



## Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Ensuring Good Mental Health and Wellbeing at Every Age

**Meeting Date:** 7 October 2015

**Responsible Officer(s)** Dr Judy Baxter

**Presented by:** Michelle Bradley

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### Recommendations

1. That the Board agrees and endorses the proposed steps to develop the CAMHS Transformation Plans for Bedfordshire.
2. That the constituent organisations of the Board confirm their determination to support the five ways to wellbeing campaign
3. That the Board notes the progress to date in promoting mental wellbeing and endorses the next steps, including an update on progress in six months.

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### Executive Summary

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| 1. | To receive an update on progress towards the Joint Health and Wellbeing Strategy priority of ensuring good mental health and wellbeing at every age. |
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### Background

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| 2. | The refreshed Joint Health and Wellbeing Strategy was agreed at the Board meeting in April. One of the priorities is to ensure mental health and wellbeing is promoted at every age. The mental health and wellbeing of our local residents is a key priority for health, social and community organisations working across Central Bedfordshire and Bedford Borough Councils. |
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<p>3.</p> <p>4.</p>	<p>Poor mental health is quite common; at least one in six people will experience a mental health problem in any one year and mental health illness is the leading cause of long-term absence from work. It affects any age group; 10% of 15-16 year olds experience mental health illness. In 50% of people with a lifelong mental illness, their symptoms started before the age of 14 and in 75%, symptoms started before their mid-twenties. Older people are at an increased risk of depression due to factors such as retirement, social isolation, bereavement, physical illness or disability and social isolation.</p> <p>The action plan includes the delivery of an integrated and impactful approach to roll out a local 'five ways to wellbeing' campaign across Bedfordshire during 2015.</p>
	<p><b>Introduction</b></p> <p>5. The purpose of the report is to provide an update to the Board on Central Bedfordshire Health and Wellbeing Strategy (2012-2016) priority to ensure good mental health and wellbeing at every age.</p> <p>6. East London Foundation Trust was awarded a 7 year contract in April 2015. They are working on a number of priorities as identified as part of the procurement process, including improving the crisis pathway, reducing the number of out of area placements for people and improving the environments within acute in-patient settings.</p> <p>7. A Recovery Board has been established, engaging different services across the system to improve recovery outcomes locally. This will focus on shaping those services supporting people to stay well, developing skills and enabling people to access pathways, such as those to employment, education, healthy lifestyles.</p> <p>8. Work has also commenced on the development of a model for a street triage service as part of the Crisis Concordat, which aims to go live in January 2016. This would help to identify people in crisis early on and ensure that they get the most appropriate help available.</p> <p>9. As part of our dementia pathway, work to implement national guidance on permitting GP's to make diagnosis of dementia for people in care and nursing homes has been implemented in Central Bedfordshire. BCCG have been working with Central Bedfordshire Council and GPs to agree a pathway and process to enable this to happen.</p> <p>10. There are some benefits to completing this, including care plan and medication reviews to ensure that people's needs are well understood, as well as acting as a trigger for discussions about advance care planning, managing physical illness and advice on when not to admit to hospital.</p>

11. In addition, plans are also in place to publicise case studies from service users as part of the wider work to reduce stigma and raise awareness about mental health.

**Performance**

12. **Adults in contact with secondary mental health services in employment (ASCOF-1F)**

Year	Central Bedfordshire	England Average	Eastern Region	Highest E Region	Lowest E Region
2010-11	17.5%	12.9%	9.2%	28.7%	3.5%
2011-12	5.4%	8.9%	10.1%	18%	2.8%
<b>2012-13</b>	<b>11.8%</b>	<b>7.7%</b>	<b>11.8%</b>	<b>15.9%</b>	<b>2.3%</b>
<b>2013-14</b>	<b>11.2%</b>	<b>7.0%</b>	<b>9.7%</b>	<b>12.9%</b>	<b>2.5%</b>

13. **Adults in contact with secondary mental health services living independently with or without support (ASCOF 1H)**

Year	Central Bedfordshire	England Average	Eastern Region	Highest E Region	Lowest E Region
2010-11	92.8%	74.9%	66.7%	92.87%	45.5%
2011-12	53.1%	54.6%	55.5%	71.4%	19.5%
<b>2012-13</b>	<b>78.2%</b>	<b>59.3%</b>	<b>68.5%</b>	<b>79.9%</b>	<b>32.8%</b>
<b>2013-14</b>	<b>74.4%</b>	<b>60.8%</b>	<b>66.0%</b>	<b>74.8%</b>	<b>16.7%</b>

**Wellbeing**



**5 Ways to Wellbeing**

14. The Wellbeing Strategy has been launched and an implementation plan is now in place to continue to promote and improve awareness and improve understanding in relation to the five ways to wellbeing.

**Incorporating and promoting the five ways to wellbeing in all policies**

15. Multiagency wellbeing forum has been established - 5 ways to wellbeing will be promoted over the next few months

16. Public Health have lead on the implementation of a communication strategy in collaboration with communications leads in BBC, CBC, BCCG and ELFT which will be evaluated.

17. The aims of the 5 ways to wellbeing campaign are:

- To raise awareness of the importance of mental health and wellbeing throughout Bedfordshire and to help people to understand on how small lifestyle changes can have a big impact upon living well for longer.
- To encourage local residents to take part in the campaign and try something new, resulting in a shift in behaviour towards improved mental wellbeing.
- To support residents who need specific help to seek advice and support from organisations.

18. The campaign has three phases;

**Phase 1** is Staff and Stakeholder Engagement. The campaign was launched with stakeholders in July 2015.

**Phase 2** will deliver monthly campaign themes, based on the 5 themes of wellbeing. Between August to Dec 2015, each month a new range of materials for communications leads to roll out across their networks and public facing channels, such as websites, social media and press releases will be used (and where appropriate, case studies) to promote each theme;

Theme	Month
Connect	September
Be Active	October
Take Notice	November
Keep Learning	December
Give	January

	<p><b>Phase 3 will evaluate launch.</b> The campaign will be evaluated against a range of criteria and next steps agreed</p>
19.	<p>The key performance indicators that have been identified are;</p> <ul style="list-style-type: none"> <li>• Press Coverage (audience size)</li> <li>• Social media reach</li> <li>• Volume of website visitors and downloads</li> <li>• Number of interventions from events</li> <li>• Number of Wellbeing champions who have signed up</li> <li>• Number of volunteers signed up</li> <li>• Number of dementia friends signed up</li> <li>• Number of #ChallengeStatements registered via social media.</li> </ul>
20.	<p>In addition, there is an aim to measure the number of appropriate residents who have accessed mental health service (as an increase from baseline data provided before the campaign starts).</p>
21.	<p>A range of self-help guides have been commissioned by BCCG and are now available for Central Bedfordshire residents at <a href="http://www.selfhelpguides.ntw.nhs.uk/bccg/">www.selfhelpguides.ntw.nhs.uk/bccg/</a></p> <p>These include guides on topics such as shyness and social anxiety, controlling anger, self-harm and bereavement.</p>
22.	<p>ELFT took over the delivery of Improved Access to Psychological Therapies (IAPT) as part of their Wellbeing Service on 1<sup>st</sup> April 2015. From this date to 31<sup>st</sup> August 2015, 3.4% of people with depression and/or anxiety (of the prevailing population) against an annual national target of 15% had entered treatment. Across Bedfordshire this equated to 1647 people. 48% of those people moved to recovery, 66% of people were treated within 6 weeks and 88% within 18 weeks. A bid for additional monies to reduce the backlog of people waiting for IAPT has been submitted to NHS England.</p> <p><b>Mental Wellbeing at Work</b></p>
23.	<p>The Wellbeing Strategy, led by Public Health, has been launched and in year 1 a number of initiatives continue to be implemented, with the aim to have a trained Mental Health First Aider in both Central Bedfordshire Council and Bedfordshire CCG, as well as Mental Health Champions within each directorate.</p>
24.	<p>Public Health is offering brief mental health first aid training for public sector staff-plan to train around 100 staff in 2015-16. Explore future possibilities of identifying and training a mental health first aid trainer in each organisation. Discussions initiated about promoting workplace wellbeing initiatives in key organisations. Suggest including the ONS4 questions on personal wellbeing into staff surveys. Identify mental wellbeing champion in organisations.</p>
25.	<p>Five ways to Wellbeing is also being promoted within organisations to raise awareness and improve understanding.</p>

## **Childrens' Mental Health**

### **Future in Minds**

26. In September 2014, the Government established the Children and Young People's Mental Health Taskforce. This national initiative brought together experts on children and young people's mental health including children and young people themselves with leaders from key national and local organisations across health, social care, youth justice and education sectors. Their aim was to identify what needed to be done to improve children and young people's mental health and wellbeing.
27. The Taskforce report is Future in Mind and was published in 2015 and it highlights some key principles about how to make it easier for children and young people to access high quality mental health care when needed.
28. The report identified a number of actions to help improve access to effective mental health support, including having a named contact with CAMHS and a named lead within each school. The named lead in school would be responsible for mental health, developing good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.
29. The report also recommended the development of a joint training programme for named school leads and CAMHS.
30. The pilot for the joint training will run during 2015-16 and its aims will be to;
- Raise awareness and improve knowledge of mental health issues amongst school staff;
  - Improve CAMHS understanding of specific mental health and well-being issues within schools
  - Support more effective joint working between schools and CAMHS
31. BCCG were successful as one of 15 CCGS, in their bid to become a pilot in the Child and Adolescent Mental Health Service (CAMHS) and Schools Link Pilot Scheme, which is aimed at improving working between school settings and CAMHS services. A grant of £50k is now available and this will be matched by a further £50k as part of the CAMHS transformation plans.
32. In Central Bedfordshire, the schools that expressed an interest in being part of this pilot were;
- Oakbank School, Leighton Buzzard
  - Weatherfield Academy, Dunstable
  - Samuel Whitbread Academy, Clifton

	<ul style="list-style-type: none"> <li>• Ivel Valley School, Biggleswade</li> <li>• The Chiltern School, Dunstable</li> <li>• Hawthorn Park Community Primary School, Houghton Regis</li> <li>• Central Bedfordshire Academy</li> <li>• Virtual Schools Head</li> </ul>
33.	<p>Another recommendation of the Future in Minds is the development of local plans to transform CAMHS services.</p>
34.	<p>Additional monies (£795k) have been identified to cover key priority areas for transformation;</p> <ul style="list-style-type: none"> <li>• Perinatal mental health</li> <li>• Eating Disorders</li> <li>• Children and Young People's IAPT</li> <li>• Early Intervention</li> <li>• Crisis Prevention</li> </ul>
35.	<p>Two stakeholder events have been held (10 August and 16 September) and feedback from these events will be used to inform the plan.</p>
36.	<p>There are a number of key principles that will underpin the plan and these are;</p> <ul style="list-style-type: none"> <li>• Removal of tiers</li> <li>• Multi-system working</li> <li>• Outcome based</li> <li>• Involvement of Children and Young people in goal setting</li> <li>• Based on Choice and Partnership approach (CAPA)</li> </ul>
37.	<p>A self-assessment is being finalised and is attached as an appendix for information.</p>
38.	<p>The next steps will be;</p> <ol style="list-style-type: none"> <li>1. Develop plan</li> <li>2. Sign off by BCCG Executive Board, Health and Wellbeing Boards and Specialist Commissioning</li> <li>3. Submission of plan (12<sup>th</sup> October 2015)</li> <li>4. Development of local Transformation Board</li> <li>5. Development of implementation groups</li> <li>6. Finalise models and pathways</li> <li>7. Development of detailed financial plans.</li> </ol>
39.	<p>In addition to the work detailed above, there are a number of activities that are continuing to support improving the mental health of children and young people;</p>

<p>40.</p> <p>41.</p> <p>42.</p> <p>43.</p> <p>44.</p> <p>45.</p> <p>46.</p> <p>47.</p> <p>48.</p>	<p>CAMHS continue to provide presentations to schools and agencies working with children and young people throughout Bedfordshire promoting mental health awareness to staff working with children and young people.</p> <p>CAMHS also provide ongoing presentations to pupils within Bedfordshire schools promoting positive mental health.</p> <p>In August 2015, CAMHS enrolled four members of staff on its Children and Young People and Increasing Access to Psychological Therapies (IAPT) training.</p> <p>A wellbeing service is provided by school nurses through their drop in service in middle and upper schools. School nurses are also trained to deliver tier 1 and tier 2 support interventions within schools.</p> <p>The Public Health Team in partnership with Central Bedfordshire Council, schools and the teaching school have established a Personal, Social, Health, Education and Pastoral Care network to share information and to facilitate networking events across the partnership.</p> <p>East London Foundation Trust (ELFT) CHUMS and Public Health in Central Bedfordshire have worked collaboratively to develop a follow up emotional well-being survey which is due to be rolled out in schools in the second half of the Autumn term to determine the reasons for low emotional wellbeing in young people in Central Bedfordshire. It is anticipated that this will help us to understand the causes and extent of the issue but also give us some insight into the things which help children and young people to cope. The results of this survey will be available in April 2016.</p> <p>This survey will be one measure in a range of agreed KPIs and outcomes that need to be agreed to enable us to fully understand the reasons why children have low emotional wellbeing, as well as enabling us to gain feedback from other services who provide support and engaging with young people directly. The CAMHS Strategy will then be refreshed. Samaritan's have provided an overview of contact with young people in Bedfordshire and this is attached for information as an appendix to this report.</p> <p>Post-discharge, support to children and young people who have self-harmed (particularly where there is a history of repeated self-harm), are given a three month period to contact the CAMHS service directly if they feel additional support is required or if they experience a relapse in their mental health.</p> <p>To ensure robust screening measures are in place for managing crisis cases, CAMHS are currently reviewing their process for managing all new referrals into the teams. The new screening measures proposed are further intended to manage the risk presented by:</p>
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	<ul style="list-style-type: none"> <li>• increasing the level of screening of cases through the implementation of a daily triage</li> <li>• Gathering additional information from relevant sources at the time of the assessment (including the voice of the child) to support the clinician to assess the level of urgency and prioritisation required.</li> </ul> <p>49. Processes are in place to provide a same day response to any urgent cases presenting to the local acute hospitals across Bedfordshire and Luton. This ensures young people presenting in severe mental health crisis receive a same day response. One to one support is also available to those presenting in acute settings with physical needs if it is further assessed that they may present a risk of harm to either themselves or others on the ward.</p> <p><b>Physical Health</b></p> <p>50. East London Foundation Trust have identified improving the physical health of their patients as a priority and have already commenced a number of actions;</p> <p><b>Health promotion and Physical Activity</b></p> <p>51. ELFT are implementing the Lester tool and rolling out training in the assessment of key cardio metabolic risks. Staff development includes identifying key interventions and treatment to improve the quality of holistic care being provided and the long term health outcomes for people with mental illness.</p> <p><b>Equipment</b></p> <p>52. Inpatient wards have had updated improved equipment to support effective monitoring of good physical health.</p> <p><b>Smoking Cessation</b></p> <p>53. ELFT are making good progress in appointing smoking cessation leads and training will be available for staff to enable them to support service users in offering a range of choices to enable them to stop smoking.</p> <p><b>Staff Training</b></p> <p>54. ELFT have introduced physical healthy training as part of the senior nurse development programme. This will be rolled out to all staff and includes assessment and management of chronic disease as well as providing staff with basic physical health check skills and recognising and responding to deterioration. In addition, all consultants will attend an annual physical healthcare update.</p>
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55. **Physical Health Nurse Practitioner**  
A Physical Health Matron has been appointed to support staff the assessment and management of physical health as well as developing driving forward local physical health initiatives.
56. **Food and fluid strategy**  
Work has also commenced on developing a food and fluid Strategy which is due to be completed in December and aims to address the nutrition and hydration needs of patients as well as healthier eating for staff and people visiting the hospital.
57. **Prevention and management of falls**  
All staff working in older peoples' services are attending falls prevention training and there has been a reduction in the number of falls and noticeable improved falls management.
58. **Improving nutrition in older people**  
Finally, ELFT are working with community dieticians and Bedford hospital to provide training and audit current practice as well as making recommendations for improvement including the implementation of Food First across all older adults' wards
59. A Business Case for a model of Liaison Psychiatry for both Luton and Dunstable and Bedford Hospitals has been developed by ELFT and is being presented to BCCG Executive on 17 September 2015.

**Maternal Mental Health**

60. Public Health have worked on developing a pathway for peri-natal mental health which is NICE compliant, where gaps have been identified, these have been shared as part of the workshops looking at Future in Mind outcomes, where peri-natal mental health is a priority.
61. In addition a gap analysis on local services has been completed by Public Health:

Service	Best Practice	Current Practice L&D shown in green	Further actions	Pathway
Maternity	Midwives trained in perinatal mental health and detection (JCPMH, 2012)	Training requirement is not explicit in	To check current level of training with maternity providers to	

			BHT Service Spec  L&D have appointed a Specialist Perinatal Mental Health MW	identify if gap  Training need identified to support midwifery teams	
	Maternity Services to ask all women about history and refer those with past history of serious mental illness (JCPMH, 2012)	In BHT Service Spec and in existing pathway to ask at booking  The Luton & Dunstable Hospital Perinatal Mental Health Guidelines support Luton women (not L&D patients) although women living in CB will usually follow this pathway		To capture in pathway	✓
	Routinely inform GP about pregnancy and ask for further info (JCPMH, 2012)	Not sure if this happens routinely  Within the Luton & Dunstable Hospital Perinatal Mental Health Guidelines, however standard practice of informing is		To build in to care pathway and maternity service spec	✓

			inadequate		
	<p>Access to perinatal MH Teams where past or present severe mental illness – preferably a specialist perinatal mental health service (NICE, 2014)</p> <p>Maternity should have access to perinatal mental health teams (JCPMH, 2012)</p>	<p>Currently referral made to CMHT (ELFT) by form or letter to Bedfordshire Wellbeing Service, Dallow Road, Luton.</p> <p>If current mental health problems, Obstetrician refers to MH teams i.e. (IAPT)</p>	<p>Consider if funding to provide a specialist perinatal mental health service.</p> <p>Possible training for CMHT to develop skills in perinatal MH</p> <p>Awaiting Single Point of Access</p>		
	<p>Access to designated specialist clinical psychologists linked to maternity (JCPMH 2012)</p>	<p>Hospital based psychiatric liaison Team in L&amp;D and one post currently funded in BHT</p>	<p>IS this working? How does it add to the pathway?</p>		
	<p>Midwives to routinely enquire about women’s current mental health during pregnancy and the early postpartum period (JCPMH, 2012)</p> <p>Women to be asked at first contact and during postnatal period the 2 Whooley Questions and consider using GAD-2 questions (NICE, 2014).</p> <p>At all contacts after</p>	<p>BHT Service Spec requires assessment using Whooley questions at first contact, booking and postnatally.</p> <p>The maternity dashboard requires a 95% rate of women asked detection</p>	<p>Pathway to use the DH Guidance (2012) recommendation of repeated asking at 8-12 weeks, 16-28 weeks and 32-36 weeks</p> <p>Look at additional tools e.g. GAD-2, GAD-7, PHQ9 and EPDS</p> <p>Sample audit to be conducted end of Sept and</p>	✓	✓

	<p>the first contact with primary care or the first booking visit, HV and other health professionals who have regular contact should consider asking the 2 depression (Whooley) questions and the GAD-2 questions as part of general discussion and using the EPDS or PHQ-9 as part of monitoring (NICE 2014)</p> <p>Repeated use of Whooley detection questions at 8-12, 16-28 and 32-36 and postnatally by the MW/HV. Evidence from audits suggest women disclose more with repeated asking (DH, 2012)</p>	<p>questions at booking.</p> <p>Pathway includes PHQ9 and GAD-7 for further assessment</p>	<p>6 monthly thereafter by BHT and L&amp;D</p> <p>Monitoring of performance via Dashboard 2015/16</p>	
	<p>Midwives to inform GP when MH referrals are made (NICE 2014)</p>	<p>Not known</p> <p>Within the Luton &amp; Dunstable Hospital Perinatal Mental Health Guidelines, however standard practice of informing needs improving</p>	<p>To build in to care pathway</p>	<p>✓</p>
<p>These gaps are being reviewed as part of the CAMHS Transformation Plan work.</p>				

<b>Issues</b>	
Governance & Delivery	
62.	In general, progress will be reported to the Health and Wellbeing Board on a six-monthly basis. To comply with the requirements for delivery of CAMHS Transformation Plans, a Board will be established to oversee local delivery.
Financial	
63.	With the exception of the CAMHS Transformation Plan, all recommendations will need to be delivered within the available resources and opportunities to improve outcomes and deliver efficiencies will be pursued. In relation to CAMHS Transformation Plans, subject to approval of plans, NHSE will release £795k to support local transformation.
Public Sector Equality Duty (PSED)	
64.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">No</span>
	If yes – outline the risks and how these would be mitigated

<b>Source Documents</b>	<b>Location (including url where possible)</b>
Joint Health and Wellbeing Strategy	
Self- assessment CAMHS	Appendix A
Samaritans brief report	Appendix B
Presentation on Future in Mind	Appendix C