

PROGRESS ON HEALTH AND WELLBEING STRATEGY - MENTAL HEALTH AND WELLBEING PRIORITIES

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Purpose of Report:

To provide a progress update on Year One Health and Wellbeing Strategy mental health priorities including a summary of system successes and challenges.

1. **Background**

A 10-year (2018-2028) Health and Wellbeing Strategy for Milton Keynes has been developed with cross-sector partners as well as public consultation and was approved at the Health and Wellbeing Board meeting on 11th April 2018. The following mental health and wellbeing priorities were agreed for year one of the strategy at the HWB meeting on 27th June 2018:

- *Help children and young people to better mental health (SW2)*
- *Improve the lives of everyone living with mental illness through raised awareness and more effective support services (LW2)*
- *Promote positive mental health and reduce social isolation through strengthening social support and social network (AW6)*

System partners were requested for updates on **system successes** and **system challenges** in delivering these priorities and to identify areas for Health and Wellbeing Board discussion. Responses were received from Milton Keynes Council Adult, Children's, Joint Commissioning and Community Safety teams, MKCCG Adult and Children commissioners, CNWL and Healthwatch.

A mental health needs assessment is being carried out to provide evidence-based recommendations for approaches to prevention and low-level support to build on the offer currently in place.

2. **Recommendations**

- (a) Agree that the findings of the Mental Health Needs Assessment come to a future board meeting for action on how the system can best prevent need from escalating and increasing demand on services
- (b) Strengthen and accelerate the integrated approach to mental health, both at place and at scale, to improve outcomes and achieve sustainability in the longer term
- (c) Increase consultation and co-production with the community, service users and the voluntary, community and social enterprise sector particularly in commissioning initiatives to ensure they are person-centred.
- (d) Consult within the community on the support needed to tackle social isolation and loneliness and the barriers to accessing this support

3. Key Issues

3.1 System successes for “Helping children and young people to better mental health”

- (a) Schools are implementing strategies to promote good mental health for their pupils including:
 - (i) 80% of schools in MK now have both a governor and school lead for mental health
 - (ii) Innovative approaches to supporting better mental health include school-based interventions such as ‘mindfulness mornings’.
 - (iii) A programme of training and support (including *Anna Freud*) is being delivered across primary and secondary schools.
 - (iv) The *You, Me, Together* programme which helped children to explore and express their feelings in a healthy way, leading to a co-produced film to express how they feel about mental health. This project is being rolled out to more schools through a ‘train the trainer’ approach.
- (b) The *Healthy Relationships* project offers a range of programmes to support adults, children and young people with their mental health including targeted programs such as *Escape the Trap, Free up, Let’s Talk* and one-to-one support. There is very positive feedback from service users:

“Eye opening and helped me with a lot of things I was going through.” “I don’t want to die anymore.” “I now feel ready to join the group.”
- (c) Youth Offending Team *Early Help Project* is improving support for young people in contact with the criminal justice system by providing access to a primary mental health worker as well as speech and language therapy.
- (d) The *SEND inspection* identified flexible and proactive support for young people with complex needs (including mental health) particularly during transition between children and adult services.
- (e) The development of an *Integrated Care System* (ICS) for Bedfordshire, Luton and Milton Keynes (BLMK) has led to new ways of working across commissioning and provider organisations. Specific work streams are considering how outcomes for children and young people might be improved if work is undertaken at scale (e.g. for eating disorders) while others retain a place-based focus in Milton Keynes (e.g. work with the community and voluntary sector).

3.2 System Challenges for “Helping children and young people to better mental health”

- (a) **Improving access to all levels of support** is a key challenge. There are no in-patient beds for children or young people in Milton Keynes, Bedfordshire or Luton; specialist services are struggling to cope with demand; and 39% of referral received by CAMHS in the last 12 months were not accepted. There is no system wide approach to the lower tier support that is required to prevent need from escalating and increasing demand on services.
- (b) **Improving healthcare and non-health care workforce training around children’s mental health.** Further progress is needed in training for both primary care and non-mental health staff.
- (c) **Supporting wider partners to identify and resolve low level concerns.** Schools, parents and the wider community are key to supporting child mental health and wellbeing and will need to be appropriately supported to do this.
- (d) **Building on work to improve transition** between health and social care services, as well as children and adult services, is still an area of focus.

- 3.3 **System successes** for “*Improving the lives of everyone living with mental illness through raised awareness and more effective support services*” and “*Promoting positive mental health and reduce social isolation through strengthening social support and social network*”
- (a) Multi-agency working and information sharing is supporting vulnerable people with mental health issues, for example in the **Community Risk Multi Agency Risk Assessment Conference** (CRMARAC)
 - (b) Targeted services have helped people who were rough sleeping.
 - (i) From May to November, a pilot floating support service, including mental health support, worked with 70 people accommodated through **Housing First**, with only one person returning to rough sleeping. This work was across the system with support provided by the MKC Adult Social Care Mental Health team, Housing, Probation, Compass and the rough sleepers Outreach Team.
 - (ii) People rough sleeping have priority access to **Primary Care Plus**.
 - (c) A **Liaison and Intensive Support team** are based in A&E reducing the need for tier 4 admission and management of crisis at home. There is a new **Liaison and Diversion service** to support people in the criminal justice system who may have mental health problems
 - (d) An integrated approach across health is leading to more mental health support being delivered in primary care.
 - (i) **Primary Care Plus** has been implemented in 12 practices, projected to be 20 by February. This offers those over 18 years assessment, diagnosis and short-term interventions, preventing the need for access to secondary care services. To date 772 referrals have been received
 - (ii) **Consultant connect** and a **Specialist Memory Service primary care post** have been introduced improving GPs and service users have access to mental health support and guidance.
 - (e) The **IAPT** service is on track to achieve Access and Recovery targets of people entering Talking Therapy Services.
 - (f) MK has had a suicide prevention plan since 2017 with considerable successful proactive work such as the “**See the signs**” **Suicide Prevention** campaign and the multi-agency **Milton Keynes Escalation Team** which the won a National Rail Safety Team of the Year award. Real time data shows us that in 2018 we saw a reduced number of suicides locally.
 - (g) The **Mental Health Improvement Program**, which looks to increase employment and training, social opportunities and improve accommodation support, has successfully increased number of assessment compared to last year and increased referrals from primary care. DWP have also implemented direct referral of clients to IAPT
 - (h) Participants at the **Freedom** and the **Recovery toolkit** programme are educated around the psychological impacts of the abuse they may have suffered and gain a greater awareness of their own emotional wellbeing.
“With the support from everybody, the information and tools given to us I'm beginning to think there may be a reason to live.”
 - (i) Parish councils and GP surgery Patient Participation groups are working to provide better support for people in their areas, build stronger communities and reduce social isolation as are specific programs such as **Healthy Relationships** and **Live Life** service

- 3.4 **System challenges** for “Improving the lives of everyone living with mental illness through raised awareness and more effective support services” and “Promoting positive mental health and reduce social isolation through strengthening social support and social network”
- (a) **Access** to support is a challenge, especially for those with intermittent needs or those who do not meet threshold of mental health of support and there isn't access to 24 hour crisis care for adults. A focus is needed on prevention and low level support.
“In 2018–19 [to date], all the experiences received from the public regarding Mental health provision were all themed around negative experiences of access to therapy. Healthwatch Milton Keynes.
 - (b) **Moving away from “silo working”** and increasing the level and speed of integration.
 - (c) **Integration of physical and mental health care** given the combined impact on health outcomes.
 - (d) **Providing systematic and sustainable support** as there are many different initiatives, many with short term funding (e.g. Housing First) or where support is provided by the VCSE sector. For example, lunch clubs run by AgeUK have closed.
 - (e) **Addressing social isolation** especially for those who struggle to communicate their needs.