

Cheshire West Place
All-Age Mental Health
Commissioning Strategy
2023-2028

12-06-23

Foreword

Good mental health and emotional wellbeing is incredibly important for every individual living in Cheshire West.

As partners across the NHS, Local Authority, Voluntary Sector and with insight from those with lived experience and their representatives, we have set out our commissioning ambition to drive forward further improvements across the life course.

This includes starting with a strengths based approach and enabling individuals to maintain their emotional wellbeing and how to seek help early when needed. We also want to continue to reduce waiting times for access to mental health services and to support individuals as they transition from children's to adult services, particularly those in care/care leavers.

Finally, we want to ensure that we support individuals with deteriorating mental health to stay independent as long as possible, with in-reach into their own home and where an inpatient stay is required there is then better support to transition home again and during recovery.

Where it makes sense, we will look to integrate our commissioning across health and care, to provide a joined up care experience for individuals and their families and to maximise the use of our available resources.

Delyth Curtis – Place Director Cheshire West, NHS Cheshire and Merseyside / Acting Chief Executive, Cheshire West and Chester Council

Councillor Lisa Denson - Cabinet Member for A Fairer Future (Poverty, Public Health and Mental Health), Cheshire West and Chester Council

Introduction

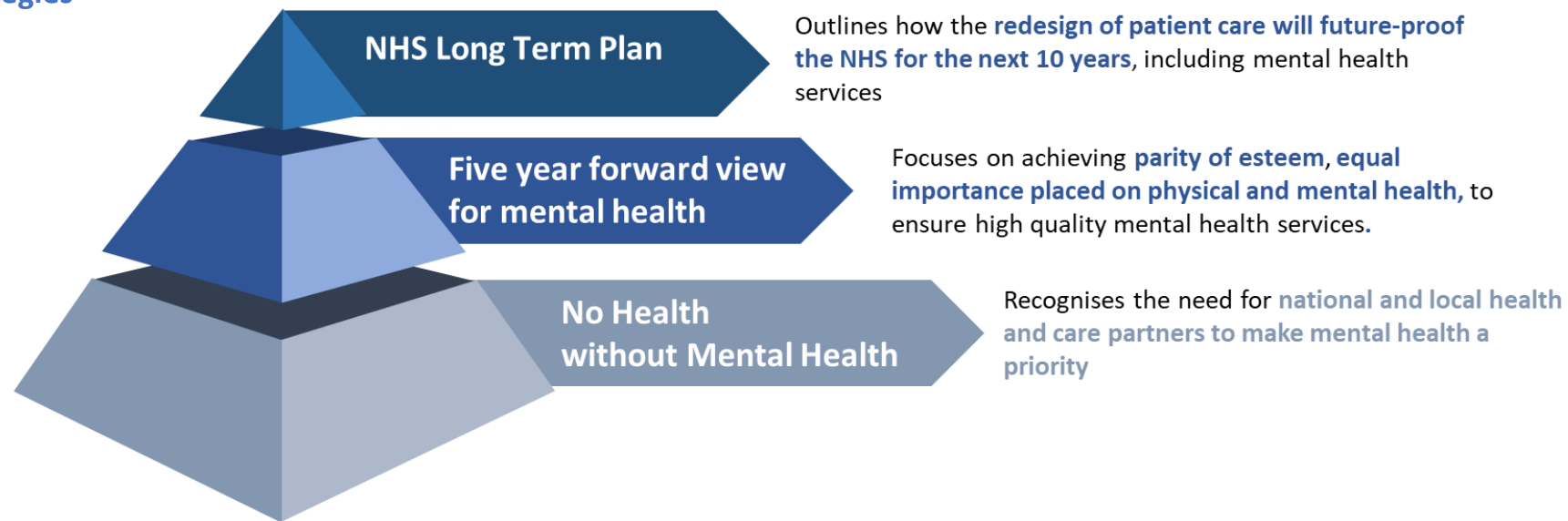
Context

Mental health and wellbeing is important for individuals, families and communities. We know that people with good mental health and wellbeing have better physical health, stronger relationships with others and are more productive in education and at work, making it a priority that we support and promote positive mental health and wellbeing. This commissioning strategy will take a public mental health approach. Public mental health is a term that encompasses promotion, prevention, effective treatment, care and recovery. To deliver effective public mental health, there is a need to work in partnership across sectors and organisations as well as with local communities and individuals.

Why is this strategy important?

- Mental ill health costs around £118 billion each year in England alone¹
- Half of all lifetime mental health problems emerge before the age of 14²
- People with a severe mental illness die up to 20 years younger than those without a severe mental illness in the UK³
- Mental illness in the UK affects more people from poorer backgrounds creating further disadvantage and inequalities as a result⁴
- In 2021, mental health conditions accounted for 18 million working days lost through sickness in the UK⁵

National Strategies



Mental Health In Cheshire West Place

Service Delivery

The main provider of specialist mental health services all ages in Cheshire West is Cheshire and Wirral Partnership NHS Foundation Trust (CWP). Services provided include:

- Adult and Older People's Community Mental Health Teams
- Adult and Children and Young People's Eating Disorder Services
- Child and Adolescent Mental Health Services
- Liaison Psychiatry
- Talking Therapies
- Hospital care including Inpatients, Psychiatric Intensive Care Unit (PICU), Rehabilitation Units, Liaison Psychiatry, and the Hospital Alcohol Liaison Service (HALS)

Primary care plays an important role in offering support to the entire population, particularly for those with low level common mental health disorders such as depression, anxiety and stress, to which the COVID-19 pandemic has driven increased need, but also for those with high levels of need and complexity. Primary Care Networks (PCNs) have the opportunity to employ mental health practitioner roles. There are PCN plans in Cheshire West to recruit 4 posts to support children and young people (with one already in place in Ellesmere Port PCN plus a CYP Social Prescribing Link worker) and six additional posts planned to support adults, including Mental Health Occupational Therapists.

An innovative initiative has been commissioned by the PCNs in partnership with Healthbox Community Interest Company (CIC) and the Countess of Chester Hospital to help improve access to low level mental health interventions.

In partnership with both CWP and PCNs, the Community, Voluntary, Faith and Social Enterprise (CVFSE) sector are essential in ongoing delivery of care and support to all ages in the community.

The Local Picture

- One in four adults experience at least one diagnosable mental health problem in any given year⁶
- At least one in six children and young people have a diagnosable mental health condition⁴
- In Cheshire West & Chester (CW&C) it is estimated **5,932** children and young people (aged 5-16 years) have a mental health disorder⁷
- In CW&C it is estimated that there are **49,085** individuals (aged 16+) living with a common mental disorder⁷
- 1 in 6 adults experienced symptoms of a common mental disorder in the last week.⁴
- In CW&C it is estimated that there are **48,388** individuals (aged 20+) who experienced symptoms of common mental disorders in the past week.⁸
- There are **29,205** individuals (aged 19+) in CW&C registered with a GP who have a diagnosis of depression.
- There are **3,656**⁹ individuals in CW&C registered with a GP who have a diagnosed Severe Mental Illness (SMI) (schizophrenia, bipolar disorder or other psychoses or on lithium therapy).
- In CW&C it is estimated there are **1,495** individuals (all age) experiencing schizophrenia and affective psychosis and **983** experiencing bipolar disorder (CIPHA data).
- Based on data from 2016 to 2018, in England, people with SMI are 4.5 times more likely to die prematurely than those who do not have SMI.¹⁰

The following diagram shows key indicators that relate directly to mental ill health or factors that are evidenced to contribute to, or are protective against, people developing poor mental health during their life.

Cheshire West and Chester life course statistics 2023

A comparison to England



CWAC FACTS

Population

According to the latest estimate about **357,700** people live in Cheshire West and Chester.

Deprivation

10.8% of the Cheshire West and Chester population experience deprivation relating to low income.

Child Poverty

15% of children aged 0 to 15 live in relative low income families within Cheshire West and Chester.

KEY

Statistical significance to England

● Better

● No different

● Worse

Note: MMR is significance against 95% coverage target.

Produced by Cheshire West and Chester Borough Council's Insight and Intelligence Team based on an infographic design from Halton Borough Council's Public Health Intelligence Team

Data is the most up-to-date available at the time of production where open data is available at Local Authority and England

Data source: OHID Public Health profiles. 2022 <http://fingertips.phe.org.uk> © Crown copyright 2022. Accessed 9th May 2023

Icons made by Flaticon and available here: www.flaticon.com

Strategic Links

The [Cheshire West Place Plan](#)¹¹ includes the priorities:

“Improve public mental health and wellbeing” and “Promote wellbeing and self care”

The detailed Place Plan contains “We Will” statements that put a direct focus on preventing deterioration in mental health.

There is a distinct focus on prevention, supporting healthy lifestyles, and wider determinants of health. Ensuring people have a safe place to live, gaining rewarding employment, access to education, and community connection are all protective factors in supporting positive mental wellbeing.

Mental Health Specific Outcomes:

- Increase the proportion of adults in contact with secondary mental health services living independently
- Increase the number of adults in contact with secondary mental health services who live in stable and appropriate accommodation
- Reduce the levels of depression in adults
- Reduce the number of suicides
- Increase the numbers of adults who report good wellbeing
- Decrease loneliness
- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase in proportion of adults in contact with secondary mental health services (primarily community mental health teams) in employment
- Increase annual health checks for those living with SMI (NHS CORE20PLUS5 Priority)

Action to support children, young people and families includes commitment to:

- Intervene at the earliest stage possible to prevent problems for children, young people and their families escalating
- Strengthen our trauma informed approach to supporting children and families

Across the Cheshire and Merseyside footprint there are other key strategies that Cheshire West Place support and have contributed to the development of the Place Plan. Below are a few examples.

[Cheshire and Merseyside No More Suicide Strategy](#)¹²

A vision for Cheshire and Merseyside where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives.

[Cheshire and Merseyside Children and Young Peoples Mental Health and Wellbeing Transformation Plan](#)¹³

A plan outlining the current provision and changes that have been implemented to improve outcomes, as well as future plans to improve the emotional and mental health of children and young people.

[Cheshire West Autism and Learning Disability Commissioning Strategy](#)¹⁴

Sets out how Health and Social Care will work together and with other partners to deliver better outcomes for people with learning disabilities and or autism, increasing choice and control and supporting them to remain living in their communities close to family, friends, and work.

[Cheshire West and Chester All Age Carers Strategy](#)¹⁵

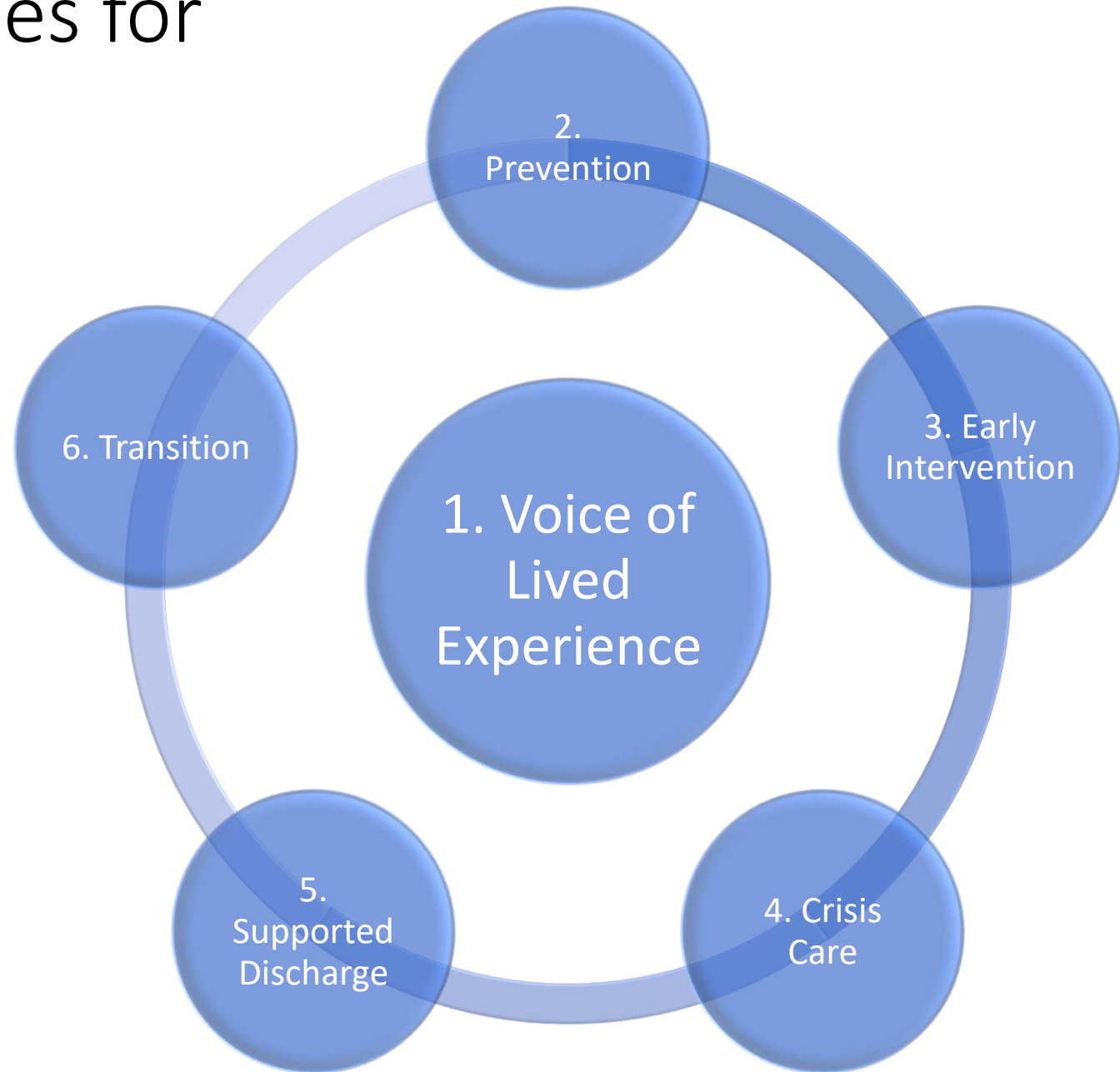
Describes the Cheshire West and Chester Borough Council Commitment to Carers for 2021-26, to ensure that they feel valued, empowered and have access to the right support at the right time

Mental Health Priorities for Cheshire West Place

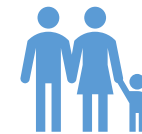
Our mental health and wellbeing priorities in Cheshire West have been developed through the analysis of available intelligence and also the voices of those with lived experience. They indicate the six key areas where work remains to be done in order to achieve the best outcomes for individuals living in Cheshire West and to achieve the ambition within our Place Plan and the NHS Long Term Plan ¹⁶.

These priorities were tested through the Mental Health Partnership Board (MHPB) in relation to adults and the Emotional Health and Wellbeing (EHWB) subgroup for children and young people. These forums include membership from partner organisations including:

- Cheshire West NHS commissioners
- Cheshire and Wirral Partnership NHS Foundation Trust
- Voluntary, Community, Faith and Social Enterprise (VCFSE) sector organisations
- Cheshire West and Chester Council
- Carer representatives
- Individuals with lived experience with support from the Cheshire West Mental Health Alliance
- Cheshire Police
- Department of Work and Pensions



Children, Young People, and Families



National Priorities

The NHS Long Term Plan¹⁶ outlines the priorities for expanding Children and Young People's Mental Health Services (CYPMHS) over the next 10 years. The objectives are to:

- widen access to services closer to home
- reduce unnecessary delays
- deliver specialist mental health care

National Data

- 50% of mental health problems are established by age 14 and 75% by age 24¹⁷
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 52.7% for young women¹⁸
- In a Young Minds commissioned survey by Census wide, two thirds (67%) of young people said they would prefer to be able to access mental health support without going to see their GP¹⁸
- Just over 1 in 3 children and young people with a diagnosable mental health condition get access to NHS care and treatment¹⁸

National Trends

- **Rising Mental health needs:** 2.8% of school pupils in England had social, emotional and mental health needs in 2021 compared to 2% in 2015 when data collection began.¹⁹
- **Rising Poverty:** The number of children (under 16) in absolute and relative low incomes is rapidly rising. In 2021, 18.5% of children were in relative low-income families compared to 15.3% in 2015.²⁰

Mental Health Implementation Plan²¹

The NHS is working towards 100% coverage of 24/7 crisis provision for children and young people by 2023/24. Similarly, the objective is to minimise the number of children and young people requiring inpatient care, using these intensive resources more effectively to increase access to services in the community.

The Children and Young People Mental Health Ambitions are:

- 345,000 additional Children and Young People aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (in addition to the Five Year Forward View (FYFV) Mental Health commitment to have 70,000 additional CYP accessing NHS services by 2020/21)
- 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions
- A comprehensive offer for 0-25 year-olds that reaches across mental health services for children and young people and adults
- The 95% Children and Young People Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- Children and Young People mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]

Cheshire and Merseyside

The Cheshire and Merseyside (C&M) Integrated Care Board (ICB) Mental Health and Beyond Programmes jointly maintain oversight of the implementation of the Long-Term Plan ambitions for Children and Young People's Mental Health and drive delivery of whole system Mental Health transformation. This includes delivery of a key outcome:

“Improve access to mental health support for children and young people”

The Children and Young People's Mental Health Programme focuses on:

- Improving access to Children and Young People's Eating Disorders
- Improving Access to Children and Young People's Mental Health Support for 0-25 year-olds
- Improving Services for 18-25 year-olds looking at joint working arrangements to support transition in care from children's to adult services
- Expanding Mental Health Support Teams
- Embedding sustainable Children and Young People's 24/7 Crisis services
- Improving access to Children and Young People's Inpatient services including consistent criteria
- Expanding/stabilising the Children and Young People's Mental Health Workforce

Children, Young People, and Families



Cheshire West

In Cheshire West, we are seeing an increase in young people impacted by poor mental health. There is an increase in school non-attendance due to anxiety (which impacts of parents/ families) and an increase in parental mental health issues.

The vision of the West Cheshire Children's Trust Executive, which aligns with the priorities of the Cheshire West Place Plan, is:

“In West Cheshire we will work together to support families to keep children and young people happy, healthy and safe.”

The strategic partnership agreed the following five priority workstreams for 2020-24²²

1. Emotional Health and Wellbeing
2. SEND and Inclusion
3. Early Years and School Readiness
4. Early Help and Prevention
5. Children in Care and Care Leavers

The West Cheshire Children's Trust Executive Strategic Outcomes Plan explains what partners aim to do to achieve the vision and to improve outcomes for children, young people and their families. The Plan includes a specific outcome which focuses on supporting mental health:

“To promote and improve the emotional health and wellbeing of children, young people and their families. (Emotional Health and Wellbeing).”

The delivery of this is led by the Emotional Health and Wellbeing Partnership and its respective subgroups.

Links to other strategies and policies also delivering this priority

Cheshire West and Chester Council (CWAC) Youth Work strategy²³

- Increased volunteering, work experience and sustained employment opportunities for young people.
- Reduced negative outcomes for young people across communities including youth violence, mental health and loneliness, delivered by a Public Health Approach.
- Digital literacy and an end to digital poverty, for future employment and access to digitised services.
- Enhanced social mobility for young people from disadvantaged backgrounds and areas (lowest 40% Index of Multiple Deprivation), including their educational and employment outcomes.
- Increased levels of democratic engagement and young people actively involved in community leadership roles and decision-making across services and organisations.

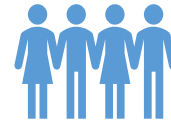
Cheshire West and Chester Council Plan²⁴

A key priority of which is to support children and young people to make the best start in life and achieve their full potential.

Cheshire and Merseyside Mental Health & Emotional Wellbeing - Logic Model

The children and young people logic model replaced the Local Transformation Plans. It is based on five pillars which are leadership, universal support and early prevention, intervention, intelligence and health inequalities as well as workforce. It explains the outcomes we want to achieve for children and young people. The Emotional Health and Wellbeing Partnership have benchmarked what is being delivered in Cheshire West to understand where we currently are and what we need to do to achieve green rating across all the outcomes.

Working Age and Older Adults



National Priorities

NHS England aims to deliver transformation in adult (and older adult) mental health services by 2023/24. The areas relating to adult mental health targeted as part of the **Long-Term plan** are:

- Specialist Community Perinatal Mental Health
- Adult Common Mental Illnesses - Increasing Access to Psychological Therapies (IAPT)
- Adult Severe Mental Illnesses (SMI) Community Care
- Mental Health Crisis Care and Liaison
- Therapeutic Acute Mental Health Inpatient Care
- Suicide Reduction and Bereavement Support
- Problem Gambling Mental Health Support
- Provider Collaboratives (formerly 'New Care Models') and Secure Care

As set out in the **Long-Term Plan** and **Mental Health Implementation Plan**, the NHS commits to addressing mental health issues based on need and not age. Nevertheless, the key priorities for older people are:

- providing joined-up support to older people across mental and physical health services
- improving the competence, capabilities and skills of the NHS workforce in older people's mental health
- upgrading the quality of care and access to mental health and dementia services.

National Trends (Adults)

- **Anxiety:** The yearly self-reported wellbeing survey by the Office for National Statistics (ONS) showed that 22.6% of respondents had a high anxiety score in 2021-22 compared to 19.3% in 2014-15. The GP (general practitioners) Patient survey found that 13.7% of respondents suffered from depression and anxiety in 2016-17.²⁵
- **IAPT:** In the second quarter of 2019-20, the IAPT (Improving Access to Psychological Therapies) referrals rate for patients aged 18 and older was 953 per 100,000 population.
- **Self harm:** Decrease in Emergency Hospital Admissions for Intentional Self-Harm from 108,497 in 2019/20 to 102,472 in 2020/21.
- **Mental Health disorders:** Estimated that 16.9% of the population aged 16 and over suffer from a common mental disorder (2017).

National Trends (Older Adults)

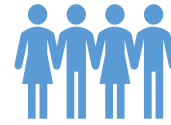
- **Social isolation:** 40.6% of adult social care users had as much social contact as they wanted (2021/22)
- **Mental Health disorders:** Estimated that 10.2% of the population aged 65 and over suffer from a common mental disorder (2017)
- **Access to IAPT:** In the second quarter of 2019-20, the IAPT (Improving Access to Psychological Therapies) referrals rate for patients aged 65 and older was 268 per 100,000 population.
- **Control over daily life:** 74% of adult social care users aged 65 and over have control over their daily lives (2019/20)
- **Dementia:** estimated that around 676,000 people in England have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000. Considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

Mental Health Implementation Plan

Areas in the plan which focus on improving support to working age and older adults include:

- Expanding access to NHS Talking Therapies (renamed from IAPT) to cover 1.9m adults and older adults
- New integrated community models for adults with Serious Mental Illness spanning core community provision and dedicated services
- Increasing the number of people with SMI that receive physical health checks
- 24/7 age-appropriate crisis care via NHS 111
- Increased investment in inpatient therapeutic offer
- Suicide bereavement support across all systems
- At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies.

Working Age and Older Adults



Cheshire and Merseyside

Community mental health services are at the heart of the Long-Term Plan. One of its key objectives is to develop “new and integrated models of primary and community mental health care which will support adults and older adults with severe mental illnesses”.

The purpose of this change is to break down current barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community faith and social enterprise (VCFSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.

Cheshire West

In Cheshire West there are over 46,000 adults, over 16, experiencing symptoms of a common mental health disorder. The Cheshire West Place Plan places a strong focus on mental health within its outcomes.

A healthy place to live:

- Increase the proportion of adults in contact with **secondary mental health services** living independently

Healthy Homes:

- Increase the number of adults in contact with **secondary mental health services** who live in stable and appropriate accommodation

Lifestyle behaviors and preventing ill health:

- Reduce the levels of **depression** in adults
- Reduce the number of **suicides**

Preventing social isolation and loneliness:

- Increase the numbers of adults who report good **wellbeing**
- Decrease **loneliness**
- Increase the proportion of adult social care users who have as much **social contact** as they would like

A healthy place to work

- Increase in proportion of adults in contact with **secondary mental health services** in employment. NHS Individual Placement and Support (IPS) provides this support by providing intensive individual support, job search and a supported placement.

The CWAC [Health Improvement Strategy](#) contains a specific section for dementia. The aim of this is to set out the approach “to creating a borough which enables more adults to live longer, healthier and happier lives and is inclusive of people with dementia, and their carers, so they can enjoy the best possible quality of life and remain independent for longer.”

Links to other strategies and policies also delivering this priority

The [Community Led Support Programme](#) ²⁶ involves a network of over 30 statutory organisations with responsibility for adult social care. They work with partners and communities to design and deliver different ways of working which maximises the strengths and community connections for local communities.

The [Cheshire West and Chester All Age Carers Strategy](#) ²⁷ aims to work with all carers in Cheshire West to ensure they have access to the right support at the right time. Large numbers of carers feel lonely or isolated as a result of their role. The strategy looks to ensure they have a life outside of caring responsibilities, provide information and advice, and to recognise the impact on carers’ health and wellbeing.

The [Aging Well Accommodation and Support Strategy](#) ²⁸ looks to help people over the age of 55 live well in their own home, independent accommodation and care homes within the borough.



Priority 1:
Voice of Lived Experience



What do we mean by ‘lived experience’?

People’s experience can take many different forms. As we plan, develop and implement our work, it is vitally important that we actively involve , listen, understand and act on the views and opinions of as wide a range of people in Cheshire West with experience of mental health problems as we can.

In this case, Lived Experience can be described as individuals who have had experiences of mental health as service users or carers and would like to share their knowledge and experiences to benefit others, to make a difference.

Who is involved?

It is important that everyone who has experience across the whole spectrum of mental health problems feels welcome to be involved, at a time that is right for them and in an environment and at a level that they feel confident to do so. It is essential that we include people representative of our local population, with different backgrounds and different experiences of health and social care, and who may have encountered different degrees of social exclusion, stigma and discrimination in our local area.

Different ways those with Lived Experience are involved

Influence – providing those with lived experience the opportunity to shape and develop our work; this includes what is prioritised and how it is planned, delivered and evaluated. Influencing decision-making could be done through completing a survey, taking part in a focus group, contributing to decision-making on a subgroup or task and finish group.

Participation – this work provides people with lived experience the opportunity to work alongside us in a practical way to achieve our aims. People might volunteer at an event sharing their experience of mental health problems, share their stories as part of our communication strategy, support with online campaigns or peer support groups.

Leadership – this relates to the contribution of those with lived experience at a more strategic level, for example, as a member of the Mental Health Partnership Board, supporting the delivery of subgroups or specific project work. Support and guidance is available to develop skills, experience, confidence and networks through taking on these roles.

The aim is that everyone has an opportunity to grow through their involvement, as well as supporting their wellbeing, career development and ability to effectively contribute to other mental health work locally and beyond.

What we are doing already

The Mental Health Forum

The Forum has existed in Chester for over 20 years and has consistently adapted to meet changes in circumstances relating to mental health issues. Its core purposes are:

1. To give mental health service users and carers a voice in the planning and delivery of mental health services.
2. To encourage the exchange of views and experience between service users and carers, statutory services and interested voluntary organisations.
3. To promote an interest in improving mental health across the complete spectrum of mental health needs.

Cheshire and Wirral Wellbeing Alliance

The Wellbeing Alliance is hosted by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), however wider NHS partners, local authority, organisations from the voluntary, community and social enterprise sector have signed up to deliver a new and joined up way to support people with complex mental health needs.

The vision of the alliance is:

“for individuals to be at the heart of all that we do, shaping care and opportunities around the needs in the community. We will strive to prevent mental health crises and ensure that anyone in need has access to the right care at the right time.”

One of the top priorities for the Alliance is improving access to wider practical support in the community to tackle issues which contribute to poor mental health including loneliness, support with welfare issues and improving physical health and fitness.

The Alliance has funded 14 community projects across Cheshire and Wirral to target the wider determinants that impact mental ill-health.

Cheshire West Mental Health Alliance

The Mental Health Alliance is a collaborative community practice made up of not-for-profit organisations active in mental health work in Cheshire West and aims to use the strengths of our sector to improve residents’ quality of life by helping them to enjoy the best possible mental health.

Comprising VCFSE organisations, the Alliance helps to:

- Understand NHS and statutory strategic plans and service provision
- Understand mental health needs and potential VCFSE sector contribution
- Form a localised understanding of need and appropriate models of provision
- Foster wide-ranging collaboration and partnership
- Share resources and knowledge
- Report collectively on the social impact of the sector’s mental health provision
- Improve market readiness for e.g., personal health budgets
- Bring funding for mental health work into the sector
- Identify and commission the training the sector needs
- Influence and challenge statutory bodies

Cheshire West Coproduction Strategy²⁹

The strategy has been developed so everyone understands what is meant by co-production, why it is important and what difference it will make. Using the strategy will ensure that organisations are encouraged to effectively engage and co-produce service improvements with service users and work together to make services better for people in the community.

The vision of the strategy is:

“Professionals, parents, carers and young people working together to improve the outcomes and the health and well-being of children and young people with Special Educational Needs &/or Disabilities and their families.”

What we are going to do

Objectives

- Facilitate cooperation across all organisations in Cheshire West
- Provide advice on funding to VCFSE sector groups and organisations
- Facilitate opportunities for groups to meet (e.g. Mental Health Forum)
- Encourage and enable engagement and co-production at all levels and organisations, statutory or voluntary
- Support the extension of peer support wherever possible as a way of responding to the needs of people with mental health conditions. Create opportunities for people to share in small, safe peer-support groups with empathetic facilitators, to build trust and solidarity.
- Identify and address inclusion barriers, and amplify seldom heard voices
- Work with partners to support, encourage and fund Lived Experience Advisors (LEA) initiatives
- Support training and mentoring to establish community-based peer-support and empower them to host alliance meetings and become co-providers of community care
- Active focus on inclusion and recruitment of a wider range of LEAs in underserved communities such as the lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual (LGBTQIA+) community.

Outcomes targeted by these 'Top' Objectives:

- Wider engagement with statutory and community organisations
- Increased sharing of lived experience stories
- Reduction in barriers to positive employment & leisure opportunities for everyone with lived experience of Serious Mental Illness.
- Increase the proportion of funding going to lived-experience led initiatives and collaborations with existing services.
- Increase availability of peer support
- Increase active membership of the Mental Health Forum and Alliance.

We will:

- Support and develop Lived Experience Advisors (LEAs) to facilitate coproduction
- Engage regularly and often with people with mental health problems and carers at all stages (priority setting, planning, delivery and review) and in all that we deliver
- Be inclusive to ensure that we understand the needs of a broad spectrum of people with mental health problems, and proactively support people to overcome barriers to participation
- Enable those with lived experience to use their knowledge and insights to contribute and support coproduction to achieve improved outcomes for those accessing support and interventions
- Use practical and cost effective methods, making sure that we build influence and participation into our plans and budgets
- Building influence and participation into all of our programme and communication plans
- Ensuring that we continually identify influence and participation opportunities to improve our ongoing work
- Using a range of tools and techniques to meet the needs of people from different backgrounds and life circumstances
- Adapting the techniques we use to work with specific audiences e.g. people with learning difficulties, autism, hearing loss and older people
- Identifying groups of people who might face barriers to accessing our work and engaging with us, and proactively taking steps to overcome those barriers so that we learn from their experiences and make our work as inclusive as possible
- Engage effectively with stakeholders and go to where people already meet and feel comfortable, rather than asking them to come to us
- Ensuring that we provide adequate support for those who take part, as sharing a mental health related experience can be painful
- Completing a risk assessment so we understand potential risks to participants and staff and manage these as effectively as possible

Priority 1: Voice of Lived Experience



We know that people's lived experiences can take many different forms. As we plan, develop and implement our work, it is vitally important that we actively engage, consult, discuss, meet with, research, involve, listen to and understand the views and opinions of as wide a range of people with experience of mental health problems as we can. The aim is that everyone has an opportunity to grow through their involvement, as well as supporting their wellbeing, career development and ability to effectively contribute to other mental health work locally and wider. With this in mind, we have developed a set of tangible actions to reflect our commitment to having the voice of lived experience as a priority in mental health.

Our Goals and Commitments

What we will do

Wider engagement with statutory and community organisations

- Engage regularly and often with people with mental health problems and carers at all stages (priority setting, planning, delivery and review) and in all that we deliver

Reduction in barriers to positive employment and leisure opportunities for everyone with lived experience of Serious Mental Illness

- Building influence and participation into all of our programme and communication plans
- Using a range of tools and techniques to meet the needs of people from different backgrounds and life circumstances.

Increased sharing of lived experience stories

- Identifying groups of people who might face barriers to accessing our work and engaging with us, and proactively taking steps to overcome those barriers so that we learn from their experiences and make our work as inclusive as possible

Increase the proportion of funding going to lived-experience led initiatives and collaborations with existing services

- Use practical and cost-effective methods, making sure that we build influence and participation into our plans and our budgets, being certain that we can do what we say.
- Work with partners to support and develop Lived Experience Advisors to facilitate coproduction

Increased active membership of the Mental Health Forum and Alliance

- Be inclusive to ensure that we understand the needs of a broad spectrum of people with mental health problems, and proactively support people to overcome barriers to participation.
- Ensuring that we continually identify influence and participation opportunities to improve our ongoing work.
- Ensuring that we provide adequate support for those who take part, as sharing a mental health related experience can be painful.
- Completing a risk assessment so we understand potential risks to participants and staff and manage these as effectively as possible.

Increase availability of peer support

- Support the extension of peer support wherever possible as a way of responding to the needs of people with mental health conditions.
- Create opportunities for people to share in small, safe peer-support groups with empathetic facilitators, to build trust and solidarity



Priority 2: Prevention



What do we mean by prevention?

Prevention aims to prevent the onset of mental health problems by addressing the wider determinants of health and understanding root causes to target most of the population. Prevention can also involve working with people with established mental health problems to promote recovery and prevent (or reduce the risk of) recurrence.

Primary Prevention: stopping mental health problems before they start.

Primary Prevention focusses on stopping people from developing mental health problems and the promotion/ maintenance of good mental wellbeing. Initiatives include supporting school children to understand emotions, promoting physical activity and healthy eating, and encouraging people to become involved in the community to help reduce feelings of isolation and manage stress.

The wider determinants of health, such as education, housing, and employment, have a significant impact on how we feel, so addressing challenges relating to these early can improved people's wellbeing.

Secondary Prevention: supporting people at a higher risk of experiencing mental health problems.

Secondary prevention focuses on people that are more likely to experience problems with their mental health due to experiences they have had or as a result of characteristics they have been born with. This could include people who have long-term physical health conditions, LGBTQIA+ people and those that have experienced trauma or adverse childhood experiences.

Tertiary Prevention: helping people living with mental health problems to stay well. The focus of tertiary prevention is to help people to stay well and have a good quality of life. It supports people to manage their long-term conditions.

Why is this a priority?

The NHS Long Term Plan has a strong focus on the prevention of illness, including mental health issues, by supporting people to adopt healthy behaviours.

A 2016 review of depression prevention found that prevention programmes are associated with reducing depression diagnoses and depressive symptoms up to 12 months follow-up .However, programmes delivered to universal populations were not found to be effective (Mental Health Foundation) ³⁰

Together with substance misuse, mental illness accounts for 21.3% of the total burden of disease in England .³¹ This figure is presumed to be underestimated – the impact of COVID-19 is expected to have increased this burden.

What does the evidence say we should be doing?

The government is encouraging local authorities, health and wellbeing boards, Integrated Care Systems (ICSs) and other health partnerships to sign up to the Prevention Concordat. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities.

- Addressing maternal stress, diet, substance misuse and smoking because we know mental development begins in the womb.
- Bringing up children in a nurturing and safe environment, with positive parenting and good housing.
- Identifying learning difficulties and neurodiversity in children and offering treatment and support early
- Addressing adolescent drug and alcohol use early
- Promoting positive mental health for everyone
- Ensuring employers offer work environments that promote good mental wellbeing
- Addressing social isolation in all ages but particularly older people.

What we are doing already

Starting Well service

Advice and support on a range of health and wellbeing issues from prenatal up to 19 years, extending to 25 years for young people with special educational needs or disabilities (SEND).

Education

Emotional Literacy Support Assistants (ELSAs) in schools supporting pupil's social-emotional skills to help with emotional literacy/awareness, self-esteem, anger management, autistic spectrum disorder (ASD), and friendship skills. These roles have resulted in improved outcomes for pupils such as improved behaviour, self esteem, anger recognition and social skills.

Training in guidance for schools to support pupils with Emotionally Based School Non-Attendance. This has seen improvements in identifying people who may experience this in the future and has also improved attendance for those receiving support.

Further training has been provided to support professionals with:

- supporting girls with ASC (autism spectrum condition)
- supporting adults who are supporting Children and Young People with bereavement and loss
- how to use Motivational Interviewing
- using Emotion Coaching
- developing relational management policies

New Beginnings: Recovery & Wellbeing Service

A free and confidential service that is open to all residents of Cheshire West and Chester, with specialist workers for both adults and young people.

(<https://www.nhs.uk/services/service-directory/new-beginnings-chester/N10871588>)

Emotional Resilience Support In Schools

An emotional health and wellbeing programme which has been in place since September 2020 involving 34 primary schools across the Cheshire West area. The programme is delivered by teachers in all years within the school. It focuses on teaching students to develop awareness of emotional health and what makes us happy. It also looks at the neurophysiology of the brain under stress, recognising positive character traits and stress management techniques.

Parenting Programmes

The Early Help and Prevention service offers a range of parenting programmes, including Triple P (Positive Parenting Program) and Triple P teen approaches.

Improve Housing Quality

Addressing the wider determinants of health, including improving housing, can help improve mental health and wellbeing as well as reduce health inequalities; especially for those living in the most deprived areas by:

- Reducing damp in housing (as part of the cold homes project)
- Work in collaboration to reduce homelessness
- Facilitate Energy Efficiency Grants
- Ensure Fuel poverty strategy has been reviewed and updated
- Improve quality standards in new builds
- Improve housing standards in the private sector
- Providing support/resources with the cost of living crisis

Cheshire Change Hub

Offering smoking cessation support is a universal service to over 13s. The service also provides targeted physical activities to those identified as having an enduring mental health condition. .

What we are going to do

Objectives

- Work with education and subject matter experts (e.g. Educational Psychologists) as well as children, young people and parents/ carers to establish whether there is a whole system approach to mental health/ emotional wellbeing across primary and secondary schools in Cheshire West
- Map and effectively promote services and community assets that can support people to maintain their mental health and wellbeing linked to the five ways to wellbeing
- Work with VCFSE sector to collaborate to support those experiencing poor mental health to reduce isolation and loneliness
- Work with our partners to look at the feasibility of a coordinated approach to social prescribing across the borough and supporting our Community Sector with their wide-ranging wellbeing work
- Promote the evidence based approaches that can be undertaken by employers to support employee mental health and wellbeing
- Work with our partners to look at current possible future training, employment, and volunteering opportunities for all ages
- Explore the emotional wellbeing and mental health needs of those adults and children and young people with adoption in their journey in order to reduce health inequalities and promote permanence of placements
- To offer support around mental health needs, to those in care and care leavers

Outcomes targeted by these 'Top' Objectives

- Increase support available to meet mental health needs in schools
- Increase awareness of local initiatives to support physical and mental wellbeing
- Reduce loneliness and isolation
- Increase guidance for employers regarding mental health support
- Increase training, employment and volunteering opportunities
- Improved support for adults and children with adoption in their journey to support permanence for these families

Links to other strategies and policies also delivering this priority

Cheshire West Place Plan¹¹ Vision: To reduce inequality, increase years of healthy life and promote improved mental and physical health and wellbeing for everyone in Cheshire West.

West Cheshire Children's Trust Early Help Strategy 2021-2024³² Outlines the approach to early help interventions to tackle issues emerging for children, young people and their families.

Cheshire West and Chester Council Housing Strategy 2014-2020 Ensuring the borough's residents have the opportunity to access a safe, sustainable and affordable homes. A new Strategy is being developed which will be in place for 2024.

Health Improvement Strategy³³ Setting out how over the next four years residents will be supported to live and enjoy a healthy lifestyle, with a particular focus on healthy eating and being active, smoking cessation, alcohol and drugs misuse and sexual health via the Live Well website (<https://www.livewell.cheshirewestandchester.gov.uk/>) and other digital routes.

Fuel Poverty Strategy³⁴ There are four key issues, inspired by the Council Plan, which this strategy will help to address. 1. Tackling the climate emergency 2. Supporting children and young people to get the best start in life and achieve their full potential 3. Enabling more adults to live longer, healthier and happier lives 4. Empowering our communities to help tackle fuel poverty

Homelessness and Rough Sleeping Strategy for Cheshire West and Chester (2020-2025)

³⁵ The strategy seeks to set out a collaborative approach to tackling homelessness in Cheshire West and Chester over the next five years. An early help approach has been shown to prevent homelessness which is the foundation of this strategy. Together as partners we will not only to prevent homelessness but also achieve wider outcomes such as improved health and well-being and better job prospects.

Priority 2: Prevention

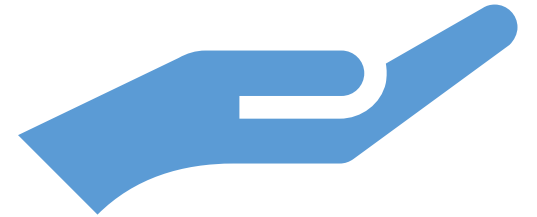


We understand that prevention is complex as it may take place at many levels and take many forms. However, through upstream approaches that target most of the population, we are committed to addressing the wider determinants of health and prevent the onset of mental health problems. Building on our existing measures we have developed a set of tangible actions to effectively carry this out.

Our Goals and Commitments	What we will do
Increase the support available to meet emotional wellbeing and early mental health needs in schools	<ul style="list-style-type: none">• Work with education and subject matter experts (e.g. Educational Psychologists) to establish whether there is a whole system approach to mental health across Primary and Secondary schools in Cheshire West
Increase awareness of local initiatives to support physical and mental wellbeing	<ul style="list-style-type: none">• Map and effectively promote services and community assets that can support people to maintain their mental health and wellbeing linked to the 5 Ways to wellbeing
Increase guidance for employers regarding mental health support	<ul style="list-style-type: none">• Promote the evidence based approaches that can be undertaken by employers to support employee mental health and wellbeing and continue the implementation of Individual Placement and Support (IPS) Services
Reduce loneliness and isolation	<ul style="list-style-type: none">• Work with our partners to look at the feasibility of a coordinated approach to social prescribing across the borough and supporting our Voluntary, Community, Faith and Social Enterprise Sector with their wide-ranging wellbeing work
Increase training, employment and volunteering opportunities.	<ul style="list-style-type: none">• Work with our partners to look at current of possible future training, employment, and volunteering opportunities for all ages.
Improved support for adults and children with adoption in their journey to support permanence for these families	<ul style="list-style-type: none">• Explore the emotional wellbeing and mental health needs of those adults and children and young people with adoption in their journey in order to reduce health inequalities and promote permanence of placements• To offer support around mental health needs, to those in care and care leavers



Priority 3: Early Intervention



What do we mean by Early Intervention?

Early intervention refers to recognising and acknowledging the warning signs of decline in mental wellbeing and providing an intervention to prevent it from getting worse. Early intervention can also be about identification and support to address social situations that are leading to emotional distress such as debt, family breakdown and loss of employment. When the signs and symptoms of a mental health issue are identified early, it may be easier to get help before it becomes more serious.

There exists an evidence based and data supported consensus that early intervention is crucial to effectively treating and even preventing many mental health conditions. As outlined in the NHS Long Term Plan, children and young people's mental health is a key priority. However, it is essential that measures supporting early intervention are implemented to support this, with half of mental health problems starting by the age of 14 and three quarters established by the age of 24.¹⁷

Why is this a priority?

In England, early interventions and home treatment for mental health problems can reduce hospital admissions, shorten hospital stays and require fewer high-cost intensive interventions. This can potentially result in a saving of up to £38 million per year.³⁶

Internet-based training for GPs in psychosomatic conditions (where physical symptoms have no known physical cause), and cognitive behavioural therapy (CBT) for 50% of adults presenting with unexplained medical symptoms, can potentially bring a saving of £639 million over three years, mainly due to reductions in sickness and absence from work.¹

- 75% of mental health problems in adult life (excludes dementia) begin by the age of 18.
- 50% of mental health problems are established by age 14.
- 2.8% of school pupils in England had social, emotional and mental health needs in 2021 compared to 2% in 2015 when data collection began.
- In **Cheshire**, 7.7% of children aged 0-4 years (about 2,900 children) and an additional 7.7% of children aged 5-10 years (close to 3,600 children) were estimated to have a mental health disorder in 2016.

What does the evidence say we should be doing?

- Provide additional support for those at increased risk of mental illness including looked after children, children of parents that misuse substances, offenders and LGBTQIA+ community
- Early identification and treatment of social, psychological and occupational risk factors
- Promoting self-help approaches to mental health
- Addressing stigma to ensure those who need help are confident to access it
- Support implementation of the Future in Mind recommendations³⁷
- Provide early access to low intensity psychological interventions
- Facilitate access to mental health services for children and young adults
- Support early intervention, and the adaptation of current service models to better meet the needs of children and young adults
- Upskill health and care professionals with knowledge and skills to recognise and address children and young adults' needs
- Address wider determinants of poor mental health. This includes rough sleepers and homelessness. Local data identified that 70% of those waiting for supported housing identified themselves as needing support in improving their mental health³⁵
- Increase use of digital tools to improve access to support and increase the range of interventions available
- Core20PLUS5 is a national programme which aims to reduce health inequalities and requires focussing on 5 areas to accelerate improvement. This include adults experiencing severe mental illness and improving access for the 0-17 years age group. Work will focus on reducing gaps in outcomes for specific population groups, including asylum seekers, those living with learning disabilities and certain ethnic groups

What we are doing already

0-19 Starting Well service

Delivers a high-quality preventative service to improve the health and wellbeing of children, young people and their families across Cheshire West and Chester (CW&C) through a wide range of support and interventions including support to young parents, support with breastfeeding and bonding, Speech and Language Therapy etc.

CAMHS Eating Disorder Service (Cheshire West and Wirral)

Child and adolescent mental health eating disorder service treats a range of eating disorders from first presentation to severe. Treatment programmes are evidence-based care packages tailored to meet the needs of service users and their carers.

Social Prescribing & Wellbeing Services

Primary Care Networks in Cheshire West now have social prescribing link workers and mental health practitioners specialising in either children and young people or adults to provide early help/support including counselling.

Further work is taking place at neighbourhood level to identify and address gaps in provision that can be met through community based interventions to improve mental health and wellbeing.

Individual Placement and Support Service (IPS)

Offers support to service users aged 16-69 to access employment meets their needs, helps employers recruit and sustain those living with mental illness to stay in employment and improve health and recovery through the provision of valued employment opportunities.

NHS Talking Therapy

The NHS Talking Therapies service (formerly Improving Access to Psychological Therapies – IAPT) is for those aged 16 years and over, with mild, moderate and moderate-to-severe symptoms of anxiety or depression, who are likely to benefit from brief psychological therapy. This includes those living long term conditions experiencing anxiety and/or depression.

Silvercloud

An evidence based, digital mental health and wellbeing platform that empowers people to manage their mental health and wellbeing. The tool is offered across Cheshire West for people already having therapy sessions, as a first step in accessing support or as a recovery toolkit post therapy.

Mental Health Support Teams

Mental Health Support Teams (MHSTs) is a service designed to help meet the mental health needs of children and young people in education settings. They are made up of senior clinicians and higher-level therapists, and Education Mental Health Practitioners (EMHPs).

LIVEWELL website – Cheshire West & Cheshire

This website provides details of a wide range of support agencies, community activities and initiatives to help with everything from social groups to more specialist therapeutic support.³⁸

Employment Advisors

Originally started as a pilot elsewhere in Cheshire, employment advisors will be embedded within community mental health teams from April 2023. During the pilot, 30% of people receiving NHS Talking Therapy had support from the advisors. Support included help getting back to work, financial advice and guidance and how to access support in the workplace. Advisors also provided links to other agencies within the community such as Citizens Advice Bureau.

Grant-funded support delivered by VCFSE Organisations

A range of support is available via organisations such as Mind, Chapter, Making Space, Healthbox, Café 71, Citizens Advice, Cheshire Community Action, Carers Trust and DEEP (dementia support).

The Mental Health Alliance has been established to engage with local organisations to support the design and delivery of services in Cheshire West and has supported the implementation of grant-funded programmes. All details are on the LiveWell website for self and professional referral.

What we are going to do

Objectives

- Build on feedback from stakeholders to continue to meet the needs of the Cheshire West population through Early Intervention focusing on groups facing the greatest health inequalities
- Children and young people's mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND)
- Review availability and commissioning of evidenced based therapeutic interventions and early intervention support to meet the needs of the local population
- Support workplaces to offer appropriate mental health support to their employees including mental health first aider training
- Offer timely access to self-help and low level talking therapies for those who have mild common mental disorders.
- Improve the coordination of emotional wellbeing support for those in the care of the Local Authority and be proactive in meeting their needs to deliver our Corporate Parenting responsibilities

Outcomes targeted by these 'Top' Objectives

- Focus on prevention and early intervention to provide support when it is needed
- Improve access to mental health support at school or college
- Improve access to children and young people's mental health support and reduce waiting times
- Increase support to workplaces and employers to reduce sickness absence levels through mental ill health
- Increase access to low level mental health interventions including NHS Talking Therapies
- Increased availability of perinatal mental health services

Links to other strategies and policies also delivering this priority

The [Cheshire West and Chester Council Plan](#) contains six priorities. Two of these aims focus on wellbeing:

- Support children and young people to make the best start in life and achieve their full potential
- Enable more adults to live longer, healthier and happier lives

Enabling Great Lives – the Council commissioning strategy, has the following visions:

- Our vision is for people to live great lives. People will live healthy, happy and independent lives, in the place they call home and with the people they love because we will commission services which are based on what people want to enable them to live a full and independent life.
- For children and young people this means ensuring they are enabled to have the best start in life with access to services which support a safe and healthy childhood and work seamlessly when moving to adulthood.
- For everyone, regardless of their age or ability, our vision means they will be able to live their lives well in their community with a range of universal and specialist services which support a healthy, independent and fulfilling life.
- For older people this means they will age well at home in their community with their family and friends. When more support is needed, it will start with a conversation about what makes a great life for them and there will be the right kind of support to enable them to keep living the life they want.

All Together Active Strategy for Cheshire and Merseyside ³⁹

Work with local organisations to support people getting more active to improve their physical and mental wellbeing and help reduce health inequalities.

Priority 3: Early Intervention

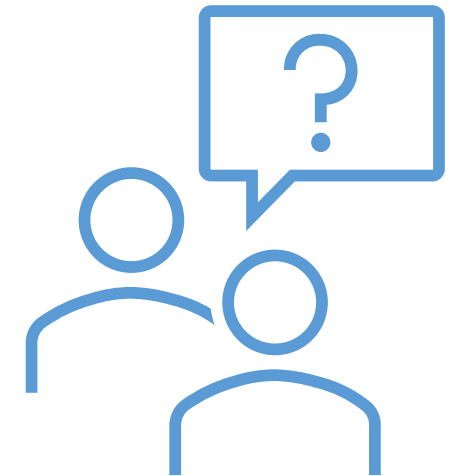


We know how important it is to recognise and address the warning signs of mental health difficulties as soon and intervene as quickly as possible to prevent them from getting worse. When the signs and symptoms of a mental health issue are identified early, it may be easier to get help before it becomes more serious. Our set of actions are designed based on this and informed by the latest research and evidence.

Our Goals and Commitments	What we will do
Focus on prevention and early intervention to provide support when it is needed	<ul style="list-style-type: none">• Build on feedback from stakeholders to continue to meet the needs of the Cheshire West population through Early Intervention focusing on groups facing the greatest health inequalities• Continue to improve links between primary care and community based mental health services and support to provide timely interventions and closer to home• Provide timely support for children and young people, especially those in care, leaving care and to coordinate support available to meet their physical and emotional needs.
Improve NHS funded mental health services and support at school or college; Improve access to children and young peoples mental health support	<ul style="list-style-type: none">• Children and young people mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND)
Increased availability of perinatal mental health services	<ul style="list-style-type: none">• Review availability and commissioning of evidenced based therapeutic interventions and early intervention support to meet the needs of the local population
Increase support to workplaces and employers	<ul style="list-style-type: none">• Support workplaces to offer appropriate mental health support to their employees including mental health first aider training
Increase access to low level mental health interventions including NHS Talking Therapies	<ul style="list-style-type: none">• Offer timely access to self-help and low level talking therapies for those who have mild common mental disorders.
Review support for vulnerable and seldom heard groups by working in collaboration to reduce health inequalities	<ul style="list-style-type: none">• Explore the emotional wellbeing and mental health needs of those adults and children and young people with adoption in their journey in order to reduce health inequalities and support permanence of placement for these families• Work with homeless and rough sleeper services to provide support and address the housing needs for those at risk of homelessness



Priority 4: Crisis Care



What do we mean by ‘crisis care’?

Crisis care in mental health refers to services available for when individuals require urgent help such as in cases of extreme anxiety, panic attacks, self-harm, or suicidal thoughts. The NHS Long Term Plan commits to investing in mental health services so that more can access treatment.

Definition

For the purpose of this strategy mental health crisis describes the following:

- Individuals who are in distress or considering taking their own life
- Individuals who are self-harming
- Individuals who have a diagnosed severe mental illness and have become unwell
- Individuals who have an undiagnosed severe mental illness and have become unwell

It is also recognised that although good quality crisis care is important, the priority is to prevent crisis. This will be achieved through ensuring individuals have timely access to support before they reach crisis point and mental health services offer good quality mental health treatment.

Why is this a priority?

National research by University College London of 1,000 services users⁴⁰ found that:

- One in five people (18%) who came into contact with NHS services in crisis was not assessed at all. Only 14 per cent of people said that, overall, they felt they had all the support they needed when in crisis.
- Only a third (33%) of respondents who came into contact with NHS services when in crisis were assessed within four hours, as recommended by the National Institute for Health and Clinical Excellence (NICE).
- Only half (56%) of crisis teams accept self-referrals from known services users and just one in five (21%) from service users that aren’t already known to them.
- One in ten (10%) crisis teams still fails to operate 24-hour, seven-day-a-week services, despite recommendations by NICE.

NHS Long Term Plan Overview

The NHS Long Term Plan outlined the creation of a local investment fund worth at least £2.3 billion a year by 2023/24 to enable further service expansion and faster access to community and crisis mental health services for both adults and children and young people.

The aim is to achieve more comprehensive crisis pathways in every area that can meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people’s homes, emergency departments, inpatient services or transport by ambulance.

The long term plan also states that there will be 100% coverage of 24/7 age-appropriate crisis care including through NHS 111, including:

- 24/7 Crisis Resolution and Intensive Home Treatment functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24
- 24/7 provision for Children and Young People that combines crisis assessment, brief response and intensive home treatment functions
- A range of complementary and alternative crisis services to Accident and Emergency Departments and admission (including in VCSFE / local authority-provided services) within all local mental health crisis pathways
- Mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators
- All general hospitals will have mental health liaison services, with 70% meeting the ‘core 24’ standard for adults and older adults

What we are doing already

What does the evidence say we should be doing?

- Providing a 24/7 mental health response for people in crisis in the same way as people with urgent physical health needs
- Responding quickly to new referrals
- Offering crisis resolution and home treatment as an alternative to an acute inpatient admission
- Ensuring there is enough time allocated to home visits so that clear information is provided to service users and families about home treatment
- Using designated places of safety to undertake Mental Health Act assessments and ensuring police cells are not used for this purpose
- Eliminating out of area placements
- Seeking feedback from individuals who have experienced mental health crisis to help improve services for the individual and others.
- Ensuring staff and volunteers should have the right skills and training to respond to mental health crises appropriately
- 'Right Care, Right Person' is a model designed to ensure that when there are concerns for a person's welfare linked to mental health, medical or social care issues, the right person with the right skills, training and experience will respond

What are we already doing?

Street Triage

A partnership between mental health services and the police offering clinical advice and support to officers responding to calls of a person in crisis

Psychiatric Liaison Service

Psychiatric service based in the two main hospital sites designed to provide a link between hospital and community services

Crisis Resolution and Home Treatment Service (CRHT)

Service offering treatment for individuals with severe mental illness outside of inpatient hospital facilities.

Children and Young People Directions Panel

These panels consider the needs of young people who have additional needs and risks that may not be related to a learning or physical disability, or have mental health needs not defined as secondary mental health needs. These young people do not have a pathway readily available to them to help prepare and support them to be independent adults.

Crisis Café

An alternative to A&E for individuals experiencing mental health crisis on Chester is delivered at Café 71. The service offers peer support and access to appropriate mental health support and treatment. This initiative is to be expanded across the Cheshire West footprint. (<https://www.spiderproject.org.uk/cafe71>)

Crisis Line

New approach to all-age crisis line established in 2020 providing a more responsive service resulting in better outcomes for people, available 24 hours/7 days a week. The crisis line is operated by mental health professionals who undertake a triage and assessment of the individual. The interventions provided are place based and may be same day home treatment, primary care or 3rd sector based support. Call 0800 145 6485 or text 'BLUE' to 85258.

British Red Cross

The British Red Cross have been commissioned to provide a high intensity user programme across Cheshire and Wirral Partnership including Cheshire West Place.

The Nook

Currently in very early stages of development, the Nook is a joint health and social care offer which will support young people in **Cheshire West** escalating into specialist in patient (tier 4) services or being transferred back into the community. The offer includes a physical location as well as outreach into the community.

What we are going to do

Objectives

- Ensure all staff and volunteers understand the current mental health crisis pathways available for CYP and adults
- Ensure there is an understanding of crisis service demand, across all ages, and whether local services can meet this demand, by collecting appropriate needs assessment data to enable informed commissioning decisions.
- Work with families and carers to understand the support that they require when a person is in mental health crisis
- Provide a 24/7 mental health crisis provision for all ages that combines crisis assessment, brief response and intensive home treatment functions
- Identify and investigate innovative approaches to crisis care from across the UK and ensure information on these approaches is shared locally e.g., first response service
- Provide support to Accident & Emergency staff to support individuals in mental health crisis when needed
- Provide 'Community Wellbeing Services' to prevent people entering crisis
- Invest in more appropriate facilities, complying with national standards, for people who are sectioned under the Mental Health Act (s136).
- Expand alternative crisis initiatives currently in place e.g., street triage, peer to peer support, and crisis café working with those with lived experience including CYP with Autism
- Continue development of integrated Urgent Response Centre which is planned to go live in 2024
- Work with Community, Voluntary, Faith, and Social Enterprise sector to develop sustainable commissioning approaches.

Outcomes achieved as a result of objectives

- Improved quality of, and access to, mental health crisis data including capacity and demand information
- Improved access to children and young people's crisis support
- Improved understanding of the crisis model in place across the health and care workforce and working with local organisations, including VCFSE Sector and Social Landlords to raise awareness
- Reduced attendance at accident and emergency departments
- Improved day to day operational co-operation with local police forces regarding the safeguarding of people with mental health difficulties
- Increased the availability of peer-to-peer support
- Improved facilities for those detained under the Mental Health Act

Links to other strategies and policies also delivering this priority

Cheshire and Merseyside No More Suicide Strategy ¹²

- The strategy for 2022 – 2027 identifies risks and issues that need to be addressed, along with vulnerable groups that are the most affected. As such the key actions for Cheshire and Merseyside are:
- Leadership and governance ensuring an effective partnership and collaborative approach taking account of lived experience
- Prevention focusing on awareness, skills and knowledge, supporting suicide prevention in other strategies, communication and engagement
- Intervention focusing on training and safety planning across the organisations, working to improve self-harm support and pathways, improving access to mental health and social support, and ensuring implementation of safer care
- Postvention focusing on bereavement services including specific suicide, postvention support and working with the media
- Data, intelligence, evidence and research focusing on better data capture of the risks and intelligence on the local and national picture, collating evidence on interventions that work and supporting research where there are known gaps.

Priority 4: Crisis Care



We know how important it is that services are available for when individuals require urgent help such as in cases of extreme anxiety, panic attacks, self-harm, or suicidal thoughts. We are committed to ensuring individuals have timely access to support before they reach crisis point and mental health services offer good quality mental health treatment. In order to achieve this we have developed a set of actions which work to target all areas of crisis care

Our Goals and Commitments	What we will do
Improved quality of, and access to, mental health crisis data including capacity and demand information	<ul style="list-style-type: none">• Ensure there is an understanding of crisis service demand, across all ages, and whether local services can meet this demand, by collecting appropriate needs assessment data to enable informed commissioning decisions• Identify and investigate innovative approaches to crisis care from across the UK and ensure information on these approaches is shared locally
Improved access to children and young people crisis support	<ul style="list-style-type: none">• Ensure all staff and volunteers understand the current mental health crisis pathways available for children, young people and adults• Provide a 24/7 mental health crisis provision for all ages that combines crisis assessment, brief response and intensive home treatment functions
Improved understanding of the crisis model in place across the health and social care workforce	<ul style="list-style-type: none">• Raise awareness and provide training, if appropriate, for the Cheshire West workforce to enable people to access the right services quickly
Reduced attendance at accident and emergency departments	<ul style="list-style-type: none">• Provide 'Community Wellbeing Services' to prevent people entering crisis• Expand alternative crisis initiatives currently in place• Continue development of integrated Urgent Response Centre• Work with families and carers to understand the support that they require when a person is in mental health crisis
Improved day to day operational co-operation with local police forces regarding the safeguarding of people with mental health difficulties	<ul style="list-style-type: none">• Work in collaboration to develop and provide support for those in crisis in line with the 'Right Care, Right Person' model
Improved facilities for those detained under the Mental Health Act	<ul style="list-style-type: none">• Invest in more appropriate facilities, complying with national standards
Increase the availability of peer to peer support	<ul style="list-style-type: none">• Expand alternative crisis initiatives currently in place e.g., street triage, peer to peer support, and crisis café working with those with lived experience including children and young people with Autism



Priority 5: Supported Discharge



NHS bodies and local authorities need to adopt discharge processes from acute hospital stays that meet the choices and needs of the local population. Delays to discharge are costly, both financially and in delaying the journey to recovery and improved health and wellbeing to both the patient and their family/ carers. The July 2022 'UK Government Hospital discharge and community support guidance'⁴⁰ states that there needs to be focus on reshaping provision towards more home-based, strengths-based care and support, and with less reliance and expenditure on bed-based provision.

Section 2 and 3 of the Care Act 2014 require local authorities to take steps to prevent, reduce or delay needs for care and support for local people and with a view to ensuring integration of care and support services with health provision, including the provision of housing. The Act is clear about the need to assess and meet people's eligible care needs in relevant circumstances and to help people understand what the options and next steps are.

What does the evidence say we should be doing?

- **Advocacy:** Ensure advocates are available for support in decision making around discharge. Advocates are independent and are trained to help people understand their rights and options, as well as express their views and wishes. Referrals to independent advocacy services should be made as soon as discharge planning begins, ideally upon admission.
- **Managing Risk:** Multi-disciplinary discharge teams should work together when discharging people to manage risk carefully as there can be negative consequences from decisions that are either too risk averse, or do not sufficiently identify the level of risk.
- **Avoid re-admission:** By providing therapeutic continuity for people leaving hospital e.g., positive lifestyle choices and holistic support will gain a greater understanding of their mental health and wellbeing, as well as prevent escalation of need.
- **Screen for NHS Continuing Healthcare:** Ensure this is done at the right time and in the right place for that individual.

- **Timely Discharge:** Give at least 48 hours' notice of discharge, enabling people to prepare practically and emotionally for leaving hospital, and for support to be put in place. Mind research indicates that one in three people in a survey had less than 48 hours' notice of being discharged – even those who had been in hospital for more than a month – and one in five was given no notice at all.
- **Partnership working:** Coproduced planning with relevant agencies including voluntary and crisis support services will give the person more patient-centred care. An Inpatient social work team who bring a social perspective to wards and support people to leave hospital may help improve discharge in a more timely way.
- **A coordinated and shared care plan:** Discharge planning should begin at admission or as early as possible and should be collaborative, according to The National Institute for Health and Care Excellence (NICE) guidance and Mind: "Health and social care practitioners in the hospital and community should plan discharge with the person and their family, carers or advocate. They should ensure that it is collaborative, person centred and suitably-paced, including intensive support in the first 48 hours so the person does not feel their discharge is sudden or premature."
- **Deprivation of Liberty Safeguards:** During discharge planning, a capacity assessment may need to be carried out before a decision about discharge is made if there is reason to believe a person may lack the mental capacity to consent to their discharge arrangements which amount to a deprivation of liberty.
- **Increase Focus on housing and avoid homelessness:** Work across health, social care, housing and voluntary sector to ensure people can access the right accommodation to reduce delayed transfers of care. A hospital admission should never be the cause of homelessness, while having somewhere safe to stay is the most basic need on discharge from hospital. People should never be discharged to 'no fixed abode'.

What we are doing already

Multi Disciplinary Teams review all discharges from acute settings (hospital) with a focus on flexibility of approach to support best outcomes for people. This can include support to avoid any immediate bottlenecks in arranging step down care and support in the community. This work is person centred and focuses on what is needed to help that individual plan their recovery and thrive.

Local area social care and health teams ensure that all legal responsibilities are met in relation to After-care in section 117 of the Mental Health Act 1983.

Multi Agency Discharge Event (MADE). A MADE brings key partners together to improve patient flow through the health and care system, recognises and addresses any delays and challenges, improves and simplifies complex discharge processes.⁴⁵ In December 2022, The National Health and Social Care Discharge Taskforce⁴⁰ tasked Integrated Care Boards (ICBs) with ensuring that patients who no longer need to be in an inpatient setting are discharged and cared for in more appropriate settings. Based on good practice and evidence, a set of key interventions have been co-developed locally with a range of system-wide experts to help drive improvements in flow and reduce delayed discharge for mental health and community providers. Other current areas of focus are:

- Stimulating the housing market and developing specialist housing for people with complex needs
- Supporting voluntary / third sector housing providers to support more integrated working, risk sharing and pooled budgets
- Developing new (and supporting current) nursing home provision to better meet the needs of those unable to return to their own home
- Ensure appropriate and timely transport upon admission, transfer and discharge
- Increasing the number of Advanced Mental Health Practitioners to facilitate safe discharge

Gateway Services. This multi agency initiative has been developed to support discharge for those transitioning from inpatient services back into the community. This involves a number of organisations working together to develop a package of support to meet the physical and emotional needs and a comprehensive plan to meet the needs of the individual. This approach aims to improve the outcomes of young people discharged from inpatient services and reduce the likelihood of readmission. The aim is to reduce numbers being admitted into acute provision, reduce the length of stay for those accessing inpatient services and reduce the number of out of area placements.

Mental capacity is assessed on a decision-specific basis. When appropriate, a capacity assessment is carried out as part of the discharge planning process. Where the person is assessed due to lack of the relevant mental capacity to make a decision about discharge, a best interests decision must be made in line with the Mental Capacity Act 2005. No one should be discharged to somewhere assessed to be unsafe, and the decision maker must make the best interests decision.

Healthy Lifestyles Coach: Cheshire and Wirral Partnership NHS

Foundation Trust in conjunction with Active Cheshire, provide patient centered physical activity for those being transferred from inpatient services and returning to the community.

The Nook. Currently in very early stages of development, The Nook is a joint health and social care offer which will support young people in **Cheshire West** escalating into tier 4 (inpatient and residential) services or those stepping down into community provision. The services will:

- increase numbers of Children and young people's Mental Health Workers in Primary Care in 2023/24
- Establish a Children and Young People Social Prescribing link worker in Ellesmere Port Primary Care Network
- Develop a joint commissioning framework for those leaving care supported by the NHS, CW&C and other local stakeholders

Care Co-ordinators or relevant mental health clinician are involved in the discharge planning. Timely focus on essential ongoing support will help people know that there is ongoing contact, will prevent feeling abandoned and have a positive focus on recovery. The Care Co-ordinators are also supporting the discharge teams with identifying the right placement, supporting care homes and following up with the care homes after discharge.

What we are going to do

Objectives

The National Health and Social Care Discharge Taskforce have recommended 10 interventions for mental health⁴¹ and these will be set within the context of the whole pathway and to link in with urgent and emergency care and community mental health pathways.

- Identify the purpose of the admission, set an expected date of discharge (EDD) for when this purpose will be achieved, and communicate this with the person, family/carers and any teams involved in the person's care post-discharge
- Complete care formulation and care planning at the earliest opportunity with the person, and within a maximum of 72 hours of admission
- Identify any potential barriers to discharge early on in admission and take action
- Conduct daily reviews, such as the 'Red to Green' approach, to ensure each day is adding therapeutic benefit for the person and is in line with the purpose of admission.
- Hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases with system escalation as needed
- Ensure partnership working and early engagement with the person, family/carers and teams involved in the person's post-discharge support; agree a joint action plan with key responsibilities, for example for social care, housing, primary care, Community Mental Health Teams (CMHTs), Crisis Resolution Home Treatment (CRHT) etc
- Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds
- Identify common reasons to people being delayed in hospital and ensure appropriate commissioned solutions
- Communicate notice of discharge at least 48 hours prior to the person being discharged, to the person, their family/carers and any ongoing support services.

- Follow up to be carried out with the person by the CMHT or CRHTT at the earliest opportunity and within a maximum of 72 hours of discharge, to ensure the right discharge support is in place
- Ensure children and young people are discharged from any acute stay with the help and support they may need to manage their emotional and mental health, avoiding transition to adult mental health services and specialist services wherever possible

Outcomes targeted by these 'Top' Objectives

- Quicker reablement and recovery, evidenced by regular visits and feedback from patients
- Review discharge processes for Section 117 (discharges from inpatient into community) and identify barriers to recovery
- Improved access to community support, evidenced by active engagement in local support and improved wellbeing
- Improved joint working and 'whole person' support using a strength based plan involving the person needing ongoing support
- Active planning to promote the 5 Ways to wellbeing* and improve overall emotional and physical wellbeing, evidenced through feedback from people and carers
- Earlier identification of any escalating need to prevent a revolving door into acute care
- Review and implement delivery of Multi Agency Discharge Events (MADE) to support individuals leaving inpatient care so they are safely transferred into the community
- Improve collaboration between local authority and health services in care planning for children and young people to ensure a timely response to prevent crisis and direct resources to meet need

* 5 Ways to wellbeing are Connect, Be Active, Take Notice, Keep Learning and Give

Priority 5: Supported Discharge



We know how important it is that NHS bodies and local authorities adopt discharge processes from acute hospital stays that meet the choices and needs of the local population. We are committed to reshaping provision towards more home-based, strengths-based care and support, and with less reliance and expenditure on bed-based provision. In line with these commitments, we have designed a set of actions which will strengthen all areas of discharge and meet the needs of our local population

Our Goals and Commitments	What we will do
<p>Quicker reablement and recovery, evidenced by regular visits and feedback from patients</p>	<ul style="list-style-type: none"> • Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds • Hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases with system escalation as needed • Complete care formulation and care planning at the earliest opportunity with the person, and within a maximum of 72 hours of admission
<p>Improved access to community support, evidenced by active engagement in local support and improved wellbeing</p>	<ul style="list-style-type: none"> • Review discharge processes for Section 117 (discharges from inpatient into community services) and identify barriers to recovery • Follow up to be carried out with the person by the Community Mental Health Team or Crisis Resolution Home Treatment Teams at the earliest opportunity and within a maximum of 72 hours of discharge, to ensure the right discharge support is in place
<p>Improved joint working and 'whole person' support using a strength based plan involving the person needing ongoing support</p>	<ul style="list-style-type: none"> • Ensure partnership working and early engagement with the person, family/carers and teams involved in the person's post-discharge support; agree a joint action plan with key responsibilities • Identify the purpose of the admission, set an expected date of discharge (EDD) for when this purpose will be achieved, and communicate this with the person, family/carers and any teams involved in the person's care post-discharge
<p>Active planning to promote the 5 Ways to Wellbeing and improve overall emotional and physical wellbeing, evidenced through feedback from people and carers</p>	<ul style="list-style-type: none"> • Ensure children and young people are discharged from any acute stay with the help and support they may need to manage their emotional and mental health, avoiding transition to adult mental health services and specialist services wherever possible .
<p>Earlier identification of any escalating need to prevent a revolving door into acute care</p>	<ul style="list-style-type: none"> • Build on the progress already made to date rolling out initiatives such as The Nook and identifying other areas of good practice • Take learning from the Gateway approach to better meet the needs of Children and Young People being discharged from inpatient mental health services and to reduce to likelihood of readmission • Identify common reasons and solutions to people being delayed in hospital • Identify any potential barriers to discharge early on in admission and take action and conduct daily reviews to provide timely discharge • Review discharge processes from acute services with the Homelessness Reduction Board to reduce the risk of homelessness and rough sleeping • Improve collaboration between the local authority and health services in care planning for children and young people to ensure a timely response to prevent crisis and direct resources to meet need



Priority 6: Transition



Early adulthood is a period of major life transition. It is a crucial stage of development where individuals establish their behaviour patterns and form the groundwork for their adult lives. The NHS Long-Term Plan identifies the need for a **comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all Integrated Care Systems by 2023/24**. The plan commits to moving to a 0-25 service, offering person centred age-appropriate care for mental and physical health needs rather than an arbitrary transition to adult services based on age. The government report Future in Mind (Department of Health & NHS England, 2015) ³⁷ advised the age limit of children's mental health services should extend to age 25. The Keep on Caring strategy (HM Government, 2016) ⁴² extends the government duty to care leavers up to age 25.

Why is this a priority?

Young people with severe mental health conditions are more likely to transition to adult services. Those with neurodevelopment, emotion / neurotic and personality disorders tend to have more difficult transition experiences.¹³ The NHS Long Term Plan highlights 18-25-year-olds with an emphasis on bringing together partners in health, social care, education and the voluntary sector in order to provide appropriate support to those facing significant changes which can impact on emotional wellbeing.

What does the evidence say we should be doing?

NICE released guidance ⁴³ in 2016 for the transition from Children's to Adults services for young people using health or social care services. The overarching principles shown in this document are integral in ensuring **age-appropriate care**:

1. Involve young people and their carers in service design, delivery and evaluation related to transition
2. Ensure transition support is developmentally appropriate, taking into account the individual's needs
3. Ensure transition support is strength based and focuses on what is positive and possible for the young person and identifies available support
4. Use a person-centred approach
5. Integration between health and social care managers in children and adults services

In early 2019, the Local Government Association organised a conference to discuss improving the transition from children to adult mental health services. The events recommendations include: ⁴⁴

- Partnership and collaboration between all agencies involved is key
- A person centred approach should be adopted with the focus of the support being the young person and their circumstance, and not just their medical condition.
- There needs to be flexibility and understanding within the system for young people who do not show up for appointments (Do Not Attend / DNAs). They should not be forgotten or forced to begin the process again. Young people need to be able to dip in and out.
- Models of pastoral support should be adopted rather than just medical support through Children and Adolescent Mental Health Services (CAMHS) and we need to utilise our existing non-CAMHS workforce.
- Teachers are very important, but we need to build on their goodwill and ideas, rather than making children's mental health an additional requirement on top of their day job
- We need a whole-system approach, avoiding the proliferation of separate plans for specific sectors.
- We must make sure we are hearing, actively listening, and responding to the views of young people when transforming services. Ultimately, services need to work for them and not just for the agencies providing them.
- We need better, earlier support for young people, putting the family at the centre, utilising a multi-agency and multi-service approach.
- Young people's mental health needs to be viewed as a societal issue.

What we are doing already

Across **Cheshire and Merseyside** we are currently undertaking a system redesign, moving towards an outcomes-based framework, in order to support the transition to 0-25 services and away from traditional service divisions as detailed in the NHS Long-Term Plan.

18-25 Team

This is an innovative approach to ensure consistency for people aged 17 to 24. The team works with the professionals already engaged with young people to help navigate the pathways between children and young peoples services and adult mental health services. A phased roll out will begin in Summer 2023 focusing on supporting a small number of young people with complex needs. Acceptance criteria, referral processes and Standard Operating Procedures will be developed to support an integrated working approach.

What we are going to do

Objectives

- Commission consistent pathways and provision to support young people moving between Children and Young People and Adult mental Health Services establishing a single transition model.
- Work with our partners to establish consistent governance and structures to enable effective provision of age appropriate services
- Work with our partners to develop an holistic view of transition based on shared understanding and open communication
- Work with our partners to ensure the data and information we have is robust and can inform our commissioning decisions
- Work with young people to inform the commissioning of age appropriate services
- Engage with families and carers to understand their experiences and identify areas for improvement

Outcomes targeted by these 'Top' Objectives

- Improved access into services and improved pathways for young adults including care leavers
- Improved integration between VCFSE, Health and Social Care managers
- Improved mental health outcomes for 18-25 year olds moving into adult services
- Improved understanding of families and carers

Key Principles

- Young people tell us they accessed a continuity of care, regardless of their age
- Young people tell their story once
- Young people tell us they could access the right service at the right time in a place which was appropriate for them

Links to other strategies and policies also delivering this priority

Cheshire West and Chester Corporate Parenting Strategy 2023- 2027 (not yet published)

While the legal duty to have regard to the seven corporate parenting principles within the 2018 DfE guidance, applies not only to local authorities and partner agencies play a vital role in supporting the Council to carry out their responsibilities to be a good corporate parent. This includes the emotional and physical health and wellbeing of Children in Care and Care Leavers being addressed in line with corporate parenting responsibilities.

This Strategy will develop a robust, collaborate corporate parenting approach, shared as a whole council and across the partnership, ensuring a clear link for each priority area between targeted, universal and specialist officers / agencies to execute our corporate parenting responsibilities. Children in Care and Care Leavers

Cheshire West and Chester 14-25 Policy

This policy sets out the services that are available from Cheshire West and Cheshire Council (CW&C) to support those with disabilities, additional risks and needs, and those leaving care, from age 14 up until their 25th birthday, as they move from childhood to adulthood.

Priority 6: Transition

We know that early adulthood is a period of major life transition. It is a crucial stage of development where individuals establish their behaviour patterns and form the groundwork for their adult lives. To better support this transition, we are currently undertaking a system redesign, moving towards an outcomes-based framework and away from traditional service divisions. As part of our commitment to transition as mental health priority, we have developed a set of actions to better support our population.

Our Goals and Commitments	What we will do
Improved access into services and improved pathways for young adults including care leavers	<ul style="list-style-type: none">• Commission consistent pathways and provision to support young people moving between Children and Young People and Adult mental Health Services establishing a single transition model• Work with our partners to establish consistency governance and structures to enable effective provision of age-appropriate services• Work with young people to inform the commissioning of age-appropriate services
Improved integration between VCFSE, Health and Social Care managers	<ul style="list-style-type: none">• Work with our partners to develop a holistic view of transition based on shared understanding and open communication• Work with our partners to ensure the data and information we have is robust and can inform our commissioning decisions
Improved mental health outcomes for 18–25-year-olds moving into adult services	<ul style="list-style-type: none">• Build on the progress already made to date rolling out initiatives such as The Nook and identifying other areas of good practice• Young people tell us they could access the right service at the right time in a place which was appropriate for them
Improved understanding of families and carers needs	<ul style="list-style-type: none">• Engage with families and carers to understand their experiences and identify areas for improvement

Next Steps

How will we deliver the strategy?

The Cheshire West and Chester Health and Wellbeing Board has strategic oversight of and responsibility for the successful delivery of the Strategy.

The Cheshire West Mental Health Partnership Board (for adults) and the Emotional Health and Wellbeing Partnership (for children and young people) will be jointly responsible for creating and delivering the strategy's action plan, known as the Cheshire West All Age Mental Health Delivery Plan. The Emotional Health and Wellbeing Partnership is a sub-group of the West Cheshire Children's Trust Executive.

The Board and Partnership (via the Children's Trust Executive) are accountable to the Health and Wellbeing Board. Progress against the delivery of the Strategy will be provided to the Health and Wellbeing Board on a quarterly basis.

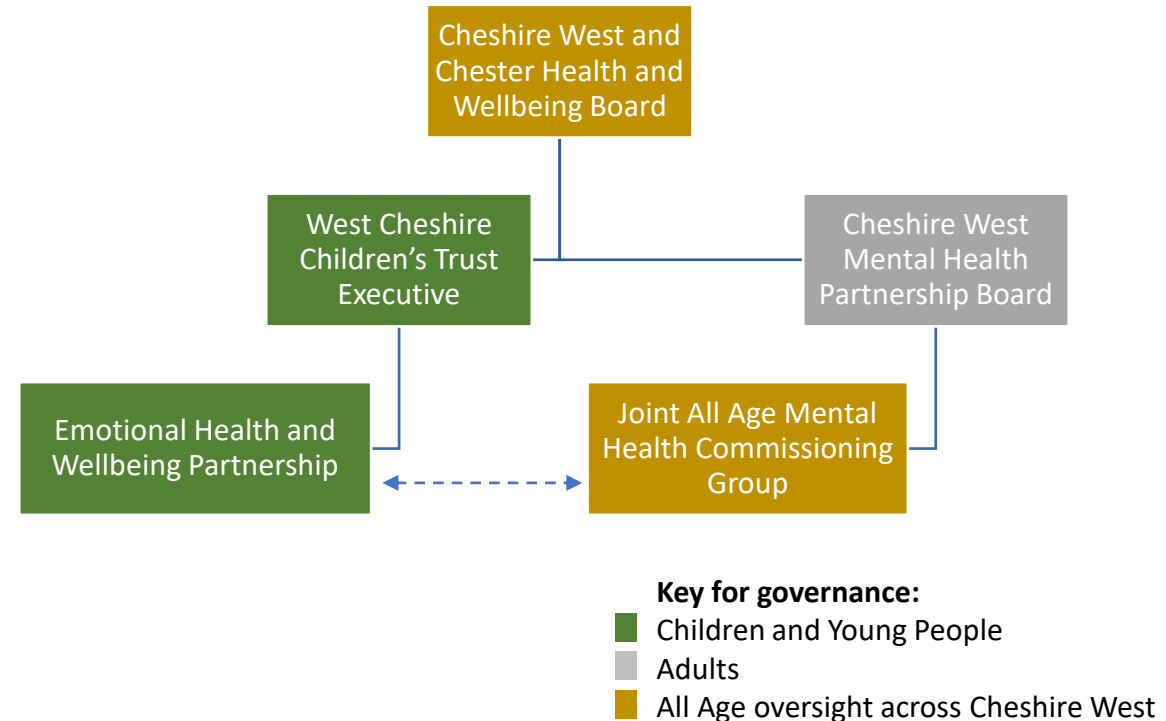
Progress will also be reported to the Joint All Age Mental Health Commissioning Group for monitoring purposes.

In addition, there is some oversight across the Cheshire and Merseyside footprint via the Mental Health Programme Board, which supports delivery of a number of local workstreams such as Eating Disorders and NHS Talking Therapies (previously known as IAPT).

How will we measure our progress?

The Board and Partnership (supported by relevant sub-groups) will develop an outcomes framework as outlined in the following two slides titled Outcome Framework. Key performance measures will be monitored and reported to the Children's Trust Executive and Health and Wellbeing Board on a quarterly basis, to provide assurance on the progress being made in delivering the outcomes within each of the six priority areas.

Illustration summarising Cheshire West Place governance for mental health



Outcome Framework

	To promote positive mental health and wellbeing particularly for those most vulnerable in our community	To reduce the stigma associated with mental illness	To increase the availability of evidence based interventions that improve mental health and wellbeing particularly early intervention	To improve access to services when needed and reduce waiting times	To engage and co-produce the design of services with people who use them to ensure they meet their needs	
VOICE OF LIVED EXPERIENCE	Wider engagement with statutory and community organisations	Increased sharing of lived experience stories	Reduction in barriers to positive employment & leisure opportunities for everyone with lived experience of Serious Mental Illness	Increase the proportion of funding going to lived-experience led initiatives and collaborations with existing services	Increase availability of peer-support	Increased active membership of the Mental Health Forum and Alliance
PREVENTION	Increase the support available to meet emotional wellbeing and early mental health needs in schools	Reduce loneliness and isolation	Increased guidance for employers regarding mental health support	Increased training, employment and volunteering opportunities	Increase awareness of local initiatives to support physical and mental wellbeing	Improved support for adults and children with adoption in their journey to support permanence for these families
EARLY INTERVENTION	Focus on prevention and early intervention to provide support when it is needed	Review support for vulnerable and seldom heard groups by working in collaboration to reduce health inequalities	Improve NHS funded mental health services and support at school or college ; Improve access to children and young peoples mental health support	Increase support to workplaces and employers	Increase access to low level mental health interventions including NHS Talking Therapies	Increased availability of perinatal mental health services

Outcome Framework

To promote positive mental health and wellbeing particularly for those most vulnerable in our community	To reduce the stigma associated with mental illness	To increase the availability of evidence based interventions that improve mental health and wellbeing particularly early intervention	To improve access to services when needed and reduce waiting times	To engage and co-produce the design of services with people who use them to ensure they meet their needs	
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CRISIS	Improved quality of, and access to, mental health crisis data including capacity and demand information	Improved access to Children and Young People’s crisis support	Improved understanding of the crisis model in place across the health and care workforce	Reduced attendance at accident and emergency departments	Improved day to day operational co-operation with local police forces regarding the safeguarding of people with mental health difficulties	Increase the availability of peer-to-peer support	Improved facilities for those detained under the Mental Health Act
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SUPPORTED DISCHARGE	Quicker reablement and recovery, evidenced by regular visits and feedback from patients	Review discharge process for those discharged under Section 117 and identify barriers to recovery	Improved access to community support, evidenced by active engagement in local support and improved wellbeing	Improved joint working and ‘whole person’ support using a strength based plan involving the person needing ongoing support	Active planning to promote the 5 Ways to Wellbeing and improve overall emotional and physical wellbeing, evidenced through feedback from people and carers	Earlier identification of any escalating need to prevent a revolving door into acute care
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TRANSITION	Improved access into services and improved pathways for young adults including care leavers	Improved integration between VCFSE, Health and Social Care managers	Improved mental health outcomes for 18-25 year olds moving into adult services	Improved understanding of families and carers needs	
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Glossary of terms

Acronym	Description	Acronym	Description
ASC	Autistic Spectrum Condition. Also known as Autistic Spectrum Disorder	ICS	Integrated Care System - bringing together NHS organisations, Local Authorities and other organisations to take collective responsibility for planning services, improving health and reducing health inequalities- this covers Cheshire and Merseyside
C&M	Cheshire and Merseyside reflecting the geographic footprint of the Integrated Care Board	IMD	Index of Multiple Deprivation
CAMHS	Child and Adolescent Mental Health Services	IPS	Individual Placement and Support
CIPHA	Combined Intelligence for Population Health Action- platform for population health data	LEA	Lived Experience Advisors
CMHT	Community Mental Health Teams	LGBTQIA+	lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual
Core 24	This is a services standard (national best practice model) for adult liaison mental health services in acute settings	MADE	Multi Agency Discharge Event
CORE20PLUS5	target population where health inequalities are highest requiring accelerated support. Often those living in the most deprived wards (20% according to Index of Multiple Deprivation)	NHS111	Online and phone advice for those needing medical / dental help when you can't contact your GP or the GP services are closed.
CRHT	Crisis Resolution Home Treatment service	NICE	The National Institute for Health and Care Excellence
CW&C	Cheshire West and Chester Council - Local Authority for Cheshire West Place	ONS	Office for National Statistics
CWP	Cheshire and Wirral Partnership- NHS Provider of community and acute mental health services	PCN	Primary Care Network
CWVA	Cheshire West Voluntary Action	Section 117	Aftercare / discharge support required (under the Mental Health Act) following a hospital stay
CYP	Children and Young People - usually aged 0-19 but sometimes extends to 25	SEND	Special Educational Needs and Disabilities
CYPMHS	Children and Young Peoples Mental Health Services. Also known as CAMHS	SMI	Serious Mental Illness
EDD	Expected Discharge Date	Step Down / Up	support prior to or after hospital treatment but can also be used to prevent/ avoid hospital admissions
ELSA	Emotional Literacy Support Assistants	STP	Sustainability and Transformation Plans - local blueprint for delivering ambitions set out in the Five Year Forward View
EMHP	Education Mental Health Practitioners	Tier 4	inpatient mental health services for those with high level / complex needs
FYFV	Five Year Forward View - NHS Plan for Mental Health established in 2016	Triple P	Parenting Programme- family and parent support programme to help children achieve their full potential
GP	General Practitioner	UKHSA	UK Health Security Agency - replaced Public Health England in April 2021 and responsible for public health protection and infectious disease capability in England
IAPT	Improving Access to Psychological Therapies . Also referred to as Talking Therapies	VCFSE	Voluntary, Community, Faith and Social Enterprise Sector organisations. Also known as the Third Sector
ICB	Integrated Care Board which is responsible for developing a plan for meeting health needs of the population, managing the NHS budget and for arranging the provision of health services in Cheshire and Merseyside		

References:

- 1 Sickness absence in the UK labour market - Office for National Statistics-
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>
- 2 nmhdu-factfile-3.pdf (networks.nhs.uk)
- 3 Premature mortality in adults with severe mental illness (SMI) - <https://www.gov.uk/government/publications/premature-mortality-in-adults-with-severe-mental-illness/premature-mortality-in-adults-with-severe-mental-illness-smi>
- 4 Health matters: reducing health inequalities in mental illness – <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>
- 5 Mental Health Foundation - <https://www.mentalhealth.org.uk/about-us/news/mental-health-problems-cost-uk-economy-least-gbp-118-billion-year-new-research>
- 6 Adult and older adult mental health – NHS England
(<https://www.england.nhs.uk/mentalhealth/adults/#:~:text=One%20in%20four%20adults%20experiences,any%20point%20in%20their%20lives.>)
- 7 Mental Health and Wellbeing JSNA - OHID <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>
- 8 Figures supplied by NHS C&M – accurate up to 31/10/2022
- 9 NHS England » Mental health
- 10 Population | Cheshire West and Chester Council <https://www.cheshirewestandchester.gov.uk/your-council/key-statistics-and-data/state-of-the-borough/population>
- 11 Cheshire West Place Plan <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-policies-and-strategies/cheshire-west-place-plan>
- 12 Champs Public Health Collaborative, Suicide Prevention <https://champspublichealth.com/suicide-prevention/>
- 13 Cheshire and Merseyside Children and Young Peoples Mental Health and Wellbeing Transformation Plan
- 14 Cheshire West Autism and Learning Disability Strategy <https://participatenow.cheshirewestandchester.gov.uk/hub-page/learning-disability-and-autism-services-consultation>
- 15 Cheshire West and Chester All Age Carers Strategy <https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/adult-social-care/caring-for-someone/all-age-carers-strategy-2021-2026>
- 16 NHS Long Term Plan <https://www.longtermplan.nhs.uk/>
- 17 Mental Health Foundation <https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics#:~:text=We%20take%20a%20life%20course,problem%20in%20any%20given%20year.&text=50%25%20of%20mental%20health%20problems,and%2075%25%20by%20age%2024.>
- 18 Young Minds, Mental Health Statistics <https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/>
- 19 NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>
- 20 Office for National Statistics <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021/children-in-low-income-families-local-area-statistics-financial-year-ending-2021>
- 21 NHS England Mental Health Implementation Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

- 22 West Cheshire Childrens Trust Executive <https://westcheshirechildrenstrust.co.uk/the-plan/>
- 23 Cheshire West and Chester Youth Work Strategy <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-policies-and-strategies/youth-work-strategy>
- 24 Cheshire West and Chester Council Plan <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-policies-and-strategies/council-plan>
- 25 Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2021tomarch2022>
- 26 Cheshire West and Chester Council Health Improvement Strategy <https://www.cheshirewestandchester.gov.uk/documents/social-care-and-health/health-and-wellbeing/public-health/health-improvement-strategy-300718.pdf>
- 27 Care led Support <https://participatenow.cheshirewestandchester.gov.uk/our-priorities-for-community-led-care-and-carers-support>
- 28 Cheshire West and Chester Aging Well Accommodation and Support Strategy <https://www.cheshirewestandchester.gov.uk/asset-library/consultations/closed-consultations/ageing-well-accommodation-support-strategy.pdf>
- 29 Cheshire West and Chester Local Areas Coproduction Strategy <https://www.livewell.cheshirewestandchester.gov.uk/Documents/Download/4/Co-production-Strate>
- 30 Mental Health Foundation <https://www.mentalhealth.org.uk/sites/default/files/2022-06/The-Fundamental-facts-about-mental-health-2016.pdf>
- 31 Public Health England <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-3-trends-in-morbidity-and-risk-factors#mental-health>
- 32 West Cheshire Children's Trust Early Help Strategy <https://westcheshirechildrenstrust.co.uk/wp-content/uploads/2022/01/2.01-Early-Help-Strategy-2021.pdf>
- 33 Cheshire West Health Improvement Strategy <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-policies-and-strategies/health-improvement-strategy>
- 34 Cheshire West Fuels Poverty Strategy https://ehq-production-europe.s3.eu-west-1.amazonaws.com/9ac076c8b2d445d12acd7414c1d6dbaecf54e582/original/1663849631/a1d1ca56b45656f68d7e06e3fa8ba3ae_210922_Fuel_Poverty_Strategy_FINAL%2802%29_accessible.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKICO37GBEP%2F20230529%2Feu-west-1%2Fs3%2Faws4_request&X-Amz-Date=20230529T224246Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=c39779d86ce1720a1ea66e22a018f13285fc95cd9692dcb6aaa5b476c3805833
- 35 Cheshire West and Chester Council Homelessness and Rough Sleeping Strategy <https://www.cheshirewestandchester.gov.uk/asset-library/housing-strategies-policies-and-research/homeless-strategy-2020-2025.pdf>
- 36 Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
- 37 Dept for Health and NHS England, Future in Mind
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- 38 Live Well Website <https://www.livewell.cheshirewestandchester.gov.uk/>
- 39 All Together Active Strategy for Cheshire and Merseyside <https://alltogetheractive.champspublichealth.com/>
- 40 UK Government Hospital Discharge and Community Support Guidance <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>
- 41 NHS England, Discharge challenge for mental health and community services providers <https://www.england.nhs.uk/long-read/discharge-challenge-for-mental-health-and-community-services-providers/>
- 42 Keep on caring: supporting young people from care to independence <https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>
- 43 NICE, Transition from children's to adults' services for young people using health or social care services, <https://www.nice.org.uk/guidance/ng43>
- 44 Improving Transition from children to adult mental health services. Learning, messages and reflections from the LGA conference <https://www.local.gov.uk/publications/improving-transition-children-adult-mental-health-services>
- 45 NHS Improvement, Rapid Improvement Guide to Multi Agency Discharge Event <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/12/rig-multi-agency-discharge.pdf> and <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>