SALFORD MENTAL HEALTH ALL AGE INTEGRATED COMMISSIONING STRATEGY

2019-2024

Supporting good mental health in Salford

Local people tell us that mental health is a priority area for the city and that they recognise the need to focus on building resilience (the ability to manage difficulties and challenges) in the community and supporting people with timely access to high quality mental health services.

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ACKNOWLEDGEMENTS

The strategy was developed in partnership with the Salford Mental Health Commissioning Strategy Steering Group. This group included representation from:

- Salford Public Health Team

- VOCAL representative from the Voluntary, Community and Social Enterprise Sector (VCSE)

- Healthwatch Salford

- Greater Manchester Mental Health NHS Foundation Trust (GMMH)

- Salford Royal NHS Foundation Trust

- Children's Commissioners

- Clinical Leads

- Primary Care

- Manchester University NHS Foundation Trust

- Integrated Commissioning for Adults

In addition to the steering group, extensive engagement was undertaken to inform the needs assessment and strategy. This included conversations with Salford service user and carer groups, staff focus groups, partnerships and workshops with the VCSE sector.

This document aims to enable all parts of the wider system in Salford to think about their plans for supporting good mental wellbeing into their organisations and approaches.

The Mental Health Commissioning Strategy Steering Group would like to thank everyone who shared their experience, knowledge and expertise throughout the development of this strategy. Their involvement has ensured that that the themes addressed by the strategy are those of most importance to local people and will have the biggest impact on the everyday lives of people experiencing mental health needs.

Supporting good mental health in Salford has always been a high priority. As a city facing challenges around poverty, physical health and education, we have similar challenges around the number of people with emotional wellbeing and mental health needs. It is estimated that 36,357 people in the city are likely to have a mild to moderate common mental health problem. Local people tell us that mental health is a priority area for the city and that they recognise the need to focus on building resilience (the ability to manage difficulties and challenges) in the community and supporting people with timely access to high quality mental health services.

This commissioning strategy sets out how mental health needs will be supported in Salford. The last mental health strategy for Salford was focused on adults and was developed in 2013. This strategy guided the development of mental health services until 2018. Salford has always had a separate strategy for children and young people, which is now encompassed in the Child and Adolescents Mental Health Services (CAMHS) Transformation Plan[1] The new, all age mental health strategy will set out our plans for 2018-2023 and will focus on emotional wellbeing and mental health throughout people's lives, including children and young people, adults and older adults. It is based on a new needs assessment and extensive engagement with people who have personal experience of mental health problems, carers and staff. This strategy aims to drive forward our approaches to supporting mental health within the wider care system and to guide our approach to supporting good emotional wellbeing throughout our local communities.

Mental health conditions can affect everyone and do not discriminate by age, ethnicity, background or social status. The Five Year Forward View for Mental Health (5YFV)[2] outlines the need for parity of esteem between mental health and physical health (meaning that they should be equally as important as each other). There is a role for public services, educational settings, members of the local community, voluntary, community and social enterprise sectors and local businesses to create a supportive community, with a focus on emotional wellbeing, building resilience and promoting good mental health.

Salford's Locality Plan[3] describes a relationship with local people, which is less about delivering services (except for acute and emergency situations) and more about recognising that most of the solutions lie with people. This is an asset based approach, meaning that people's strengths and skills are recognised and supported as a way of improving wellbeing, rather than just focusing on the challenges that people face. As

1. www.partnersinsalford.org/media/1122/salford-camhs-transformation-plan-mar-2018-update.pdf
2. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
3. www.salfordccg.nhs.uk/salford-locality-plan

part of the engagement work for Salford's Locality Plan, local people said that they wanted a focus on mental health throughout their lives, from birth (and planning pregnancy) until death. This strategy builds on these discussions and takes an 'all-age' approach to mental health, removing potential barriers and building resilience as early as possible, as recommended in a report by Healthwatch Salford[4]. Salford is a place of transformation, with a significant focus on children's and young people's emotional health and wellbeing, and mental health support, and new approaches to support people closer to home, through neighbourhood and community teams. It is important that mental health and emotional wellbeing continues to be a central part of Salford's new ways of delivering care and support, with co-designed approaches being developed in partnership with individuals, primary care, and the wider care system.

Despite the high levels of need in Salford, many people and communities are thriving. Local areas are working towards developing existing neighbourhood approaches, designed to support people to increase resilience, peer support and self-help approaches at the earliest opportunity. This strategy looks to mirror this approach by adopting an 'all age' process. Salford's Integrated Care Organisation (ICO) has supported the joint working across health and social care and has created a more holistic package of support for those people who need it. Partnerships between CAMH services, Salford Clinical Commissioning Group (CCG), Salford City Council and local schools are supporting young people to think about their emotional wellbeing and to create supportive places to have conversations around mental health. Identifying times when emotional wellbeing and mental health may be at risk is helping to support local people with mental health needs to receive timely support for mental health problems. This strategy supports further integration of support for emotional wellbeing and mental health needs across people's lives.

This strategy is based on the principles of person-centred approaches, putting people and their families at the centre of their own care and wellbeing and recognising that for many people and communities, they already have the solutions to their needs. This strategy aims to describe a further movement from treatment to prevention where possible, and places the focus on individual needs, with a fundamental shift in how we organise our mental health care system and workforce, supporting people at all ages, underpinned by high quality, timely and supportive clinical services for those who need them.

The recommendations outlined in this strategy are based around the 'Thrive' model of support which outlines advice, getting help, getting more help and risk support. This approach is currently used within children's services and provides a way of describing the local support offer. People may need different levels of support throughout their lives. The model provides a framework to focus on people's needs and to take into account the wider determinants of health and their impact on mental health and the recognition that 50% of mental health problems are established by age 14 and 75% by age 24[5].

4. Healthwatch Salford (2016) Children and Young People Emotional Health and Wellbeing Project. Available online: https://healthwatchsalford.co.uk/wp-content/uploads/2017/05/HWS-Children-and-Young-People-Emotional-Wellbeing-Mental-Health-Report.pdf
5. www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people

This strategy aligns with other Salford strategies and plans such as the Suicide Prevention Strategy, the Dementia Strategy, Salford Carer's Strategy the Domestic Violence Reduction Plan and the Anti-Poverty Strategy. Working collaboratively across these other identified strategies will ensure a holistic approach to emotional wellbeing and mental health needs in Salford, creating large scale impact and real-life improvements in the experiences of local people. This strategy will help us to develop our partnerships, build on our co-production with local people and the VCSE sector and will ensure that the actions we are undertaking are held to account. This strategy aims to encourage other organisations, partners and communities to develop their own responses to the key priorities outlined in the action plan, to ensure that the approaches are embedded throughout the wider systems in Salford.

Despite the number of people thriving in Salford, 22 people died by suicide in 2017. Only 9.3% of people with a secondary care mental health problem are in employment and 213 children and young people accessed Child and Adolescent Mental Health Services in 2017/18 with a primary diagnosis of Generalised Anxiety Disorder.

Some people in the city are still experiencing social isolation, poverty and housing challenges which can have an impact on their mental health needs. There is still a need to develop our services and support to go much further; ensuring that every Salford person has the right supporting framework, life skills, and community support and can access quality services when needed. We need to provide the best environment to enable good mental health and emotional resilience. We need to go further in joining up our mental health system across the life course to ensure that people are supported through key transition points when they may be more likely to experience emotional distress such as transitioning through education, from children's to adult services and from childhood to adulthood in general. Further work is required to develop a 'family approach' which considers the needs of the wider family to provide the best outcomes for the family as a whole. This strategy confirms mental health as one of the top priorities for Salford and makes a commitment to continue to invest in and develop our approach to mental health support for people of all ages across the city.

Paul Dennett
(Salford City Mayor)

Dr Tom Tasker
(Chair, Salford NHS Clinical Commissioning Group)

ONE. Salford's Vision, Objectives and Principles

1.1 Vision

1.1.1

Our vision is that Salford is a city where good mental health, a good start in life, a family approach to mental wellbeing, the ability to adapt and manage adversity and recognition of the wider factors affecting mental health are supported throughout the life course; from preparing for a new baby, into adulthood and throughout older age.

1.1.2

We are talking about supporting the young person who has lots of friends online but feels lonely because they don't really know anyone close to where they live. We are talking about getting help to the neighbour down the road who is hearing voices and needs some support. This strategy includes the new father who is learning to bond with his baby and the person receiving a diagnosis of dementia. We are thinking about the adult who has schizophrenia and wants to return to work and the person managing lots of difficult life situations who may be experiencing problems with their emotional wellbeing. Our plans include the older person who is feeling depressed and needs someone to talk to as well as the person with a physical health diagnosis that may impact on their mental health. We are talking about the mum who is learning about being a parent before her baby arrives. We are talking about a young person struggling to cope with the changes of becoming an adult. We are talking about everyone in Salford.

1.1.3

We want Salford to be a city where people, families and communities are encouraged to develop skills and behaviours which help people to recover from challenges, mitigate against those situations which have a negative impact on mental health and help to reduce isolation. We want to increase the social value offered by organisations and communities.

1.1.4

We want to make sure that mental health is valued as equal to physical health. This means that for both physical and mental health care:

- We want to have equal access to effective and safe treatment

- We want to have an equal focus on improving the quality of care

- We want to focus equal time, effort and resources

- We want to have an equal focus on healthcare education and practice

- We want to be able to measure health outcomes equally

- We want to have an equal attitude to talking about mental health and mental health problems.

1.1.5

This approach helps us to offer a 'whole person response' to people's needs, with a recognition that poor mental health is linked with a higher risk of physical health problems and poor physical health is linked with poor mental health[6]. Our vision includes mental health and emotional wellbeing as part of the wider neighbourhood approach to joined up care – bringing together physical and mental health expertise to offer holistic support for local people.

1.1.6

For those people experiencing mental illness and mental health issues, we want to increase the level of control they have over their lives and their care, building on person centred approaches and redesigning our mental health provision through the use of new, innovative and collaboratively designed models across communities, primary care, mental health and the wider care system. Outcomes based commissioning should lead our approach, with a greater focus on the aspirations and goals of local people and a greater level of flexibility of how this can be achieved. We want to talk more about understanding individual needs, with mental health needs achieving parity of esteem with physical health needs.

1.1.7

We recognise that timely access to effective and needs led services are an important part of supporting people with mental health issues towards recovery. Our vision is for Salford to be a city where more local people are able to access the high quality services they need as quickly as possible. We want to improve the offer to people in mental health crisis, making sure that they receive swift, appropriate support in a compassionate environment, supported by a skilled, flexible workforce.

6. www.mentalhealth.org.uk/a-to-z/p/parity-esteem

1.1.8

Too many people are made to feel ashamed or isolated because they have a mental health problem. The Time to Change[7] campaign was set up by Mind and Rethink to improve public attitudes and behaviour towards people with mental health conditions and reduce the discrimination that people may face. We want to build on national and local campaign work to improve attitudes towards people with mental health conditions in Salford.

1.1.9

Underpinning this ambition, a strong public health and communications approach is needed to facilitate conversations around mental health needs, emotional wellbeing and resilience within the wider community to ensure that we all do as much as we can to improve and maintain our mental health. We will also need our local organisations and communities to think about how they can embed the priorities of the mental health strategy into their day to day work, creating a culture whereby mental health has the same level of importance as physical health.

1.1.10 Local People's Voices

1.1.10.1 As a crucial part of the development of the strategy, we spoke to lots of local people with lived experience of mental health needs and looked at local engagement data that had already been collected (including the 'We Statements' underpinning the ambitions for children and young people, the engagement work carried out as part of Salford Together, Healthwatch Salford's Mystery Shopper Report and the LGBT community engagement work carried out by Proud Trust). Engagement underpins everything that we do and people's voices have informed the strategy, its vision and actions. We are particularly proud of our engagement work in Salford as we value the experience and knowledge that people with lived experience bring to the development of mental health services.

1.1.10.2 Local people told us:

- We need to focus on supporting people as early as possible

- We need to look at what bereavement support we have in place for children and young people

- We need to support young people with anger management services

- GPs need to be able to access information about local services to support social prescribing to things like physical activity, volunteering, arts

- We need to work closer across physical health and mental health

- We need to improve review processes for people in housing placements

- We need to Involve people in planning to leave hospital sooner and focus on recovery earlier in our journey

- We need to improve recovery activities in inpatient care

- We need to support people closer to home, we don't want to have to go outside of Salford

- We need to improve crisis support

- We need to support single parents, parents with disabilities and fathers before and after babies are born

- We need to make sure that local people know what services are available and how to access them

- We need to improve our access to mental health services and our 'customer service' approach

- We need to reduce waiting times for talking therapies - people need to be seen faster

- We need to do more work to help employers understand how to make jobs accessible to people with mental health needs and to understand reasonable adjustments

- We need to make sure that people with Learning Disabilities and / or communication needs are able to access talking therapies.

- Diagnosis for dementia is working well – now we need to focus on information and support to the carer and cared for after the diagnosis

- Eligibility criteria can mean that it is difficult to access services – we need to make sure that we think about people's needs as well as diagnosis

- Autism isn't a mental health condition but sometimes, people with Autism need some mental health support. Services need to be aware of how best to support people with Autism.

- We need to think about how schools can support mental health needs

- We need to reduce waiting times for Children and Adolescent Mental Health services (CAMHs)

- Isolation is a big problem and we need to think about how peer support could help to manage this.

66 I've been part of a patient participation group and what was really good is that myself and other clients have been able to make suggestions and put them into action.**99**

- Person with lived experience of mental health needs in Salford

1.2 Objectives and Principles

1.2.1 The key objectives of the strategy include:

- **Objective 1:** Develop an observable culture shift towards person centred mental health care

- **Objective 2:** Build resilience in childhood to improve the ability to manage emotional wellbeing throughout their lives and through to older age.

- **Objective 3:** Ensuring that 'health' includes an equal importance on mental and physical health.

- **Objective 4:** Identify as early as possible when people need more support to maintain good mental health and wellbeing.

- **Objective 5:** Achieve the targets set out in the NHS 5 Year Forward View for Mental Health (5YFV)[8]

- **Objective 6:** Ensure equality of access and promotion of mental health and mental wellbeing services.

- **Objective 7:** Review and redesign mental health care pathways across the life course

- **Objective 8:** Improve how we work together.

1.2.2

Underpinning these objectives are a number of principles which are designed to build skills, develop emotional resilience and ensure that the local community is as supportive and cohesive as possible to facilitate positive mental wellbeing. These principles are informed by local people's comments and include:
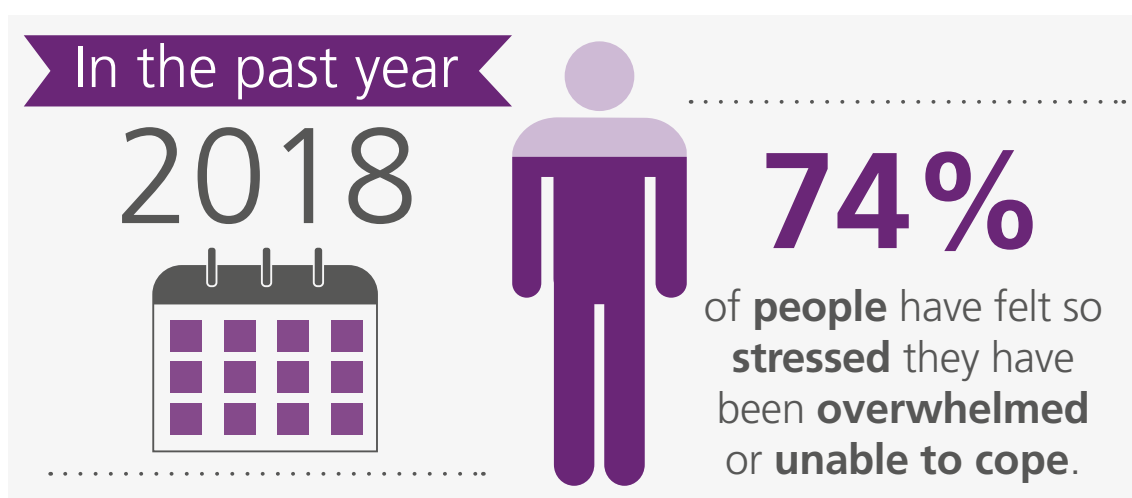
- Increasing life chances (e.g. diversion from criminal justice, increasing outcomes for young people in schools, raising aspirations, improving parent mental health and reducing adverse childhood experiences).

- Innovative ways of working (e.g. considering new models of delivery and improving co-production of system wide transformation)

- Improving quality of services (e.g. improving co-production of system-wide transformation, transition between services, improving pathways and accessibility for a range of needs, communities and groups experiencing health inequalities)

- Building resilience and improving emotional wellbeing for people in the criminal justice system (e.g. support to people in the probation system, young people in the criminal justice system, reduction in gang involvement, reducing criminal activity and supporting wellbeing in prisons).

8. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

- Improving community awareness and understanding with a view to building on engagement within the local community / improving community connectedness (e.g. supporting neighbourhood based delivery, supporting community engagement)

- Increasing partnership working (e.g. working across organisational boundaries, developing joint approaches, partnership development, informing and responding to Greater Manchester collaborative commissioning and local integrated commissioning arrangements)

- Improving resilience and management of mental health, emotional wellbeing and self-care (e.g. self-care skills, coping strategies, linking with community assets)

- Addressing the stigma and discrimination that surrounds mental health

- Rapid and convenient access at all times (and in all services, and relevant settings)

- Fair access, based on people's needs, rather than diagnosis

- Recovery – with service users returning to full health and / or supported to manage their conditions as well as possible, improving the ability to cope, moving through services, and being discharged where clinically appropriate, with risk support in place when required. Recognising 'Just Enough Support' principles, maximising independence and challenging dependency.

- Supporting educational and life skills (e.g. developing positive behaviours for parents such as diet, exercise, emotional resilience, home management, cooking, sleep and behaviour and supporting the management of social media influences on children and young people's mental health).

❝ They should listen to what I think would help my recovery and support me in that.**❞**

- Person with lived experience of mental health needs in Salford

In the past year
2018

74%
of **people** have felt so **stressed** they have been **overwhelmed** or **unable to cope**.

www.mentalhealth.org.uk/statistics/mental-health-statistics-stress

1.3 Finance

1.3.1

Salford has continued to invest in mental health, spending around £48.4 million[9] on mental health services and is increasing the amount of money spent on mental health over the next three years by around £1.5 million.

1.3.2

Outside of Manchester, Salford invests more per head of population than any area, not only in Greater Manchester, but across the whole of the North West. Salford is the only Greater Manchester area outside of Manchester to invest more than the national average – spending £2m more per 100,000 population than the national average.

1.3.3

In addition, Salford is the only area in Greater Manchester to commit to investing our entire share of mental health Transformation Funding from Greater Manchester in to the Voluntary, Community and Social Enterprise (VCSE) sector. This equates to an additional £1m to be invested in the VCSE sector over the next 3 years to develop new approaches in mental health to enable us to go further faster in achieving our 5 Year Forward View (5YFV) targets and wider mental health aspirations. Salford CCG also offers an Innovation Fund which saw £2m invested in 2017/18 to test out new creative and innovative approaches to improve experience and outcomes. Transformation funding is also being invested for children and families in a number of innovative ways which support Universal Antenatal Parenting, support children in transition (between schools or between services), the spread of the emotionally friendly schools initiative, and access to counselling and training for all staff in contact with children.

1.3.4

This significant investment in mental health in the city is helping to progress parity of esteem between physical and mental health and Salford's continued investment in mental health will enable further progress and improvements in our local offer around mental health support.

1.3.5

This strategy is fully costed and aligned to spend through the identified mental health budgets. All work programmes have been identified in Salford's financial planning.

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9. As aligned to Salford's Financial Accounts

TWO. Why do we need a mental health commissioning strategy?

2.1 Facts and Figures

2.1.1

The 2017/18 Mental Health Needs Assessment[10] collected information from a range of policy, guidance, service level data and engagement information from staff, people who use services and their carers to inform recommendations about our approach to how we support people with mental health needs in the city. Some of the key facts and figures are:

22 deaths by Suicide in Salford in 2016-17.

13 new referrals to CAMHs transitioned to Adult Mental Health Services in 2017/18.

25 adults with severe and enduring mental illness supported in CCG funded 24/7 care.

48 new referrals into Salford's Child and Adolescent Mental Health Services (CAMHs) needing an urgent appointment (within 1-3 weeks) in 2017/18.

69 new referrals into Salford's Child and Adolescent Mental Health Services (CAMHs) needing an emergency appointment (within 0-1 weeks) in 2017/18.

104 people accessing Adult Community Eating Disorder Services (EDS) in Salford in 2017/18 and **64** children and young people accepted into the Eating Disorders service provded by CAMHs.

109 children and young people accessed Child and Adolescent Mental Health Services in 2017/18 with a primary diagnosis of depression and a further **175** children and young people had a primary diagnosis of low mood

221 older adult admissions for inpatient care in 2016/17.

229 children accessing Child and Adolescent Mental Health Services (CAMHs) in Salford in 2017/18 with attachment problems as their primary diagnosis.

299 people with Personality Disorder known to GMMH in Salford.

543 older adults referred to Later Life Community Mental Health Teams (CMHTs) in Salford in 2016/17.

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10. Include reference to where the MH Needs Assessment is online

871 admissions for Salford adults supported in inpatient care in 2016/17.

870 emergency admissions for intentional self-harm in Salford.

1,789 adults referred to Community Mental Health Teams (CMHTs) in Salford in 2016/17.

2,037 people are diagnosed with dementia in Salford, 1940 of those people are over 65 years of age.

2,037 people diagnosed with Dementia in Salford.

2,349 children and young people offered support by Child and Adolescent Mental Health Services (CAMHs) in Salford in 2017/18.

5,711 referrals made to the Mental Health Liaison Service in 2017/18.

8,099 adults supported by psychological therapies under the Improving Access to Psychological Therapies (IAPT) services in Salford in 2017/18.

36,357 People in Salford are likely to have a mild to moderate common mental health problem.

40,000 people of all ages were prescribed antidepressants in Salford.

233,933 people Living in Salford.

2.1.2

Salford has continued to develop and improve mental health services and has heavily invested in services. Our local Mental Health Liaison services have been expanded and dementia diagnosis rates have improved. We have developed our offer around young people aged 0-25 years and we have seen investment in supporting people with mental health difficulties back into employment.

Much of the focus in the 5YFV is on clinical services and mental health service provision. This is important and Salford has a continued focus on the support in place for people with mental health problems. However, we also know that there are many wider determinants of poor mental health and our strategy for Salford needs to support us to address both improvements in clinical services and the wider determinants of mental health that may impact on the emotional wellbeing of Salford people.

2.2 Wider Determinants of Emotional Wellbeing and Mental Health

There are emerging changes to mental health needs and wider factors impacting on mental health. Physical and mental health is determined by a complicated interaction between biological, social and psychological factors, as well as wider influences from the environment, society and lifestyle. The King's Fund report[11] on the broader determinants of health (and therefore mental health) highlights the following areas as key influences on health and wellbeing:

- Poverty and financial difficulties linking to poor health

- Levels of education, with increased levels of education being strongly related to improved health for people of all ages

- Work and employment having a positive benefit on health

- Improved housing and greater access to green spaces having a positive impact on health

- Education and employment - young people who are not in training, education or employment (NEET) has been shown to have a negative effect on mental health, with the impact increasing the longer someone remains NEET[12]

People with mental health conditions can be affected by a 'spiral of adversity'[13] where factors such as employment, income and relationships can be made worse by their condition, in addition to the wider impact as people grow and develop. This then has the potential to impact across the life course. People who live in more deprived areas are more likely to need mental healthcare but less likely to access support and to recover following treatment[14]. This 'vicious circle' can worsen mental health problems. In particular we know the following areas can have an impact on mental health conditions:

2.2.1 Social Inequality and Social Isolation

Risk factors for many common mental health needs are heavily associated with social inequalities, with the greater the inequality the higher the risk[15]. The combination of poverty and mental health problems in later life increases the risk of social isolation, which is a significant issue for people with mental health problems across the life course[16].

❝ I felt very isolated and lonely.❞

- Person with lived experience of mental health needs in Salford

11. www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health
12. Public Health England (2014) Reducing the number of young people not in employment, education of training
13. Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)
14. Delgadillo J, Asaria M, Ali S, Gilbody S. On poverty, politics and psychology: the socioeconomic gradient of mental healthcare utilisation and outcomes. The British Journal of Psychiatry (2015)
15. WHO, & Calouste Gulbenkian Foundation. (2014). Social determinants of mental health. WHO Geneva. Retrieved from www.who.int/ [Accessed 03/11/17]
16. Mental Health Foundation (2010) The Lonely Society? London: Mental Health Foundation

❝ My Mental Health has deteriorated because of isolation. It's not just being totally alone; it could be that the only activities available to you are ones that don't suit you. **❞**

- Person with lived experience of mental health needs in Salford

Data tells us that there will be a likely increase in the number of people experiencing poor health outcomes due to social isolation. It can be estimated that there are somewhere between 32,000 and 40,000 people aged 16-64 who are always, often or some of the time, lonely and living in Salford[17]. Research relating to social isolation is usually focused on adults and older people, particularly:

- Working age, unmarried adults between the ages of 35-64 years with long term health conditions[18]

- Those who may by living alone (there are an estimated 26,500 people aged 16 to 64 are living in one person households in Salford[19]),

- Those people who have experienced a divorce (estimates suggest that 6,000 people aged 35 and over have been divorced or separated in the last 12 months in Salford[20])

- Those people who are living in poverty/financial insecurity and have a mental health issue (people who do not have enough money may cut back on things such as heating, housing, food and medication, in addition to making savings on their social activity).

- Carers for people with mental health problems may also experience an increased risk of social isolation – as reflected in the new Salford Carer's Strategy.

Research suggests that feeling lonely (not social isolation) can also impact on the onset of dementia[21].

Despite this, younger age adults report feeling more lonely than those people in older age groups and younger people (aged 16-34 years) renting their homes often have little trust and sense of belonging to their community, were more likely to feel lonely[22].

Recent reports suggest that changes in how young people communicate (e.g. increased use of social media and online communication), although often supportive, can lead to increased isolation and stress. The research suggests that one in three young people are lonely[23].

17. Loneliness - What characteristics and circumstances are associated with feeling lonely?, ONS, April 2018
18. Loneliness - What characteristics and circumstances are associated with feeling lonely?, ONS, April 2018
19. Based on 2011 Census results.
20. Trapped in a bubble, Kantar Public, British Red Cross and Co-Op, December 2016
21. https://jnnp.bmj.com/content/85/2/135
21. Loneliness - What characteristics and circumstances are associated with feeling lonely?, ONS, April 2018
23. www.esriblog.info/wp-content/uploads/2018/02/Loneliness-Connects-Us.pdf

2.2.2 Poverty and Debt

Mental health issues can make managing finances harder and worries about money can increase mental health problems[24]. The health of children born to parents experiencing poverty is more likely to be compromised due to their mothers' poor nutrition, exposure to stress, and poor working conditions. People experiencing Adverse Childhood Events (ACEs) as children are likely to enter into a cycle of adversity which can impact on future generation's health and wellbeing[25]. A 2004 Office for National Statistics[26] study found that rates of diagnosable mental health conditions were higher among children age 5 to 17 in families where the gross weekly household income was less than £100 (16.1%) compared to those with an income of £600 (4.8%). A national survey of 5,500 people with mental health problems conducted by Money and Mental Health in April 2016[27] found that 72% said mental health problems had made their financial situation worse and that 93% spent more than usual in periods of poor mental health. 92% found it harder to make financial decisions during periods of poor mental health, 74% put off paying bills and 59% took out a loan they wouldn't otherwise have taken out. The total cost of poor mental health to the UK economy, including lost output and NHS costs as well as employer costs, is between £74bn and £99bn.

Almost half of the Salford population live in the 20% most deprived wards nationally and two thirds live in the 40% most deprived areas. A further estimate calculated that in 2015 24.9% of Salford's older population (aged 60+) were living in poverty. Applying 2016 ONS population estimates this equates to approximately 11,700 older adults in poverty in Salford[28]. 44% of the people seen by the Council's debt advice service in 2015-16 had mental health problems.

❝ People find it hard to get support with their benefits and everyone has a different experience/story to tell. It's a ruthless system you have to deal with.**❞**

- Person with lived experience of mental health needs in Salford

2.2.3 Employment and Education

Employment is recognised as an important factor in maintaining wellbeing. Provided the employment is safe and supportive, the beneficial effects of work are greater than the harmful effects of long-term unemployment and can reverse its adverse health effects[29].

People who are unemployed are between 4 and 10 times more likely to report anxiety and depression and to die by suicide[30]. People with emerging mental health problems and early onset dementia may need additional support to remain in employment.

24. www.salford.gov.uk/media/390018/anti_poverty_strat_2017.pdf
25. Public Health Wales (2015) Adverse Childhood Experiences and Their Impact on Health-Harming Behaviours in the Welsh Adult Population.
26. Green, H. et al. (2005) Mental health of children and young people in Great Britain, 2004. London: The Stationery Office
27. Holkar M, Mackenzie P. Money on Your Mind. Money and Mental Health Policy Institute. 2016.
27. Mental Health and Wellbeing JSNA, PHE Fingertips tool [accessed 11/10/17]
29. Waddell G, Burton A. Is Work Good for Your Health and Well-being? London: TSO (2006)
30. www.nomisweb.co.uk [accessed 11/10/17]

6,780 people in Salford claimed employment and support allowance (ESA) due to mental and behavioural disorders which represented 56% of all Salford ESA claimants aged 16 to 60[31]. Only 9.3% of people with secondary care mental health needs in Salford are employed[32].

One in every two young people excluded from education or attending alternative provision is believed to experience a social, emotional or mental health problem, compared to one in fifty in the general school age population[33]. Young people who are not in education, employment or training (NEET) are also three times more likely to experience mental health problems compared to their peers who are in education[34]. In Salford, the number of NEET 16 and 17 year olds is estimated to be around 340. In June 2018, 6.2% of Salford's 16-17 year olds were known to be NEET, almost double the GM average of 3.8% and the highest across all localities in Greater Manchester. In situations where parents are out of work, young people are more likely to experience poorer academic achievement and behavioural adjustment in addition to being NEET[35].

" People need help to find jobs, with interview skills."

- Person with lived experience of mental health needs in Salford

" There needs to be work with employers too to help them understand mental health better."

- Person with lived experience of mental health needs in Salford

" It is hard to break out of bad routines."

- Person with lived experience of mental health needs in Salford

2.2.4 Housing and Homelessness

Good quality housing is a factor contributing to someone being able to maintain good mental health and is equally important for the recovery of anyone who has developed a mental health problem[36]. Lack of affordable housing for low income households may mean diverting family resources from expenditure on food, education or health towards housing needs[37]. The condition of housing can also have an impact on health and emotional wellbeing, particularly for children[38]. The proportion of homeless people with a diagnosed mental health problem (45%) is nearly double that found in the general population (around 25%)[39].

31. www.nomisweb.co.uk [accessed 11/10/17]
32. Salford Adult Social Care Outcomes Framework (ASCOF) Data, 2017-18
33. Institute for Public Policy Research, 2017
34. Youth Access, 2015
35. assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183328/DFE-RR234.pdf
36. NHS England. Five Year Forward View for Mental Health (2016)
37. www.who.int/ceh/risks/cehousing/en/
38. www.who.int/ceh/risks/cehousing/en/
39. The unhealthy state of homelessness: Health audit results 2014; Homeless Link (2014)

Local analysis suggests that around one in five of the accepted homeless application cases in Salford have mental illnesses as the priority need. This would equate to approximately 70 accepted applications of homelessness in 2016-17. In the autumn of 2016 there were an estimated 26 people sleeping rough in Salford[40], an increase of 62.5% on the previous year. The average length of stay for adults admitted to hospital for mental health needs has increased by 12 days (22%) over the last year due to problems in finding available and settled accommodation.

66 Work with us in hospital on plans for when we leave - don't only do this at the last minute. 99

- Person with lived experience of mental health needs in Salford

66 When you leave hospital it's hard if you've been in for a while because you don't know what the world is like anymore. 99

- Person with lived experience of mental health needs in Salford

66 Lots of money is spent on treatment in hospital and then people are discharged and have to present as homeless because they have no home to go to. This creates readmissions. Housing officers should be involved in Mental Health services. 99

- - Person with lived experience of mental health needs in Salford

2.2.5 Adverse Childhood Events (ACEs)[41]

Adverse Childhood Events (ACEs) include:

- Abuse, including physical, sexual, emotional and financial abuse and neglect.

- Violence and coercion: including experiencing, or directly witnessing, domestic abuse, assault, harassment or violence, sexual exploitation, sexually harmful behaviour, being the victim of crime or terrorism, experience of armed conflict, gang or cult membership and bullying.

- Inhumane treatment: including torture, imprisonment, confinement or institutionalisation or scarification and genital mutilation.

- Prejudice: discrimination, victimisation, hate incidents and crime, other attitudes, long-term exposure to behaviours and institutional processes based on prejudice and / or discrimination.

40. Rough sleeping in England: autumn 2016, Department for Communities and Local Government, January 2017 [accessed 17/10/17 via https://www.gov.uk/]
41. www.salfordccg.nhs.uk/camhs

- Household or family challenges: including living in a household with adults or adolescents who misuse substances, engage in criminal activities, are not supported to manage their mental ill health, making sense of intergenerational trauma (such as experiences of genocide). Challenges may include living in poverty, or facing significant social, material and emotional deprivation. It also includes being looked after, leaving care, being detained in a secure children's service (i.e. young offender's institution) and family or placement breakdown.

- Adjustment: including moving to a new area where there are no social bonds, migrating, seeking and gaining refuge or asylum and the ending of a socially significant or emotionally important relationship. Adult responsibilities: including being the primary carer of adults or siblings in the family, taking on financial responsibility for adults in the household and engaging in child labour.

- Bereavement and survivorship: including death of care giver or sibling (including through suicide or homicide), miscarriage, having or surviving an illness or injury and surviving a natural disaster, terrorism or accident.

People with four or more adverse childhood experiences are:

- 5 times more likely to never or rarely deal with a problem well

- 6 times more likely to have never or rarely felt optimistic about the future

- 6 time more likely to have never or rarely felt useful

- 15.5 times more likely to be at risk of minor depression as a child

- 12.2 times more likely to have attempt suicide as an adult

- 10.3 times more likely to inject drugs

- 7.4 times more likely to be at risk of alcoholism

- 4.6 times more likely to be at risk of depression in the last year

- 2.2 times more likely to be at risk of smoking

❝ More prevention programmes for young people to know how to look after themselves, and give them the skills and strategies.**❞**

- Person with lived experience of mental health needs in Salford

2.2.6 Criminal Justice

2.2.6.1 Victims of Crime

Findings of a survey by the mental health charity Mind[42] found that people with serious mental illness (SMI) were around three times more likely to be a victim of any crime and five times more likely to be victims of an assault than the general population.

Mental wellbeing can be a large factor in attracting young people to gang related activities, which in turn can have a damaging impact on their mental health[43]. Involvement in gangs may be seen as offering support to isolated young people in addition to providing a sense of belonging. Conversely, involvement in gangs may also result in exposure to violence (and potential experiences of post-traumatic stress disorder), risk of sexual victimisation and peer pressure[44].

> **"** Address discrimination - people using negative language. This is an issue for society as a whole but you don't complain because people think you're being overly sensitive if you do. Things are starting to change. **"**
>
> **- Person with lived experience of mental health needs in Salford**

2.2.6.2 Representation in the Criminal Justice System

An unannounced inspection at Forest Bank by HM Chief Inspector of Prisons in February 2016 found that: "Primary mental health services were unsatisfactory and did not meet prisoners' needs. Conditions on the inpatient unit for those with mental health issues were poor. Their basic needs were not met and they had little time unlocked or access to therapeutic activities."[45]

People in contact with the criminal justice system are also one of the groups of people known to be at higher risk of suicide than the general population[46] Studies in Wales suggested that 5% of all households had parents in prison and that preventing adverse childhood experiences could reduce levels of imprisonment (by 65%) and perpetrators oviolence (by 60%) in future generations[47].

Children and young people with parents in the criminal justice system are three times more likely to engage in antisocial behaviour[48] and twice as likely to experience mental health problems than their peers[49].

42. Pettitt, B, et al, Mind. At risk, yet dismissed: the criminal victimisation of people with mental health problems (2013)
43. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398674/The_mental_
    health_needs_of_gang-affiliated_young_people_v3_23_01_1.pdf
44. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398674/The_mental_
    health_needs_of_gang-affiliated_young_people_v3_23_01_1.pdf
45. Report on an unannounced inspection of HMP Forest Bank,HM Chief Inspector of Prisons, 8–9, 15–19 February 2016
46. Health and Justice, Liaison and Diversion, Frequently asked questions, NHS England available at www.england.nhs.uk/
    [accessed 08/11/17]
46. www2.nphs.wales.nhs.uk:8080/PRIDDocs nsf/7c21215d6d0c613e80256f490030c05a/00c40b58ce773d5e80257
    f3700390f65/$FILEACE%20Infograph%20FINAL%20(E).pdf
48. NOMS (2012) Action for Prisoner's Families
49. Murray, J., & Farrington, D. P. (2008) 'The effects of parental imprisonment on children'

2.2.7 Alcohol and Drug Misuse

Long term alcohol use can cause mental health problems and make existing issues worse[50]. Children whose parents misuse substances are more likely to experience depression and anxiety and are more likely to have a psychiatric diagnosis than children of parents who don't misuse substances[51]. Drinking more than the recommended limit for alcohol can increase the risk of developing a dementia and alcohol related brain damage (such as Wernicke-Korsakoff Syndrome and alcohol related dementia)[52] [53].

Hospital admissions for mental and behavioural disorders due to alcohol were significantly higher in Salford (175.3 DSR per 100,000) than England (80.1) in 2015-16. The rate in Salford was the fourth highest amongst the nearest statistical neighbours. Salford has a lower proportion of clients in concurrent contact with mental health services and services for alcohol misuse than Greater Manchester and England. In 2015-16 16.6% of users in specialist alcohol misuse treatment were also in contact with mental health services[54]. The proportion of clients in concurrent contact with mental health services and services for drug misuse is higher than those in concurrent contact with alcohol misuse services. 24.7% of users in specialist drug misuse service were in receipt of treatment from mental health services for a reason other than substance misuse at the time of their assessment. This rate is similar to England (22.1%), Greater Manchester (21.7%) and nearest neighbours (21.5%).

2.3 Mental Health Inequalities

2.3.1 Lesbian, Gay, Bisexual and Transgender (LGBT) Communities

National evidence suggests that there are wellbeing inequalities for people who are from LGBT or Transgender communities. In particular, evidence suggests that these communities experience higher rates of poor mental health, including suicide, thoughts of suicide, depression and self-harm[55].

Based on the estimated national figure of 7% of the population being from an LGB community and 1% of the population being from the Trans community, local figures suggest that there are approximately 5,683 people under the age of 25 living in Salford from LGBT communities. Research in Salford conducted by the Proud Trust suggested that young people saw their sexuality as one piece of the discussion around mental health, with other considerations (such as home-life, exams and relationships) also impacting on their mental wellbeing. Specific mention was given to the pressures caused by homophobia and transphobia on mental health[56].

50. Mental Health Foundation Alcohol and mental health London: Mental Health Foundation
51. Parental Substance Misuse: Addressing its Impact on Children A Review of the Literature, 2011. National Advisory Committee on Drugs, The Stationary Office, Dublin
52. www.alzheimers.org.uk/about-dementia/types-dementia/alcohol-related-brain-damage?gcld=EAIaIQobChMIr6qViITO3AI VV6mWCh1EPglpEAAYAiAAEgI-x_D_BwE
53. www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=bc5d4803-8cd1-4407-a932-fd33cb1f05ba
54. Mental Health and Wellbeing JSNA, PHE Fingertips tool [accessed 11/10/17]
55. www.salford.gov.uk/media/388074/lgbt_needs_assessment.pdf
56. www.partnersinsalford.org/media/1135/salford-lgbt-yp-report-2016.pdf

2.3.2 People with Autistic Spectrum Conditions (ASC) and ADHD

The National Autistic Society estimated the prevalence of children with Autistic Spectrum Conditions is around 1%[57]. This equates to around 842 children and young people in Salford. In adults, the prevalence is described as between 0.5%-1.3% of the population. This would equate to 2,519 adults over 18 years in Salford with ASC. 2016 population estimate for children and young people (aged 0-25). Money spent on medication for ADHD and the number of items distributed in Salford has increased by 40-50% since April 2015[58]. This is thought to be due to more 18+ year olds remaining on treatment and increases in diagnosis in adulthood.

Whilst it is recognised that ASC and ADHD are not mental health conditions, there is an increased incidence of mental health needs and increased risk of mental health needs being unmet in this population, particularly relating to the potential adaptations that are required to ensure accessibility of services and the risk of mis-diagnosis of autism as a mental health condition.

2.4 Pressing Issues

2.4.1 Self-Harm

Self-harm, including attempted suicide, is the single biggest indicator of suicide risk. Approximately 50% of people who have died by suicide have a history of self-harm, and in many cases there has been an episode of self-harm shortly before someone takes their own life[59]. Self-harm attendances at A+E in Salford for children and young people aged 0-17 totalled 301 in 2017/18 with 148 admissions taking place[60]. In the first quarter of 2018-19, 37 young people (aged 0-17) were admitted to Salford Royal in relation to Self Harm[61].

2.4.2 Parent – Infant Mental Health

2.4.2.1 Perinatal Mental Health
Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point; many women will experience both. Psychosis can re-emerge or can become worsened during pregnancy and the postnatal period. Perinatal mental health problems can also have a long-standing impact on the

57. www.autism.org.uk
58. OpenPrescribing.net, EBM DataLab, University of Oxford, 2017
59. Department of Health. Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives (2017)
60. Emotional Health and Wellbeing Partnership (2017/18) Dashboard
61. Salford Children and Young People Dashboard (2018/19)

emotional wellbeing of the child[62]. Postpartum psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history[63].

2.4.2.2 Paternal Mental Health

Paternal mental health (the mental health of the father) is becoming more widely recognised and research highlights the importance of good mental health for the father (and same sex partners) and the impact of this on parental relationships, attachment and bonding with the baby, support through maternal mental health needs and positive role models[64].

2.4.2.3 Attachment and Bonding

Unmet attachment needs in early childhood may lead to social, behavioural or emotional difficulties which can affect the child's physical and emotional development and learning[65]. Where there are attachment challenges, infants can be at greater risk of problems in emotional development, and children with very poor attachment experiences are at greatest risk of failure to thrive in early years; experiencing behaviour problems, lowered self-esteem and schooling difficulties in childhood and adolescence. The impact of poor attachment and boding can vary depending on when it occurs in the young person's life. Infants with poor attachments may find it difficult to learn how to form relationships, which can cause social problems throughout their lives. Impaired attachment in early childhood can experience a range of mild interpersonal discomfort ranging through to complex social and emotional challenges. In general, the severity of problems is related to how early in life, how prolonged, and how severe the emotional neglect has been. A secure attachment during infancy is linked to positive social and emotional development throughout life.

2.4.3 Physical Health Needs

Regular physical activity is associated with a greater sense of well-being and lower rates of depression and anxiety across all age groups[66]. Research by the King's Fund shows that people with long term physical conditions are two to three times more likely to suffer with mental health problems than the general population[67]. Physical activity has also been shown to reduce the risk of dementia and depression in adults by approximately 20-30%[68].

Salford has the 6th highest excess mortality rate (deaths that occur earlier than expected) for adults with serious mental illness out of 150 localities. The smoking prevalence rate in people with serious mental illness (SMI) in Salford is almost

62. www.england.nhs.uk/mental-health/perinatal/
63. National Institute for Health and Care Excellence, Antenatal and postnatal mental health: clinical management and service guidance, 2014. The British Psychological Society and The Royal College of Psychiatrists
64. www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=56881ded-e7ed-4616-ac71-8c78efa79628
65. NICE. Looked-after children and young people. NICE guidelines (PH28). London: National Institute for Health and Clinical Excellence, 2010. Available from: www.nice.org.uk/guidance/ph28 [accessed 08/02/18]
66. Aked, J., Marks, N. Cordon, C. and Thompson, S., Five Ways to Wellbeing: The Evidence, 2008, New Economics Foundation
67. Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossey, M., & Galea, A. Long-term conditions and mental health: The cost of co-morbidities (2012). The King's Fund and Centre for Mental Health.
68. Look after your mental health using exercise, Mental Health Foundation

one and a half times that in the general population (aged 18+). Almost half of all people (48.7%) registered at a Salford GP with a recorded SMI are reported to smoke[69]. Health checks amongst people with serious mental illness are higher in Salford (81.15%, 2067 people) for the last 12 months than the similar CCG average (41.5%), Greater Manchester (40.4%) and England (34.8%)[70].

The standardised mortality ratio (SMR) of liver disease and respiratory disease in the four year period ending 2014-15 was 881.3 and 819.9 respectively. There were in effect over 8 times as many deaths from these two diseases in people with secondary care mental health needs than would have been expected if they had experienced Salford's general population death rate.

> **66** Physical activity is beneficial for mind and body but it can be hard to find services if you have mental health problems, especially if you are seeking 'condition specific' groups such as a dementia friendly swim.**99**

- Person with lived experience of mental health needs in Salford

2.4.4 Urgent Care Needs and Supporting People Closer to Home

In 2016/17, 559 individuals attended A&E (a total of 785 attendances) where thoughts of suicide were recorded. 81 young people between 0-17 years of age attended A+E in the first quarter of 2018/19 with self-harm. The needs assessment included feedback from local people talking about their experiences of A&E and the need to look at other ways to support people experiencing crisis. 3,695 referrals were received through the Salford Mental Health Liaison service in 2017-18[71] in comparison to the 3266 referrals anticipated when the service was established in 2010[72].

Since 2015, the number of adults supported in inpatient care has reduced by 16%[73]. This is in part due to the mental health liaison service and more admissions being diverted to home-based treatment and community mental health teams to try to support people at home. The average time that someone stays in inpatient care for treatment has increased by 22 days since 2015. Evidence also suggests that it is difficult to support some people to return home quickly from hospital due to a lack of appropriate housing and support.

Out of area placements are occasions where a local Salford person is admitted to a mental health bed that is based outside of Salford and is not commissioned as part of a previous arrangement. This can happen due to a lack of beds in the local area. Theses stays are often fairly short (e.g. a couple of days). Visits from family and friends may be important to rehabilitation and therefore, out of area placements can have an impact on recovery, and on the travelling arrangements for visitors. Longer stay rehabilitation placements might be more appropriate to be placed out

69. Public Health England: Mental Health and Wellbeing JSNA fingertips tool [Accessed 09/11/17]
70. Public Health England: Mental Health and Wellbeing JSNA fingertips tool [Accessed 09/11/17]
71. GMMH Commissioners Report, March 2018
72. Salford CCG (2010) Mental Health Liaison Service Business Case
73. Paris (2017) Number of service users accessing inpatient support - formally and informally detained

of area as the person may require specialist support that can only be received from a small number of services. Local work carried out over the past few years has seen a review of rehabilitation provision, including the development Copeland Ward to offer support to people who would otherwise have required support outside of Salford. This saw nine people return to Salford for their support.

In 2016/17, there were 14 acute out of area placements (at a combined cost of £55,489). This has increased significantly; with 82 acute out of area placements taking place in 2017/18 (at a combined cost of £503,389). This is a similar picture across Greater Manchester and there is a significant piece of work being undertaken to manage out of area placements, ensuring that people are supported as close to home as possible.

2.4.5 Social, Economic and Individual Cost of Mental Health Needs

Mental health needs can have a significant impact on individual quality of life, in addition to reducing the number of years that someone may live due to health inequalities, physical health problems, poverty and the risk of suicide (the economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and loss[74].

The cost of caring for people with long-term physical illness is on average 45% higher if the person develops a mental health problem. For example, £1.8 billion of additional costs can be assigned to poor mental health in individuals with type 2 diabetes[75]. The Stevenson Farmer report[76] estimated that the loss of productivity associated with presenteeism costs UK employers £17bn to £26bn a year. The report also estimates that absenteeism and staff turnover costs an extra £8bn each a year making the total cost of poor mental health to UK employers between £33bn and £42bn. The total cost of poor mental health to the UK economy, including lost output and NHS costs as well as employer costs, is between £74bn and £99bn[77].

Evidence also suggests an association between childhood psychological health problems and an increased likelihood of being unemployed at the age of 55. Children with 1 or 2 reports of internalising psychological problems, such as depression or withdrawal were 1.6 and 2.4 times more likely to be unemployed at 55 respectively[78].

74. PHE: Local suicide prevention planning – a practice resource, 2016, Public Health England
75. NHS England. Five Year Forward View for Mental Health (2016)
76. Thriving at Work, The Stevenson/Farmer review of mental health and employers, October 2017
77. Thriving at Work, The Stevenson/Farmer review of mental health and employers, October 2017
78. Holley-Moore, G., Hochlaf, D. & Riaz, A. Working for Everyone: Addressing barriers and inequalities in the extended working lives agenda, December 2017, ILC–UK

2.4.6 Local Response to the 5 Year Forward View

2.4.6.1
As previously outlined, the 5 Year Forward View sets national targets, however this requires a local response to identify the best approach for Salford. Whilst there are clearly some significant challenges in meeting the mental health needs of the local population, we know that we have lots of examples of positive work in the city and we are well on our way to achieving the targets set out in the 5YFV. The position in 2018 is outlined below.

- By 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum. Salford CCG has invested in development of its local Mental Health Liaison Service (RAID) - £1.2m in 2013. Salford has secured some of the GM transformation funds (around £630K) to develop this further to be fully CORE24 compliant and meet all targets. The all age service started in May 2018.

- Out of area placements for acute care should be reduced and eliminated as quickly as possible – Local work started in 2018 and this will make sure that acute hospital admissions taking place out of the Salford area are minimised. This important work is supported by commissioners across Greater Manchester working together to share their views and join together their plans as part of a Greater Manchester Steering Group.

- Reduce suicide by 10 per cent by 2020/21 – Salford has a well-established Suicide Prevention Partnership which is working to a local strategy and action plan.

- By 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met – In Salford, 81.15% of people with severe mental illness have received a physical health check. This equates to 2547 people.

- By 2020/21, each year up to 29,000 more people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS). Salford offers IPS support through our Early Intervention in Psychosis Service. The Community Engagement and Recovery Service (CERT) also provide employment support and we have recently commissioned a two year pilot project with a VCSE sector organisation to support people into employment.

- Support those in the criminal justice system experiencing mental health problems by expanding- liaison and diversion schemes nationally, increasing support for Blue Light services, and for the 90 per cent of people in prison with mental health problems, drug or alcohol problems – GM has a Criminal Justice Liaison and Diversion service which supports people away from the Criminal Justice System. This works alongside a Greater Manchester service which offers support to people in custody suites.
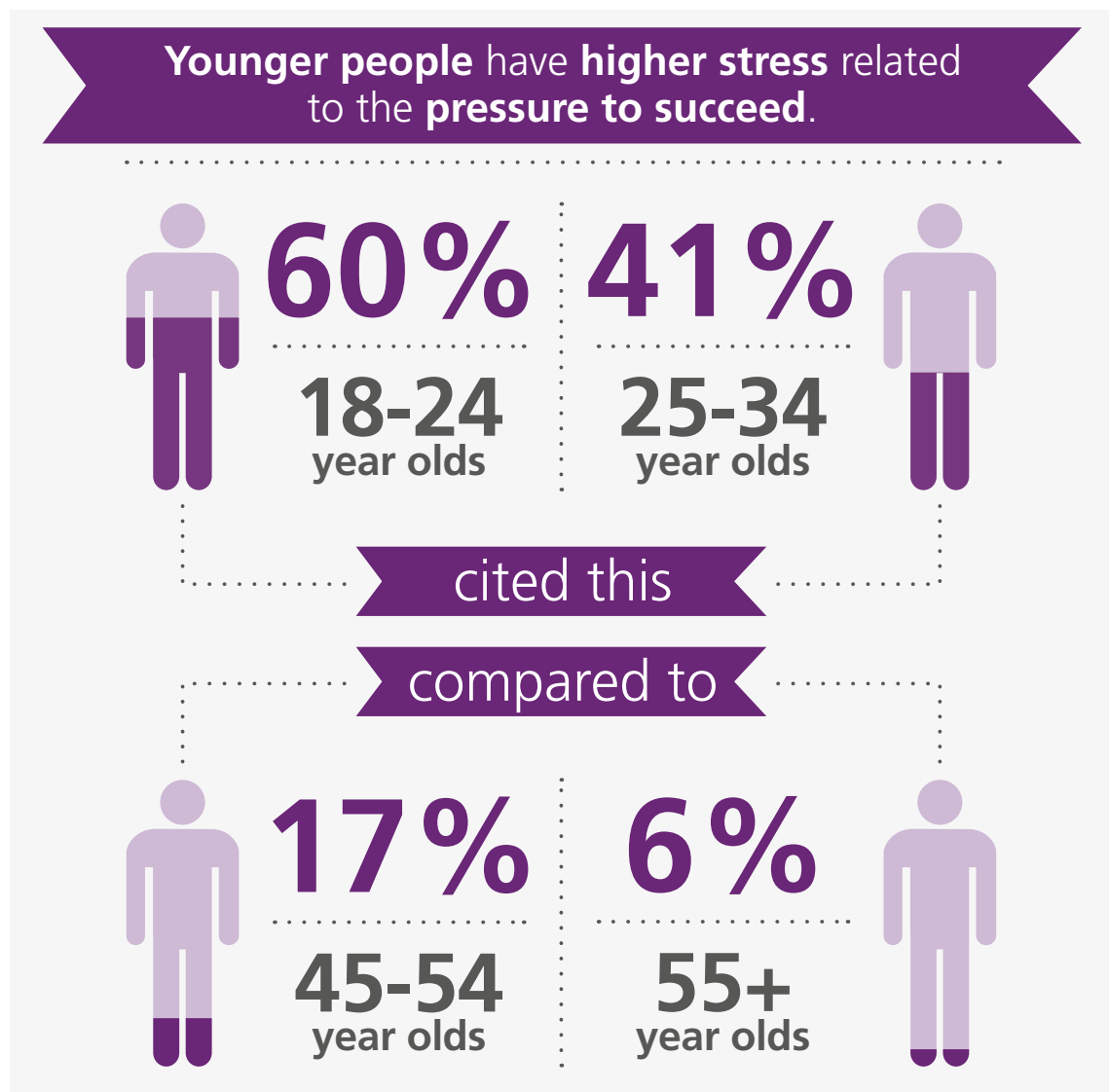
2.4.6.2
After analysing Salford's current position, it was agreed that the following areas need more investment to help to meet the targets:

• Children and young people are a priority group for mental health promotion and prevention, and the 5YFV calls for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. By 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it. Children and Young People's Mental Health is a priority in Salford. We need to implement the recommendations in our CAMHs Transformation Plan[79] and reduce waiting times for mental health support for Children and Young People.

• By 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period – Perinatal Mental Health starts before birth, supporting parents and families to develop positive behaviours, build strong attachments and support the baby's wellbeing. We want to support better and quicker access to psychological therapies for those who need additional support, offer more support around attachment and bonding and ensure that we have good pathways into the specialist perinatal mental health provision being developed in Greater Manchester.

• Increase access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed. We are performing well towards meeting the 25% target; however we know that we need to increase our existing capacity in our IAPT services to meet the demand. We want to make sure that people get appointments as quickly as possible. IAPT therapists should also be supporting people with long term conditions and people who need support in the perinatal period to get access to the service quickly.

• People experiencing a first episode of psychosis should have access to a NICE-approved care package within two weeks of referral. Delay in providing care can lead to poorer clinical and social outcomes. The NHS should ensure that by April 2016 more than 50 per cent of this group have access to Early Intervention in Psychosis services, rising to at least 60 per cent by 2020/21. We are performing well against this target in Salford, however we know that there are challenges with capacity in the service, given the significant number of referrals to the services for people with suspected psychosis. We need to think differently about how the service is offered to ensure that people are offered timely treatment in line with NICE concordant treatments.

79. www.salfordccg.nhs.uk/camhs

Whilst the 5YFV provides us with a framework of the things that we 'must do' as a system to improve mental health support, it is also clear that there is a set of wider determinants for mental health which also should be addressed help prevent mental health needs where possible. This strategy aims to guide how we meet the targets in place for mental health improvement, in addition to strengthening approaches to wider determinants of mental health.

Younger people have **higher stress** related to the **pressure to succeed**.

60%
18-24 year olds

41%
25-34 year olds

cited this

compared to

17%
45-54 year olds

6%
55+ year olds

www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2015

THREE. What do we know?

National, regional and local policy and guidance provides us with guidance on the areas of mental health that need further focus or require development. Whilst there is a breadth of policy information, there are some key policies which underpin our work. Locally in Greater Manchester, developments have taken place to agree devolution agreements which create more control over local spend. This section of the strategy provides an overview of national, regional and local policy and guidance and our local response.

3.1 National Policy and Guidance

3.1.1 Future in Mind[80]

NHS England and the Department of Health established a children and young people's mental health and wellbeing taskforce to improve mental health services for young people. The themes arising from this work formed the basis of the Future in Mind document. These themes focused on:

1. Promoting resilience, prevention and early intervention

2. Improving access to effective support, a system without tiers of service provision

3. Care for the most vulnerable

4. Accountability and transparency

5. Development of the workforce.

3.1.2 Five year Forward View for Mental Health (5YFV)[81]

NHS England set out their objectives for mental health from 2016-2020 in the 5YFV, which was based on the principles that mental health should be treated with and recognised as having the same importance as physical health.

The 5YFV for Mental Health Taskforce (2016) sets out the key priority areas for change over the next five years, along with some key targets. These include:

- **Supporting people experiencing a mental health crisis –** by 2020/21 expand crisis resolution, mental health liaison and home treatment teams to ensure 24/7 community-based mental health crisis response is available

80. www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
81. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

- **Improving responses to mental and physical health needs –** by 2020/21 more people living with severe mental illness have their physical needs met

- **Transforming perinatal (before and after birth) care for children and young people –** fundamental change in the way children and young people's services are commissioned and delivered, more children and young people having access to high-quality mental health care when they need it and more women accessing evidence-based specialist mental health care during the perinatal period

- **Access standards and care pathways –** by 2020/21 clear and comprehensive set of care pathways with accompanying quality standards and guidance for the full range of mental health conditions e.g. IAPT / EIP

- **Models of payment –** developing payment models that incentivise swift access, high-quality care and good outcomes

- **Acute and secure care –** partnership led, co-produced standards to ensure acute mental health care is provided in the least restrictive manner and as close to home as possible

- **Tackling inequalities in access and outcomes –** addressing inequalities in access to early intervention and crisis care and rates of detentions

- **Supporting employment –** recognising employment as a crucial health outcome and supporting people with mental health problems to find and stay in work.

- **Transparency in data –** to support improvements in commissioning, inform effective decision-making and promoting choice, efficiency, access and quality

- **Workforce –** good management of mental health in the workplace and the provision of occupational mental health expertise and effective workplace interventions

3.1.3 Prevention Concordat for Better Mental Health[82]

The Prevention Concordat promotes planning and commissioning based on evidence to make sure that health inequalities are reduced. The organisations signed up to the agreement are a mixture of Local Authorities, VCSE sector organisations, educational settings, businesses and employers and the NHS. The Concordat agrees that there should be a focus on prevention and the wider determinants of mental health. It also sets out the agreement to draw on the experience of people with lived experience of mental health conditions, and the wider community to identify solutions and promote equality.

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82. www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health

3.2 Greater Manchester Policy and Guidance

3.2.1 Greater Manchester Devolution and GM Mental Health and Wellbeing Strategy[83]

3.2.1.1 On the 25th February 2015, Greater Manchester (GM) entered into an agreement for the devolution of health and social care[84]. This means that there was a formal agreement which gave GM control of £6 billion of public sector funding from 1 April 2016. As part of this devolution agreement, the Health and Social Care Partnership was developed to oversee the agreement. One of the key workstreams from this agreement focused on the Greater Manchester Health and Wellbeing strategy.

The GM Mental Health and Wellbeing strategy sets out the following vision:

"Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and wellbeing of GM residents."

The strategy outlines the potential costs for Greater Manchester as a result of poor mental health, which is estimated as £3.5 billion. In addition, there are also wider costs linked to poor mental health associated with unemployment, children with conduct disorders, alcohol and substance misuse and deaths by suicide.

Four key areas of work are outlined in the strategy, under which sit a range of specific projects:

- **Prevention –** focusing on putting the person at the centre and developing support in localities close to where people live. This includes work around support in early years, children and families, suicide prevention, early intervention and support in the work place or to return to employment.

- **Access –** making sure that people are connected to the right support at the right time. This includes mental health provision for children and young people, crisis support, improving access to psychological therapies, reducing out of area placements, eating disorders for children and young people and support for carers and parents.

- **Integration –** the need to treat mental health and physical health needs as equal, with joint working across different services and sectors to ensure that people's needs are met. This includes strong partnerships with the voluntary, community and social enterprise sectors, a focus on people's strengths and assets, better monitoring and standards across services, closer working across partners.

83. www.gmhsc.org.uk/assets/GM-Mental-Health-Summary-Strategy.pdf
84. www.greatermanchesterca.gov.uk/downloads/file/125/taking_charge_of_our_health_and_social_care_in_greater_manchester

- **Sustainability –** making sure that we spend the GM funding in the best possible way, including thinking differently about our workforce, improving our technology and systems and changing contracts.

3.2.1.2 There are also a number of Adult Social Care work streams across Greater Manchester. These key lines of enquiry include:

- Carers

- Transforming Care for people with Learning Disabilities, Autism or Both.

- Residential and Nursing Care

- Care at Home

- Workforce Development

3.2.1.3 Children's key lines of enquiry include:

- Improving the mental health of all children

- Improving every child's early years and ensuring that they are ready to start school and achieve their potential age 5

- Reducing avoidable admissions to hospital for children with conditions such as asthma, epilepsy and diabetes

3.2.2 GM Carers Charter

1.5 million carers in the UK look after someone with a mental health problem[85]. National research suggests that people who look after someone with mental health problems, drug problems or a terminal illness are more likely to report a poorer quality of life than those carers of people with other health conditions[86]. This is well recognised and mental health and wellbeing support for carers is a cornerstone of local carer's support services. Young carers often face poverty of opportunity and can experience significant impact on their wellbeing, physical and emotional health and social interaction[87]. One in ten people in Greater Manchester are identified as carers and the charter sets out the expectations for supporting carers in Greater Manchester. The charter suggests that carers should be able to expect that:

- Carers will be identified as a carer as early as possible

- Carers will have better access to annual health checks and improved access to GP appointments

- Carers will have access to services and activities to stay fit

- Carers will be supported in employment

85. www.centreformentalhealth.org.uk/supporting-carers
86. Psychological Distress in Carers of People with Mental Disorders, Jan Shah, A; Wadoo, O and Latoo, J. British Journal of Medical Practitioners. www.bjmp.org/content/psychological-distress-carers-people-mental-disorders [Accessed 05/12/2016]
87. www.scie.org.uk/publications/briefings/briefing11/

- Employers will be supported to develop carers policies and for staff to be 'carer aware'

- If you are a young carer, or an adult young carer, then you should be able to thrive and develop educationally.

3.2.3 Dementia Alliance[88]

The Greater Manchester Health and Social Care Partnership has developed a Dementia United Action Plan 2018/2020. This action plan has been developed through engagement across the 10 localities of Greater Manchester, including engagement with people living with dementia and their families. They support the Dementia United key objective of making Greater Manchester the best place to live for people with dementia and their families. The action plan outlines some key standards and these include the following areas of work:

- Dementia Friendly Transport System

- Young Onset and Rarer Forms of Dementia

- Homecare / Residential and Nursing Homes

- Diagnosing Well

- Prevention

- Post-diagnostic Support

- Supporting Well - Under-served Populations

- Living Well - Lived Experience

3.2.4 The Greater Manchester Frailty Charter

The Greater Manchester Charter is challenging sigma that surrounds frailty and it recognises the continuing value and potential of people who develop the condition. The charter recognizes that Mental Health co-morbidities, such as depression, anxiety and dementia can make it more difficult for people to live with frailty, but that frailty can be identified early and managed well. The GM Frailty Charter will re-frame frailty and create positive and progressive system responses that enable people who are living with frailty to continue to play an active part in their community and maintain wellbeing for as long as possible.

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88. www.gmhsc.org.uk/wp-content/uploads/2018/04/09-Dementia-United-Implementation-Plan-Cover-Sheet-v2.0-TD.pdf

3.3 Local Policy and Guidance

3.3.1 Salford Locality Plan: Start Well, Live Well, Age Well[89]

The Salford Locality Plan is the 'blueprint' for health and social care in Salford. It explains how NHS Providers and commissioners, Salford City Council and voluntary, community and social enterprise sector will build on what is already in place so that services work better and cost less.

As part of the engagement work for this strategy, local people said that we should focus on mental health across the life course, working hard to help people to 'bounce back' from difficult life circumstance where possible and supporting people as early as possible if they experience mental health needs to prevent things becoming worse.

A focus on reducing stigma in relation to mental health and specifically dementia, in addition to increasing understanding in the general population has been a focus of this work via dementia friends training and approaches to support dementia friendly communities. Wider work has focused on developing asset based approaches, meaning that people's skills and abilities are supported to help them live well.

3.3.2 Salford CAMHs Transformation Plan[90]

The CAMHs Transformation Plan is Salford's children and young people's mental health plan and sets out how services should work together to support children and young people at the right time in the right place. In the most recent update, the plan highlights the integration with Salford's 0-25 Emotional Health and Wellbeing Programme and focuses on ways of testing out how emotional health and wellbeing support can be delivered more effectively and how CAMHs commissioning and pathways can be improved. Salford's Children and Young People's Emotional Health and Wellbeing Partnership is the 'expert reference group' for this work and oversees delivery of the CAMHS Transformation Plan and the CAMHS/Emotional Health and Wellbeing joint delivery plan.

Significantly increased focus and investment in young people's emotional and mental health over the past 3 years in Salford is beginning to transform capacity across the system and workforce and is improving pathways and access to services. The 'Thrive' approach (see section 4.1) is providing the framework for our transformation work, and central to this is ensuring that people (individuals and families, professionals and front line workers who support children and young people, service providers and the wider community) are engaged, informed and involved. Investment in training and development to raise awareness and improve skills and understanding in children's and young people's emotional health is at the core of our strategy.

3.3.3 Integrated Care in Salford

In 2016, Salford Council, Salford Royal NHS Foundation Trust (SRFT), Salford Clinical Commissioning Group (CCG) and Greater Manchester Mental Health NHS Foundation Trust (GMMH) agreed to set up an Integrated Care Organisation (ICO). The ICO is responsible for the provision of integrated care across Salford's adult population.

Salford Primary Care Together[91] brings together all of the city's GP practices across five neighbourhoods – Broughton, Eccles and Irlam, Little Hulton and Walkden, Ordsall and Claremont and Swinton. The approach helps to share resources, staff and services across the neighbourhood to improve the offer to local people.

Salford Together is a partnership between Salford City Council, NHS Salford Clinical Commissioning Group (CCG), Salford Royal NHS Foundation Trust, Salford Primary Care Together, Greater Manchester Mental Health NHS Foundation Trust and includes supply chain management of a range of adult social care services. Integrated commissioning has been in place in the city for adult services for some time. This sees joint commissioning across the Council and CCG with a combined budget for adult health and social care services. This means that money can be used more flexibly across health and social care offer the best support for local people's needs. Further integration is planned in relation to children's commissioning and Public Health, with interim agreements in place at the time of writing.

This joint approach is leading to development of new models of care, support closer to local people's neighbourhoods and more joined up pathways for how services are delivered. Mental Health services and approaches will need to align with this delivery approach to ensure that support is delivered in a holistic manner, with the person's needs at the centre of care delivery.

> **❝ It's the relationship between GP and patient that is important to me. ❞**
>
> **- Person with lived experience of mental health needs in Salford**

> **❝ Contacting services - how do you get in touch with Mental Health services if you're not already in the system? ❞**
>
> **- Person with lived experience of mental health needs in Salford**

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91. www.spctogether.co.uk/about-us/

FOUR. Objectives and Next Steps

4.1 Approach

4.1.1

The objectives set out in this section are aligned to the Thrive approach[92]. The Thrive model looks at removing diagnosis or levels of services and instead looks at the needs of the person. It places the person at the centre of any support and surrounds them with different types of help and support. It recognises that people may need more or less support at any given time and as such, our offer of support should be flexible. This model aims to encourage a multi-agency approach, including recognising that some types of support may be better placed in local communities, rather than services. As the person is placed at the centre of the model, it encourages services, communities and individuals to work towards a common goal: supporting someone to thrive. This model has been used by children and young people services for some time and aligns well to the 'life course' approach, looking at what people's needs are from early years (and before) to older adults and later life.

92. www.annafreud.org/what-we-do/improving-help/improving-help-for-professionals/service-redevelopment/thrive/

4.1.2

The information presented in this strategy document is a high level overview of the objectives being taken forward. This means that the work will be supported by a detailed action plan, with timescales which will be monitored by the Salford Mental Health Commissioning Strategy Group to make sure that progress is achieved. The action plan will make sure that local Salford people will be able to hold the work to account and fully engage with developing and implementing the approaches arising from the strategy. The action plan will be underpinned by an assessment of the strategic priorities, current progress, finance requirements and capacity to undertake the work which will help us to manage our approach to the range of recommendations in the strategy.

4.1.3

Improving the emotional wellbeing and mental health of Salford people is a system-wide approach and therefore requires involvement and commitment from a range of organisations, communities and individuals. Making our vision a reality will require a combination of innovation and robust review and transformation processes. In order to manage this in a structured way, the Salford Mental Health Commissioning Strategy Group will need to hold the oversight of this work, which will require widening of its membership (e.g. to include service providers such as Greater Manchester Mental Health NHS Trust and Manchester Foundation Trust, Voluntary Sector Representation, and clinical input across both children, young people and adult mental health) to ensure the input of a range of Salford partners to ensure system ownership of the strategy.

4.1.4

To ensure that this strategy is meaningful and makes a different to local people, the engagement approaches used to inform the development of the strategy must continue throughout the lifetime of the strategy. Engagement should be sustained and varied, offering local people choice about how they engage with the process. Conversations with local people should be ongoing and open, with a two-way flow of ideas and discussions to how the objectives outlined in the strategy are put in place. This will be achieved through a range of working groups, engagement projects, co-produced action plans and checking back with local people on the impact of the work undertaken. We also plan to use World Mental Health Day as a way to report back on annual achievements and to engage with local people to inform planning for the next year.

4.1.5

We would encourage organisations, groups, communities and different parts of the Salford system to consider their response to this strategy. They may wish to develop their own action plans over and above those contained in this document. Development of actions and objectives are required by partnership organisations, systems and communities to fully ensure that they are taking responsibility for raising awareness of

mental health needs, building a culture which supports positive emotional wellbeing, integrating mental health support into wider models of care, developing capacity in their communities and workforce to have the understanding and knowledge to support good mental health and ensuring that parity of esteem for mental health is achieved.

4.2 Summary of Objectives and Actions

4.2.1 Objective 1

Objective:

Develop an observable culture shift towards person centred mental health care.

What does this mean?

This will see us redesign systems and workforce for mental health care, with a shift towards prevention and community organised systems, focused on the person's needs rather than just their diagnosis.

Examples of key actions:

- Explore new models of mental health care, learning from exemplar models of good practice (e.g. Lambeth Living Well model). Identify opportunities for development and transformation in Salford – in particular facilitating better integration between mental health care and primary care services (e.g. GP, audiology, opticians etc.)

- Transformation of mental health support to align with neighbourhood approaches and care delivery models, with a focus on outcomes based commissioning

- Encourage schools to work closely with the VCSE sector to develop supportive approaches to emotional wellbeing.

- Scope need and requirements of dementia related prevention work.

- Work alongside the Salford Carer's Strategy to support unpaid carers with improved understanding and training around mental health awareness.

- Continue to ensure strong links between community services supporting people with mental health needs and their carers e.g. welfare rights and debt advice, advocacy provision.

Objective:

Build resilience in childhood to improve the ability to manage emotional wellbeing throughout their lives and through to older age.

What does this mean?

This will see improved support for families, building on attachment and role modelling of positive behaviours

Examples of key actions:

- Supporting parents with developing skills and healthy behaviours, including: diet and cooking, emotional resilience, and sleep / behaviours support, preparedness for new baby as described in the local 0-19 agenda.

- Improving the offer and access to primary care counselling, school counselling and children's provision

- Development of Greater Manchester standards to improve mental health support in schools

- Scope data and local need relating to the mental health needs of young people who are not in education, employment or training (NEET) or at risk of becoming NEET to inform further work

- Explore opportunities to intervene early to prevent additional mental health needs (e.g. situations relating to domestic violence, families needing additional help, links to gang culture)

Objective:

Ensuring that 'health' includes an equal importance on mental and physical health.

What does this mean?

This focuses on ensuring that mental health and physical health have an equal focus and are treated as interrelated

Examples of key actions:

- Develop language with young people and service users that asks 'what matters to them'

- Developing the awareness and response to the mental health needs of people presenting with physical health needs, including those individuals with a terminal diagnosis

- Review of the recovery and discharge planning processes following a stay in hospital to increase focus on recovery, particularly for older people.

- Develop a focus on physical health for those people with secondary care mental health services – particularly focusing on reducing smoking and alcohol use and improving healthy eating. Ensure that the Stop Smoking offer for Salford aligns with this approach.

- Expanding joint approaches across mental health and substance misuse services to support people holistically.

- Improve mental health awareness across GPs in the City

- Seek parity in training and funding

4.2.4 Objective 4

Objective:

Identify as early as possible when people need more support to maintain good mental health and wellbeing.

What does this mean?

This will include identifying people who may be particular at risk of developing mental health needs (for example people with Adverse Childhood Events, people who have experienced life changing circumstances and socially isolated individuals.

Examples of key actions:

- Develop a trauma informed approach across services

- Explore commissioning approaches to reduce isolation and increase social interaction within the community

- Exploration of the pathway for timely mental health support for homeless people or people at risk of becoming homeless

- Consider new models for supporting young people with food banks and couch surfing which links with community hubs.

- Consider the support offer to people living in private sector housing of poor quality.

- Early help to identify and support children and young people in distress and their families to prevent issues from escalating and impacting on mental health.

4.2.5 Objective 5

Objective:

Achieve the targets set out in the NHS 5 Year Forward View for Mental Health (5YFV)[93]

What does this mean?

This involves achieving the requirements set out in our local and Greater Manchester response to the Five Year Forward View targets.

Examples of key actions:

- Support the development of perinatal support

- Develop supportive pathways to enable people with mental health needs to remain in employment

- Improve the mental health provision across the Criminal Justice System:

- Increasing the number of people able to get support from IAPT services, including those people perinatal mental health needs and those with Long Term Conditions (LTCs)

- Reducing the number of out of area acute placements on a footprint, local and GM conurbation

- Reducing waiting times for Child and Adolescent Mental Health Services (CAMHs) in line with national guidance

- Take forward the actions under the CAMHs transformation and 0-25 test case combined project plan

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93. www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

4.2.6 Objective 6

Objective:

Ensure equality of access and promotion of mental health and mental wellbeing services.

What does this mean?

This includes improvements to how we support people with additional needs to access mental health services, how services can become more accessible through the use of reasonable adjustments and improving how services engage with the people they are supporting.

Examples of key actions:

- Evaluate the Salford Personality Disorder pathway.

- Navigation of care support for people in the community who are diagnosed with dementia and their carers (aligned to the Salford Carers Strategy)

- Support mental health services to integrate understanding of Autistic Spectrum Conditions in to their approach to supporting people that require mental health services, recognising that awareness of the experience of autism is important in shaping the approach to how mental health treatment is offered

- Evaluate the current approaches to post-diagnostic support for people with dementia

- Support for people with Learning Disabilities, communication needs and sensory disabilities to access IAPT services

- Implementation of the GM CAMHS specification and other GM standards for children and young people including Looked After Children (LAC) therapeutic standards, Community Eating Disorders and GM Crisis Care Pathway.

4.2.7 Objective 7

Objective:

Review and redesign the mental health care pathways across the life course.

What does this mean?

This includes a focus on the support offered to people needing crisis care, the accommodation spectrum and supporting people with complex support needs.

Examples of key actions:

- Adult Mental Health Care Pathway Redesign

- Improve transition arrangements and transition planning between children and adults services to reduce opportunities for gaps in provision and ensure continuity of care, especially for the most vulnerable.

- Explore a co-produced review of crisis care support, particularly out of hours support in partnership with the VCSE sector.

- Explore opportunities to align mental health with new care models of care delivery

- Review of management of people with dementia in acute hospital settings, including the potential for more appropriate settings.

- Review the outcomes of the GMMH pilot project relating to dementia support in-reach to care homes to inform service redesign

- Develop an end of life care and dementia action plan

- Develop approaches to support families that experience mental health difficulties

4.2.8 Objective 8

Objective:

Improve how we work together

What does this mean?

This includes commissioners, providers, voluntary, community and social enterprise (VCSE) sector organisations and service users and carers working together by increasing co-production and social value, supporting increased recognition of the service user and family voice, and through development of shared solutions, workforce and approaches.

Examples of key actions:

- Ensuring that Salford's mental health providers are developing new solutions to managing the workforce demand (including recruitment, workforce roles and digital solutions). This will need to include development of the training offer and will be informed by the work on ethical care.

- Developing the support we offer to our local workforces e.g. those people employed by the Council, SRFT, CCG and GMMH to help to inform how we support other employees across the city.

- Support the movement of clinical expertise into the community setting to support people's wellbeing earlier and to prevent hospital admission

- Co-design the detail of service delivery in line with population health approaches

- Ensure further integration of mental health within neighbourhood models of care

- Explore new payment models which support system outcomes and shared objectives to improve the experience for people accessing adult mental health services

- Agreement for each partnership organisation to provide assurance to the Commissioning Strategy Group on how the strategy is being progressed in their respective organisations.

4.3 Making A Difference

4.3.1

We recognise that there will be some groups, communities and services not covered by this strategy. Whilst the strategy covers all ages, it does not cover specific groups (e.g. people with Learning Disabilities, people with Autistic Spectrum Conditions or individuals with personal experience of drug and alcohol misuse). The interconnectivity of these groups and communities is supported through links to existing strategies in Salford, aligning actions to ensure a joined up approach to supporting people with multiple needs. In addition, whilst Specialist Commissioning does not sit under this strategy, there will still need to be clear referral routes and pathways into existing and redesigned care models to ensure that people experience smooth transitions and appropriate support as and when they need it.

4.3.2

To ensure that the strategy informs operational practice, the action plan suggests the use of mental health champions throughout to system. The purpose of the mental health champions will be to support the practical implementation of the strategy within the system, ensuring consistent approaches to supporting with mental health needs, championing the voice of people with lived experience of mental health within service design, identifying training needs, reinforcing pathways and ensuring the integration of mental health in existing transformation programmes and business planning cycles.

4.3.3

Monitoring of the strategy will be informed by existing measurements and metrics from across the system. The 5 Year Forward View targets are underpinned by a set of existing measures; locally, regionally and nationally which are monitored by specific working groups. Examples of these measurements include: reductions in out of area placements, reductions in length of stay, increases in access rates and increases in recovery rates. In addition, the impact of wider determinants of health are measured across the system, including rates of employment and education, feelings of safety in the local community and community connectedness. These measures, along with locally reported experiences and individually measured outcomes will be used to monitor the progress of the strategy.
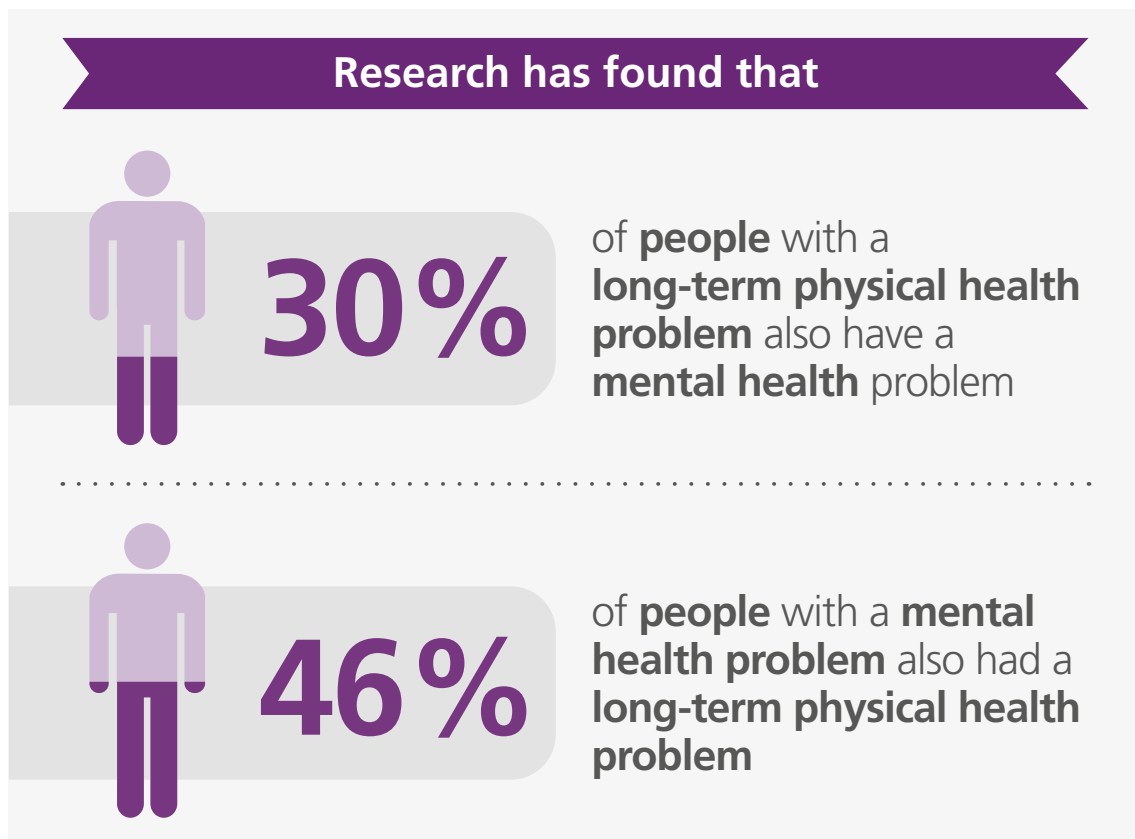
4.3.4

Assurance on wider system action plans will also be sought by the Commissioning Strategy Group. To ensure that local people are able to hold the delivery of the action plan to account and are fully involved in implementing the strategy,

an annual update and review will be shared on the CCG and Salford Council webpages to provide an overview of the activity in year and the forthcoming areas of development. Ongoing communications will be in place to ensure that there is a two way conversation between local people, organisations and communities to ensure that approaches are co-designed and delivered throughout the lifetime of the strategy.

4.3.5

Assurance on wider system action plans will also be sought by the Commissioning Strategy Group. System leaders will be required to provide assurance to the Commissioning Strategy Group that the actions in the strategy are being translated into practice in their individual organisations and work programmes. To ensure that local people are able to hold the delivery of the action plan to account and are fully involved in implementing the strategy, an annual update and review will be shared on the CCG and Salford Council webpages to provide an overview of the activity in year and the forthcoming areas of development. Ongoing communications will be in place to ensure that there is a two way conversation between local people, organisations and communities to ensure that approaches are co-designed and delivered throughout the lifetime of the strategy, and that local people are able to inform the Strategy Group on the differences the strategy is making to people's lived experience.

Research has found that

30% of **people** with a **long-term physical health problem** also have a **mental health** problem

46% of **people** with a **mental health problem** also had a **long-term physical health problem**

www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2015

FIVE. Help in Salford

In an emergency or crisis, help is available from:

Samaritans
116 (free to call). Samaritans offer emotional support 24 hours a day.
Email us at jo@samaritans.org / online at **www.samaritans.org.uk**

Papyrus HOPELINEUK
0800 068 4141 Text: 07786209697 this is a confidential suicide prevention helpline
service for young people, open 10am to 10pm weekdays, 2pm to 10pm weekends,
2pm to 5pm bank holidays. For anyone thinking about suicide or for anyone
concerned about a young person. Email us at pat@papyrus-uk.org / online at
www.papyrus-uk.org

Support in Salford
Greater Manchester Mental Health NHS Foundation Trust (GMMH)
www.gmmh.nhs.uk/

Salford CCG
www.salfordccg.nhs.uk/mental-health-services-in-salford
www.salfordccg.nhs.uk/preventsuicide

Salford City Council
www.salford.gov.uk/health-and-social-care/health-services/mental-health-support/

Salford children and young people's emotional health and wellbeing directory
www.partnersinsalford.org/youngemotionalhealth.htm

Young people's emotional health and wellbeing online resources
www.wuu2.info/emotional-health-and-wellbeing

Welfare Rights and Debt Advice
Salford City Council Welfare Rights and Debt Advice Service
www.salford.gov.uk/welfarerights

Citizen's Advice
salfordcab.org.uk/

Glossary

- **Adverse Childhood Events (ACE) –** Things that happen in childhood which could have a negative impact on emotional health and wellbeing e.g. parents divorcing, poverty, abuse, domestic violence.

- **CAMHS –** Child and Adolescence Mental Health Services

- **Co-production –** jointly working with services, organisations, service users, voluntary community and social enterprise sectors, local people and carers to develop and deliver the work.

- **Determinants of Health –** things that can affect our mental health such as housing, lack of money, lack of resources, difficult childhoods etc.

- **Five Year Forward View (5YFV) –** National plan for improving mental health services

- **GM –** Greater Manchester

- **IAPT –** Improving Access to Psychological Therapies. This is a term used to describe talking therapies

- **LAC –** Looked After Children

- **Needs Assessment –** Looking at the data, experience and research to understand more about people's needs in Salford

- **Parity of Esteem –** being equally as important as something else.

- **Perinatal –** the time before and after a baby is born

- **Post Diagnostic –** Something that happens after a diagnosis is received

- **Resilience –** The ability to 'bounce back' from challenges and difficult situations.

- **Strategy –** A plan for what we are going to do. This strategy looks at what we need to do over the next 5 years.

- **Thrive –** doing well

- **VCSE –** Voluntary, Community and Social Enterprise organisations.