Chapter 5: Quality and timely mental health care for everyone

5.1 Vision

To co-produce the best care to patients, people and families in our local communities by working effectively with partners to help people live well

Our strategy is to deliver	Our approach is
• whole person • place-based care • using a whole population approach • that addresses wider cultural and societal systems of disadvantage	• co-produced • trauma informed • local and personal • psychologically informed • holistic

5.2. Our ambition for the people of Shropshire and Telford & Wrekin

For the people of Shropshire and Telford & Wrekin we have four strategic ambitions:

- Promote good mental and physical health and prevent poor mental health
- Develop resilient, emotionally healthy communities where people are open about their emotional and mental wellbeing
- When people need care and support, we will provide it in in the right place, at the right time
- Fewer people will experience a mental health crisis and if they do, they will receive care at home or in a place close to their home.

Delivering our ambition will improve the health and care outcomes for

- children and young people
- adults with common (mild to moderate) mental health conditions
- people experiencing psychosis and complex needs
- people with dementia.

The STP is committed to delivering

- all age Early Intervention in Psychosis (EIP) service including At Risk Mental State (ARMS)
- meeting the needs of rough sleepers and gamblers as part of our wider community mental health offer
- integrated care aligned to primary care networks especially Improving Access to Psychological Therapies (IAPT) and older people's care (i.e. dementia)
- a focus on prevention such as early intervention in psychosis, serious mental illness & physical health and dementia hospital avoidance
- alternatives to admission; crisis cafes, crisis house and peer support for high intensity service users which will all reduce the impact on acute care including accident and emergency.

The Shropshire and Telford & Wrekin mental health long term plan builds on some strong foundations which include:

- in-patient wards that have fully implemented Safe wards and are a CQC exemplar for their work on sexual safety
- The Telford trauma pathway was commissioned to provide non-IAPT treatment for people with a complex sexual or other complex trauma. A psychologist was recruited and an evaluation of the pilot has led to an extension of this service
- Crisis alternatives to admission such as The Sanctuary run by Shropshire MIND and Branches in Telford
- Hospital avoidance scheme for people with dementia reducing the need for in-patient admission.

5.3. Current situation

Each of the programmes included in the long term plan align to our four strategic ambitions and have a programme of work and governance structure supporting it.

Ensuring delivery is sustainable

Our long term plan will deliver services which are sustainable. Evidence-based modelling has been utilised to ensure that this fundamental economic premise is met.

- Our planning assumption is that we will continue to meet the Mental Health Investment Standard (MHIS) in future years, which means mental health spend will grow in line with the CCGs' allocations
- Assumptions around growth and tariff uplift are as per the latest CCG financial five year plans
- The indicative long term plan transformation and CCG baseline funding is per the NHSE & I mental health analytical tool, with recently awarded national Mental Health Five Year Forward View funding also included
- The plan includes a number of potential investments to achieve objectives in the Mental Health Five Year Forward View and long term plan ambitions; as well as a cost pressure relating to autism spectrum disorder
- Mental health is expected to break even and CCGs must deliver actions to reduce costs across the length of the plan to do so
- Savings from additional investment in mental health will help to release money allocated elsewhere in the system (such as long term conditions, dementia, accident and emergency, rehabilitation) to reinvest in more preventative service models and contribute to a system break even financial position.

All organisations have agreed how they will share both the costs of investment and the proceeds of savings and efficiencies – especially where savings accrue in other areas of the system.

Approximately £5.2m of efficiencies have been identified through a review of pathways for people with long-term conditions who also have mental health problems. Treating people with mental and physical conditions in an integrated way results in reduced accident and emergency attendances, shorter admissions and lower prescribing costs. A new locked rehabilitation service and community rehabilitation service will reduce costly out of area placements.

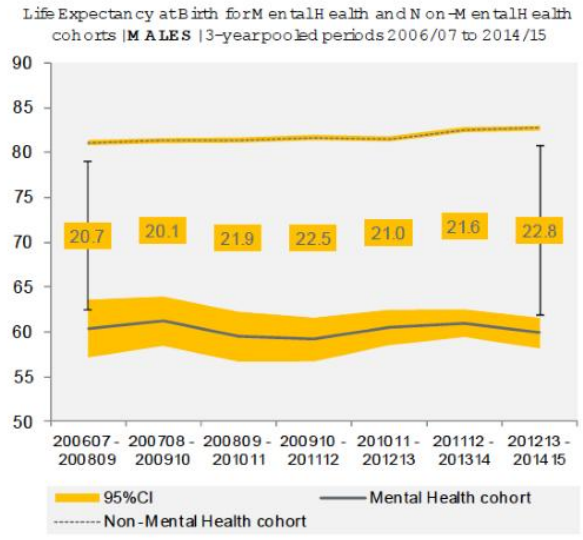
5.4 Understanding of population need

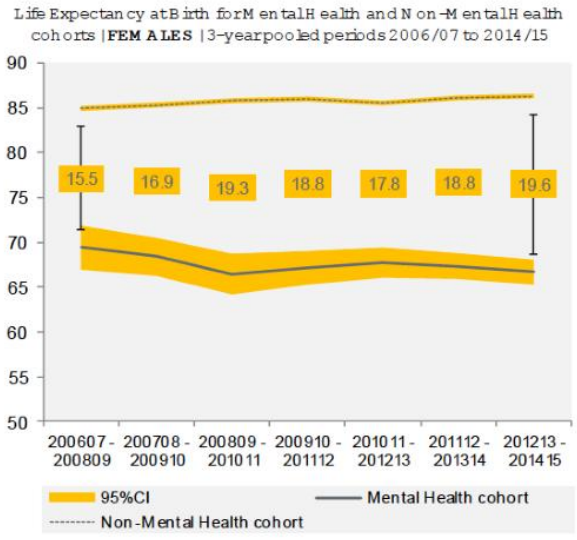
Mortality and life expectancy

On average, men and women in contact with specialist mental health services (with a serious mental health condition) have a life expectancy 22.8 years and 19.6 years (respectively) less than the rest of the STP population. This is amongst the largest life expectancy gap in the country and the largest of comparable STPs.

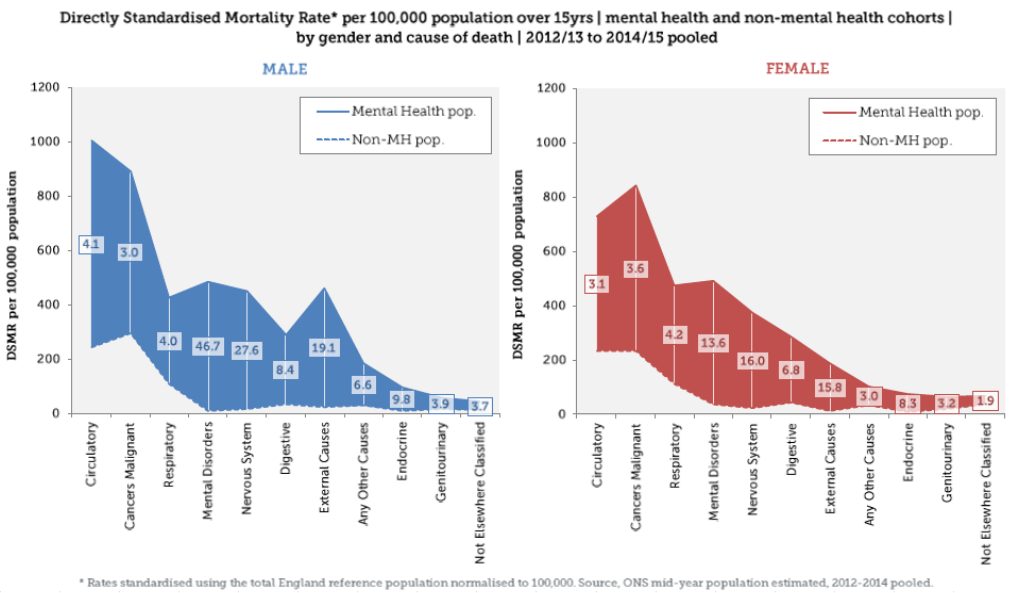
			Nearest Neighbours									
	Your STP : Shropshire & Telford & Wrekin		Herefordshire & Worcestershire		Staffordshire		Suffolk & North East Essex		Gloucestershire		Somerset	
Indicator	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Life expectancy at birth | Mental Health	59.9	66.7	64.4	71.4	64.7	70.7	63.8	67.5	62.9	69.2	63.4	69.0
Life expectancy at birth | Non-Mental Health	82.7	86.3	81.9	85.4	81.5	84.7	82.6	85.6	83.0	86.1	83.1	86.6
Life expectancy gap | absolute	22.8	19.6	17.5	14.0	16.8	14.0	18.9	18.2	20.1	16.9	19.7	17.5
Life expectancy gap | relative (%)	38.1%	29.4%	27.2%	19.6%	26.0%	19.8%	29.6%	27.0%	32.0%	24.5%	31.0%	25.4%
Mortality DSR per 100,000 | Circulatory	1,005	728	759	717	768	646	785	751	873	682	736	585
Mortality DSR per 100,000 | Cancers	892	842	496	425	623	531	763	560	600	444	541	497
Mortality DSR per 100,000 | Respiratory	426	475	479	432	492	401	501	406	558	464	357	330
Mortality DSR per 100,000 | Digestive	288	286	241	200	318	192	278	232	374	222	243	152
Mortality DSR per 100,000 | Endocrine & Metabolic	96	73	86	54	52	47	70	53	41	61	84	90
Acute Utilisation DSR | Accident & Emergency	641		722		721		760		770		747	
Acute Utilisation DSR | Non-Elective Inpatient	300		270		307		331		287		301	
Acute Utilisation DSR | Elective Inpatient	41		42		47		45		38		43	
Acute Utilisation DSR | Day Case	167		154		185		180		154		172	
Acute Utilisation DSR | Outpatient	2,474		2,418		2,373		3,818		1,940		1,726	
Acute Utilisation DSR | Diagnostics	1,313		1,405		1,481		1,536		1,302		1,232	
Potential for reducing activity | A&E	4430 (11.7 %)		6920 (10.2 %)		17990 (17.7 %)		9610 (12.9 %)		7530 (12 %)		5980 (8.6 %)	
Potential for reducing costs (£ 000's) | A&E	412 (10.4 %)		648 (9.1 %)		1653 (16.3 %)		942 (11.6 %)		710 (10.6 %)		524 (7.3 %)	
Potential for reducing activity | Inpatient	5370 (26.4 %)		7080 (21.4 %)		16150 (28.6 %)		11400 (24.1 %)		7360 (25.8 %)		7040 (23.9 %)	
Potential for reducing costs (£ 000's) | Inpatient	12035 (24.8 %)		14092 (22.4 %)		32889 (29.2 %)		24614 (24.5 %)		13940 (29.4 %)		14021 (24.6 %)	

Furthermore, life expectancy for both men and women has deteriorated over time showing that the inequality gap has increased over the last five years.





People are dying from preventable diseases.



NB. The values across the middle of the chart indicate the rate ratio of mortality rates between mental health service users and the rest of the population e.g. DSMR for circulatory disease is 4.1 times higher in the male mental health service user population.

Children and young people

Telford & Wrekin

- According to the 2015 Index of Multiple Deprivation, 23.9% of children (aged 0-5 years) live in income deprived households. This is equivalent to 8,603 children in 2017
- In 2018/19 the number of recorded domestic abuse incidents recorded by the police was 12% greater than in 2016/17
- The rate of Looked After Children (LAC) has been consistently above the national average since at least 2012-13. The rate increased by 26% (from 76 to 96 per 10,000) in 2016-17. In 2017-18 the rate was 92, some 28 points above the national average of 64. Provisional data for 2018-2019 has the rate at its highest, 96.7
- The rate of children who were the subject of a Child Protection Plan has more than doubled from 26.4 in 2014-15 to 57 in 2017-18. Provisional data from 2018-19 shows the rate has increased again to 63
- In 2018-19, 81% of new Looked After Children had a recent assessment of which alcohol, substance misuse, domestic violence or mental health was a factor for the family. For new Child Protection Plans in the same period, the figure was 82%.

Shropshire

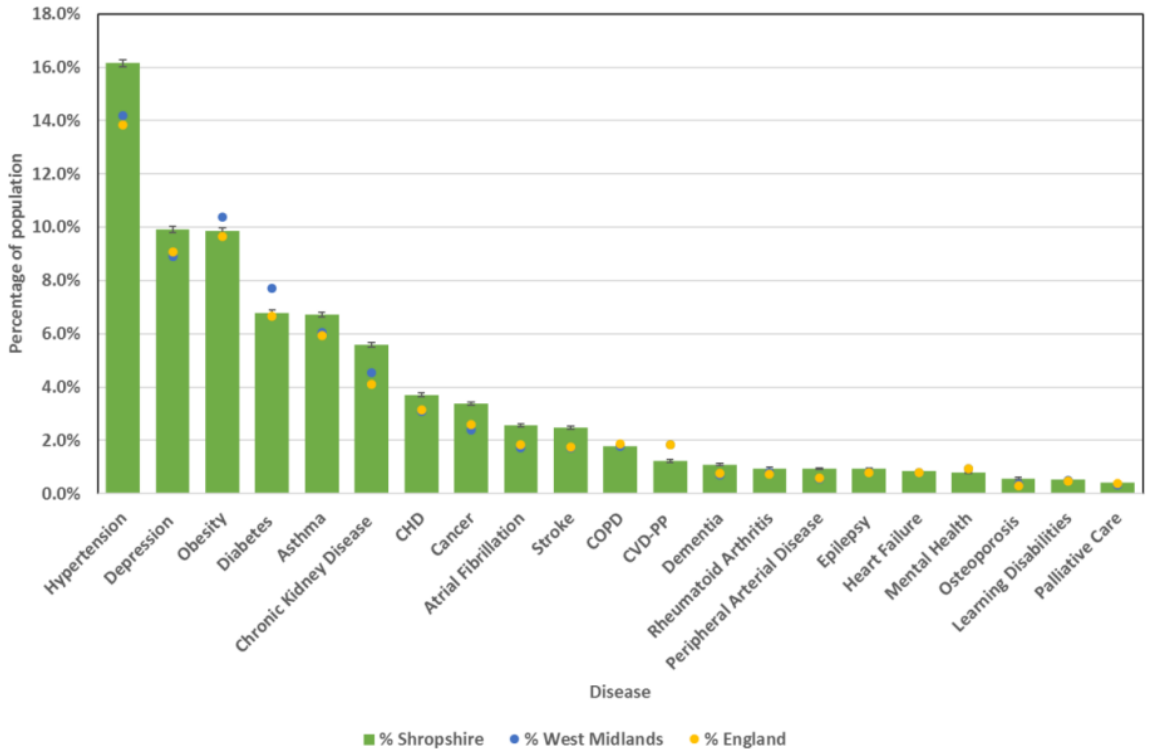
- Low overall deprivation, ranked 115 in England (1= most deprived, 152 = least deprived)
- 12.2% children living in low income families (17% nationally)
- The rate of Looked After Children has increased by 27.5% since 2015. At 31 March 2019, the rate per 10,000 of 0-17 year olds was 66.30
- The rate of Child Protection Plans increased by 31.7% between 2015 and 2019. At 31 March 2019, the rate per 10,000 of 0-17 year olds was 54.9, with the largest increase occuring during 2018/19.

Adults with common (mild to moderate) mental health conditions

Depression has increased in Shropshire and Telford & Wrekin, with the STP being above the England average with a total number of 46,809 people with depression recorded on GP registers.

New referrals are also on the increase which highlights a potentially significant area of future unmet need across the STP if action is not taken.

The Aging Well Assessment (Shropshire, August 2019) identifies depression in over 65 years as the second highest health condition next to hypertension.



The table below shows the predicted increase in prevalence over the next 15 years for people over 65 years for both depression and dementia.

	2019	2020	2025	2030	2035
Total population aged 65 and over predicted to have depression	6,783	6,919	7,641	8,564	9,349
Total population aged 65 and over predicted to have severe depression	2,141	2,186	2,491	2,805	3,077
Planned IAPT trajectory	9421	11739	12444	14971	16234
Total population aged 65 and over predicted to have dementia	5,543	5,680	6,611	7,737	8,910

People experiencing psychosis and complex needs

For people with a first episode of psychosis, care is provided by the early intervention in psychosis (EIP) service. In this service, demand is high and outstrips capacity by 50%.

The benefits of EIP model has been demonstrated to far outweigh other clinical models (in terms of personal outcomes and financial return on investment).

Disproportionate use of acute services

The mental health services population accounts for 7% of the total Shropshire and Telford & Wrekin population and they use:

- 25% of emergency attendances
- 18% of all A&E attendances
- 14% of all diagnostic examinations.

Place of safety

The demand for mental health services across the area is also illustrated in the use of urgent care, most notably through detention for Mental Health Act assessments via Section 136 (place of safety). The Section 136 detention rate for Shropshire is 91.8 per 100,000, which is over three times the national rate of 29.7, and the highest in the Midlands.

People with Dementia

It is estimated that there are currently 6,950 people across the STP diagnosed with dementia. Around 66% of those have been diagnosed and managed by their GP.

Across the STP between 900 and 1,000 people will progress from mild to moderate disease each year, and a further 300 from moderate to advanced stage disease.

Of the population with dementia, those that remain undiagnosed are likely to be those with milder/ less frequent symptoms or young onset cases for which there may be differential diagnosis.

The prevalence of dementia among people living in care homes has increased, from 56% to 70% over the past 20 years. Rising demand is creating a pressure on specialist mental health services.

We are increasingly aware of the complex patterns of comorbidities. An older person with a cognitive impairment and in a hospital-bed is much more likely to be in an acute hospital bed than in a psychiatric hospital.

5.5. Addressing wider cultural and societal systems of disadvantage

Evidence and insights

Engagement, co-design, co-production, involvement, and collaboration with those who have lived experience of mental health have been, and will continue to be, central to the design, delivery and evaluation on the long term plan. Along with feedback from providers of mental health services and voluntary sector support, the following findings have emerged.

Themes	Access to specialist mental health services is lengthy and complicated
	Users report good service when they got it
	Building relations is key to positive outcomes
	Consistency of support important to positive outcomes

	Peer support valued Significant trend of more younger people needing help Complexity of life is main contributing factor to mental wellbeing. For men this included gambling and debt, for women this included relationship issues and abuse.
Trends	People seek help for relationship difficulties, problems at work, bereavement, financial problems (debt, gambling), abuse, addiction, trauma/life events, childhood trauma Children and young people needing help for pressures at school, bullying, social media and abuse Isolating is a contributing factor for all ages and single parents (especially in rural locations) Increasing numbers of people from caring professions seeking help including teachers, medical professionals and police People repeat their stories – would like joined up integrated care closer to home.

The link between trauma and mental health

There is increasingly strong evidence that supports the view that trauma is linked to mental health conditions, for example:

- Trauma is strongly linked to adult psychosis and a wide range of other forms of mental distress
- The more adverse life events people experience prior to the age of 18, the greater the impact on health and well-being over their lifespan (dose effect)
- People in low-socioeconomic groups and from minority ethnic communities have higher risk of experiencing trauma
- Poverty is the most powerful predictor of mental distress because it predicts so many other causes
- Black people are over-represented in the mental health system. They are more likely to experience negative or adversarial pathways to care, to be diagnosed with psychotic disorders and to receive compulsory treatment
- People in contact with mental health services who have been sexually or physically abused in childhood typically:
    - have longer and more frequent hospital admissions
    - are prescribed more medication
    - are more likely to self-harm and are more likely to attempt to kill themselves than people without experiences of childhood abuse**.**

Co-morbid Mental Health and Alcohol and Substance Misuse Conditions

In Shropshire during 2017 – 2018, 50% of people entering substance misuse treatment for drug misuse and 52% entering for alcohol misuse had an identified mental health treatment need.

Of these 80% requiring alcohol treatment received some level of service for their mental health needs, the majority provided in the community by GPs.

75% of people with an identified drug misuse need were also engaged with mental health services, however more people were receiving help from mental health community services (38%) compared to the 34% in GP provision.

Local evidence shows us that people with co-morbid mental health and alcohol and substance misuse conditions are regularly presenting in Section 136 place of safety, in emergency departments and are experiencing homelessness.

Employment: getting it and keeping it

People who are in employment should expect to keep it. Employers should be supported to keep on, or take on, people with experience of mental health problems. People who have been in education should expect to be supported to resume education.

The mental health long term plan expects a doubling in the access to IPS (Individual Placement Support). Shropshire and Telford & Wrekin has a first wave service (run by Enable) and second wave services in development.

There are also (non IPS) services such as Designs in Mind (a community interest company located in Oswestry) and the Wild Teams (Shropshire County Council) which provide very effective services supporting people to regain confidence in preparation for future employment and taking part in leisure pursuits.

Housing

Access to appropriate, affordable and safe housing is key to a person's recovery. Having your own home, moving to full and active citizenship, pursuing your own dreams and living life to the full should be the goal of rehabilitation and recovery.

At present, the balance of our services is too tilted towards long-term support through a bed-based model of care, and not enough towards prevention or real recovery.

Self-management

For all people using services, it is important to identify factors which could lead to relapse and for care coordinators to ensure things are in place which can minimise the risk of relapse.

A focus on self-management should be present from the start of treatment, to encourage independence and to reduce unnecessary, and sometimes harmful, attachments to services.

Many people who have been in mental health services report recovering their health and wellbeing despite the help of services, and we are only too aware of the possibility of services becoming overly paternalistic and risk averse, and would seek to minimise this happening at all costs.

Plans to address wider cultural and societal systems of disadvantage

- An increased emphasis on peer support
- An increasing emphasis on recovery and on positive risk-taking
- Extending Individual Placement Support to support people into employment
- Developing At Risk Mental State Service to detect more people earlier in the development of psychosis
- Ensuring all-age psychosis service has fidelity to the model of best practice and NICE guidance
- Ensuring that people with serious mental illness get appropriate and timely physical healthcare
- Redesigning our rehabilitation pathways and services to reduce people placed out of area.

5.6 Learning Disabilities and Autism: a local priority

People with learning disabilities and autism are amongst some of the most vulnerable and socially excluded members of our community. Improving outcomes for them is a key local priority.

Evidence and insights

Nationally, it is estimated that up to 2.4% of the population have a learning disability (DOH 2001). Across Shropshire and Telford & Wrekin only 0.5% of individuals are identified on GP practice registers.

People with a learning disability live on average 16-20 years less than the rest of the population. A key area for work over the next 5 years is to reduce this inequality and increase quality of life.

The local health service comprises a dedicated children and young people learning disability team and the adult service comprises a Community Learning Disability Team which includes an intensive support function for those with behaviours of concerns and those with profound and complex physical needs.

There are gaps in service provision and will be working to provide solutions over the next five years:

- Lack of support for those individuals with autism spectrum disorder only - all age. Work has commenced on the diagnosis pathway for children and young peopl but further work is required. The vision is that this support will be built into mainstream service and to build the skills and capacity to support people proactively in a crisis and across the forensic pathway.
- Increased capacity in forensic support for individuals with a learning disability
- Lack of urgent respite places when care packages breakdown.

A proposal has been developed for an all age model of enhanced support to be commissioned. It is anticipated that new ways of working will improve care in the community, regardless of age and diagnosis, which in turn will lead to reduced hospital admissions.

Implementing the national programme for learning disabilities and autism spectrum disorder

A transforming care partnership has been driving improvements in community support for individuals with behaviours of concern. The vision is that people with learning disabilities or autism will be supported to have a good and meaningful life.

Dynamic risk registers are in place to ensure there is partnership working to support people in their own home and avoid admissions were it is appropriate.

When individuals need a hospital placement, these are as short as possible with a robust discharge process.

Shropshire and Telford & Wrekin is over trajectory for inpatient beds and is working hard to reduce these numbers in line with national targets.

The work of the partnership includes

- development of improved links with housing colleagues
- clear understanding of finances
- development of the workforce
- clear pathways for children and young people
- embedding of Positive Behavioural Support (PBS) and trauma informed care.

LeDer

The system has a robust process for reviewing the deaths of people who have a leading disability.

Annual health checks

In Shropshire and Telford & Wrekin, not enough people with a learning disability who are on GP registers have an annual health check.

We will increase the people on the registers by 10% per year and ensure 80% of those on GP registers have an annual health check.

STOMP/STAMP

We have high levels of prescribing, especially for children and young people. We will reduce this to national best practice benchmarks and ensure the first offer is talking therapies and social support rather than prescribing.

Workforce

A workforce plan is in place. It focuses on

- up-skilling existing workforce across the health and social care economy
- improved recruitment and retention in all services.

Key issues are the low numbers going into learning disability nursing, our inability to attract to permanent consultant posts, poor retention and lack of skill base in care providers.

Finance

We benchmark in the lowest quartile of CCGs for investment into learning disability services across England. Over the next five years we will review where our high-cost spend can be reduced and then invested in more proactive and preventative work.

Increased high cost placements and packages of care

There has been an increase in the numbers of patients and the cost of care packages across both the NHS and local authorities.

To ensure these packages are value for money we proactively manage the outcomes, consider the use of individual support funds and plan to increase the robustness of care providers by considering the use of a provider collaborative.

The above priorities will be included in a system-wide learning disability and autism spectrum disorder strategy which will be completed by February 2020.

5.7Key Deliverables and Priorities

The key deliverables of the long term plan are set out in a high level plan in Appendix 1. A more detailed implementation plan relating to the priorities can be found at Appendix2. A summary appears below.

Programme	Deliverable	2020 /2021	2021 /2022	2022 /2023	2023 /2024
1. Perinatal	• Achieve % of identified women who access specialist community services	√			
2. Children and Young People	• Achieve 35% access to services	√			
	• Achieve 95% and maintain 95% CYP Eating Disorder	√			
	• Comprehensive offer of 0-25 years support				√
	• Mental Health Support Teams in place		√		
	• 24/7 crisis support combines crisis assessment, brief response and home treatment			√	
	• Mental health plans align with those for learning disability, autism, SEND and justice	√			
3. Improving Access to Psychological Therapies	• Achieve 22% access rate	√			
	• Maintain IAPT RTT rates (75% RTT within 6 weeks and 95% RTT within 18 weeks)	√			
	• Maintain IAPT recovery rate (50%)	√			
	• Achieve access rate for Long Term Conditions (LTC)		√		
4. Adult with serious mental illness (SMI)	• Achieve year-on-year access target in integrated Community Mental Health Teams			√	
	• Achieve access target for people receiving physical health checks		√		
	• Achieve annual target of people receiving Individual Placement Support (IPS)		√		
	• Deliver Early intervention in Psychosis (EIP) standard – 60% access	√			
	• Redesigned rehabilitation pathways		√		
5. Crisis	• Deliver 24/7 CRHT operating in line with best practice	√			
	• All age psychiatric liaison available in acute hospitals	√			
	• Mental health professionals working in ambulance control rooms			√	
	• Complementary crisis care alternatives in place			√	
	• All age crisis care available via 111 to local crisis pathways	√			
6. Therapeutic acute	• Average length of stay below 32 days	√			
	• Eliminate all inappropriate adult out of area acute placement		√		
7. Dementia	• Maintain dementia diagnosis rate of 66.7%	√			
8. Rough sleeping	• Ensure support available to rough sleepers with mental health problems			√	
9. Provider collaboratives	• Provider fully engaged with provider collaboratives covering specialised services	√			
10. Data quality	• Ensure provider is 95% compliant with MHHDS, SNOMED CT, PLICS	√			
11. Improving health inequalities	• Demonstrate show how health inequalities will be reduced			√	