

Partnership Principles Kent's Forward View for Mental Health 2016 - 2021

Aim/ Vision: to 'provide excellent, safe, supportive and cost effective care for people with mental health needs that in turn promotes independence, is empowering, improves and maintains wellbeing, and gives choices that are shaped by accurate assessment of community needs.'

Key Domains:

- More people will have good mental health
- More people with mental health needs will recover
- More people with mental health needs will have good physical health, and people with physical health problems will have good mental health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination
- More people from vulnerable (including ethnicity) backgrounds will have access to high quality local mental health services.
- More people with mental health needs will be empowered , will feel in control of their recovery plan and will have the best possible quality of life enhanced by integration with their local community

Divers for Change and Improvement

- The Care Act 2014 has a key focus on "wellbeing" and the outcomes that matter most to people. The focus of a needs (Care Act) assessment is on strengths, capabilities and assets, taking consideration of fluctuating needs and the impact on the whole family and support network.
- Police Crime Commissioner and Criminal Justice Plans
- 2010 NHS White Paper Equity and Excellence- Liberating the NHS
- No Health without Mental Health - February 2011
- 2015 NHS Forward View for Mental Health
- Think Local Act Personal (TLAP) – early intervention, prevention and social capital.
- Crisis Care Concordat
- The Kent Health Joint Health and Well Being Strategy 2010-2017
- Kent Suicide Prevention Strategy 2016
- Kent Drug and Alcohol Strategy 2016
- Mind the Gap: Kent Health Inequalities Strategy 2016

Local Context: Previously from 2010 – 2016 the Live it Well Strategy for Mental Health was in place. The commissioning context has changed considerably since 2010.

Each of the 8 Kent CCG's will have a clear mental health commissioning plan, working across 3 economies – North, West and East Kent. Each economy will work to their own Mental Health Strategy, linked to an overarching set of principles agreed with Public Health and Social Care in Medway Council & Kent County Council (and police), acknowledging the considerable interdependencies of these agencies and putting the public at the centre of safe and efficient care. All CCGs will work across the Strategic and Transformation Plan to improve mental health services alongside NHS England and Provider Trusts. It was agreed that the overarching commitments will be linked to the Kent Joint Health and Wellbeing Strategy and report to Kent Health and Well Being Board (see Appendix 1).

Joint Commissioning Strategic Principles

Joint Strategic Principles for Improving Mental Wellbeing and Creating effective, Safe and Recovery Focused Mental Health Services in Kent.

- **Excellent Leadership** – it is the responsibility of each organisation to appoint senior clinical, political and commissioning leads that will take strategic and needs led decisions on mental health and mental wellbeing and to ensure agencies work co-operatively together.
- **A Public Mental Health Plan (that includes Suicide Prevention) will be in place.** This plan will form part of each CCG's mental health strategy. Importantly Kent public health services must show how they are tackling people's mental wellbeing within the delivery of core public health services, including parenting programmes, training in mental health awareness to non-professionals, ensure that public health services are equitably accessed by those with serious mental health needs.
- **There is Commitment to reducing health inequalities** both across Kent and within local areas. Acknowledging that stress and accumulation of risk factors exacerbate mental health needs, targeting the most vulnerable groups is a priority. Also commitment to providing effective preventative health care to those with mental health diagnosis is a priority.
- **We will demonstrate our commitment to improve the life expectancy and the physical health of those with severe mental illness:** ensuring the same access to physical health services as people without mental health needs. In addition, the following actions should also take place across Kent: A health check to be conducted annually as part of CPA, Medication reviews are carried out on regular basis, public health services, e.g. stop smoking and physical activity are prioritised, vascular disease should be monitored regularly as part of structured treatment.
- **The mental health needs of people with physical conditions will also be recognised, alongside access to appropriate treatment.**

- **A joined up and clear approach to Dual Diagnosis (drug/alcohol & mental health) services** across NHS and KCC services. These improvements will be led by the commissioners of substance misuse services in Kent and the mental health commissioners in the CCGs. The Kent Drug and Alcohol Partnership will monitor progress. Providers will agree to work together to agreed policies and share expertise.
- **Effective, ambitious and joined up commissioning:** High quality data and needs assessments, opportunities for efficiency, use of incentives where appropriate e.g. CQINS, forging good relationships with providers and front line staff, use of quality and performance measures will all be part of clear commissioning strategies. Where possible health economies across Kent will co-operate for the benefit of the public's health. The Health and Well Being Board for Kent will monitor progress on outcomes.
- **The mental health system will serve the whole population:** Primary Care, Secondary Care, those in criminal justice system, vulnerable groups (e.g. LGBTQ), migrants, maternity and motherhood, as well as the general population will be served in acknowledgement that everyone has mental as well as physical health.
- **Working together across agencies will get the transitions between services right:** Where a person has to move across services, e.g. from a CAMHS service to adult service, or to a Criminal Justice service, or as people age – these transitions will be organised efficiently and with minimum disruption to the service user. This is also a key principle for effective working between the mental health and physical health services.
- **Use the highest quality guidance to improve quality and safety:** All partners will assess NICE, health and social care research and evidence base and other advisory groups in service delivery, design and commissioning. Learning will be shared across the health and social care economy.
- **Commission to intervene early:** All commissioners will take opportunities to co-commission with public health, children's services, early help services and adult mental health services across a range of agencies to ensure people can access services at the earliest opportunity e.g. maternity, children's centres, early intervention for psychosis, early intervention for conduct disorder.
- **Strengthen community resilience and use the assets in the community to improve community wellbeing:** Commissioners to work with their district council and other partners locally to ensure wellbeing of the community and the best use of resources are made.
- **Ensure that commissioned acute and crisis care services are based on humanity, dignity and respect.** Where at all possible, avoid out of area placements, ensure that there are places of safety and families and carers are involved.
- **Commission for recovery, quality and choice of services.** Acknowledging the NHS constitution where a patient has the right to choose care and treatment within the boundaries of safety and probity, these choices will be made available. Recovery will be at the heart of the design of the mental health system in Kent.

Jess Mookherjee, Public Health Consultant after discussion with KCC and CCG
Commissioning Leads

Appendix 1

The Joint Health and Well Being Strategy for Kent has the following 4 objectives relevant for Mental Health (Outcome 5 is Dementia). Partners will report to the Health and Well Being Board on progress.

The Foundation: Kent Health and Well Being Strategy 2010-2017 – Mental Health

Outcome 1: Children's health

- Good maternal and infant mental health
- Good children's mental health – including young carers
- Good transition process from child to adult services if needed.

Outcome 2: Improving Health and Wellbeing

- Tackle Health Inequalities
- Improve take up and monitoring of health checks for people with diagnosed mental health conditions.
- Reduce rates of smoking and obesity in people with diagnosed mental health conditions.
- Ensure early intervention to promote well being

Outcome 3: Tackling Long Term Conditions and Multiple Morbidity

- Establish personal budgets where appropriate
- Increase and maintain employment opportunities for people with mental health conditions
- Reduce any inequities in service provision
- Enable and equip people with mental health conditions to self-care for both their physical and mental health.

Outcome 4: Mental health

- Increase and improve patient and carer satisfaction with mental health services
- Implement Suicide Prevention Strategy for Kent and reduce suicides
- Increase equity of access to psychological therapies
- Ensure there is best up to date data and needs assessment to guide commissioning and delivery.
- Use all community assets available to create strong cohesive communities and enable people to be resilient.
- Target resources to those vulnerable communities and groups
- Have in place a public mental wellbeing plan
- Engage with the public about mental health and reduce stigma of mental illness
- Grow and develop a skilled workforce to tackle mental distress.
- Safe and effective emergency and urgent care services.
- Tackle and improve substance misuse service outcomes
- Ensure people who have both mental illness and drug and alcohol addictions are treated effectively by both services.
- Improve mental health services for older people including access to psychological therapy.
- Ensure a robust multi agency response to safeguarding concerns

Appendix 2

Previous LIVE IT WELL COMMITMENTS (2010-2015)

Commitment 1

Built coalitions between all elements of public services, the voluntary sector, and the independent sector that focus on collaborative endeavour and shared enterprise to improve mental health and wellbeing

Commitment 2.

Lessened the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services

Commitment 3.

Reduce the occurrence and severity of common mental health problems, particularly by targeted actions to improve wellbeing for more of those people at higher risk.

Commitment 4.

Parity of Esteem: Demonstrably improved the life expectancy and the physical health of those with severe mental illness, and demonstrably improved the recognition of mental health needs in the treatment of all those with physical conditions.

Commitment 5.

Suicide Prevention: All sectors and share learning on serious incidents and near misses. Ensure part wide strategy is place. Involve carers.

Commitment 6.

Ensure that all people with a significant mental health concern, or their carers, can access a crisis response service at any time and an urgent response within 24 hrs – and that service contact points are more local

Commitment 7

Ensure that all people using services are offered a personalised service, giving them more choice and control over the shape of support they receive wherever the care setting is.

Commitment 8

Recovery Based Services: High quality Community Mental Health Teams with innovative, proactive and engaged staff.

Commitment 9

Ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service

Commitment 10.

Deliver effective mental health services for offenders and those anywhere in the criminal justice system (NHS E)