

1	What are your top three priorities for meeting the mental health needs of people of all ages in England? Over the next five, and ten years?	
	a	<p>Increase and ring-fence funding for mental health services, Carers note that 40% - 50% of mental health trusts received a budget reduction in cash terms between 2013/14 – 2015/16 (Gilburt 2018, <i>Funding and staffing of NHS mental health service providers: still waiting for parity</i>, Kings Fund) and that despite recent budget increases, the funding gap between mental health and acute providers continues to widen. Carers support the Kings Fund conclusion that this has led to increased variations in care and reduced access to services.</p> <p>Carers want clarity about the criteria used to allocate funding between NHS services and about the evidence base of projections for future need.</p>
	b	<p>Invest in frontline workers in community and in-patient teams. The Kings Fund report 2018 records a 13% reduction in mental health nurses between September 2009 and August 2017 and an 18% reduction in community support staff over a similar period. Carers believe that this has resulted in pressure on in-patient services, heavy caseloads in community teams and limited on-going support for people with severe and enduring mental health problems.</p>
	c	<p>Ensure that there is sufficient mental health in-patient capacity and realistic alternatives to in-patient care, for example Acute Day Treatment Units (ADTU). Carers are concerned about the level of bed closures and note that mental health bed occupancy rates in Hertfordshire are regularly 10% + above the Royal College of Psychiatrists' recommended level.</p> <p>In-patient and ADTU services should be provided in local areas and not on centralised sites when serving large geographical areas like Hertfordshire.</p>
2	What gaps in service provision currently exist, and how do you think the NHS should address them (these can overlap with Q1 but may include a longer list)?	
	Carers identified the following gaps, to be addressed by service development in partnership with agencies including housing, employment and leisure and with the voluntary sector:	
	a	A long-term pathway with effective targets for people with severe and enduring mental health with ongoing access to sustainable community services, including 'befriending' or 'buddying' support and drop-in centres.
	b	Outreach services to proactively reach and engage people who may otherwise not access support for their mental health unless in crisis – similar to the former Assertive Outreach Service.

	c	Consistency in access to services, e.g. carers have noted limited access to psychology in some rehabilitation or community settings.
	d	Sufficient supported accommodation for people with mental health issues where the support includes, as appropriate, daily visits, medication prompts, budgeting advice, facilitating social interaction and activity and signposting to other community based services.
	e	Opportunities to take part in affordable and meaningful activities including life-long learning, volunteering, leisure pursuits.
	f	Specialist employment support for those able to enter or re-enter part-time or full-time employment.
	g	Access to Anger Management courses.
	h	Information about Safeguarding and support to keep safe for both carers and people who use services.
3		People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?
	a	Admission to a mental health in-patient unit to include a history of the person's physical health to ensure that the necessary information or service is put in place to meet any physical needs, e.g. management of a stoma bag, diabetes, leg ulcers etc.
	b	Mental health in-patient staff to take a proactive approach to self-neglect and to actively encourage patients to wash/shower and maintain a satisfactory self-care regime.
	c	Physical health checks to be linked to individual well-being plans, including a discussion about the potential side effects of any medication, together with an action plan to address any issues identified.
	d	Provide physical health support to those patients with severe obesity linked to certain medications.
	e	Rehabilitation or long-term services to establish good links to the local GP surgery.
	f	Mental health awareness training to be mandatory for primary care and acute sector staff.
	g	Community Mental Health teams to co-locate with primary care services and to have a presence in General Practice.
	h	Mental Health Liaison Nurses to brief acute sector staff in preparation for a planned admission for a person with mental health issues.
	i	Counselling support to be available for people diagnosed with a significant or life-changing physical condition, for example Motor Neurone Disease or Stroke and for their carers. This should be extended to carers of children.

	<p>Carers considered that the co-location of services in both primary and acute sectors would make it easier for people to be treated holistically.</p> <p>Carers also noted the role of Recovery Colleges in promoting physical and emotional well-being .</p>
4	<p>There are some significant inequalities in how people access and experience care for their mental health needs, and in their outcomes, including but not limited to people who have ‘protected characteristics’ under the Equality Act 2010. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?</p>
a	Promote campaigns like Time to Change to raise awareness of mental health and emotional well-being and to encourage people to speak up about their issues.
b	Ensure that older people with long-term mental health issues are treated with the same care and respect as those new to services.
c	Locate services in local communities, preferably in town or city shopping centres, reducing the issues of both stigma and access.
5	<p>How best can we bridge the gap between children’s and adults’ mental health services?</p> <p>If a young person is going to University and transitioning from CAMHS to adult services for further therapy, there is a brief period of time (A-level results 16.08.18 starting university 17.09.18) to set up therapy in a different NHS Trust. There could potentially be a gap in provision between finishing with a CAMHS therapist and starting with a new therapist when someone is at vulnerable time. There needs to be an opportunity for parents/carers to tell the University Mental Health Service that their child experiences mental health problems.</p> <p>There is no real information about the difference between CAMHS and adult services.</p> <p>An assessment of the young persons’ emotional age/responses needs to take place to consider if CAMHS programmes/therapists should continue (with funding cross charged from adult services budget).</p> <p>CAMHS should continue beyond 18 for those already involved with the service and who wish to stay. We suggest transition should take place at the age of 25.</p> <p>We need to consider those who will fall into a gap, not severe enough to warrant adult services support but not well enough to cope with no support.</p> <p>Implementation of more frequent meetings with the young person, parent/carer to signpost, support and share alternatives.</p>

6	How can we recruit, train and retain the workforce to deliver the changes we need, particularly to meet your priorities (Q1 above)?	
	Carers considered that these issues need addressing nationally as well as locally.	
	Recruitment	Ensure a level playing field in terms of recruitment – ‘London Weighting’ impacts negatively on Trusts operating in the Home Counties.
		Recognise and address the significant problems of access to housing and public transport in areas like Hertfordshire which impact negatively on recruitment.
		Offer health care assistants opportunities to train as nurses and pay training costs/ongoing salary.
		Offer service users employment and training opportunities.
		Target people in their 50’s who may be looking for a career change.
	Training	Reinstate the nursing bursary to encourage students into mental health nursing.
		Use the levy grant mechanism to ensure that all Trusts ‘buy’ into/deliver ongoing programmes of training and professional development to their staff (links with Retention)
	Retention	Agree reasonable caseload levels for staff working in community settings and ensure staff have sufficient support to maintain their own well-being.
7	Do you think the NHS should be doing more to prevent mental ill-health? If so, what should we do to improve this?	
	Carers considered that the preventative work should be led by Public Health and could include:	
	a	Resilience classes in primary and secondary school
	b	Education on the associated risk of mental health problems and drug usage
	c	Screening for genetic ‘risk’ factors in respect of bi-polar, schizophrenia and depression with a view to identifying effective ‘protective’ tools.
	d	Increased focus on the drivers behind the suicide rate among men aged 25 – 49 years.
8	Do you think the NHS could do more to intervene early for people with mental ill-health? If so, are there any Mental Health problems we should prioritise to provide better early intervention?	
	Carers considered that waiting times for treatment are often too long. They also felt that the telephone triage approach for new or re-referrals may discourage people from seeking help in a timely way.	

	They recommended that people experiencing problems with 'reality' should be prioritised for assessment and treatment.
9	People with more serious and complex mental health problems do not always receive the care they need. Which groups would you prioritise and what extra help would you like to see developed by the NHS?
	<i>See attached paper: Proposed new model of treatment and care</i>
10	Are there examples of innovative/excellent practice (in mental health care or that could be applied from other areas) that you think could be scaled-up nationally to enhance the quality of care people receive for their mental health, reduce costs and/or improve efficiency of delivery?
	Carers recognised the value of many of the services provided in Hertfordshire and referred particularly to the Acute Day Treatment Units, the Rapid Assessment, Interface and Discharge teams based in the two acute hospitals and the First Episode in Psychosis service. It maybe that similar services are already operating in other parts of the country but these certainly achieve the outcomes outlined in this question.
11	What do you think are the specific challenges that will prevent the NHS from being able to deliver good mental health care, and what should we do to overcome them?
	Carers are concerned about a lack of transparency and accountability in the system. Whilst this may manifest around a set of individual circumstances or outcomes, they believe that it is a structural problem. The split between commissioner and provider confuses the issue of decision-making and accountability as does the number of Boards and Chief Executives currently operating in Hertfordshire.