Bracknell Forest Council

HEALTHY MINDS

A COMMISSIONING STRATEGY FOR ADULTS WITH MENTAL HEALTH NEEDS

2013 to 2018

Contents

Introduction

The World Health Organisation constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Good mental health is described as more than the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of the community.

Mental illness is a general term that refers to a group of illnesses affecting the mind, in the same way that heart disease refers to a group of illnesses and disorders affecting the heart. A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria. More in-depth information about the different types of mental illness is available in the glossary at the end of this strategy.

It is estimated that approximately 450 million people worldwide have a mental health problem[1] and that 1 in 4 British adults experience at least one diagnosable mental health problem in any one year and 1 in 6 experiences this at any given time[2]. In line with this national population data, in Bracknell Forest around 1 in 6 people are expected to have experienced a mental health problem in 2012.[3]

The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years[4]. Department of Health figures show that in 2010/11 of every £10 spent by primary care trusts in England, almost one pound was on specialist mental health services[5]; so the need to spend this money effectively is clear.

Within Bracknell Forest in 2011-12 Bracknell Forest Adult Social Care spent £2,050,467 on secondary care supporting people with mental health support needs. In 2012-13, the budget is set at £2,095,000. This increase is in-line with projected local population growth.

In line with No Health without Mental Health, Bracknell Forest Council is committed to significantly improving outcomes for people and increasing the resilience of the population, while reducing costs by shifting the focus of support towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises.

What is a Commissioning Strategy?

A commissioning strategy is a plan which sets out how support and services for individuals will be developed at a local level. In order to decide what outcomes the

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1 World Health Organisation, Mental health: strengthening our response. 2001

2 The Office for National Statistics Psychiatric Morbidity report, 2001

3 Care Services Efficiency Delivery PANSI database - Crown copyright 2010

4 No Health without Mental Health. 2011

5 The NHS Information Centre: www.ic.nhs.uk/news-and-events/news/your-chance-to-shape-future-of-englands-biggest-mental-health-dataset

Council and its partners need to work together to achieve and how the strategy will be implemented, the following has been taken into account:

- relevant legislation and national guidance
- an analysis of the needs of the local population and how these are likely to change in the future
- an overview of the strengths and limitations of current support and services
- resources currently available

Locally, the Mental Health strategy has been informed by the Council's strategic vision and has links with strategies for other care groups and those for Carers and people who need the support of an advocate to exercise choice.

People in Bracknell Forest have been consulted to find out what the local issues are. This information, together with guidelines published by the Government, has informed this strategy to ensure that people living with mental health issues in Bracknell Forest are enabled to have choice and control to manage their mental wellbeing and live as independently as possible.

Key Information

- There are 15.6 million people in England with at least one mental health condition, and it is thought many more are undiagnosed.[6]

- Depression and anxiety are ranked as the leading cause of disability worldwide[7] and in the UK account for one third of GP appointments and cost the UK economy £12 billion a year – 1% of the national income. [8]

- Women are more likely to have been treated for a mental health problem than men however in the UK, men are three times as likely to die by suicide than women [9]

- Mental disorders are among the risk factors for many physical diseases[10] and adults with serious mental illness have a mortality rate three times as high as the general population.[11]

- According to the Attitudes to Mental Illness 2011 survey, one in six people believe one of the main causes of mental illness is lack of self discipline and will-power. [12]

Every year in Britain, out of 1,000 people:

Around 300 people will experience mental health problems

230 of these will visit a GP

6 World Health Organisation, Mental health: strengthening our response. 2001

7 World Health Organisation. 10 Facts about mental health.

www.who.int/features/factfiles/mental_health/mental_health_facts/en/index1.html

8 Mind. We Need to Talk campaign for psychological therapy

www.mind.org.uk/assets/0000/9311/We_Need_to_Talk_campaign_for_psychological_therapies_briefing.pdf

9 Mental Health Foundation. Mental Health Statistics www.mentalhealth.org.uk/help-information/mental-health-statistics

10 http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index1.html

11 Health and Social Care Information Centre (HSCIC) June 2012

12 http://www.ic.nhs.uk/pubs/attitudestomi11

102 of these will be diagnosed as having a mental health problem

24 of these will be referred to a specialist psychiatric service

6 will become inpatients in psychiatric hospitals. [13]

National & Local Context

National

The emphasis of the modernisation and personalisation of adult social care and health is joint working with the person, their carers and partner organisations to enable people to exercise choice and control over their lives.

Locally, the Mental Health strategy has been informed by the Council's strategic vision and has links with strategies for other care groups and those for Carers and people who need the support of an advocate to exercise choice.

There is a wealth of government policy and initiatives that support adults with Mental Health Support Needs, details of which can be found on the Department of Health website.[14] Summaries of the most relevant and recent documents are as follows:

Caring for our Future: reforming care and support. July 2012
In July 2012, the Department of Health published the 'Caring for our future: reforming care and support' White Paper, which sets out the vision for a reformed care and support system. It is intended that the new system will:

- focus on people's wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services

The paper states that "support within communities can benefit everyone: volunteering can keep people active, promote physical and mental health and wellbeing, and strengthen local connections".

No Health without Mental Health (February 2011)
This strategy sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services. It supports the Government's aim of achieving parity of esteem between physical and mental health. The interconnections between mental health, housing, employment, and the criminal justice system are emphasised.
The six shared objectives are:
1. More people will have good mental health
2. More people with mental health problems will recover

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13 www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

14 http://www.dh.gov.uk/health/category/policy-areas/social-care/mental-health/

3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The Health and Social Care Act 2012
This enacts a new NHS framework to deliver the principles behind the policy "Equity and Excellence: Liberating the NHS (July 2010)". These four areas are:

- Greater choice, control and patient involvement – "no decisions about me without me"
- Improved health outcomes
- Removal of unnecessary bureaucracy, cut waste and make the NHS more efficient
- Clinical Commissioning Groups and the handing back of power to patients

The Health and Social Care Act requires the establishment of Health and Wellbeing Boards on a statutory basis in every upper-tier local authority in England. They are already running in shadow form and will take on their statutory functions from April 2013. The process of transition from the current health system to the new arrangements is underway.

QIPP (Quality, Innovation, Productivity and Prevention)
QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care. There are a number of national work streams designed to support the NHS to achieve the quality and productivity challenge it has been set.

Think Local, Act Personal: Next Steps for Transforming Adult Social Care
A cross agency agreement which draws on learning from implementing 'Putting People First (2007)' and sets out the principles for 'Personalisation' An important emphasis in transforming social care is cross boundary working to achieve a whole systems approach. The development of Joint Strategic Needs Assessments, Local Performance Frameworks and Local Area Agreements are key features of this approach. Personalisation gives each individual choice and control over how their support is provided and delivered. The focus of "Think Local, Act Personal" is on areas where further action is required.

Information Strategy: The power of information
The Information Strategy from the Department of Health sets a ten-year framework for transforming information for the NHS, public health and social care. The strategy builds on the intention of Healthy Lives Healthy People: Our strategy for public health in England to "harness the information revolution to make the best use of evidence and evaluation and support innovative approaches to behaviour change throughout society". One of the key commitments is that individuals will be able to view their GP record online by 2015.

Local

Berkshire Healthcare NHS Foundation Trust: Next Generation Care
The Berkshire Healthcare NHS Foundation Trust 'Next Generation Care' was a programme of work, the purpose of which was to reconfigure secondary community mental health services to ensure that they met local needs efficiently and effectively.

As a result of the national "Right care, right place" consultation led by the Primary Care Trust, mental health in-patient services are to be reconfigured. The majority of

in-patient care is now provided within Prospect Park Hospital, Reading. The existing in-patient ward, Ward 12, within Heatherwood Hospital will be closing.

Bracknell Forest Mental Health Partnership Board
The Mental Health Partnership Board is the body responsible for the Mental Health Strategy and Action Plan. The members include officers from Bracknell Forest Health, Social Care and Housing department, Berkshire Healthcare Foundation Trust, the Community Mental Health Team, Rethink, GP representatives and carer representatives.

The group ensures that support and services are delivered for people accessing mental health support in line with both the local strategy and action plan and national legislation and guidance.

Bracknell & Ascot Clinical Commissioning Group
The Bracknell and Ascot Clinical Commissioning Group (CCG) is the statutory body replacing the Primary Care Trust, and will be led by local GPs. The CCG will, from April 2013, be responsible for commissioning local health services. They will do this be commissioning or buying health and care services including:
- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

The Clinical Commissioning Groups will be overseen by the newly formed independent NHS Commissioning Board which will make sure that Clinical Commissioning Groups have the capacity and capability to commission services successfully and to meet their financial responsibilities.

GP surgeries are using the Adjusted Clinical Groups (ACG) system for risk stratification which means they are determining the likelihood of individuals being affected by various conditions. They the use this information to estimate the financial and social impact of these predictions so they can work with individuals to form better long-term care plans. This work is done in conjunction with Bracknell Forest's Community Mental Health team.

Bracknell Forest Health and Wellbeing Board
The Health and Wellbeing Board enables key leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board will be accountable to local people.

Board members will work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and Bracknell Forest Council.

The Board also provides a forum for challenge, discussion, and the involvement of local people and brings together the Bracknell & Ascot Clinical Commissioning Group and the Council to develop a shared understanding of the health and wellbeing needs of the community.

A core responsibility of the Health and Wellbeing Board is preparing Joint Strategic Needs Assessments (JSNAs) and the Joint Health and Wellbeing Strategy. The JSNA and Joint Health and Wellbeing Strategy are the key to putting localism into action.
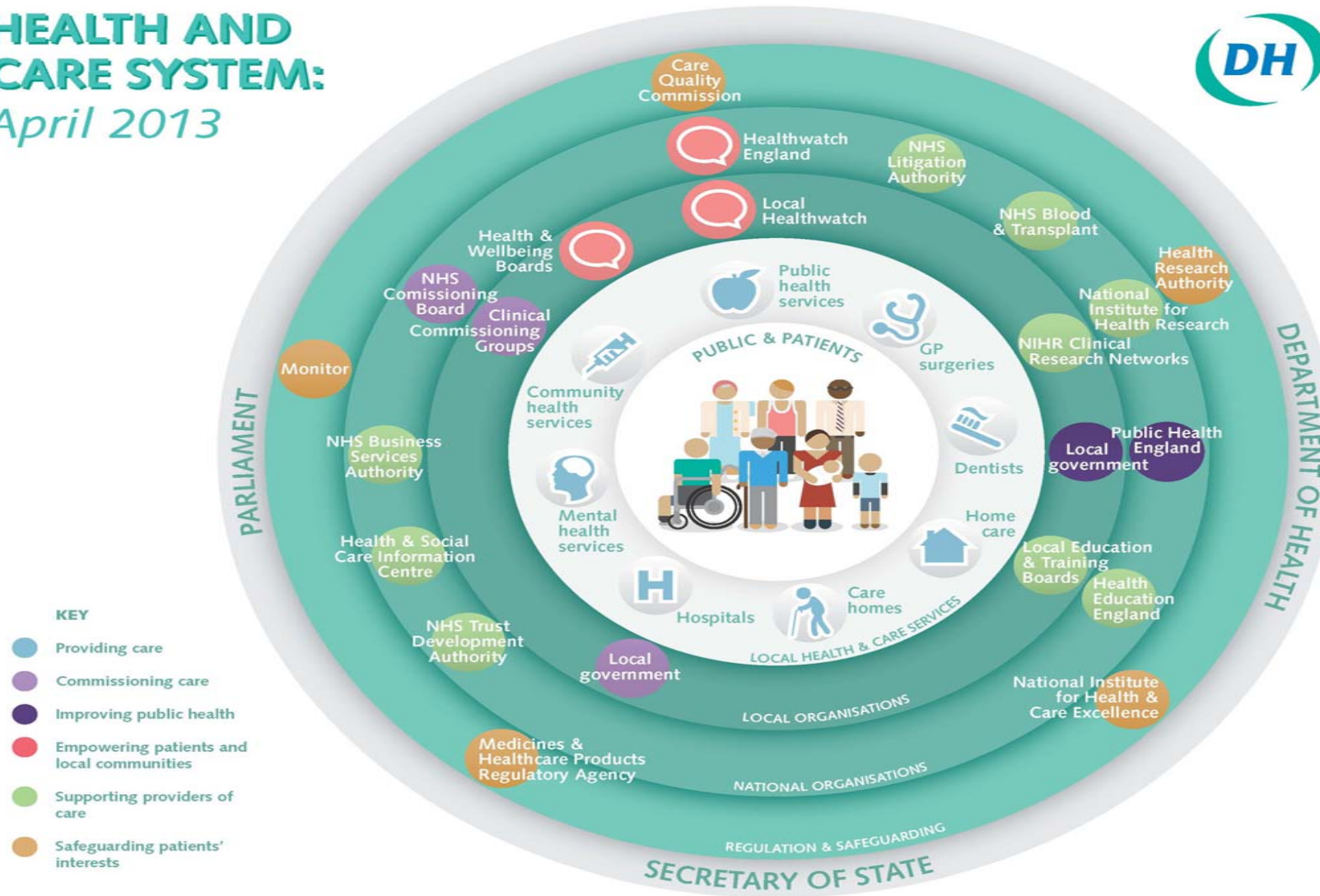
This strategy responds to the identified priorities of the draft Health and Wellbeing Strategy as detailed in the Needs Analysis.

Public Health
Bracknell Forest Council will assume responsibility for public health functions some of which will impact on mental health services including:

- The Healthy Child Programme for school-age children (including school nurses)
- Sexual health services (excluding contraceptive services provided under the GP contract and HIV treatment)
- Public mental health services
- Local programmes to promote physical activity, improve diet/nutrition and prevent/address obesity
- Drug misuse and alcohol misuse services
- Tobacco control, including stop smoking services and prevention activity
- NHS health checks
- Local initiatives to prevent accidental injury, including falls prevention
- Local initiatives to reduce seasonal mortality.

HEALTH AND CARE SYSTEM:
April 2013

Department of Health
DH

Care Quality Commission

Healthwatch England

Local Healthwatch

NHS Litigation Authority

NHS Blood & Transplant

Health Research Authority

Health & Wellbeing Boards

NHS Comissioning Board

Clinical Commissioning Groups

National Institute for Health Research

NIHR Clinical Research Networks

Public health services

GP surgeries

Monitor

Community health services

PUBLIC & PATIENTS

Dentists

Local government

Public Health England

NHS Business Services Authority

Mental health services

Home care

Local Education & Training Boards

Health & Social Care Information Centre

Health Education England

Hospitals

Care homes

NHS Trust Development Authority

LOCAL HEALTH & CARE SERVICES

Local government

National Institute for Health & Care Excellence

LOCAL ORGANISATIONS

Medicines & Healthcare Products Regulatory Agency

NATIONAL ORGANISATIONS

REGULATION & SAFEGUARDING

PARLIAMENT

DEPARTMENT OF HEALTH

SECRETARY OF STATE

KEY

- Providing care
- Commissioning care
- Improving public health
- Empowering patients and local communities
- Supporting providers of care
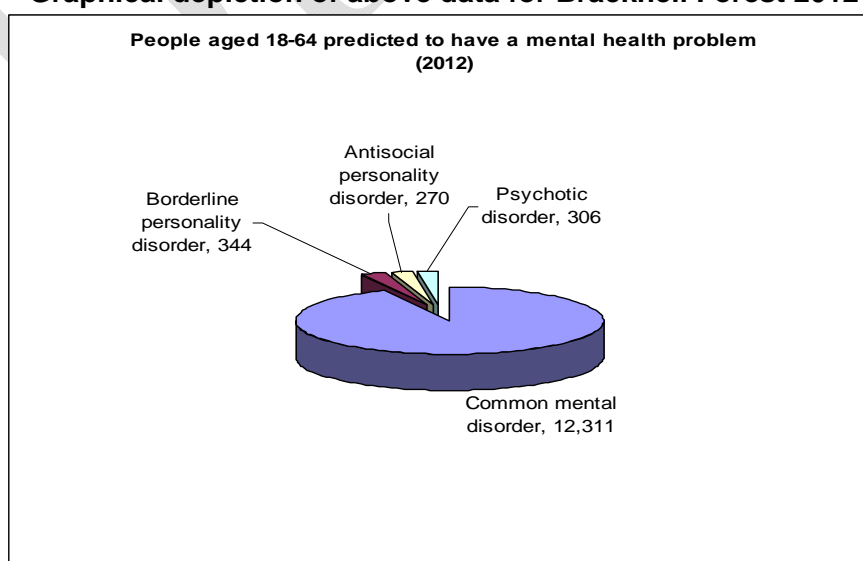- Safeguarding patients' interests

Needs Analysis

A needs analysis is a way of estimating the extent and nature of the needs of a population so that appropriate support can be planned. In this strategy the Council has identified the expected local need through the Joint Strategic Needs Assessment[15], Census and other data sources. To augment this information a consultation was held to ask what needs and priorities could be identified by the individuals supported by the Council and the organisations or carers who aid that support.

Table: People aged 18-64 living in Bracknell Forest estimated to have mental health difficulties. Source: PANSI Database.[16]

See glossary for explanation of disorders

	2012		2015		2020	
	Estimated number	% of population	Estimated number	% of population	Estimated number	% of population
Neurosis including Depression & Anxiety	12,311	16%	12,524	16%	12,730	16%
Antisocial Personality Disorder	344	0.4%	350	0.44%	356	0.45%
Borderline Personality Disorder	270	0.35%	274	0.35%	279	0.35%
Psychotic Disorder	306	0.39%	311	0.39%	316	0.4%
People with two or more psychiatric disorders	5,513	7.2%	5,607	7.2%	5,701	7.2%

Graphical depiction of above data for Bracknell Forest 2012

People aged 18-64 predicted to have a mental health problem (2012)

Borderline personality disorder, 344

Antisocial personality disorder, 270

Psychotic disorder, 306

Common mental disorder, 12,311

Expected Local Need

- The estimated population for Bracknell Forest is 113,200[17]. Between 2001 and 2011 the population grew at 3.3%. This is a slower increase than nationally at 7.1 % and in the South East, where population increased by 7.6%.

- Life expectancy in Bracknell Forest is higher than the national average at 79.7 years for men and 83.8 years for women. This is compared to 78.25 years and 82.31 years respectively for men and women throughout the United Kingdom.[18]

- The 2011 census tell us that older people are forming an increasing proportion of the population. This increase will create a need for support for more people to live independently with long term conditions. Research evidence consistently tells us that people with long-term conditions are two to three times more likely to experience mental health problems than the general population. In terms of NHS spending, at least £1 in every £8 spent on long-term conditions is linked to poor mental health – between £8 billion and £13 billion in England each year.[19]

- The BME population in Bracknell Forest has grown since the 2001 census, and the community continues to diversify. Ethnicity is an important issue in mental health. As Bracknell Forest becomes more ethnically diverse, it is important that we address the mental health needs of differing ethnic groups and issues around access to services. Until further 2011 Census results are published (expected in November 2012) overall the proportion of the population in Bracknell Forest which is from non white ethnic groups is estimated to be 10.4%[20] However 25% of people receiving support from Bracknell Forest CMHT identify themselves as being from a non white ethnic group. There is evidence to demonstrate that people from minority communities disproportionately experience mental health issues in part due to various aspects of social exclusion affecting almost every aspect of life in contemporary Britain[21]. Therefore the figures for the number of people from BME communities accessing mental health support in Bracknell Forest follow an expected trend in line with population and prevalence data.

- Research tells us that faith is associated with improved mental health[22]. The population is predominantly Christian, with a smaller than average ethnic mix and diversification which is predicted to grow. There is a diverse range of languages spoken in the borough, due partly to permanent residents and those employed within Bracknell Forest businesses from overseas. Mental Health needs assessments and support opportunities must address people's needs holistically taking into account cultural background.

- There are 294 people providing "regular and substantial" unpaid care for people aged 18-64 within Bracknell Forest. Of these, 33 are caring for people with mental health support needs.[23]

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17 Office of National Statistics 2011 census

18 Joint Strategic Needs Assessment 2011/12

19 The King's Fund. Long Term Conditions and Mental Health. February 2012 www.kingsfund.org.uk/publications/mental_health_ltcs.html

20 ONS 2009 ethnic estimates

21http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019452.pdf

22 http://www.brin.ac.uk/news/2011/health-benefits-of-christian-faith/

23 2011-12 Bracknell Forest 'Referrals, Assessments and Packages of Care' return. Table C1

- There are 12943 patients (12.4%) on depression registers in the Bracknell and Ascot CCG. This prevalence rate is statistically above the national average and above the Berkshire East average of 11.2%.[24] Nationally post natal depression estimates vary from 7-19% among mothers[25]. However there is no systematic recording to inform commissioning and the current thresholds for referral are high. Improved reporting needs to be implemented to inform the development of early intervention, lower level support.

- Local GPs have identified there is a gap in provision of low level anger management programmes although perpetrators of for example domestic abuse are offered access to anger management programmes. [26]

The Joint Strategic Needs Assessment (JSNA) was developed by NHS Berkshire East and the Council in accordance with the Local Government and Public Involvement in Health Act of 2007. The JSNA is a process by which the current and future health and social care needs of a population are identified in the light of existing services.

At October 2012, there are 485 individuals aged between 18 and 64 supported by the Community Mental Health team. Of these 485 individuals most (54%) are aged between 35 and 54 and 53% are female. In line with population and prevalence data, most people receiving support in Bracknell Forest identify themselves as being White British (75%).

The table below shows the number of people accessing adult and elderly NHS secondary mental health services in 2010/11 as recorded in the Mental Health Minimum Dataset, collated by the NHS Information Centre[27].

Table: Number of people accessing secondary mental health services in 2010/11

	England Average	South East	Bracknell Forest
Per 1,000 of population	2.55	1.96	1.74

Stakeholder Engagement

The development of this strategy was informed by a 12 week stakeholder consultation launched on-line on 24th April and ran until 18th July 2012. A consultation workshop event was also hosted by Bracknell Forest during this consultation period. People were encouraged to contribute by attending the consultation event, completing questionnaires, and by giving online feedback.

The consultation questionnaire asked for input under the 6 priority areas identified by No Health without Mental Health. People were also asked questions relating to equalities monitoring and their mental health.

A total of 587 comments received related to the experiences, needs and wishes of the people who responded. Overall, respondents to the consultation paper gave positive feedback about the paper. People agreed with the proposed priorities.

The demographics of the people who took part were:

24 Joint Strategic Needs Assessment 2011/12

25 British Medical Journal 2011 – quoted in Joint Strategic Needs Assessment 2011-12

26 Joint Strategic Needs Assessment 2011/12

[27] North East Public Health Observatory Community Mental Health Profile for Bracknell Forest 2012.

- Respondents were more often female, with 78% female to 22% male.
- 61% of respondents identified themselves as having difficulties with their mental health.
- 48% of respondents were carers for someone with mental health difficulties.
- The majority of respondents were between 35 and 64 years old.
- In line with expectations, 87% of respondents identified themselves as White British. Additionally, 48% identified themselves as Christian and 35% identified themselves as having no religion/belief.
- Responses came from all over the Borough, including Wards with both high and low deprivation.

Conclusion

Generally, people in Bracknell Forest have better mental health than the average population in the UK, however there are many people who need lower level support to manage their depression. Maintaining the mental wellbeing of the population has been shown to improve people's lives and also makes economic sense. Whilst local population is growing, this is at a slower rate than the overall rate for the UK. Over the next 5 years it is expected that as the local population will increase the numbers of people experiencing difficulty with their mental health will also increase. Whilst this increase is not in significant numbers, in an age of austerity and reduced local government funding there is a stronger emphasis on ensuring value for money, balancing outcomes and cost whilst ensuring people can access support options which meet their needs.

Health and Social Care is also entering a time of great organisational change; the introduction of Clinical Commissioning Groups, the transition of LINks to Local Health Watch and the establishment of Health Watch England, and the transition of Public Health responsibilities to local authority. All of these will impact on the way we work with, and services and support we offer to, people with mental health difficulties and their families. While the Council has some indications as to how these organisational shifts will affect the shape and responsibilities of the department over the coming years, the landscape is still changing and will continue to do so for some time.

In delivering this commissioning strategy over the next five years, the Council needs to listen to what people say and aim to meet their needs and expectations. The department will take an approach which adopts a wellbeing and prevention model rather than a focus on intervention at a point of crisis. The future direction for support and services for people with mental health support needs is achieving a goal whereby they are encouraged and able to make choices, fulfil their aspirations and achieve their desired outcomes.

Priorities

Following the stakeholder engagement and taking into account evidence based support and interventions, twelve priorities have been identified. The Mental Health Partnership Board will identify the necessary associated actions which will complete the Mental Health Action Plan. The following are the ten priorities identified by stakeholders during the consultation:

- **Promote choice, independence and self-management of mental wellbeing**

People explained that they want more choice and control over how their mental health support needs are met. It is also important to people that they receive the support and information necessary to manage their mental wellbeing as independently as possible. People said that having control over the timings of

appointments is important as the effects of their mental illness and/or medications can make accessing support more or less challenging throughout the day and at different points of their recovery journey.

- **Access to personalised support**

People who took part in the consultation said that they are most satisfied when they feel listened to and when the people supporting them understand their individual needs and wishes. Being able to choose support which meets their needs, rather than having to fit into inappropriate support and services is important to people.

- **Improve community awareness and understanding of mental health**

Many people taking part in the consultation commented on the recent national mental health awareness campaigns and welcomed these. However people feel that there is still misunderstanding around mental illness, particularly around understanding certain associated behaviours and the risk of violent behaviour. A common theme which emerged throughout the consultation was the need to encourage mental health awareness amongst children and young people to reduce discrimination and stigma in the future.

- **Promote training and employment opportunities and maintenance of wellbeing at work**

Research tells us that people with mental health problems have the highest "want to work" rate with up to 90% wanting to work[28]. However, only about 20% of people with severe mental health problems are employed compared to 65% of people with physical health problems and 75% for the whole adult population. Both research and practice demonstrates that given the right support the vast majority of people with mental health issues can take up and sustain employment. Furthermore, it is established that employment is an integral part of recovery from mental ill health and a wider determinant of overall health and wellbeing for the population as a whole.

It is also a priority to maintain the wellbeing of people currently in employment as 3 in 10 employees in the UK will experience mental health problems during a single year. [29]

- **GPs able to better understand mental health**

The first step to receiving a diagnosis, accessing primary care support and receiving treatment for physical health problems is often a visit to the GP. However many people taking part in the consultation said that GPs and clerical staff often lacked awareness and knowledge of mental ill health issues and how this can affect a person's behaviour, needs and physical wellbeing. People said they wanted to be able to access a GP who understands mental illness and is aware of how this might impact people's needs.

- **Access to settled accommodation and support**

Having a home which is safe and affordable is generally considered a fundamental need for all. Stable surroundings help to maintain health and wellbeing. Poor housing or homelessness can contribute to the development of mental health problems or can make existing mental health problems more difficult to manage. Many people with mental health problems are able to live independently. However, some people may need support to find suitable housing, or to maintain their home. When mental health deteriorates and people are in crisis, they may struggle to look after themselves or their home. If people are unwell and have to spend time in hospital, then one of their biggest worries might be about what will happen to their home.

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[28] http://www.guardian.co.uk/society/2007/nov/14/mentalhealth2
[29] http://www.guardian.co.uk/society/2007/nov/14/mentalhealth2

- **Opportunities for on-going engagement and contribution to service development**

People involved in the consultation said that they wanted more opportunities to feedback their views about local mental health support and to be involved with service development. Some people explained that whilst the mental health forum is something they value, they would like to see more people attending these regular meetings and to feel that the feedback mechanism is working effectively.

- **Maintenance of mental wellbeing across whole community**

Messages about how to maintain physical wellbeing, such as the importance of maintaining a healthy weight and not smoking, are often repeated in the media. However people taking part in the strategy consultation said that people are still not always aware of how to maintain their mental wellbeing and how closely this is linked with physical health. People welcomed a focus on raising awareness of how to maintain mental and physical wellbeing across the whole community. By promoting wellbeing at the population level, Bracknell Forest can increase understanding of what it is to 'be well' across the whole population. Creating this understanding can reduce discrimination against those who have poor mental health.

- **Provide joined up services with partner organisations**

Often people with support needs require support from more than one organisation. People who responded to the consultation explained that sometimes accessing the support they need can be confusing and that it is difficult to understand who is responsible for each service. People said they wanted different departments and organisations to better communicate with one another and with the people they are supporting. People also told us that it is important that the transition between internal teams such as the Child Adolescent Mental Health Service to the adult CMHT needs to be smooth to ensure no interruption in support. An independent review of the AMHP service tells us of occasions where the waiting time for ambulance transfer following Mental Health Act assessments has been unsatisfactory, this is another example of where improved joined up working required to improve support for people affected by mental health difficulties.

- **Support for families and carers**

Mental health problems can be long lasting and can have a serious impact on quality of life for people and their families and carers. People with mental health support needs said that the role of carers is paramount and cannot be valued highly enough. Carers responding to the consultation said that they wanted to be listened to and involved in service development and delivery and also welcomed the development of further respite options. Carers also supported the recommendation in No Health without Mental Health that they be included or consulted in discussions about the person they care for.

- **Opportunities to maintain wellbeing/ choose support in the community**

People with mental health support needs said that they valued being able to access mainstream support and activities in the community. Sometimes individuals' and organisations' lack of mental health awareness made access problematic. People explained the positive impact physical exercise and meeting other people has on their mental wellbeing and that the fluctuating nature of mental illness means that drop-in style activities are easier to access.

- **Improved access to information and advice**

People taking part in the consultation told us that they wanted better access to information and advice about support and treatment available. Some expressed concern about information being available exclusively on-line and valued the opportunity to access information in a variety of ways. However others valued the anonymity of on-line information and advice.

Within the Action Plan these priorities are set against the Outcomes Framework. Some of the actions impact on multiple priorities and some of the priorities impact on multiple outcomes.

Action Plan

The Action Plan will be developed by the Mental Health Partnership board and takes into account all elements of the Needs Analysis - the expected need and what people have expressed a need for through the consultation. The Action Plan is the document that will, to an extent, govern the actions the Council undertakes over the next five years. It aims to link the needs identified to achievable priorities and on to items for action, mapped against the Outcomes Framework, which will be reviewed and assessed by Mental Health Partnership Board regularly throughout the strategy lifetime.

The Outcomes Framework, created by the Department of Health, sets out the areas (domains) that the Council needs to concentrate on within the Action Plans associated with every strategy. The Outcomes Framework that relates to Adult Social Care also links into the Outcomes Frameworks for both NHS and Public Health services. For details on how these link together please see Appendix 1. Each of these areas in turn has more detailed requirements. The detailed requirements of the Adult Social Care Outcomes Framework (ASCOF) are listed below.

Enhancing quality of life for people with care and support needs;
- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information
- Carers can balance their caring roles and maintain their desired quality of life
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
- People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation

Delaying and reducing the need for care and support;
- Everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information.
- Earlier diagnosis and intervention means that people are less dependent on intensive services.
- When people become ill, recovery takes place in the most appropriate place, and enables people to regain their health and wellbeing and independence.

Ensuring that people have a positive experience of care and support;
- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm;
- Everyone enjoys physical safety and feels secure

- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected as far as possible from avoidable deaths, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish

Current Support and Services in Bracknell Forest

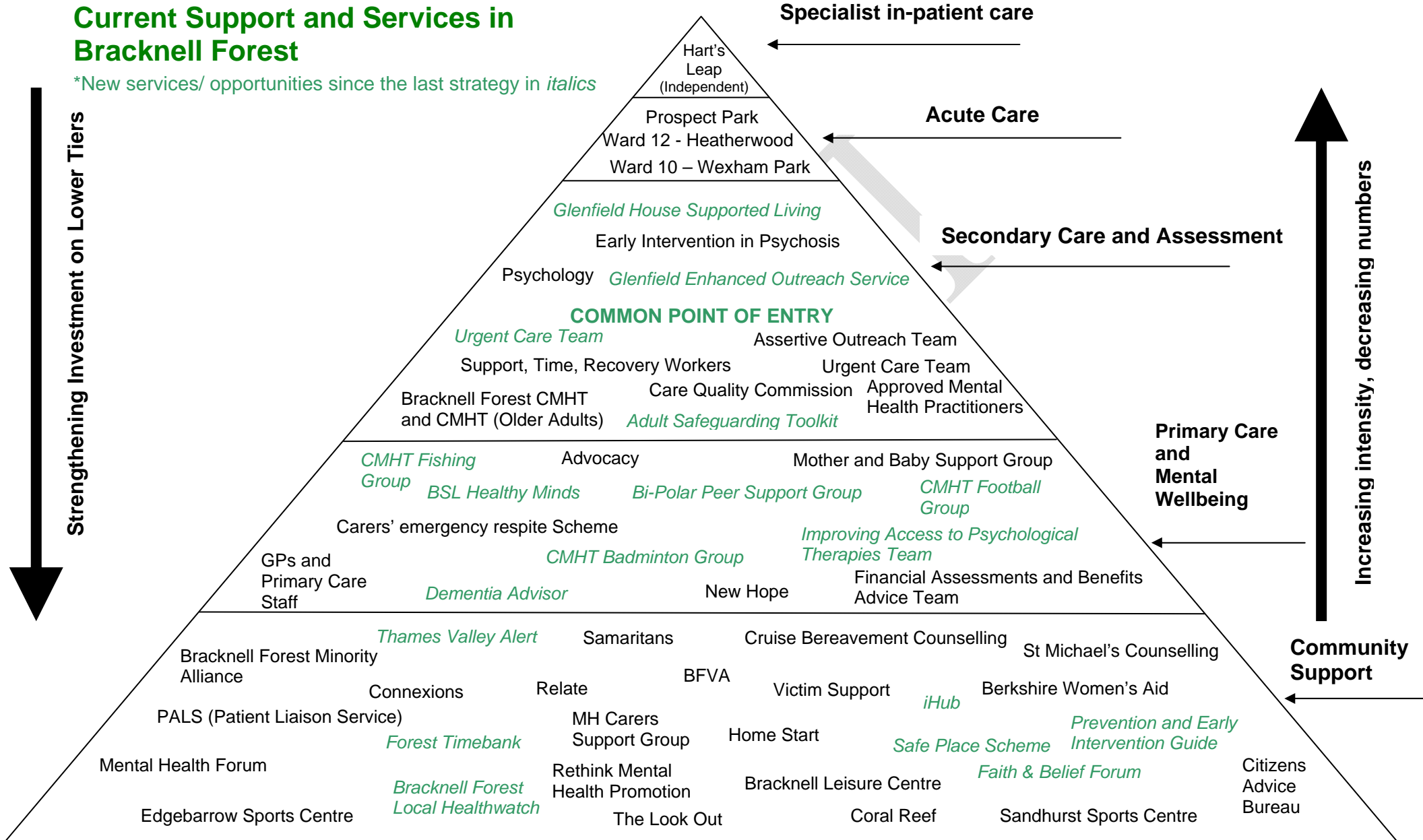During the development of the last Bracknell Forest Mental Health Strategy, you told us that:

• People who do not reach the criteria for secondary care need more opportunities to access support and manage their own well-being.

• When accessing services or support, people with mental health problems should be supported in a way that addresses their many needs.

The 2008-2013 Bracknell Forest Mental Health strategy indicated a move towards investing in community based, lower intensity support for people with mental health support needs. As a result, people have been experiencing greater choice and control over their support due to the rollout of personalisation and a greater number of services accepting self referrals such as the Improving Access to Psychological Therapies service.

The diagram on the next page demonstrates an increase of support options available in the community and through primary care since the launch of the last mental health strategy. However this strategy recognises the importance of continuing to focus on prevention and early intervention. *No Health Without Mental Health* states that "by focusing on the prevention of mental health problems and the promotion of mental wellbeing, we can significantly improve outcomes for individuals and increase the resilience of the population, while reducing costs."

Current Support and Services in Bracknell Forest

*New services/ opportunities since the last strategy in *italics*

Strengthening Investment on Lower Tiers

Increasing intensity, decreasing numbers

Specialist in-patient care

Hart's Leap (Independent)

Acute Care

Prospect Park
Ward 12 - Heatherwood
Ward 10 – Wexham Park

Secondary Care and Assessment

Glenfield House Supported Living

Early Intervention in Psychosis

Psychology   *Glenfield Enhanced Outreach Service*

COMMON POINT OF ENTRY

Urgent Care Team   Assertive Outreach Team

Support, Time, Recovery Workers   Urgent Care Team

Bracknell Forest CMHT and CMHT (Older Adults)   Care Quality Commission   Approved Mental Health Practitioners

Adult Safeguarding Toolkit

Primary Care and Mental Wellbeing

CMHT Fishing Group   Advocacy   Mother and Baby Support Group

BSL Healthy Minds   *Bi-Polar Peer Support Group*   *CMHT Football Group*

Carers' emergency respite Scheme   *Improving Access to Psychological Therapies Team*

CMHT Badminton Group

GPs and Primary Care Staff   New Hope   Financial Assessments and Benefits Advice Team

Dementia Advisor

Community Support

Thames Valley Alert   Samaritans   Cruise Bereavement Counselling   St Michael's Counselling

Bracknell Forest Minority Alliance

Connexions   Relate   BFVA   Victim Support   Berkshire Women's Aid

PALS (Patient Liaison Service)   MH Carers Support Group   Home Start   *iHub*   *Prevention and Early Intervention Guide*

Forest Timebank   *Safe Place Scheme*

Mental Health Forum   Rethink Mental Health Promotion   Bracknell Leisure Centre   *Faith & Belief Forum*   Citizens Advice Bureau

Bracknell Forest Local Healthwatch

Edgebarrow Sports Centre   The Look Out   Coral Reef   Sandhurst Sports Centre

Glossary

Anxiety
Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms; for example, an increased heart beat, stomach upset, muscle tension or feeling shaky. If someone is highly anxious they may also develop related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

Bipolar disorder (formerly known as manic depression)
Someone with bipolar disorder experiences swings in mood. During 'manic' episodes, they are likely to display overactive excited behaviour. At other times, they may go through long periods of being very depressed. There are different types of bipolar disorder which depend on how often these swings in mood occur and how severe they are.

Depression
Depression lowers mood, and can make someone feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, libido and self-esteem. It can also interfere with daily activities and, sometimes, physical health. This may set off a vicious cycle, because the worse someone feels, the more depressed they are likely to get. Depression can be experienced at different levels e.g. mild or severe, and can be related to certain experiences; for example, postnatal depression occurs after childbirth. Depression is often associated with anxiety.

Eating disorders
Eating disorders can be characterised by eating too much, or by eating too little. If someone has an eating disorder they may deny themselves anything to eat, even when they are very hungry, or they may eat constantly, or binge. The subject of food, and how much they weigh, is likely to be on their mind all the time. Eating disorders often develop as a result of deeper issues. Anorexia, bulimia, bingeing and compulsive eating are some of the most common eating disorders.

Neurosis
A person is mentally distressed but can still tell the difference between their perception and reality. Conditions such as Depression and Anxiety usually fall under the category of neuroses.

Obsessive-compulsive disorder
Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in someone's mind; for example, thinking that they have been contaminated by dirt and germs, or worrying that they haven't turned off the oven. Compulsions are repetitive activities that feel compulsory. This could be something like repeatedly checking a door to make sure it is locked or washing your hands a set number of times.

Personality disorders
Generally speaking, personality doesn't change very much. Yet it does develop as people go through different experiences in life, and as their circumstances change. If someone has a personality disorder, they are likely to find it more difficult to change their patterns of thinking, feeling and behaving, and will have a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Antisocial personality disorder is the name given to a condition which affects a person's thoughts, emotions and behaviour. Antisocial means behaving in a way that is disruptive to and may be harmful to other people.

Borderline personality disorder. It used to be thought people with borderline personality disorder were at the 'border' between Neurosis and Psychosis. Now it is known this is not an accurate description. BPD is best understood as a disorder of mood and how a person interacts with others.

Phobias
A fear becomes a phobia when someone has an exaggerated or unrealistic sense of danger about a situation or object. People with a phobia will often begin to organise their life around avoiding the thing they fear. The symptoms of phobias are similar to anxiety, and in severe forms people might experience panic attacks.

Psychosis/ Psychotic Disorder
A person is unable to tell the difference between their perception and reality, and may experience delusions and hallucinations. Someone is said to have a 'psychotic disorder' if this definition applies to how they experience the world.

Schizophrenia
Symptoms may include confused or jumbled thoughts, hearing voices and seeing and believing things that other people don't share. Someone with Schizophrenia might also become confused and withdrawn.

Appendix 1: Social Care, NHS and Public Health Outcomes Frameworks

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Wellbeing		
• People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information • Carers can balance their caring roles and maintain their desired quality of life • People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs • People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation	• Ensuring people feel supported to manage their condition • Improving functional ability in people with long term conditions • Reducing time spent in hospital by people with long term conditions • Enhancing quality of life for carers • Enhancing quality of life for people with mental illness	In improving the wider determinants of health, we have included a range of indicators that reflect factors that can have a significant impact on our health and wellbeing. These indicators are in line with those recommended by Sir Michael Marmot in his report Fair Society, Healthy Lives in 2010, and focus on the "causes of the causes" of health inequalities. Wherever possible, the indicators will follow the formulation published by the Marmot Review team and the London Health Observatory. Local authorities with their partners, including the police and criminal justice system, schools, employers, and the business and voluntary sectors, will all have a significant role to play in improving performance against these indicators.
Recovery		
• Everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information. • Earlier diagnosis and intervention means that people are less	• Improving outcomes from planned procedures • Preventing lower respiratory tract infections (LRTIs) in children from becoming serious • Improving recovery from injuries and trauma	Improvements in indicators in this domain will be delivered by the whole public health system. Under 75 mortality indicators will be shared with the NHS Outcomes Framework, where contributions will focus on avoiding early deaths through healthcare interventions. Public health contributions would

dependent on intensive services. • When people become ill, recovery takes place in the most appropriate place, and enables people to regain their health and wellbeing and independence.	• Improving recovery from stroke • Improving recovery from fragility fractures • Helping older people to recover their independence after illness or injury	be made locally led by local authorities, supported by Public Health England, to preventing early death as a result of health improvement actions – such as those reflected in indicators in preceding domains Nationally the role of Government with its partners in business and industry and beyond will be critical. Across local health and wellbeing partnerships, public health would share responsibility with the NHS, adult social care and children's services to improve outcomes in this domain.
Experiences		
• People who use social care and their carers are satisfied with their experience of care and support services • Carers feel that they are respected as equal partners throughout the care process • People know what choices are available to them locally, what they are entitled to, and who to contact when they need help • People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual	• Improving people's experience of out patient care • Improving hospitals' responsiveness to personal needs • Improving people's experience of accident and emergency services • Improving access to primary care services • Improving women and their families' experience of maternity services • Improving the experience of care for people at the end of their lives • Improving experience of health care for people with mental illness • Improving children and young people's experience of health care	

Safety		
• Everyone enjoys physical safety and feels secure • People are free from physical and emotional abuse, harassment, neglect and self-harm • People are protected as far as possible from avoidable deaths, disease and injuries • People are supported to plan ahead and have the freedom to manage risks the way that they wish	• Reducing the incidence of avoidable harm • Improving the safety of maternity services • Delivering safe care to children in acute settings	Domain 3 includes a critical range of indicators focusing on those essential actions to be taken to protect the public's health. While Public Health England will have a core role to play in delivering improvements in these indicators, this will be in support of the NHS's and local authorities' responsibility in health protection locally. Nationally, there is a clear role for Government in contributing to delivering these measures, for example through legislation or regulation, and through partnerships with business and industry. Some functions such as some national campaigns, will need to be led at a national level where it is possible to maximise economies of scale and value for money. However much of the delivery of these measures will take place at the local level. Here, health improvement will be the responsibility of local government led by DsPH in partnership with proposed Health and Wellbeing Boards. DsPH will be responsible for investing in health improvement using the ring-fenced public health budget.
Death		
	• Reducing premature mortality from the major causes of death • Reducing premature death in people with serious mental illness	Improvements in indicators in this domain will be delivered by the whole public health system. Under 75 mortality indicators will be shared with the NHS Outcomes

	• Reducing deaths in babies and young children	Framework, where contributions will focus on avoiding early deaths through healthcare interventions. Public health contributions would be made locally led by local authorities, supported by Public Health England, to preventing early death as a result of health improvement actions – such as those reflected in indicators in preceding domains
		Nationally the role of Government with its partners in business and industry and beyond will be critical.
		Across local health and wellbeing partnerships, public health would share responsibility with the NHS, adult social care and children's services to improve outcomes in this domain.