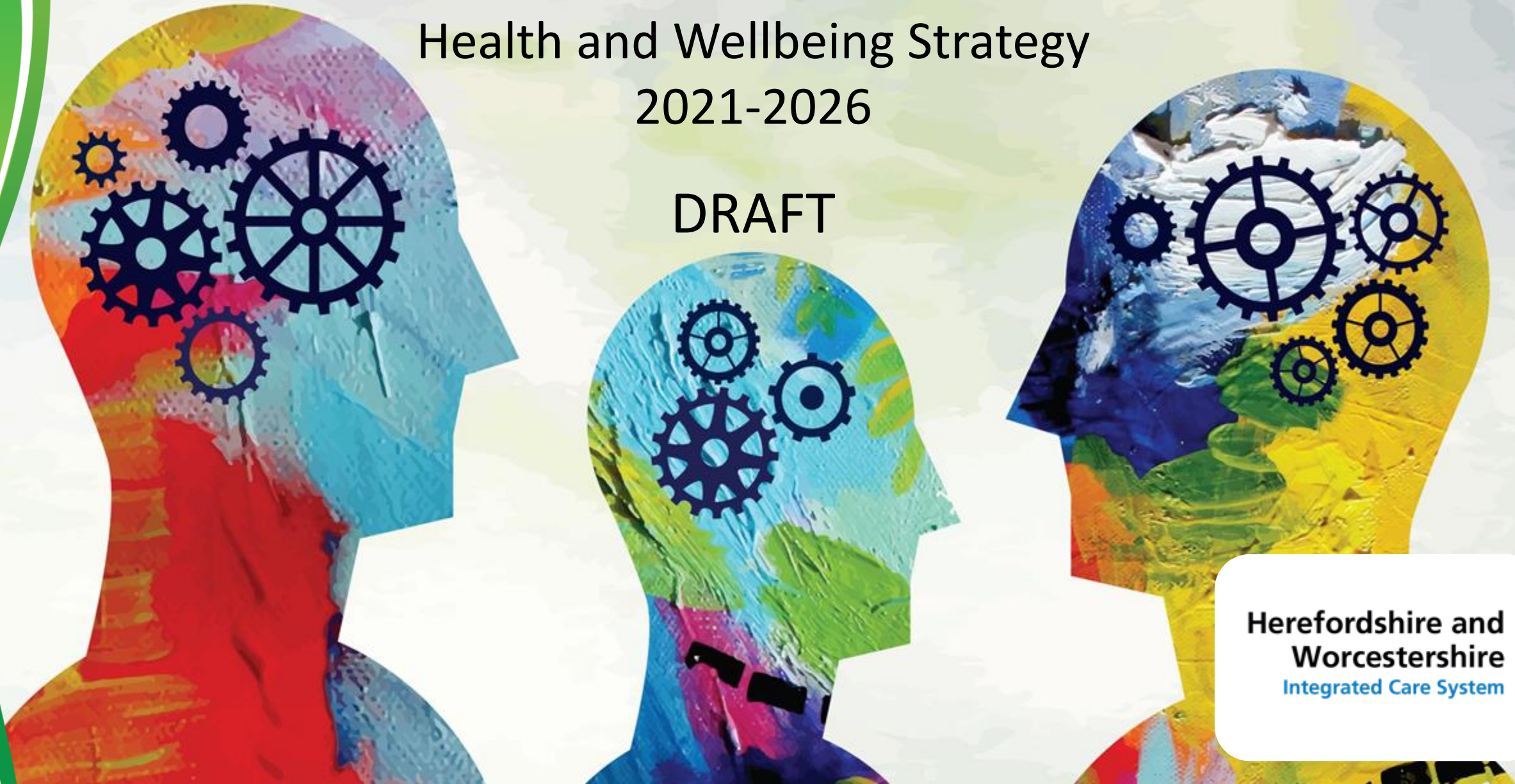


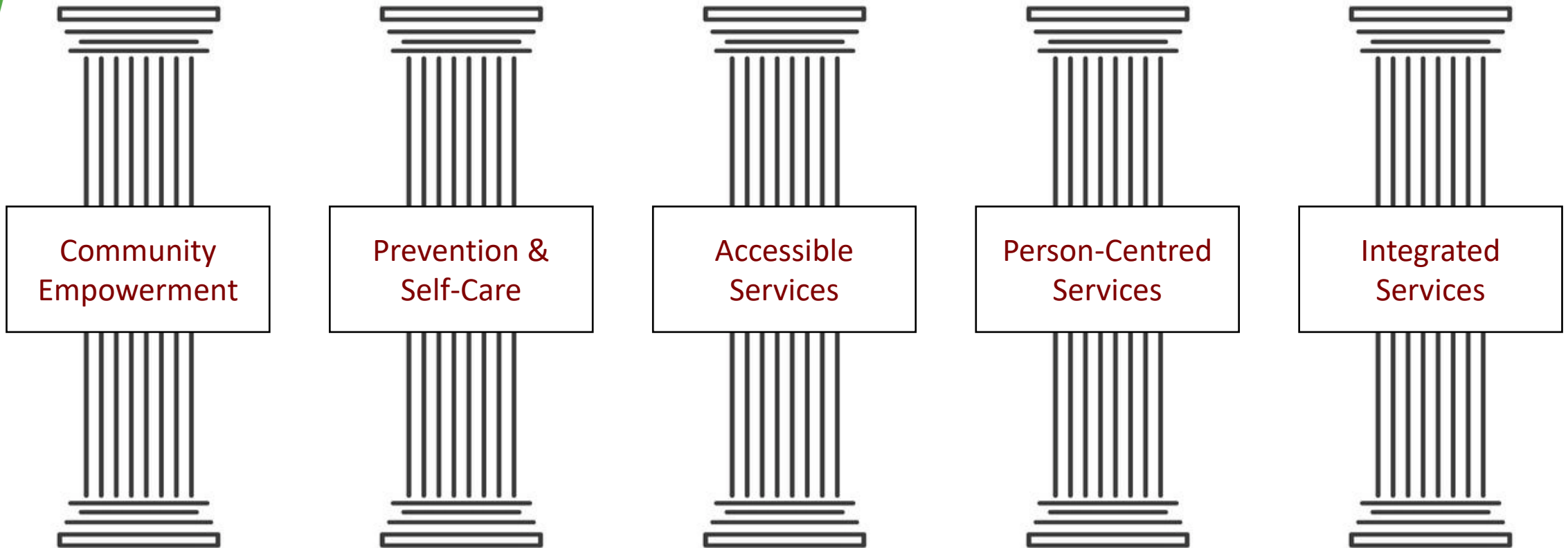
Herefordshire and Worcestershire Mental Health and Wellbeing Strategy 2021-2026

DRAFT



**Herefordshire and
Worcestershire**
Integrated Care System

Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

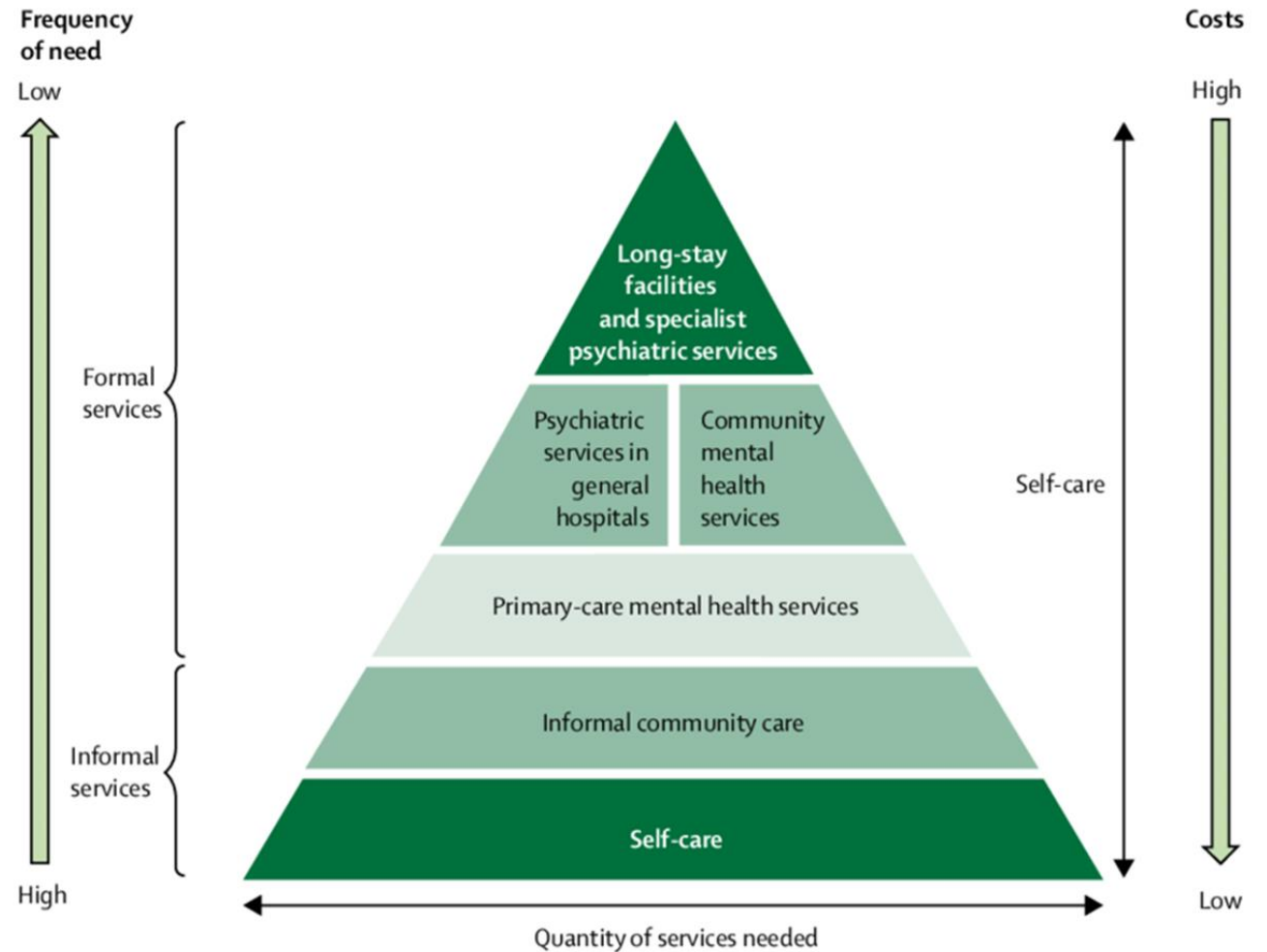


Herefordshire and Worcestershire's Vision for Mental Health & Wellbeing

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

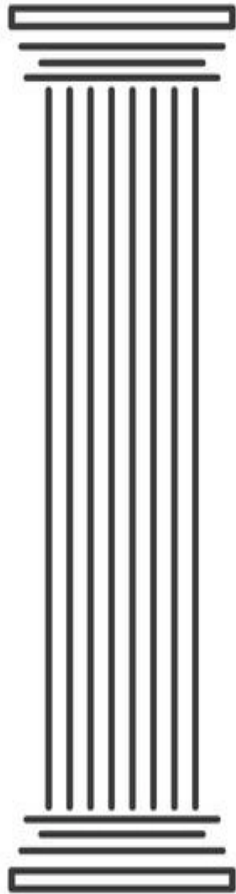
While the majority of the national priorities from the NHS Long Term Plan are rightly focused on increasing resources to and improving secondary care services where specific gaps have been identified, locally there is a real drive to increase wellbeing support, informal community care and self-care options.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

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

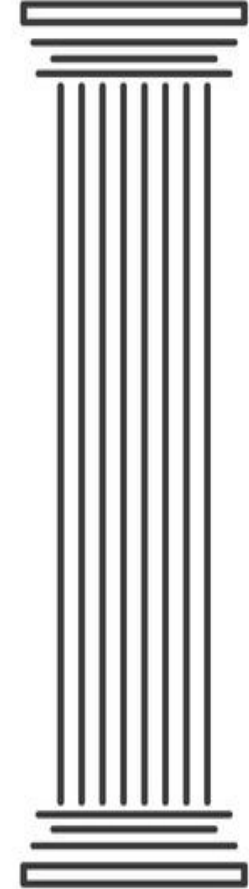


What you told us


Priorities identified:



Theme	Priorities
Accessible services	<ul style="list-style-type: none">- Video consultations- Recovery college- Improved Information sharing- Increase of community based support i.e. drop-ins
Integrated services	<ul style="list-style-type: none">- Co-locating services- Outcome framework- Shared discharge plans- Integrated dual diagnosis
Community empowerment	<ul style="list-style-type: none">- Encouragement of joint working- Promotion of social prescribing- Outreach
Person-centred services	<ul style="list-style-type: none">- Opportunity for face to face assessments- Create culture of greater compassion- Flexibility in interventions
Prevention and self-care	<ul style="list-style-type: none">- Raise awareness of services to dispel stigma- Social media campaigns- Recovery and reablement approach



The Plan for Mental Health & Wellbeing

2021-22	2022-23	2023-24
Worcestershire multiagency pathway and collaborative commissioning arrangements for assessment and diagnosis of children with Autism Spectrum Condition to be implemented in Herefordshire.	Review of existing and potential complimentary crisis care alternatives across the ICS, including for CYP.	Establish additional crisis alternative provision, based on local need and co-production approach.
Review and redevelopment of mental health VCSE provision across Herefordshire and Worcestershire.		 Move to alliance-based model of provision for mental health services across the ICS.
Review care pathways for Looked After Children, children and young people subject to a child protection plan, and children with ADHD.	Establish system-wide approach to career development, support and training for Peer Support workforce.	Closer joint working regionally with police and criminal justice, including Liaison and Diversion and Crisis Alternatives, to ensure people reach the right services as early as possible while reducing the burden on police and other blue light services.
Commission Qwell online mental health support and advice portal across ICS, and Mental Wellbeing service in most deprived schools in Worcestershire (where MHST not in place)	Length of hospital stay and delayed transfers of care to be reduced for children and young people.	
Consistent service models to be established across Herefordshire and Worcestershire, following move to a single NHS provider.		
Establish ICS Mental Health Inequalities Board to address health inequalities across system, including those exacerbated by COVID	CAMHS waiting times to be reduced utilising Quality Improvement methodology and best practice across two counties and nationally.	
Needs assessments to be undertaken focusing on: <ul style="list-style-type: none"> • Mental Health • Employability among vulnerable groups • Sexual abuse and trauma 	New Drugs and alcohol strategy to be developed for Worcestershire in line with Dame Carol Black review recommendations, including increased training and integration with mental health services.	
Patient Shared Care Record to be developed to provide up to date information for patients and clinicians across organisations	Develop a model of care that will provide rehabilitation, or reduce the need for admissions, for young people who require more intensive support.	
Service redesign for public health nursing, health visiting and school nursing to improve integration of services and strengthen the mental health offer for young families, pregnant women and school age children.		

Local Vision

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

What good looks like

We will:

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

COVID response for Mental Health & Wellbeing

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

Phase 1: Response

24/7 mental health crisis line established

Systems put in place to segregate COVID positive inpatients. Closure of one older adult mental health ward and set up of hospital at home provision

Proactive contact and support approach adopted to ensure patients on caseload were supported through first national lockdown

Single Points of Access established for each county for help and support

Phase 2: Recovery

Preparation for longer term increase in demand for mental health services, including actively recruiting in line with NHS Long Term Plan

Establishment of enhanced psychological support for health and social care staff, including process to ensure BAME staff were considered and protected

Ensuring 24/7 mental health crisis line is made permanent and sustainable

Review of interagency suicide prevention plans for each county

Phase 3: Restoration

Re-establishment of transformation programmes including crisis alternative services, mental health support teams in schools, 24/7 psychiatric liaison and phase 2 of the community mental health transformation.

Early implementation of NHS Long Term Plan ambitions including CYP crisis resolution and home treatment services and increasing access to psychological therapies.

Recovery trajectories in place for services impacted by COVID (e.g. physical health checks for people with severe mental illness)

Delivery and accountability

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

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

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

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

