



Cambridgeshire Children, Families and Adults Services

Social Care Strategy for Adults with Mental Health Needs, 2015-2018

What is important to you in your community?

"The community feel, talking with mums at the school gates, knowing the vicar/shop owners/pub landlords. Having plenty of green space and a children's playground to take the kids/dog. Having a great library. Feeling safe when I go running".

'Let's Talk' survey

Healthwatch and SUN Network

Contents

Summary.....	4
1.Introduction.....	8
1.1 Vision and aims of the strategy.....	9
1.2 What do we mean by wellbeing and mental health social care?.....	9
2. What do we know about mental health need?.....	10
2.1 What the data tells us.....	10
2.2 What people who use services said we could do better.....	11
2.3 What carers have said we could do better.....	13
2.4 What professionals and partners have said.....	13
3. The National and local context.....	14
3.1 No Health Without Mental Health and Closing the Gap.....	14
3.2 The Mental Health Act 1983 as amended 2007.....	15
3.3 Mental Health Crisis Concordat 2014.....	15
3.4 The Care Act 2014.....	16
3.5 Wellbeing Principle.....	17
3.6 New Council duties to Carers and Safeguarding.....	17
3.7 Transforming Lives Strategy.....	18
3.8 Financial challenges and how this strategy will contribute.....	19
3.9 Improving Wellbeing and Transforming Lives for Mental Health in Cambridgeshire.....	20
4. The evidence base of what works in mental health social care.....	21
4.1 Employment.....	21
4.2 Housing and homelessness.....	21
4.3 Debt and Money management.....	22
5. Existing Services.....	22
5.1 What do we spend?.....	22
5.2 Geographical spread.....	23
5.3 Access by age.....	24
5.4 Access by Gender.....	24
5.5 Ease of access to services.....	24

5.6 Spread of services by Transforming Lives Tier.....	24
5.7 The Approved Mental Health Professional Service.....	25
5.8 How our services are performing against our targets.....	25
6. Proposed Actions.....	26
6.1 Transforming Lives Tier 1.....	29
6.2 Transforming Lives Tier 2.....	31
6.3 Transforming Lives Tier 3.....	32
7. How we will monitor the implementation of this strategy.....	34
8. References.....	35
Appendix 1: Complimentary Strategies and Policies.....	35
Appendix 2: 5 Values Consultation.....	37
Appendix 3: Stakeholders consulted and key themes identified.....	39
Appendix 4: Feedback from Social Workers at the Mental Health Social Care Workshop.....	44

Summary

We know that there is no health without mental health. Meeting the social care needs, such as having control over day to day life, participation in work, education or training and financial wellbeing, of people who are vulnerable due to their mental health needs is a key priority for Cambridgeshire County Council. The services it supports are significant contributors to the health and social care system as well as the community. For example, within the estimated population of 392,217 of 18-64 years olds within Cambridgeshire there are an estimated 63,000 people (16%) with a mental health problem such as anxiety or depression and 6,784 people (1.8% of the population) registered with their GP are known to have a serious mental illness such as schizophrenia. Social care will play a significant role in enabling these people to live well in their communities.

For example, people who have complex and severe mental health problems are likely to use specialist mental health services within Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). In May 2015, 3,188 18-64 year olds were using the Trust's services, which is 0.8% of the general population. Of these people using CPFT's services, 561(17.6%) were receiving social care support through the provision of an individual package of care to address their social care needs and enable them to live independently as possible.

Understanding the relationship between the duties and services provided by the Council and those provided by the NHS, is an important part of ensuring services are experienced as seamless when provided together and that access to the Council services is equitable. This includes a broad range of possibilities from jointly supporting people with severe mental health problems with their journey to recovery to a spectrum of joint care.

It is possible that a person may have an acute episode of mental illness and be admitted to specialist mental health services but have low social needs, such as a person who has a successful business or career, has close family and friends, their own home and links to their community. In contrast, it is possible that a young person has a mental health problem such as anxiety and depression that does not require admission to specialist mental health services, but their social circumstances are complex and significantly impacting on their ability to live well, such as a young person who has been in care and is moving to adulthood and independence.

Additionally, it is known that the population and, therefore, demand on services will continue to increase. We are facing significant challenges to ensure help is available for people with mental health needs as growth across Cambridgeshire over the next 15 years increases demand in already very busy services.

We are therefore trying to provide support to more people at a time when social care budgets have already been reduced and when we know that resources will be stretched ever further in the years ahead.

The messages from our service users tell us that whilst the current system of professional social care and health services has many strengths, there are areas for improvement. Their feedback is that there can be a lack of information about where to get help, uncoordinated support from different organisations and an over-focus on medical, institutional or deficit-based interventions.

Service users are also telling us that they want to feel connected as part of their community and have social contact. Isolation is a key issue and people are asking for help to make connections and build relationships in their communities.

Nationally, the introduction of the Care Act 2014 and its concept of ‘Wellbeing’ impacts upon how mental health social care services are delivered, because of the duties it places on the Council to put more emphasis on responding to the needs of carers, placing more control in the hands of the individual over their care and providing better access to information.

Together this picture of rising need and diminishing resources, coupled with the messages from service users and government policy, suggest that we need to develop a new model for supporting people with their social care needs. It is clear that this model needs to combine the existing treatment services and social care with support linked into communities that helps people to be as independent as possible and be supported by friends, family, volunteers, community groups, charitable organisations and universal services as well as statutory agencies.

This Social Care Strategy for Adults with Mental Health Needs is therefore aligned with the Transforming Lives Programme which is Cambridgeshire County Council’s new overarching model of social work and social care.

The Transforming Lives model has three tiers,

1. help to help yourself
2. help when you need it
3. help for people with ongoing support

Our strategy and priorities at each of these tiers is shown below.

Table 1. Summary of Priorities and Why by Transforming Lives Tier

	Proposed Priority	Why do we need to take action?
	Priority 1. Clear and accessible information about support services is available	Service users, carers and professionals are telling us that information needs to be better

<p>Transforming Lives Tier 1:</p> <p>Help to help yourself</p>	and well publicised	<p>publicised and easier to find</p> <p>To meet duties in the Care Act 2014 and the Council's Transforming Lives model of social care</p>
	Priority 2. Individuals and their families are enabled to achieve and sustain their Wellbeing through links to strong and resilient communities	<p>To meet duties set out in the Care Act 2014 and the Wellbeing principle</p> <p>Service users are telling us that being connected to their communities helps keep them well</p> <p>To meet predicted increases in mental health need and financial challenges in the public sector</p>
	Priority 3. Vulnerable people with mental health needs and their carers find the support and care system easy to navigate	<p>Service users and carers are telling us that the system is difficult to navigate</p>
	Priority 4. Carers are assured of what will happen when they are no longer able to care	<p>Carers are telling us they want clarity and assurance about what will happen when they can no longer care</p>
	Priority 5. There is access to housing and debt and support with money management	<p>Evidence review of what works in mental health social care suggests that these are key areas that affect mental wellbeing</p>
	Priority 6. Social Work practice and care has been transformed and is focused on supporting people to gain and retain their independence	<p>To meet duties in the Care Act 2014 and the Council's Transforming Lives model of social care</p> <p>Professional are telling us that the needs of the families of service users, particularly those of children, need to be identified and met</p> <p>To meet predicted increases in mental health need and financial</p>

<p>Transforming Lives Tier 2:</p> <p>Help when you need it</p>		challenges in the public sector
	Priority 7. An effective re-ablement service is available in mental health	<p>To meet duties in the Care Act 2014 and the Council's Transforming Lives model of social care</p> <p>To meet predicted increases in mental health need and financial challenges in the public sector</p>
	Priority 8. A countywide Approved Mental Health Professional (AMHP) service with sufficient capacity	<p>To have highly qualified staff able to respond to need at a point of crisis</p> <p>To meet the Council's duties under the Mental Health Act to provide Mental Health Act Assessments</p> <p>To deliver to the Crisis Concordat Declaration</p>
	Priority 9. Social care services to support people with mental health need are accessible at evenings and weekends to support people when they need it in and in the way that works for them	<p>To meet the Department of Health's 'Closing the Gap' priority to improve access to services</p> <p>Service users are telling us that 'personalisation' is a key value that they expect from services</p>
	Priority 10. Services are available to support service users across Cambridgeshire, with particular awareness of areas of deprivation	<p>Review of existing services suggests some services are accessed to a greater extent in some areas of the county</p> <p>Evidence suggests that deprivation can increase poor mental health</p>
	Priority 11. A clear and robust transitions pathway from children's and young people's services to adult social care is in place	Professionals, parents and carers are telling us that the transition from children's to adults services needs improving
	Priority 12. People are supported to take up the opportunity for direct payments which provides	To meet duties in the Care Act 2014 and the Council's Transforming Lives model of

<p>Transforming Lives Tier 3:</p> <p>On-going support</p>	<p>greater them with choice and control</p>	<p>social care</p> <p>Cambridgeshire's performance is below its target in regards to people with mental health needs taking up direct payments</p>
	<p>Priority 13. There is a seamless and easily accessible carers pathway for people who care for a person with mental health needs</p>	<p>To meet duties in the Care Act 2014</p> <p>Carers are telling us that they want a system that is easier to navigate and support and information that is easier to find</p>
	<p>Priority 14. People with on-going needs are supported to gain greater independence</p>	<p>Cambridgeshire's performance is below target in regards to the proportion of service users with mental health needs receiving reviews of their care packages</p> <p>To meet duties set out in the Care Act 2014 and the Wellbeing principle</p> <p>Service users are telling us that being connected to their communities helps keep them well</p> <p>To meet predicted increases in mental health need and financial challenges in the public sector</p>
	<p>Priority 15. There is a robust and high quality mental health Social Work workforce in Cambridgeshire</p>	<p>Professionals are telling us that the recruitment and retention of high quality staff needs improving</p>

1. Introduction

This strategy sets out the Council's vision of how it will work with people resident in Cambridgeshire who are adults up to the age of 64 years old and are vulnerable as a result of their mental health needs; to support them to retain their independence, keep and build their relationships with their friends and their family, and to be a part of their community.

Mental health need is often complex and far reaching and requires a 'whole system' approach. Mental health social care is different from mental healthcare. Healthcare needs are related to the treatment, control or prevention of illness and the after care of a person with these needs.

Therefore, this strategy sits within a wider comprehensive suite of complementary strategies which emphasise different elements of this whole system. These include the Emotional Wellbeing and Mental Health Strategy for Children, the Suicide Strategy, the Clinical Commissioning Group's Commissioning Strategy for Mental Health and Well-Being of Adults of Working Age and, in particular, the Public Health Mental Health Strategy from which this strategy draws information directly. There is a full list of relevant strategies at the end of this document.

1.1 Vision and aims of the strategy

Through working in collaboration with communities, service users, their families and partner agencies we want to:

- ◆ Enable people to live independently
- ◆ Support people in a way that works for them
- ◆ Support the development of strong, connected communities
- ◆ Recognise the strengths of individuals, families and communities and build upon these
- ◆ Work in partnership to achieve this

(CCC, 2014 Transforming Lives Strategy)

Therefore this strategy is intended to:

- ❖ Provide our partners and others with a clear outline of where we are now, (see section 5) and where we want to be (see section 6)
- ❖ Set out the information on which we have based these decisions (see sections 2-5)
- ❖ Be a resource to support opportunities to work more closely with our partners bring our strategies together (see section 7 – How we will implement the strategy)

1.2 What do we mean by wellbeing and mental health social care?

Under the Care Act 2014, the Local Authority has a duty to provide care and support to vulnerable people to enable them to live independently in their communities and in

doing so, the local authority must focus on the person's wellbeing and the outcomes that matter to them in their lives. The area of vulnerability in this strategy relates to mental health need.

Mental health need may be experienced in a range of forms and levels and is often referred to as an illness or disorder such as depression or schizophrenia. People also use the term 'mental health wellbeing', of which there are several definitions. For the purpose of this strategy we have adopted the use of the Care Act description as this underpins all Council duties for adult social care in law and is the fundamental to how we will deliver mental health care and support in the future. Full details of the Care Act Wellbeing description is given in section 3 of this document.

2. What do we know about mental health need?

2.1 What the data tells us

Latest available data suggest that the population of adults aged 18-64 years in Cambridgeshire is 392,217 (Office for National Statistics, Population Estimates 2013). The Cambridgeshire County Council Public Mental Health Strategy 2015-2018 states that in Cambridgeshire;

- There are an estimated 63,000 adults aged 18 – 64 years with a common mental health disorder.
- 6.2% (44,058) of adults over 18 years had depression in 2013/14. The England average is 6.5%
- 6,784 people who are registered as GP patients in Cambridgeshire have a severe mental illness
- The number of 18-74 year old people in contact with secondary care services that die compared to the number who die in the general population at the same age is far higher. For every 100 people who die in the standard population there are 319 deaths in the population of people with severe mental illness. The average for England is 347 people.

There are local variations in need in Cambridgeshire and certain social factors can increase the risk of people experiencing poor mental health. Factors such as; income, employment, barriers to housing, education, living environment and crime, as well as health and disability can impact on mental health and an individual and their family's ability to live well. An example given in the Public Health Mental Health strategy shows that there were higher admissions to hospital for self-harm from areas where deprivation was higher.

In relation to these risk factors in Cambridgeshire;

- In 2013/14 there were 610 households that were accepted as being owed a duty by the local authority under homelessness legislation and who were eligible for assistance, unintentionally homeless and in priority need.
- 0.25% (1,030 people) of working age population is long term unemployed. The England average is 0.73%
- 4.2% (810) of all young people aged 16-18 years were not in employment, education or training in 2013. The England average is 5.3%

Therefore, in the analysis of our existing services we have looked in detail at:

- Access to services across Cambridgeshire to see where we are providing services
- Age of people using services
- Whether people are able to self-refer
- How effectively the organisations we commission provide employment and training, housing and accommodation, financial and money management services for people with mental health needs.

2.2 What people who use services said we could do better

Receiving feedback from service users and carers is an ongoing process and their formal and informal contribution has been vital to the development of this strategy.

Initial engagement with users took place between March 2014 and March 2015 via the Let's Talk Survey hosted on the Cambridgeshire Healthwatch website. It was also supported by The Service User network (SUN). This took the form of an online survey, focus groups and meeting discussions.

Key messages from the survey were:

Information on mental health support services needs to be better publicised and available for the public and professionals. GPs, in particular, were identified as needing more training and access to information about mental health support

- 'Better understanding of the services that are available and easier access to services. Empowerment to be able to help myself'
- 'Simple attractive information communicates.'
- 'Many people with mental health problems do not use computers so large print well laid out attractive design information for people to handle.'

Getting out of the house and having connections and relationships within the community is one of the most important ways to keep people feeling well but some people need support and encouragement to be able to do this

- 'When I'm not well I don't want to leave the house and this makes me worse. I would need support and encouragement...Perhaps if I could see them online? Otherwise the best support would be a phone call to encourage me to go out, but doubt that is feasible.'
- 'Feeling isolated in the community is core to remaining unwell..'
- 'Just a suggestion, but why not invest some time in the notion of a buddying system...perhaps having a mentor sponsor as in AA that is specifically there to support you one-to-one with your issues could be just the support someone needs to leave the house/ go for a walk/ do something social.'

Complementary to this, themes have emerged from other local mental health service consultation exercises¹; these are:

- Carers (of any age) need more support to cope with their caring role¹
- The need for support for mental health service users to get employment¹
- The need for access to accurate information/signposting¹

The Sun Network which is commissioned to engage with service users has recently completed an exercise to pull together a set of values that service users have identified as key values that services should demonstrate:

1. Personalisation
2. Inclusion
3. Empathy
4. Honesty
5. Working together

A full and detailed description of what these values mean in practice for service users can be found as Appendix 2.

¹ Cambridgeshire & Peterborough CCG System Transformation open 'speedback' consultation events.

2.3 What carers have said we could do better

The following views have been gathered from carers groups directly and indirectly through other Council work. Groups include Carers Trust support group and Rethink.

What carers are telling us they need

- A system that's easy to navigate: a single point of access or 'front door' and getting through to the right person in a crisis rather than being passed around
- Advice and support when needed, including information that's easy to find
- Access to social care support regardless of whether the cared for person is in secondary care services
- Clarity and assurance about what will happen to the cared for person if the carer can no longer care

2.4 What professionals and partners have said

Safeguarding people from self-neglect and people who hoard.

In examining existing services an area of need that is not currently covered well by existing services is responding to the needs of people suffering from self-neglect by hoarding to a nature and degree that it impacts on their safety and the safety of their environment.

The Care Act 2014 has introduced several new legal duties in relation to Safeguarding. Safeguarding is a shared responsibility with other public services but Councils have a lead coordinating responsibility. The Fire Service has identified people who hoard as a high risk of harm or death by fire and that it is often found that people who hoard have mental health needs. There is currently good work that is completed in the wider mental health system in relation to individual cases. However, it has been identified that we have a gap in coordinating a multi-agency response to this unique area of need. This has informed our proposed actions found at the conclusion of this document.

A range of professionals and partners contributed their views to develop this strategy and a full summary of these can be found in Appendices 4 and 5.

3.The National and Local Context

3.1 No Health Without Mental Health and Closing the Gap.

In 2011, the cross-government mental health strategy to be delivered by health and social care - 'No Health without Mental Health' was published (HMG/DOH, 2011). The strategy focuses on mainstreaming mental health in England, and establishing parity of esteem between physical and mental health services.

In 2014, building on the No Health without Mental Health Strategy, 'Closing the Gap: Priorities for Essential Change in Mental Health' (Department of Health, 2014) was published, further detailing the areas for improvement. The four main areas for improvement are;

- Increasing access to mental health services
- Integrating physical and mental health services
- Starting early to promote mental wellbeing and prevent mental health problems
- Improving the quality of life for people with mental health problems

This strategy works towards the Outcomes set for Mental Health in the No Health Without Mental Health strategy. Below are the six outcomes set for mental health and underneath is an outline of how this strategy is working to achieve each of them.

1. More people will have good mental health

Although this strategy covers how we support people to live well with mental health needs and not the clinical treatment (Clinical Commissioning Group strategy) or prevention of mental illness (Public Health Mental Health strategy) it is expected that the social care interventions will have a positive benefit on the person mental health. See section 4 'what works'.

2. More people with mental health problems will recover

This strategy explicitly supports the recovery approach to mental health (covered by the Cambridgeshire and Peterborough Foundation Trust recovery strategy) through the commitment to personalised services which enable people to make their own decisions and choices, see section on Transforming Lives.

3. More people with mental health problems will have good physical health

This strategy acknowledges the interdependence between people's mental and physical health and is underpinned by the Care Act Wellbeing principle which includes physical health, please see section 3.

4. More people will have a positive experience of care and support

This is an important outcome for this strategy and is touched on in several areas in particular our commitment to people in mental health crisis, please see sections 3.2, 3.3 and 5.7.

5. Fewer people will suffer avoidable harm

This is particularly covered in improving multi-agency working to protect people who are vulnerable and who hoard to a degree where they are at serious risk of harm by fire. See section 2.4.

6. Fewer people will experience stigma and discrimination

Treating people with dignity and respect is part of the underpinning Wellbeing principle running through this strategy please see section 3.5 for more details on the Wellbeing principle.

3.2 The Mental Health Act 1983 as amended 2007

Under the Mental Health Act the Council has a duty to provide a service which in an urgent and crisis situation provides a Mental Health Act Assessment to judge if the person needs to be detained under the Act against their will for assessment or treatment by a specialist mental health service. This service is known as the Approved Mental Health Professional (AMHP) Service. An Approved Mental Health Professional (AMHP) is a highly trained mental health specialist who is often an experienced social worker but can be a mental health nurse or occupational therapist. They will have met the skills and experience requirements under the Act and will have been formally approved by the Council to act as an AMHP.

This service must be available 24 hours, seven days a week and, working with others such as the police and mental health colleagues, forms an important part of the mental health acute crisis pathway. This is a time when people will be at their most distressed, vulnerable and at risk.

3.3 Mental Health Crisis Concordat 2014

The Mental Health Crisis Concordat is a Government initiative designed to improve the response of services to people in a mental health crisis. There has been local work, led by the Police and Crime Commissioner, to take this forward locally through the development of a Crisis Concordat declaration. We are therefore committed to:

We will work together to prevent mental health crises happening whenever possible through prevention and early intervention.

We will make sure we meet the needs of vulnerable people in mental health crisis providing them with the right care at the right time and from the right service.

We will strive to ensure that all relevant public services, voluntary and private sector partners support people with a mental health problem to move towards recovery.

We will develop ways of sharing information, where appropriate, to enable front line staff to provide co-ordinated support to people in mental health crisis.

We are responsible for delivering this commitment to the people of Cambridgeshire & Peterborough by putting in place, reviewing and regularly updating our local Mental Health Crisis Care Concordat action plan.

Following this declaration the local Concordat delivery group set up to deliver the declaration agreed an action plan. The Council has been a part of the Mental Health Crisis Concordat and is an active member of the delivery group. As part of the group the Council is looking at ways to improve the experience of people in mental health crisis. A key element of this is the quality and robustness of the AMHP service described in section 5.7. More information can be found on the local Declaration and Concordat by clicking on the following link:

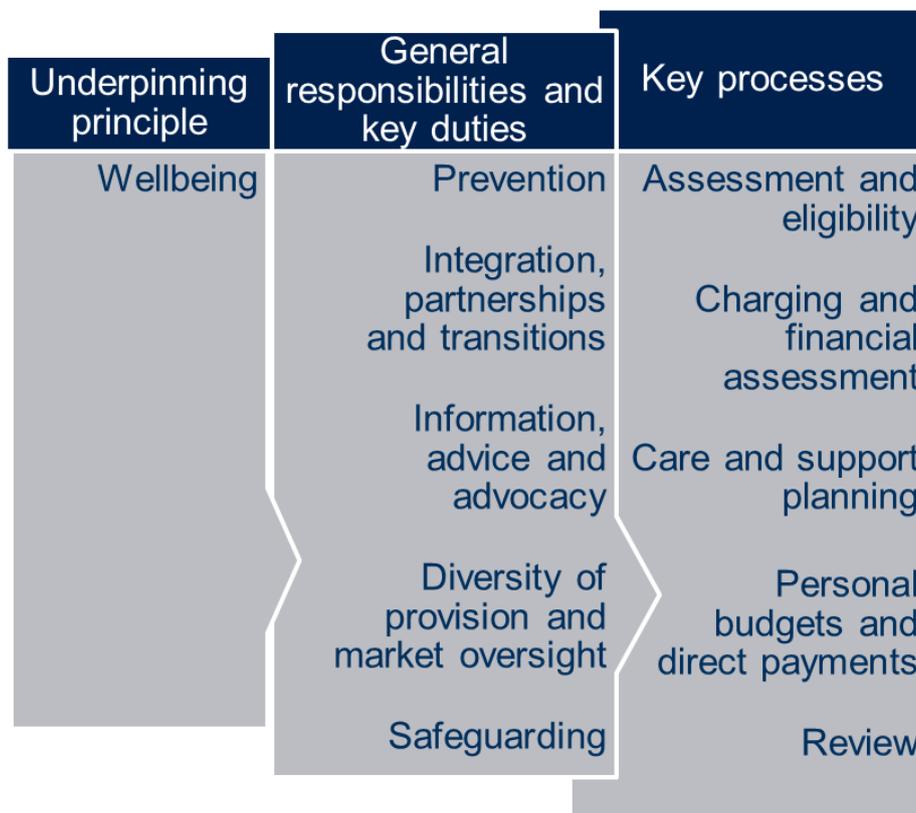
[Cambridgeshire | Mental Health Crisis Care Concordat](#)

Within this strategy, evidence of commitment to this Concordat can be found in section 5.7 'Existing services' and Section 6 'Proposed actions;' – Priority 8.

3.4 The Care Act 2014

The Care Act 2014 sets out the Council's duties and responsibilities in providing care and support for its population. It includes new duties in relation to supporting carers to care and wider responsibilities in relation to safeguarding. This strategy encompasses delivering the Council's Care Act duties in mental health and is underpinned by the wellbeing principle as described in the Care Act.

Diagram showing summary of Care Act; Underpinning principle, duties and process. (Skills for Care, 2015)



3.5 Wellbeing principle

The wellbeing principle is an essential concept underpinning the Care Act, this strategy is also underpinned by this principle.

Definition of Wellbeing

Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual’s contribution to society.

The individual aspects of wellbeing or outcomes above are those which are set out in the Care Act, and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering “wellbeing” in the round

Official Care ACT 2014 Guidance, DoH 2015)

3.6 New Council duties to carers and safeguarding

Carers

The Care Act 2014 introduced new duties to carers and this has been a major programme of work within the Council. This strategy will draw from this Council work and apply this work to carers who’s cared for person is vulnerable due to their mental health needs.

Safeguarding

The new Act moves the work of safeguarding to a personalised and outcome focused approach to adult safeguarding grounded in good social work practice. This strategy supports the delivery of this with our partners across Cambridgeshire.

3.7 Transforming Lives Strategy

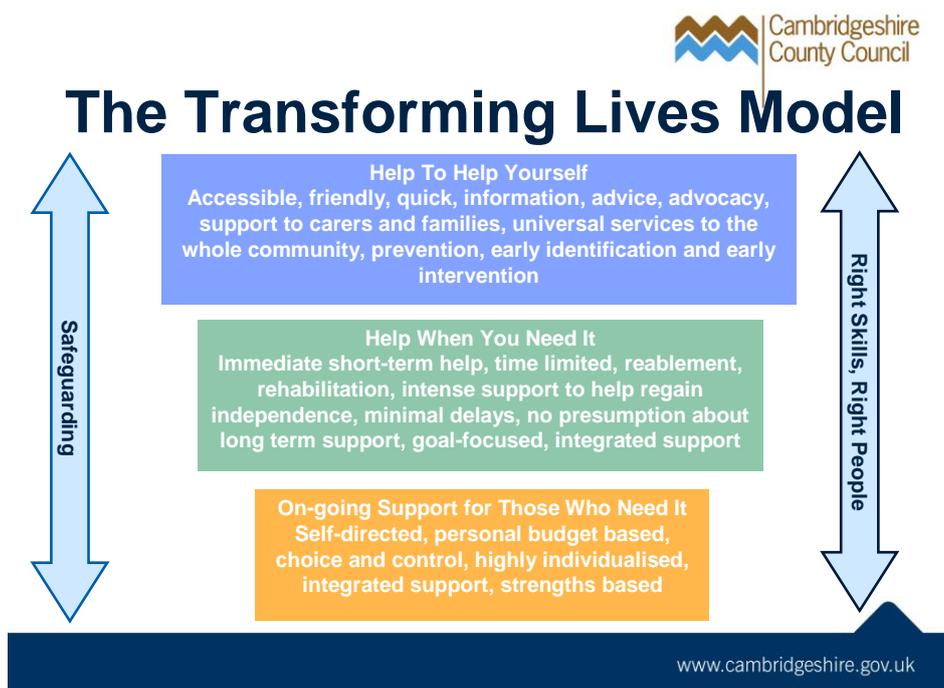
The Council has developed a strategy to transform adult social care by changing the way in which it provides support to individuals, carers, families and communities within Cambridgeshire and deliver its duties under the Care Act 2014.

The Council, together with its partners, is seeking to develop an approach that is increasingly proactive, preventative and personalised. Transforming Lives aims to enable the residents of Cambridgeshire to exert choice and control and ultimately continue to live – to the fullest extent possible – healthy, fulfilled, socially engaged and independent lives.

The vision for the new way of working is to:

- enable people to live independently
- support people in a way that works for them
- support the development of strong, connected communities
- recognise the strengths of individuals, families and communities and build upon these
- work in partnership to achieve this

The framework of the Transforming Lives strategy is set out as three different types of help and conversation that support a person or their family. Each tier does not operate exclusively; a person may be receiving support from several tiers at the same time, and a service may provide support that crosses more than one tier.



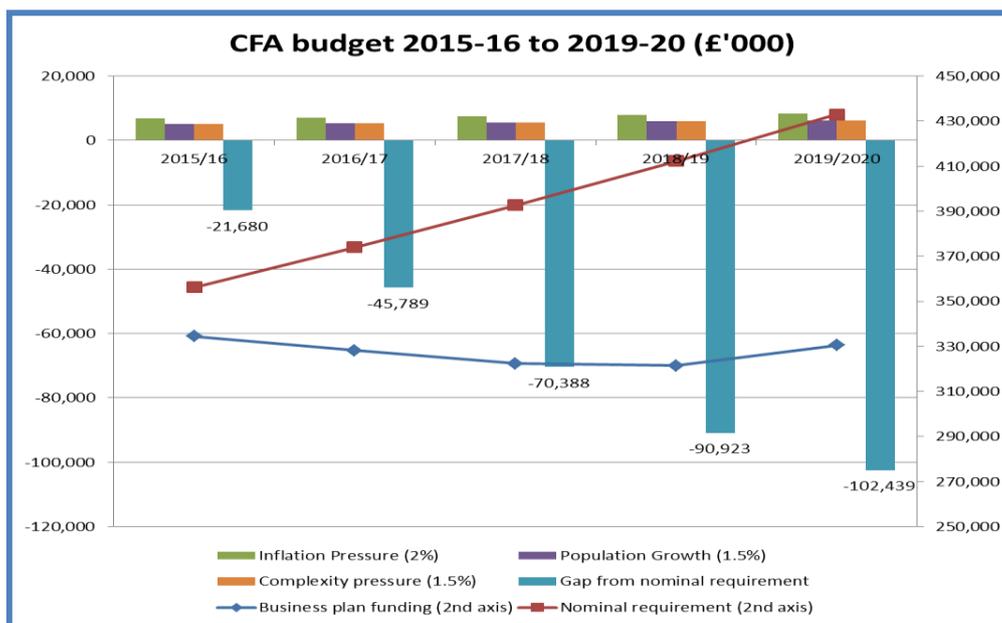
This strategy is structured to reflect that it is based on the Transforming Lives framework and approach to transforming the delivery of social care and social work.

3.8 Financial challenges and how this strategy will contribute

This strategy is being implemented at a time when the level of funding for all public services is reducing significantly across the UK. Having less funding available is clearly a major challenge when we know that the level need for mental health support is increasing as the population grows. This strategy therefore aims to address the challenge of helping more people, with more complex mental health and social care needs with less resource to go around.

Within Cambridgeshire County Council the budgets for social care for people with mental health needs are part of the Children, Families and Adults (CFA) Services Directorate. In addition to the significant savings already made, over the next 5 years to 2020 CFA has modelled the combined effects of; inflation, a growing population, people’s needs becoming more complex and cuts to the funding available. This modelling suggests that by 2020 there will be a gap of over £100m between the amount of funding required and the amount of funding available. This gap represents around 29% of the gross budget and 42% of the net budget for Children, Families and Adults Services.

The blue bars in the graph below represent the gap between funding available and the amount of funding required and how this is set to increase between 2015 and 2020 if the Local Authority continues to deliver services in the same way.



A large proportion of the Council's spend for Children's Families and Adults Services is spent on care budgets. In regards to social care packages for adults with mental health needs, 75% of the budget is spent is on Tier 3 residential and nursing placements and given the constraints on the budget we can't sustain this level of funding.

This strategy needs to be successful in reducing the costs of delivering services, whilst still providing services that are of a high quality to people that need them. Aligning this strategy to the Transforming Lives programme will achieve this in the following ways:

- Identifying ways in which we can support people with mental health needs without drawing them into statutory assessment processes. We will provide clear and accessible information about support services and opportunities in the community, including advice on matters that we know exacerbate mental health needs, such as debt advice to prevent people's mental health needs increasing and the need for specialist services.
- Promoting and enabling people to be independent and build on their strengths and local support networks, making maximum use of Tier 1 and 2 types of support to reduce the demand on expensive Tier 3 services:
An example of potential impact: as at May 2015, there were 57 people in open residential placements. The average gross weekly cost of a person in a residential placement was £832.51², compared to the average weekly cost of a supported housing placement of £100.80. Moving one person from a residential placement to a more independent supported accommodation placement would equate to a saving of £38,048 per year, although this needs to be appropriate to their needs and circumstances.

3.9 Improving Wellbeing and Transforming Lives for Mental Health in Cambridgeshire

This strategy will use the three tiers of the Transforming Lives strategy as a framework for improving services and delivering care:

- Help to help yourself (Tier 1)
- Help when you need it (Tier 2)
- Ongoing support (Tier 3)

Underpinning these tiers will be the Wellbeing principal as described in the Care Act.

² From the Cambridgeshire County Council Manual Commitment Record. Note - weekly costs can vary greatly per person

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

4. The evidence base of what works in mental health social care

Where possible the strategy includes what are known to be effective interventions in relation to achieving a given outcome. We will continue to develop our knowledge base, through working with partners and evaluation of services and projects locally.

4.1 Employment

People who have a history of mental illness are more likely to be unemployed than those without and unemployment is a known risk factor for mental health problems (Knapp & Lemmi, 2014). There can be a number of barriers to gaining or retaining employment, for example the symptoms of the mental illness or discrimination by employers or stigma in the workplace (Knapp & Lemmi, 2014). Many service users do want support to get or retain a job, but may not have access to this.

Individual Placement Support (IPS) is recognised as an effective way to support people who have a mental health condition into employment. The approach relies on integration with clinical treatment and individualised, and ongoing, assistance for individuals. A 2008 review looked at 11 randomised controlled trials comparing IPS programmes with more traditional vocational services – on average the employment rate was 61% for IPS compared to 23% for vocational services (Bond, Drake, & Becker, 2008). This review included European research, in particular a multi-site trial including a London site. Employment rates in the European study were found to be 55% for IPS against 28% for traditional services (Sainsbury Centre for Mental Health, 2009).

4.2 Housing and homelessness

Mental illness is more common among homeless and vulnerably housed people than the general population (NICE, 2011; Rees, 2009). Furthermore, mental illness may be a factor in losing living accommodation, and could be worsened by the stresses experienced when homeless (NICE, 2011). Although findings from supported housing for those with severe mental illness studies is limited, Chilvers et

al. (2010) found that well managed housing programmes, including housing with some specialist support can reduce these risks .

4.3 Debt and Money management

There is a range of literature discussing the impact of debt on mental health in general (e.g. (Fitch, C, Hamilton, Bassett, & Davey, 2011)). Population surveys suggest that 1 in 4 adults with a mental health disorder are in debt (Fitch et al. 2011). People with debt and mental health problems often do not seek help for financial difficulties (Fitch et al. , 2011).

Their advice to health and social care professionals is that:

1. They should ask patients about financial difficulties in routine assessments and ensure there are referral routes to money advice sector.
2. Where debt is reported, primary care professionals should routinely assess for depression and other common mental disorders.
3. Professionals should receive basic 'debt first aid' training: knowing how to talk with patients about debt and how to refer to debt advisers but without being expected to become 'debt experts' themselves.

As part of this recovery orientated approach, the study authors argue that money management is integral to better functioning in all areas of life, thus money management should be incorporated into this recovery approach model (Elbogen et al. 2011).

5. Existing Services

The way that mental health social care is provided can be seen as confusing for many people as it is delivered in several ways. We have tried to simplify this by breaking it down into three main areas; the social work and social care activity that we delegate to the local specialist mental health provider, the individual packages of care people receive and the services provided by voluntary and community services. However these are very interdependent and overlap in the support they give.

5.1 What do we spend?

The current Council investment in mental health services for adults 18 – 64 years is approximately £12 million. The following figures are rounded and are subject to change.

- 1) £3 million to support the social work and social care services that the Council delegates to the local specialist mental health Trust, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), governed by a 'Section 75'

agreement. At the time of this strategy this budget was funding approximately 51 whole time equivalent (WTE) staff, of these approximately 32 WTE are qualified social workers. These duties include;

- provision of the weekday Approved Mental Health Professional (AMHP) Service
- Assessment for eligibility for social care, organising direct payments and ensuring Carers are aware of how to access their own assessment and support, arranging care packages and their review. These are the care packages refer to below,

- 2) £5 million is spent on funding specialist care packages for individuals following assessment and support planning by CPFT staff.
- 3) £4 million contracts with voluntary and community services (VCS), some services are jointly commissioned with partners such as the Clinical Commissioning Group or District Councils. The funding contribution for these services ranges from hourly rates to a block contract of over £500,000. The services commissioned include: supported living, support for people who are homeless, employment support, counselling, mental health act advocacy, wellbeing services and accommodation.

This investment should be viewed in context of other contributions to support mental health within Cambridgeshire. These include contributions from; Public Health, NHS commissioners within the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), plus non-commissioned services provide by the voluntary and community sector. There are also services that have a positive impact on mental health that are available in the community and not directly associated with treating mental health, such as interest groups like gardening groups, singing groups and the use of gyms and parks. Adult education and transport links also have an impact on the mental health of individuals and their ability to live independently in communities.

Who is using our services?

5.2 Geographical spread

Cambridge City has the largest proportion of referrals to the voluntary and community sector, which is primarily due to it having the majority of mental health supported accommodation places (the remaining places being in Huntingdon District Council).

Taking accommodation services out of the equation, there is a more balanced picture in terms of service provision. South Cambridgeshire and East

Cambridgeshire tend to have a slightly lower proportion of users compared to the rest of the county, particularly for advocacy services and employment services.

47% of people in receipt of care packages live in Cambridge City. This is disproportionately high considering that only 20% of the general population of Cambridgeshire live in the Cambridge City area, although may also have some relation to the higher number of supported housing places in the City. All other districts of Cambridgeshire are below what would be expected with Huntingdonshire and South Cambridgeshire particularly so.

Information from our carers support service appears to indicate that carers are supported equitably across the county.

5.3 Access by age

Over half of people in receipt of care packages are between 46 and 64 years old. Younger people are more likely to be receiving support through the VCS than through care packages: 29.8% of voluntary and community service users are 18-34, compared to 18.3% of receivers of care packages.

A higher proportion of people between 40 years and 60 years are using well-being and recovery services: 50% of all users are 40-60 years old compared to 28% of users being 18-35 years old.

Over 65 year olds have not been included as the scope of this strategy is 18-64 year olds only.

5.4 Access by Gender

Overall, there is a roughly equal split in regards to males and females using services, including supported accommodation, advocacy services, spot-purchased care packages and well-being and recovery services.

There are a higher number of females (73%) using carer support services. This is higher than the national average of 58% in regards to the proportion of carers that are female (Census 2011).

5.5 Ease of access to services

Care packages are accessed individually through Cambridgeshire and Peterborough Foundation Trust teams across the county. As already stated, the geographical spread of spot purchased care packages indicates more take up in the Cambridge City area than one would expect, given the demography of the general population.

The majority of voluntary and community based services accept self-referrals and in 2014, 39.9% of referrals were made in this way. Wellbeing and recovery services were most likely to be accessed through self-referral, with other routes being through GPs and Cambridgeshire and Peterborough Foundation Trust.

With regards to opening hours, the majority of VCS operate on a Monday to Friday basis. There is some provision on evenings and weekends. 'Spot purchased' services that are bought as and when there is a need for them operate evenings and weekends and almost all accommodation services are being provided 24/7.

5.6 Spread of services by Transforming Lives Tier

In relation to the Transforming Lives model, the vast majority of services are delivering support at more than one of the Transforming Lives 'tiers' and sometimes they deliver across all three. In the voluntary and community sector this tends to be tiers 2 and 3. 21% of services in the voluntary and community sector are delivering tier 1 services. However, this does not represent all tier 1 services available in Cambridgeshire; other partners such as the NHS will also be providing 'help to help yourself' services.

The vast majority of care packages are providing support at tier 2 and tier 3. 31% of care packages provide tier 1 support 'help to help yourself'. This is almost always provided to people when they make enquiries about services and is usually in the form of information and advice or signposting to other services or sources of support that people can access, before getting to the point of needing tier 2 or 3 services. Further work is needed to understand the significance of this distribution of resources and activity across the 3 tiers and this strategy proposes a review of the social care pathway and the roles and practice of our current work force to identify ways in which we can enable people to become or retain their independence and the aims and outcomes stated in this strategy, see section 6 'Proposed Actions', priorities 2, 6 and 14.

The proportion of care packages delivering tier 1 support is lower than tiers 2 and 3. However, it should be noted that other departments of the Council, and partner agencies, are also investing in preventative 'help to help yourself' services.

5.7 The Approved Mental Health Professional (AMHP) Service

The Council has a responsibility under the Mental Health Act (see section 3.2) to ensure there are sufficient AMHPs to assess whether application to detain a person should be made and approved. Arrangements need to be in place for a 24 hour service to respond to patient need.

Locally, this service is provided in the day by CPFT as part of the Council's delegated duties. Out of hours (evenings and weekends), referrals are to the Council's Emergency Duty Team (EDT).

There are currently 26 whole time equivalent (WTE) AMHPs covering weekday services and 4 WTE AMHPs providing an emergency out of hours service. The majority of AMHPs are social workers.

There is a national shortage of social workers in mental health and locally there has been difficulty recruiting and retaining AMHPs. This has led to challenges in ensuring that the service operates smoothly at all times. We are currently looking at how we can most effectively deliver this services and how we can recruit and retain these important professions. See section 6 'Proposed Actions', priority 8.

5.8 How our services are performing against our targets

It is important that we measure if we are achieving good outcomes for mental health social care and that the information we have on how we are performing is regularly monitored. In addition, we would wish to take into account other feedback such as service user and carers' experience of services. We will also review our measurement of outcomes in the context of national and local guidance.

The Council is meeting or exceeding its targets in providing adults with timely assessments and ensuring that social care packages are put into place quickly when these assessments show there is a need for support.

The vast majority (95%) of adults eligible for social care support receive self-directed support; this means most people are being supported in a way that works for them.

To further improve the way in which we are delivering services in a way that works for the people receiving the service, more people eligible for social care should be receiving direct payments. Currently, only 10% of adults receive direct payments compared to a target of 25%.

Research tells us that being in paid employment can reduce mental illness. The national target for adults in contact with mental health social care services being in paid employment is 12.5%. In Cambridgeshire, we are performing above this target at 14%. Through our voluntary and community service contracts we commission an access to employment service. This is based on the Individual Placement Support (IPS) model which is the recommended model for employment support for people with mental health needs.

An area where performance needs to improve is the proportion of adults that receive reviews to ensure that their care packages are still appropriate to their needs. Only 52% of adults receive reviews, compared to a target of 80%. This needs to change to ensure we are enabling people to live independently of services building upon the strengths of individuals, their families and communities. We will do this through working with partners and understanding our current services within CPFT who are working hard to improve performance. See section 6 'Proposed Actions', priorities 2, 6 and 14.

6. Proposed Actions

In section 1, we set out the aims of this strategy which are to achieve the following outcomes:

(CCC, 2014 Transforming Lives Strategy)

We also set out that we will work to the description of 'Wellbeing' outlined in section 3 and that our framework for delivery of social care and social work would be through the Council's Transforming Lives 3 tier approach.

We have reviewed what works and analysed our existing services. Most importantly, we have listened to service users and carers to learn what we need to change and where we could improve. It has been even more important to look into this given the context of significant financial challenges facing the Council at this time as we must make best use of the resources we have available.

Some key points that are the result of this process and inform the following proposed actions are:

- Service users are telling us that they want to be connected into their community and have social contact - service providers need to refocus their approach to care planning so it encourages independence from services and mental well-being by connecting service users to support that exists in their communities such as friends, neighbours, voluntary groups, transport and members of the wider community. Some of our priority actions focus on 'community resilience'; that is working with communities to build the capacity of people to confront and cope with life's challenges³ and to maintain their wellbeing in the face of adversity
- Service users experience services that make up different parts of the mental health 'system' as inconsistent and difficult to navigate
- The population of Cambridgeshire is forecast to grow significantly in the next 15 years and this will increase demand upon already very busy services
- Budgets in the Council are being reduced at an unprecedented level and all services need to contribute to meeting this challenge by making services more efficient
- Additional pressures are placed upon social care budget by new duties set out in the Care Act, for example, carers will have an entitlement to assessment and support which must be met
- The current system does not effectively deliver the new model of Transforming Lives – there are particular gaps in the provision of information and advice
- Service users are also telling us that information about how they can help themselves is not clear and readily available

³ Public Health England & NHS England (2015) A guide to community-centred approaches for health and wellbeing

- We are being told that people want us to work together closely with other organisations

The following sets out what we propose to change, including some action which has already begun (marked with Asterisks*), some which is in development and in the early stages of discussion with partners. 'Help to help yourself' has significant overlap with the Public Health Mental Health strategy 2015-18.

We have referred to people and their needs rather than their setting, such as in their own home, residential home or in prison, but recognise people's settings are relevant to their needs. Also, we have not used diagnostic classifications of their mental health needs, although this is acknowledged as part of the health system within which social care is often provided. Finally we are aware that people who are vulnerable due to their mental health needs may also have vulnerabilities due to other needs such as autism or the use of alcohol or drugs.

Because of the nature of people's mental health needs and the most effective way to support them, many of the areas of change are in collaboration with other partners including service users and carers, health commissioners, voluntary and community organisations and specialist mental health services

The proposed Priorities and Actions are listed below by Transforming Lives Tier although many of them will provide benefits across all tiers. The priorities identified are not an exhaustive list of the action being taken, for example advocacy, participation and the principles of co-production are all vital and are themes throughout the document.

6.1 Transforming Lives Tier One

'Help to Help yourself'

Priority 1. Clear and accessible information about support services is available and well publicised*.

- a) Work with service users and carers to understand how we could improve accessibility to information
- b) Develop an information pack about care and support services, to be available in GP surgeries and other community settings such as children's centres and schools
- c) Work with voluntary and community sector to improve the availability and user friendliness of information and build on good practice already in place in guiding people to find this information
- d) Work with Council colleagues to develop information and signposting to meet delivery of Care Act duties
- e) Work in partnership with NHS colleagues to improve the availability and promotion of information about support services
- f) Ensure information is provided, where possible, in an easy read version and access to translation is available as needed.

Priority 2. Individuals and their families are enabled to achieve and sustain their wellbeing through links to strong and resilient communities*. (Communities where people feel socially connected by building relationships between people who feel isolated and encouraging peer support. Communities where people are enabled to confront and cope with life challenges and to maintain their wellbeing in the face of adversity).

- a) work with public health colleagues and the voluntary and community sector to implement a three year project that builds opportunities for people to increase their access to support which already exists in the community. The impact of this project will be independently evaluated
- b) Re-focus social work practice so service users have more engagement with their communities as part of their care plans
- c) Develop a set of standards for the way in which voluntary sector services enable service users to engage with support existing in their community and build this role into the requirements of all relevant contracts

Transforming Lives Tier One

‘Help to Help yourself’

Priority 3. Vulnerable people with mental health needs and their Carers find the support and care system easy to navigate

- a) expand the small community navigators project currently commissioned for mental learning from the recent independent evaluation of this project
- b) Include development of a ‘buddying’ scheme within the scope of the Community Navigators project
- c) Understand which groups find it most difficult to navigate the support and care system
- d) scope the potential to align commissioning arrangements across health and social care

Priority 4. Carers are assured of what will happen when they are no longer able to care.*

- a) Arrange for plans that set out what will happen in an emergency if the carer is not available to care (‘What If’ plans) to be held by The Carers Trust
- b) Where a service user is in specialist mental health services and has a ‘What If’ plan in regards to their carer, arrange for these plans to be known of by support services

Priority 5. There is access to housing and debt and money management support.

- a) Work with commissioning partners and the voluntary and community sector to scope the potential for delivering improved services in this area within the current financial context
- b) Explore ways to help people maintain their existing accommodation by providing support through voluntary and community service mental health contracts
 - Improve links with District Councils
 - Improve links and with homelessness support services

6.2 Transforming Lives Tier Two

‘Help When You Need It’

Priority 6. Social Work practice and care has been transformed and is focused on supporting people to gain and retain their independence

- a) Review the roles and practice of current social work and social care workforce so Social Workers build upon strengths and work towards as much independence as possible for the user through building community support networks
- b) Recognise the impact of parental mental health on children and focus practice on responding to the needs of the whole family through whole family assessments and joint visits with other professionals wherever possible. ‘Family’ could mean children, parents, extended family, other relations or other people with a connection to the service user
- c) Review and refresh the current social care pathway within the specialist services and interface with voluntary and community sector
- d) Open up access to social care support so it is not dependent on acuteness of mental illness and referral pathway through secondary care specialist mental health

Priority 7. An effective short term support service to help people who are able to regain their independence is available in mental health (re-ablement)

- a) Implement and evaluate the re-ablement pilot project in Huntingdon
- b) Formally evaluate the impact of the project and inform future planning for mental health support based on findings
- c) Share learning as an innovation activity with partners.

Priority 8. A robust countywide Approved Mental Health Professional (AMHP) service with sufficient capacity

- a) Develop a clear career pathway to support the AMHP role within overarching structure of professional practice. Develop a clear understanding of the AMHP role and its value within the wider crisis response and care pathway. Put a recruitment drive and strategy for AMHP service into place

6.3 Transforming Lives Tier Three

'Ongoing support'

Priority 9. Social care services to support people with mental health need are accessible at evenings and weekends to support people when they need it in and in the way that works for them.

- a) Understand the need for services at evenings and weekends to provide assessment, information, signposting and support
- b) Ensure access is equitably spread across the county
- c) Promote services to ensure service users are informed in regards to access to services out of hours

Priority 10. Services are available to support service users across Cambridgeshire, with particular awareness of areas of deprivation

- a) Review the current distribution of spot purchased care packages across the county to ensure this is linked to need
- b) Review existing contracts with voluntary and community service providers to review need and equitability of access across Cambridgeshire

Priority 11. A clear and robust transitions pathway from children's and young people's services to adult social care is in place

- a) Create a single point of access with a range of access routes
- b) Implement the Council Preparing for Adulthood policy and monitor robustly through formal governance process
- c) Monitor the satisfaction of service users and their families with their experience of services
- d) Improve the transitions pathways for young people moving into adult services

Priority 12. People are supported to take up the opportunity for direct payments which provides greater them with choice and control

- a) Train staff to be confident in supporting people to take up the opportunity of direct payments
- b) Streamline the paperwork and processes for direct payments and make it more user-friendly

Transforming Lives Tier Three

'Ongoing Support

Priority 13. There is a seamless and easily accessible carers pathway for people who care for a person with mental health needs.

- a) Provide support and advice that is easily available and understandable for services users and their carers, including those who are service user carers
- b) Establish robust assessments for carers which are interrelated to the assessments of the people they care for
- c) Have a clearly defined pathway for carers to enable them to keep caring, including a pathway for when caring is at risk of breaking down
- d) Ensure that there are no delays in gaining support and no gaps in the pathway for carers
- e) Provide information that is understandable, including clear information about how to access the pathway and what to expect
- f) Monitor carer satisfaction with their experiences of services

Priority 14. People with on-going needs are supported to gain greater independence

- a) Improve the timeliness of reviews with service users, with a view to supporting them towards greater independence
- b) Review social work practice so Social Workers are working to re-able service users with on-going support needs and build their connections to their communities, including their engagement with 'help to help yourself' services

Priority 15. There is a robust and high quality mental health Social Work workforce in Cambridgeshire

- a) Fast track exceptional graduates to become mental health social workers through being part of the National 'Think Ahead' pilot programme
- b) Review the social work professional development and leadership pathway and introduce a Consultant Social Worker post

7. How we will monitor the implementation of this strategy

Once this strategy has been approved it will be launched with partners and it is intended to establish a Transforming Lives partner working group to co-produce an action plan to implement and deliver the strategy. We propose to also use existing forums to promote and facilitate the implementation of the co-produced action plan and there will be a process for continual engagement with user groups and Carers. We will ensure the voluntary and community sector is involved through Cambridgeshire County Council and Clinical Commissioning Group voluntary sector mental health network meetings.

8. References

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- Skills for Care. (2015). *Care Act learning and development materials*
- ONS. (2014). *Mid-year population estimates, 2013*
- Public Health England & NHS England (2015). *A guide to community-centred approaches for health and wellbeing*

Appendices

Appendix 1: Complementary Strategies and Policies

- **Cambridgeshire Health and Wellbeing Strategy 2012-2017**
(Cambridgeshire Health and Wellbeing Board – multi agency)
- **Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013-2016** (Cambridgeshire and Peterborough Clinical Commissioning Group)
- **Public Mental Health Strategy 2015-2018** (multi-agency, in development)
- **Joint Cambridgeshire and Peterborough Suicide Prevention Strategy 2014-2017**
(multi-agency)
- **Cambridgeshire Older People Strategy** (multi-agency)
- **Strategy for Children and Young People with Special Educational Needs and Disability 2012-2016** (Cambridgeshire County Council)
- **Emotional well being and mental health strategy for children and young people 2014 – 2016** (multi-agency)

- **Cambridgeshire Adult Carers Interim Strategy Nov 2014 – Dec 2015**
(Cambridgeshire County Council)
- **Cambridgeshire Young Carers Strategy 2011 – 2014** (multi-agency)
- **The Spirituality strategy 2015 CPFT**
- **The Recovery strategy in development CPFT**
- **Councils Participation strategy 2014**
- **Council Care Act Policy 2015**
- **Council preparing for adulthood policy**
- **Council Transforming Lives strategy**
- **Domestic abuse strategy CCC**
- **Mental Health Crisis concordat declaration and action plan**
- **Cambridgeshire County Council Drug and Alcohol Action Team Strategic Priorities 2013-2015**

Appendix 2:

5 Values Consultation

These values have been produced by service users who were involved in consultation, managed by the SUN Network during 2014/15.

Working together

- ⊗ Have a clear mission statement with aims, objectives and values available for those that access the services.
- ⊗ Provide care plans where appropriate to include the input of the client and their support network should they require it, including the written recording of client and professional in the event of differing viewpoints.
- ⊗ Actively enable the client to make their own choices and make them fully aware of what those choices are.
- ⊗ Provide comprehensively, all necessary information pertaining to the clients treatment
- ⊗ Have a clear discharge and re-referral policy, to include a written copy for the client and direct telephone numbers to enable re-access in a timely manner.
- ⊗ Have a consistency of service, paying particular attention to the point of delivery, ie staffing, procedures, treatment.
- ⊗ Maintain a communication policy that clearly outlines a time bound response to communication received from clients and their networks.
- ⊗ Adopt a 'nothing about me without me' approach to the client, ensuring that the client is involved in all decisions regarding their care.

Honesty

- ⊗ Structure realistic expectations with regards to time frames, actions, accessibility.
- ⊗ Be transparent with policies and procedures and have them available upon request.
- ⊗ Have in place a clear and comprehensive compliments/complaints system.
- ⊗ Accountability – Have knowledgeable appropriately trained/qualified staff, and adhere to all relevant legislation.
- ⊗ Have in place a robust staff/volunteers wellbeing policy that actively promotes the mental wellbeing of staff, including a clear policy on the management of stigma.
- ⊗ Have an expeditious referral route in and out of the service, including a clear pathway to re-access.
- ⊗ Give the client written confirmation of proposed pathway.
- ⊗ Make available to clients the services KPI's. (upon request)
- ⊗ Participate in service/service user evaluations performed by SUN Network and SUN Network trained peer assessors.

Empathy

- ⊗ Ensure that all interactions with clients allow the opportunity to be confidential and are held in an appropriate environment.
- ⊗ Respect the client and show understanding and compassion for any extreme feelings positive or negative that the client may be feeling.
- ⊗ Refrain from using manipulation, coercion, punishment or restriction to influence a client's decision.
- ⊗ Explain clearly in non-authoritarian language that is understood by the client what is happening and obtain understanding and agreement from them.
- ⊗ Ensure that any urgent need by the client to talk with staff can be met within an agreed time.
- ⊗ To be respectful and caring in all dealings with clients and their families.

Personalisation

- ⊗ Use care plans that clearly reflect the individual needs of the client and are focused on recovery.
- ⊗ Work at the pace that is suitable for the client.
- ⊗ Allowing clients as far as is possible to maintain their individuality with regards to personal choices.
- ⊗ Adopt a holistic approach and signpost to a range of appropriate services in matters of mental, spiritual, physical, financial, employment and social needs.
- ⊗ Taking the time to get to know client in such a way that the best practice can be utilised from prior knowledge as to how best to support the client in a crisis.
- ⊗ Supporting the client and trusting that they know themselves best and may make a choice that the service is not recommending.
- ⊗ Ensuring that clients are aware of their rights and if they wish to have a family member, friend or advocate present, involve them in the process.

Inclusion

- ⊗ Use clear and inclusive wording, explaining jargon, ensuring the patient/client fully understands what to expect from the service
- ⊗ Actively promoting the employment and retention of staff and volunteers with lived experience of mental health.
- ⊗ Adopt a variety of engagement methods to ensure everyone has the opportunity to engage.
- ⊗ Have printed material available in a variety of languages and in large print.
- ⊗ Ensure every effort is made to establish an interpreter for clients for whom English is not their first language, be it professional or family.
- ⊗ Recognising and supporting the needs of family members.
- ⊗ Actively combatting stigma both inside and outside the organisation.
- ⊗ Assist the client to integrate as seamlessly as possible back into society/home/work/training/education. To include a good working knowledge of community based support available in the clients area.

Appendix 3: Stakeholders consulted and key themes identified

This strategy was developed and informed through consultation with a range of stakeholders and we would like to acknowledge the time that has been given by all those who contributed.

A summary of some key themes that were derived through these consultations can be found below.

Organisation/Service	Key issues identified
CCC - Adult Support Services (Mental Capacity Act)	Outcomes must be defined by users and carers themselves and must be realistic The carer mustn't be forgotten
CCC – Adult Support Services (Adult Safeguarding)	Safeguarding must be embedded in the strategy and must be considered at each level of Transforming Lives
CCC – Children and Young People: Educational Psychology	Further education colleges need information and training to provide support to young people There are high thresholds for mental health services Self-harm is an issue for younger adults Concern about undiagnosed and untreated parents Professionals need to work with the whole family Adult services need to have more contact with children's services
CCC – Children and Young People: Children's Centres	Need to improve the emotional wellbeing of parents There needs to be a routine check to see if the adult has children and the needs of the whole family taken into consideration e.g. what could the Locality Team or children's centre offer
CCC – Children and Young People: Localities	The mental health and wellbeing of the adult has a huge impact on the child/ family Need to build knowledge and understanding for children's workers about where to go for help.

	<p>Could adult mental health workers be available for coaching or could an adult mental health social worker be linked to children's services</p> <p>Those working with the adult need to be using the Family CAF</p> <p>Personality disorders are not being diagnosed</p> <p>Health and the Local Authority define a 'child' differently e.g. seen as 17 years plus by adult mental health</p>
CCC – Adult Learning and Skills	<p>People with mental health needs are considered a priority group for programmes of learning; these are often very flexible in order to encourage people back into learning.</p> <p>Are care co-ordinators aware of programmes of learning that are available and enabling those with mental health needs to access them?</p>
CCC – Drug and Alcohol Action Team	<p>IAPT services don't accept people with drug and alcohol problems</p> <p>People with dual diagnosis are staying in drug and alcohol services longer than they should as they don't meet the mental health service thresholds</p> <p>People with Korsakoff Syndrome (dementia type symptoms from long term drinking) do not have a pathway and are being misdiagnosed</p>
CCC - Children and Young People: Youth Support Services	<p>We need to specifically consider young carers</p> <p>The mental health literacy of the non-specialist workforce needs to be improved so they understand what they can do and what the limitations of their skills are</p> <p>The skills of Police officers, in particular, need to be improved so they don't refer people inappropriately which wastes resources. To know when it's ok <i>not</i> to take action</p> <p>Mental health services are inaccessible</p>
CCC – Children's Social	<p>Personality disorder is not always being diagnosed</p>

Care	<p>so these people do not get treatment</p> <p>It should be a requirement that adults receiving services for mental health should be assessed regarding their parenting and whether there are young carers in the family that have needs</p> <p>Children need to have their needs assessed – ask the CAF questions</p> <p>Children’s workforce needs to know where to get advice regarding adult mental health needs</p> <p>There needs to be clarity about the social work role in the health system and who does/doesn’t get referred to social workers</p> <p>There are problems with transition into adult services for young people</p> <p>More creative responses are needed for young people e.g. they may not go to clinic appointments</p> <p>Prioritisation should be given to adults that have children</p>
CCC – Mental Health Commissioning	<p>Will Health based Social Workers take on the Local Authority approach? There are different drivers in Health.</p> <p>Third sector services have already been subject to cuts over the past few years</p> <p>The scrutiny of residential placements needs to improve i.e. increase the focus on reviewing if people can be moved out of these placements</p>
CCC – Adults and Older People	<p>‘Transforming Lives’ and what this means for mental health</p>
CCC - Children and Young People: Parenting Support	<p>There is a high incidence of mental ill health in families in receipt of family work. Need clarity for family workers on where their role begins and ends with adult mental health</p> <p>Advice from experts in adult mental health is</p>

	<p>needed so Family Workers know if what they're doing is helpful</p> <p>Family Workers need advice on services that are available for adults e.g. third sector provision in the community</p>
CCC - Children and Young People: Together for Families Programme	<p>Mental Health Social Workers are well placed to be 'lead professionals' for families. We need them to sign up to the concept of 'Think Family' and work in this way</p> <p>Working practices will need to be adapted to participate in 'team around the family'</p>
CCC - Adult Support Services (Chronically Excluded Adults)	<p>Accommodation providers won't take people who aren't being treated for their mental health need and mental health won't treat people who don't have accommodation</p> <p>Personality disorder is a massive gap</p> <p>People need to be moved from being homeless to being in independent accommodation, rather than being placed in shared accommodation first. Shared accommodation placements can often break down because of the person's erratic behaviour</p>
CCC – Children's Joint Commissioning with Health	<p>The transition for young people into adult mental health services is problematic</p>
Cambridgeshire and Peterborough NHS Foundation Trust – Social Care Teams	<p>Social work teams are delivering 'recovery' services at tier 2/3 but don't realise they are doing so; it is not articulated in this way</p> <p>(Also, see feedback from the Social Worker Workshop)</p>
The SUN Network (Service User Network)	<p>(See the user feedback section)</p>
Healthwatch	
Rethink - carers of people	

with mental health needs	
Members	<p>From Members Seminar:</p> <p>Mental health specialism needs to be placed in the Police to reduce wastage of resources e.g. an experienced mental health professional in the Police call centre to give advice</p> <p>How will the success of the strategy be measured?</p>
Cambridgeshire and Peterborough NHS Foundation Trust - Advice and Referral Centre (ARC)	<p>Police are raising 'alerts' with the ARC which are often are not appropriate for mental health services e.g. neighbour disputes. These all have to be recorded which creates capacity problems at the ARC</p> <p>Social care needs can be missed at the ARC due to the focus being on mental health. Social care presence/education at the centre could help</p> <p>Could volunteers run the out of hours helpline at the ARC? This works well in Norfolk</p>
Police	<p>Police are raising 'alerts' with the ARC because they don't know who else to turn to and don't want to refer to GPs as they don't always respond.</p> <p>Dealing with incidents with a mental health element takes up a lot of Police time as they have to de-escalate incidents and don't have access to the services people need. It is hard to get hold of social workers out of hours</p> <p>Immigrants with no support networks are presenting at A&E and GPs more often as they have no other sources of support. Often drugs and alcohol are involved</p> <p>Police need access to information to support or signpost people with early signs of dementia</p>
RedtoGreen	<p>Short-term, practical problem solving support is missing e.g. supporting someone temporarily to find a new home</p>

Appendix 4: Feedback from Social Workers at the Mental Health Social Care Workshop

Social Care Forum, 22nd January 2015

Issues raised:

- Health colleagues come back to social workers where they have a concern, rather than doing it themselves. 'It's everybody's business'
- Service users sometimes refuse to have a financial assessment for direct payments as they don't want people 'looking into their business'
- If we need to signpost for the needs of the whole family, including children, then we need to know who to refer to
- There is a gap in regards to links with local colleges, particularly in Fenland (need for more knowledge learning and skills opportunities)
- We need a link worker to do less care coordination and more contact and relationship building in the community. This can't just be added on to people's jobs
- We need more time! We need freeing up from some of the CPFT duties
- Social care work should be the top priority, not health work (Different social work teams had different views on whether health work was taking priority)
- There is a level of need for complex social care that we already struggle to cope with
- The AHMP service is overstretched
- Social workers are 'jack of all trades' but other professionals say 'it's not my job'
- We need to keep doing what we're doing but we need more people
- The Council is clear about what social work is but CPFT has different performance indicators. We need to put our performance indicators on the table
- We need to be co-located so its integrated working
- If we move out of CPFT we'd lose the earlier intervention and people would end up coming to us in crisis
- We need to have a clear strategy/ a clear role
- Health staff see safeguarding as a social care role
- We need training on how to do a care plan
- 'Jack of all trades' approach is resulting in losing social workers
- Clarity of social worker role in mental health services please!!