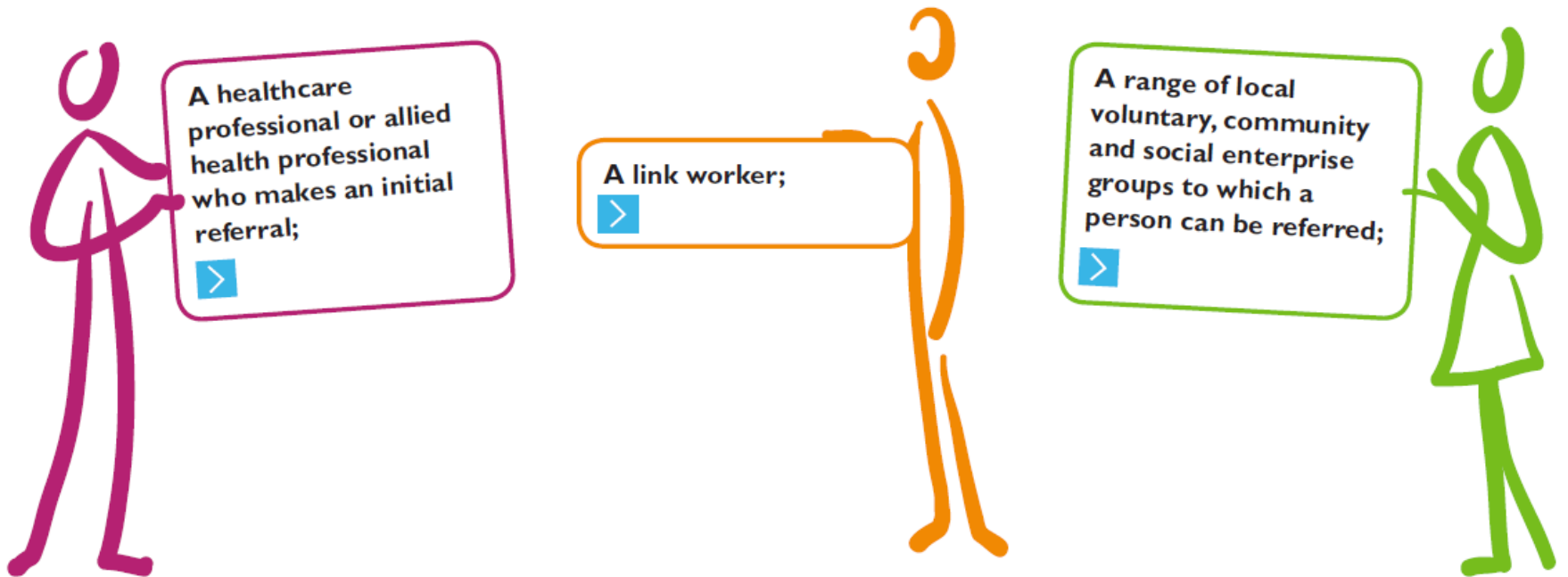

Pentreath
Working your way

Cornwall
Neighbourhoods
for Change 

Rachel Wigglesworth (Public Health, Cornwall Council)

Andy Brelsford (Volunteer Cornwall)

What is Social Prescribing?

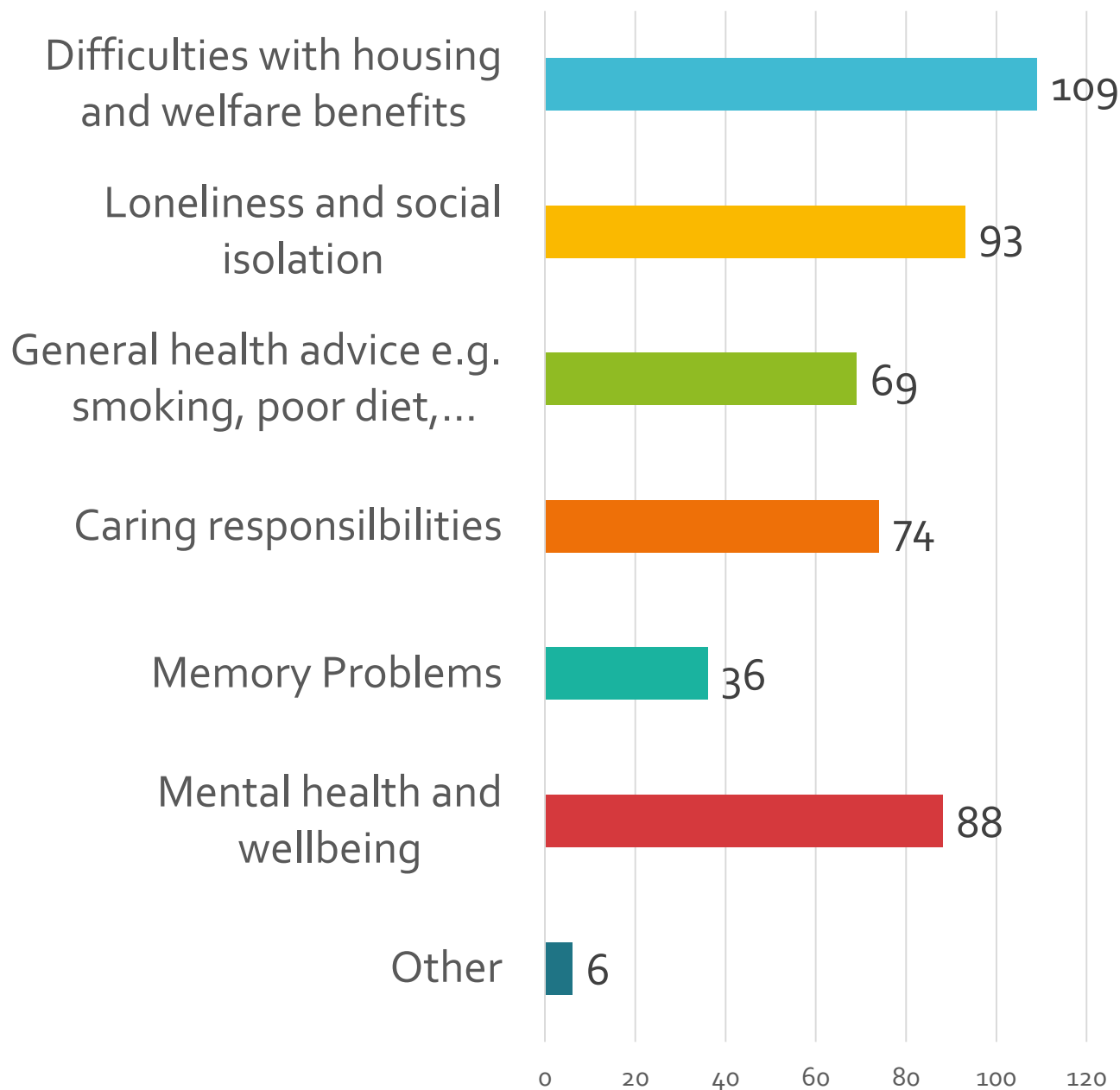


Making sense of
Social Prescribing





In your opinion, which are the most common issues that patients present with that are more 'social' rather than 'medical'?



Potential benefits from Social Prescribing

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nature community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Figure 1. Outcomes described from social prescribing stakeholders (Social Prescribing Conference Report, 2016²⁰)



Easy referral from all local agencies

Workforce development

Social Prescribing Link Worker
Employed to give time
Part of primary care network team
and local social prescribing connector scheme

Common outcomes framework

What matters to me
Create a tailored plan

Collaborative commissioning and partnership working

Support for community groups

The story so far

8 FTE Social Prescribing Link Workers recruited

29 Surgeries referring

Main referral reasons:

Loneliness/social isolation

Mental health & well being

Employment

Housing

Lifestyle

Feedback: “I am relieved, warm and comfortable again. I am motivated and more confident as I have something to look forward to once again”

“Thank you for your kind support and understanding you have increased my positivity by 200 per cent.”

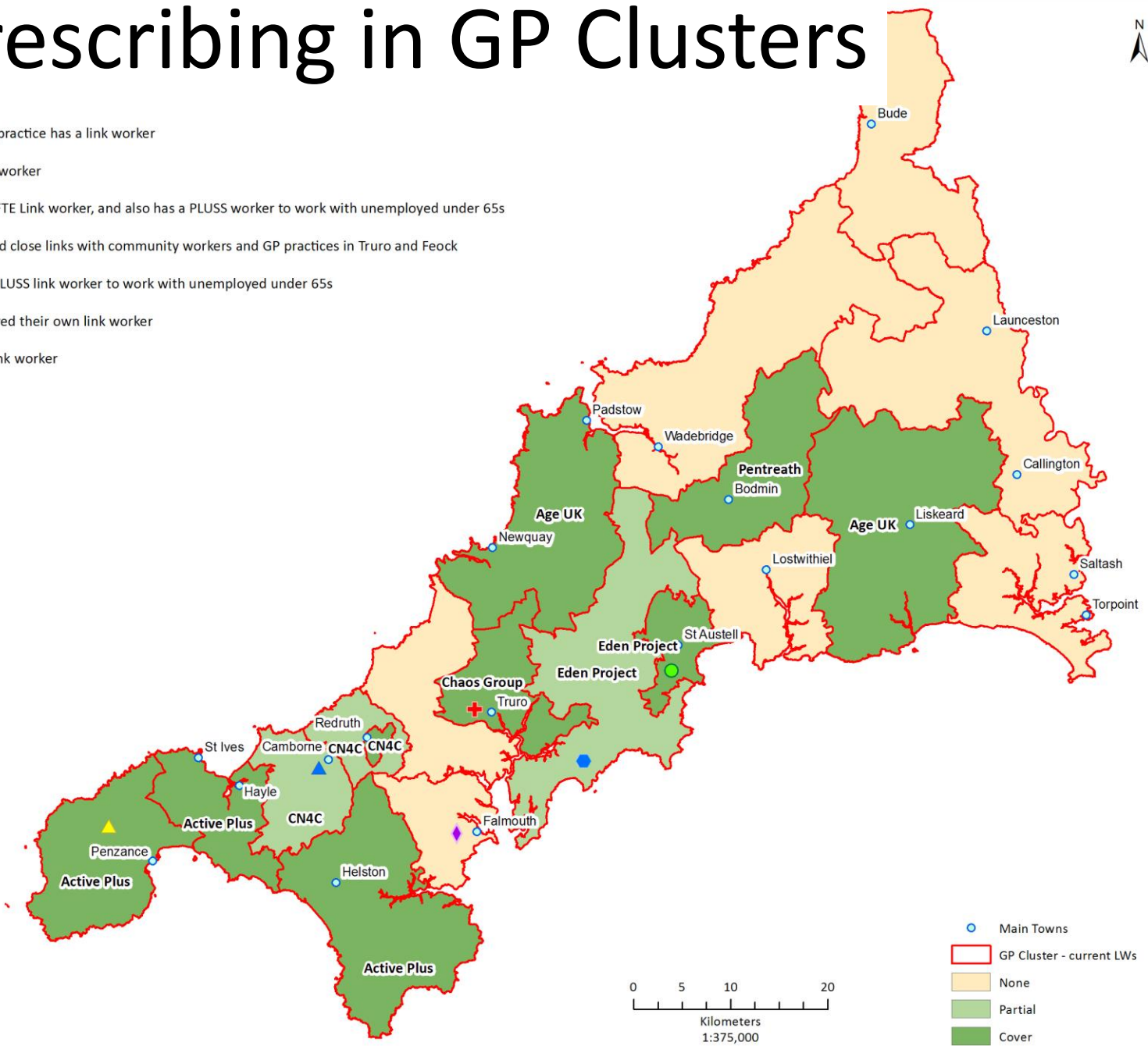
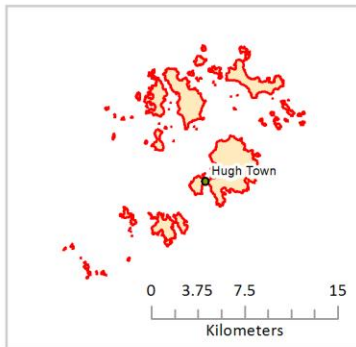
Surgeries covered

<u>Area</u>	<u>Partner</u>	<u>GP Practice</u>
▶ Penwith East	Active +	Bodriggy, Marazion, Stennack
▶ Penwith West Cape,	Active +	Alverton, Rosmellyn, Morrab, Sunnyside*
▶ South Kerrier	Active +	Helston, Meneage, Mullion, St.Keverne
▶ North Kerrier	CN4C	Clinton Rd, Manor, Trevithick, Veor
▶ Truro	Chaos	Lander, Three Spires
▶ Newquay	Age UK	Narrowcliff, Newquay Health Centre
▶ St.Austell	Eden	Clays, Brannel, St.Austell
▶ Bodmin	Pentreath	Carnewater, Stillmoor
▶ Liskeard/Looe Rosedean	Age UK	Oak Tree, Old Bridge,

Social prescribing in GP Clusters



- ▲ Only Trevithick site of Carn to Coast practice has a link worker
- ▲ Veor has employed its own FTE Link worker
- St Austell HC has employed its own FTE Link worker, and also has a PLUSS worker to work with unemployed under 65s
- ✚ 'Community Connect' has established close links with community workers and GP practices in Truro and Feock
- ◆ Falmouth and Penryn Cluster has a PLUSS link worker to work with unemployed under 65s
- ▲ West Penwith practices have employed their own link worker
- Roseland are employing their own link worker



- Main Towns
- GP Cluster - current LWs
- None
- Partial
- Cover

The story so far

- ▶ **1750 Referrals since 21st October 2018 - 1st April 2019**
- ▶ **800+ Working with SPLWs**
- ▶ **Male referrals 43% Female 57%**
- ▶ **Age range 26% 56 - 70 25% 41 - 55 22% 18 - 25 18
% 70+ 9% 26 - 40**
- ▶ **Types of provision referred to includes:-**
- ▶ **Acas, Mind, Healthy Cornwall, Diabetes UK, Food for Change, Penhaligons Friends, College courses, Welfare rights team, Healthy Weight courses, Church art groups, CAB, Outlook SW, Volunteering, Local choirs, craft groups to name but a few.**

IMPACT - GP, Patients & Provider

- ▶ **GP “Having you available to refer to has really broadened the range of options I now have when trying to help my patients, in particular for those who have chronic stable conditions that I have little else to achieve by adding in further medication. There is always a big overlap between clinical disease and the psycho-social burden of this on an individual and the family and GP’s sadly lack the time to explore with patient’s what other avenues of support they could go down. Having you in the practice, with your knowledge of available services , has been very beneficial to those patient’s that I have referred. (GP - Truro Health Park)**
- ▶ **“Thank you for your kind support and understanding you have increased my positivity by 200 per cent.” (age 64)**

IMPACT Patients & Provider

- ▶ **“My GP said I was a patient the NHS failed. I was told there was no other services I could be referred to. The week before I was going to give up and my GP told me about Social Prescribing and I was referred. The Link Worker supported me with setting things up.” (age 26, anxiety sufferer)**
- ▶ **“Social Prescribing has been really good for both of us as I feel someone has finally listened to me for the first time in years” (age 54, social isolation)**
- ▶ **“The support I received was above and beyond what I had expected from the Service.” (age 59, suffering from depression)**
- ▶ **“I am relieved, warm and comfortable again. I am motivated and more confident as I have something to look forward to once again”(age 73, social isolation)**
- ▶ **“Referrals have increased into HC in particular lifestyle weight management programmes” (Team Manager - Healthy Cornwall)**

Long Term Plan commitments - NHS England

Overview, p6: Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

1.4, p25: Through **social prescribing** the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.

Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

What will this mean for local areas?

From July 2019

- Primary Care Networks should work collaboratively with their CCGs, local authorities and VCSE partners to create a ***shared local social prescribing plan*** which:
 - Builds on existing social prescribing schemes
 - Recruits and embeds link workers in PCN multi-disciplinary teams, extending access to social prescribing
 - Provides local funding and development support to the VCSE sector and community groups, who receive social prescribing referrals

And finally

- ▶ Public Health/Cornwall Council - offer letter to all GPs to work collaboratively and build on our successful delivery of Social Prescribing to date.
- ▶ Meetings with some surgeries planned
- ▶ First meeting for Cornwall Strategy Plan for Social Prescribing 27.3.19
- ▶ Primary Care Networks forming - details to Clinical Commissioning Groups by May, final decisions end June 2019
- ▶ July 2019 - new GP Contracts
- ▶ New website www.socialprescribingcornwall.org.uk

Any questions?

THANK YOU



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Cornwall Recovery College

May 2019

Paul Reeve

Business Development Manager
Pentreath Ltd.

Cornwall Partnership 
NHS Foundation Trust



The Learning Partnership
FOR CORNWALL & THE ISLES OF SCILLY
Promoting Lifelong Learning



Cornwall Recovery College

Partners:



Cornwall Recovery College

The Challenge



Cornwall Recovery College

“I can learn to recover from my illness because other people have learnt too”

Cornwall Recovery College

Aims:



*“Enabling recovery through learning, hope,
and opportunity.”*

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Therapy or Learning?



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Plan:





and I was definitely getting more functional and more normal.

A Video from the Severn & Wye Recovery College, which was set up by the 2gether Trust



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Ross
Jackson-Hicks

TEAM
MAN DOWN



Brad
Osman

MENTAL ARITHMETIC

7×12 **12** **every day**

84×4 **84** **every week**

336×12 **336** **every month**

Add 336 **4,368** **every year**



4,368

Suicide is the single biggest killer of men in the UK. Help us give people back their identity

Lets **talk** about it



WHY DOES MAN DOWN EXIST?

1.

Reduce
Suicides

2.

End the
Stigma

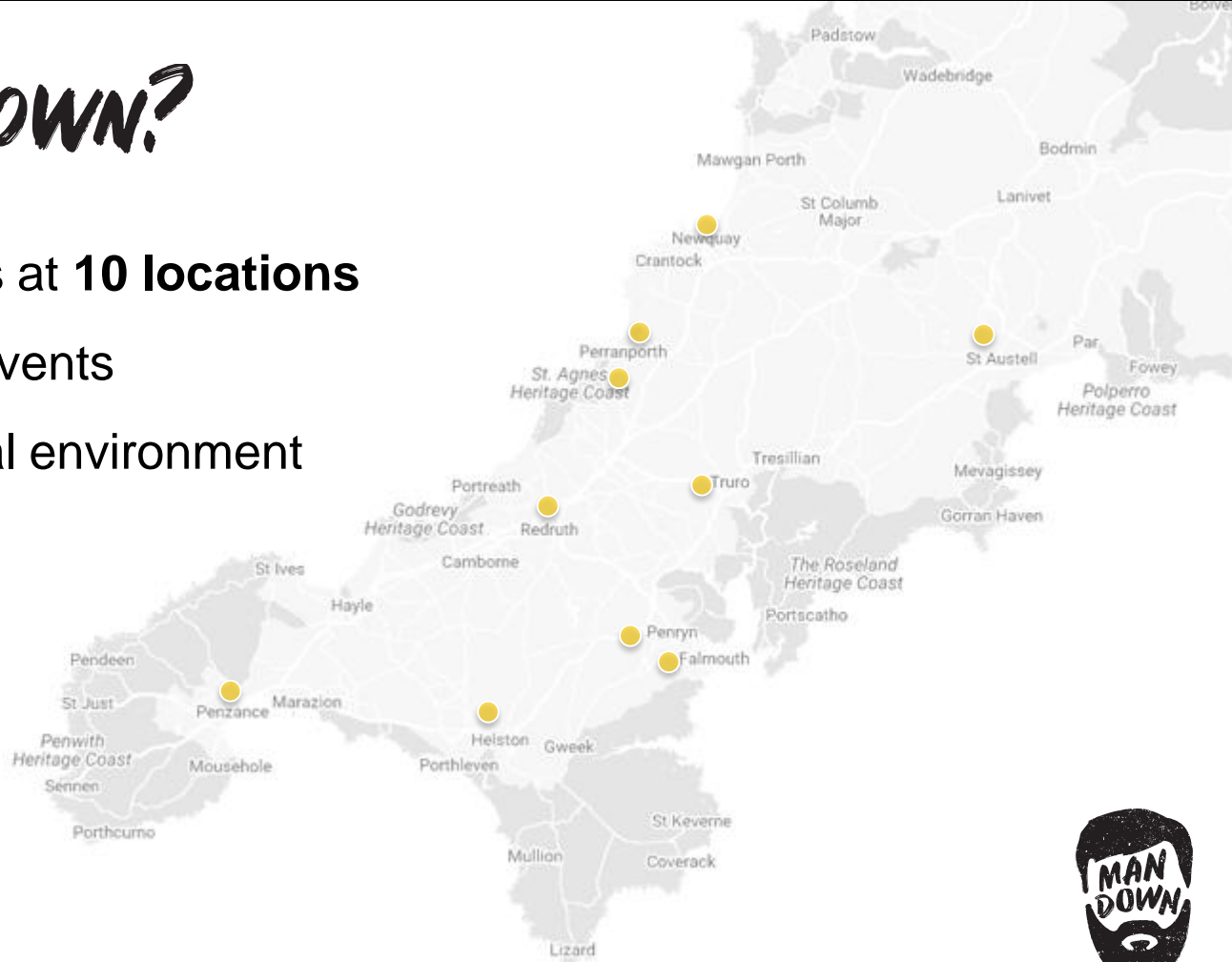
3.

Improve
Wellbeing



WHAT IS MAN DOWN?

- Fortnightly meetings at **10 locations**
- Social meetings & events
- Safe non-judgmental environment
- Friendly & informal



Lets **talk** about it



Case studies

Informality

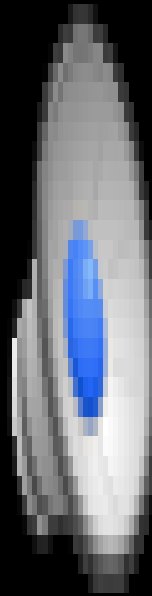
HOW DOES IT WORK?

Trust

Peer group support



Case studies



Case studies

Emergency services worker

“It was absolutely liberating to be able to talk about some things that I'd never shared with anyone else before.

I woke up the next day and felt like a huge weight had lifted off me. That day at work was one of the best, high spirited shifts I've had in years. Things went well and I felt happy in myself.

Those two hours at Man Down have been a game changer for me.”



Case studies



OUR LESSONS AND VIEWS

Demand is very high

Women

GP Capability

Outlook South West

Stigma dismantling

Relationships as cause

Effectiveness of Counselling

Peer group support works



WHAT WE ARE ASKING

- Near misses
- Safety through prevention
- Innovation in the Cornwall Mental Health Strategy 2019

Lets  talk about !t



THANK YOU

www.mandowncornwall.co.uk

Lets  about !t



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Maintaining the momentum

Paul Farmer

Chief Executive

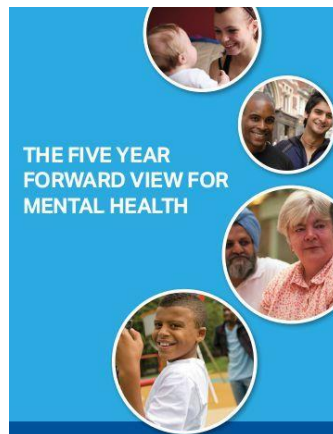
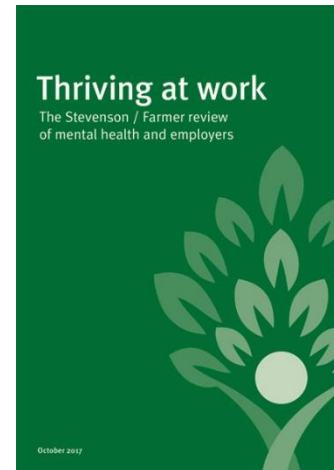
mind.org.uk



We're Mind, the mental health charity.
We're here to make sure anyone with a
mental health problem has somewhere to turn to
for advice and support.



Mental Health – a crucial priority



A report from the independent Mental Health Task force to the NHS in England February 2016



NHS long-term plan

The headline ambition is to deliver ‘world-class’ mental health care, when and where children, adults and older people need it. The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. Further, the NHS made a new commitment that funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending. This will support, among other things:

- Significantly more children and young people from 0 to 25 years old to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- People with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive, and be supported to lead fulfilling lives.
- Perinatal mental health care will be expanded for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, age-appropriate, universal mental health crisis care for everyone, accessible via NHS 111.



CYP and Perinatal (By 2023/24)

Children and Young People

- At least an additional 345,000 children and young people aged 0-25 able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams by 2023/24.
- Extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.
- Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week by 2023/24.

Perinatal

- Increase access to evidence-based care for an additional 24,000 women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis each year by 2023/24.
- Offer partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health.
- We will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience in Maternity Outreach Clinics.
- Care will be available from preconception to 24 months after birth.



Crisis Care (By 2023/24)

- Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community by 2023/24.
- By 2023/24, 70% of mental health liaison services will meet the 'core 24' service standard.
- Clear standards for access to urgent and emergency specialist mental health care will be in place. Waiting times targets for emergency mental health services will be in effect by 2020.
- Bereavement support for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves will be rolled-out to all areas of the country.
- We will improve signposting towards and increase alternative forms of provision for those in crisis, for example, sanctuaries, safe havens and crisis cafes.
- New mental health transport vehicles will be introduced.
- Mental health nurses will be introduced to ambulance control rooms.
- The mental health competency of ambulance staff will be increased through an education and training programme.



Adults with moderate to severe mental health problems (By 2023/24)

- By 2023/24, 370,000 adults and older adults with severe mental illnesses will have greater choice and control over their care, and be supported to live well in their communities via new and integrated models of primary and community care.
- Test four-week waiting times for adult and older adult community mental health teams.
- Further increase the number of people receiving physical health checks to an additional 110,000 people per year, bringing the total to 390,000 checks delivered each year including the ambition in the Five Year Forward View for Mental Health.
- The NHS will support an additional 35,000 people with severe mental illnesses to participate in the Individual Placement and Support programme each year by 2023/24, bringing the total to 55,000 people supported per year



Core Mental health LTP ambitions (By 2023/24) (3/4)

Suicide reduction

- Full coverage across the country of the existing suicide reduction programme.
- Supported by roll out of a Mental Health Safety Improvement Programme with a focus on suicide prevention and reduction for mental health inpatients.

Other commitments

- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.
- Reduce length of stay in units with a long length of stay to the national average of 32 days.
- Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
- Expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source.
- Implement universal smoking cessation offer as part of specialist mental health services.
- Support the development of apps and online resources to support good mental health and enable recovery.
- All mental health providers will reach a core level of digitisation by 2024.
- Extended the Getting It Right First Time (GIRFT) programme across to community health services and primary care from April 2019.



Next steps with implementation

- ✓ NHS England are developing an implementation framework (guidance for local areas) to be published in Spring
- ✓ All STPs/ICSs will be expected to produce a local plan to deliver the LTP – we are expecting these will be completed by August
- ✓ Proposals from clinical review of access standards published
- ✓ Consultation on legal changes to expedite implementation of LTP - changes to application of competition law, enabling the speedier development of ICSs and merging NHSE and NHSI.
- ✓ Draft workforce plan expected in April; local workforce planning
- ✓ Capital, training and public health spending will allocated in the Spending Review
- ✓ National Implementation Plan published in the Autumn



Restormel and Carrick Mind provide a range of preventative wellbeing services to support people living in Cornwall

- Newquay Wellbeing
- St Austell Wellbeing
- Newquay Fitness to Wellbeing
- Art for Wellbeing (Newquay and Bodmin)
- Music for Wellbeing (Bodmin)
- Walking for Wellbeing (Newquay and Bodmin)
- Yoga for Wellbeing (Bodmin and Falmouth)
- Soil to Soup and SPADES (Bodmin) and Falmouth Allotment group
- Bodmin Charity Shop providing Mentoring into Work
- Community Café's (Falmouth and Truro)



Get Set to Go programme in partnership with Sport England and the Cornwall Sports Partnership .

It aims to improve the quality of life for anyone with a mental health problem through access to sport and physical activity in the local community.





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