



Prevention and wellbeing



Amanda McGlennon – Richmond CCG
Debbie Davies – East London NHS Foundation Trust
Val Farmer – Richmond Borough Mind

Prevention and wellbeing

- All services should be delivered to support prevention at every level
- Everyone to be able to talk about their MH just as they would physical health
- Enable to manage having good mental health and be able to help themselves when they are ill
- Knowing where to go and what to do

What people have told us

- Service users and unpaid carers felt services could be fragmented, not easy to navigate and didn't focus on their whole needs and improving wider outcomes
- Service users and unpaid carers are concerned about being able to access services at the time they need them, especially in times of crisis
- GPs experience similar issues and variability in accessing & engaging with services

What is important to them

“ is being able to be supported in their community, for services to work together for them and to be in control of how they are supported”.

What people said

“I want to belong, feel that I belong and feel normal”



All aspects of my health are valued

Reduction in premature deaths in people with mental illness

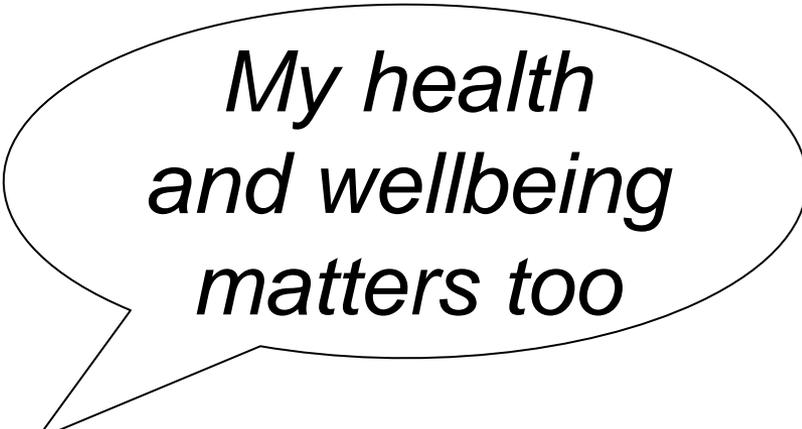


I don't want to lose the community/family support I already have

Proportion of service users that felt they had had as much social contact as they would like

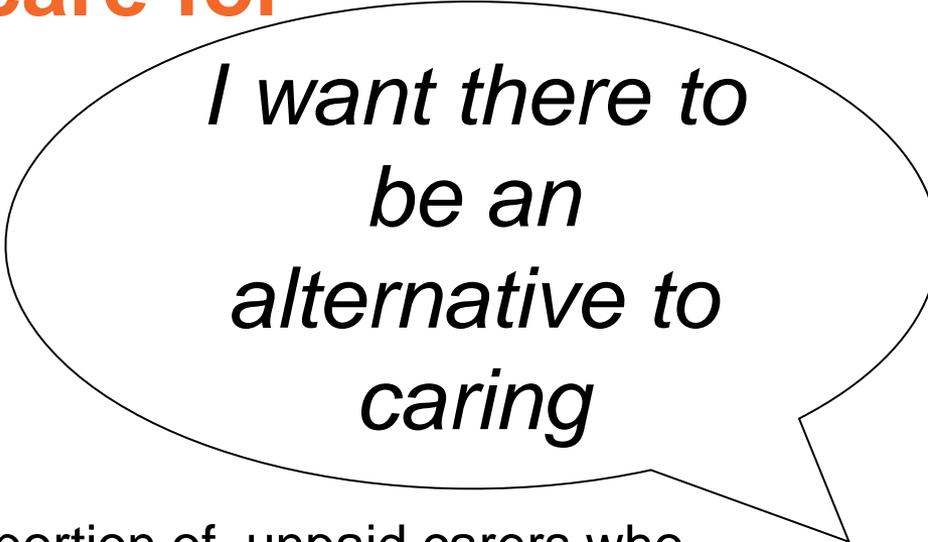
What people said

“I want support for me as well as the person I care for”



*My health
and wellbeing
matters too*

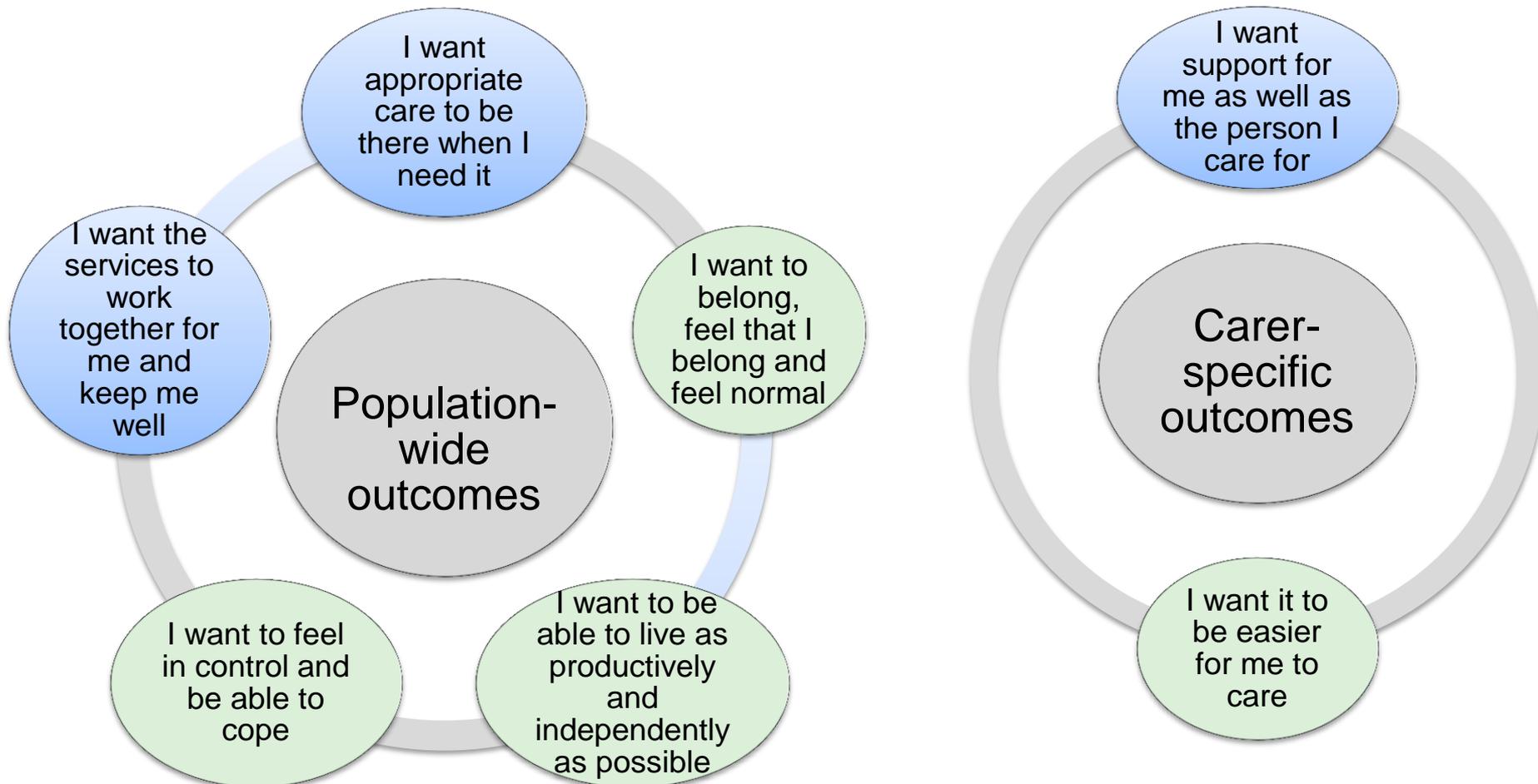
Health related quality of life for unpaid carers



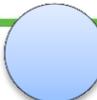
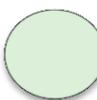
*I want there to
be an
alternative to
caring*

Proportion of unpaid carers who have discussed options for respite/replacement care & have appropriate plans in place

Outcomes that are important for people who use services and carers



working together – a healthier Richmond for everyone

-  = Outcome relating to experience of care
-  = Outcome relating to impact of care on quality of life

Prevention and Wellbeing services

		How people access
<p>Voluntary Sector</p>	<ul style="list-style-type: none"> • RB Mind Wellbeing Service for severe and enduring mental health problems • Peer groups • Carers in Mind: support groups; one to one; signposting; respite activities • Money advice / housing and benefits support from Richmond AID / Citizens Advice • Counselling: RB Mind Richmond AID (long term conditions and disabilities ; INS same; Family mediation; Off the record (young people) • Social Prescribing: Barnes pilot • Homelessness and complex needs: SPEAR • Wellbeing Sessions for schools: RBMind 	<p>Referral from CMHT</p> <p>Self refer / via Acute Worker on ward</p> <p>Self refer</p> <p>Self refer</p> <p>Barnes GP / self refer</p> <p>Self refer</p> <p>Contact RBMind</p>

Prevention and wellbeing services

<p>Richmond Wellbeing Service (East London and RB Mind)</p>	<ul style="list-style-type: none"> • Receive 6500 referrals per year (18% of people with CMHP) • Treat 4250 per year • See 95% of people within 6 weeks (national target is 75%) • Our recovery rate is (58% mean) this year so far 	<p>GP Self-refer</p>
<p>Richmond Wellbeing Service – Long term conditions pathway</p>	<ul style="list-style-type: none"> • National pilot for diabetes, cardiac and respiratory care (bringing together physical and mental health elements) • Extension of current pilot programme for people with troubling physical symptoms – courses are strategies for living or mindfulness 	<p>GP</p>
<p>Richmond Wellbeing Service – primary care liaison</p>	<ul style="list-style-type: none"> • Consultant support to GP • Management of care between primary and secondary care. • Support with medication/specialist review • Signposting and referral to services 	<p>GP</p>
<p>GP practices</p>	<ul style="list-style-type: none"> • Patient advice and consultation with GP • Support with medication advice • Signposting and referral to services above 	<p>Not applicable</p>

Vision

“Working together to provide a new model of high quality mental health and social care, where success is measured by the results that matter to service users and carers”

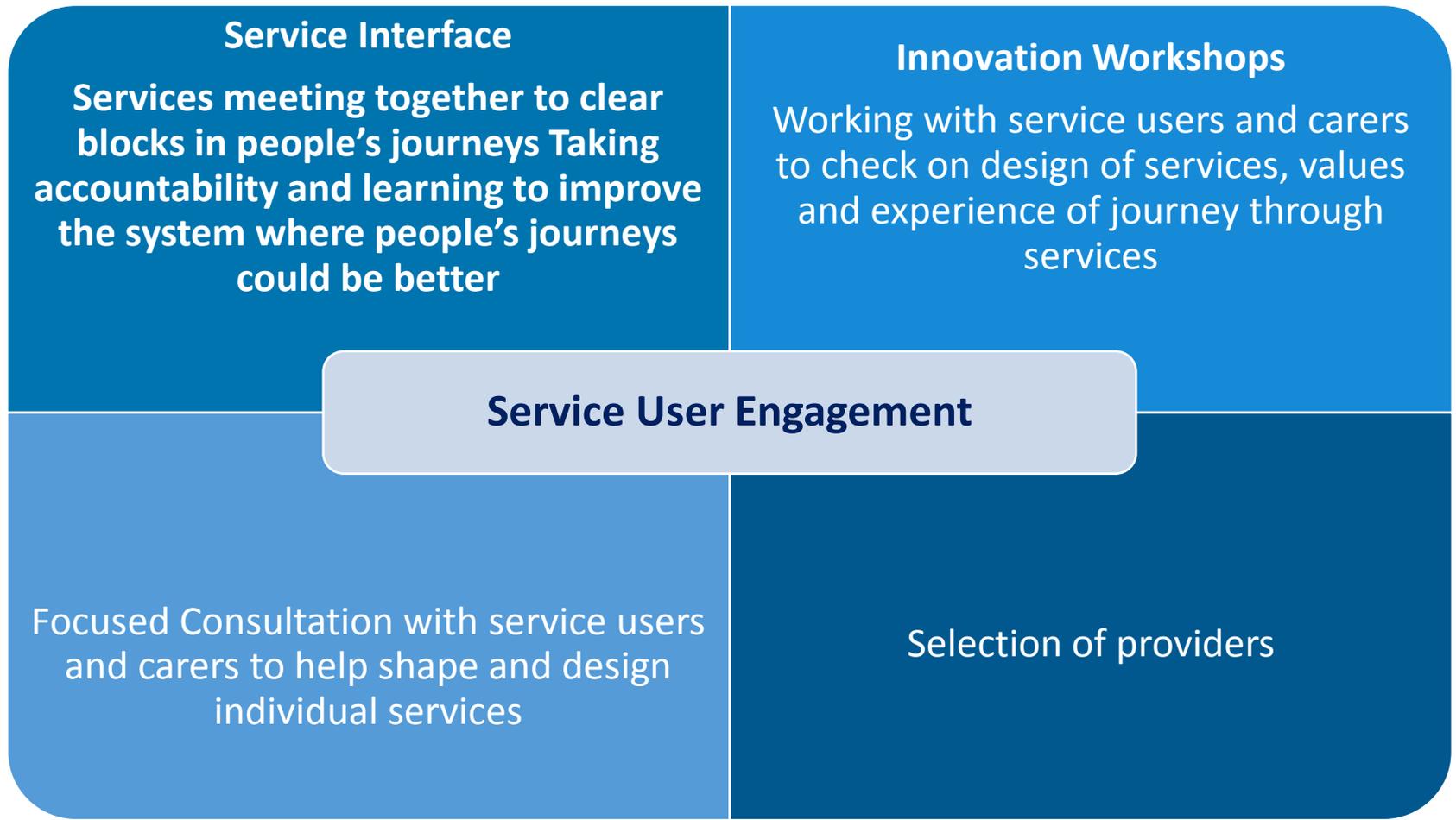
Values

To deliver the outcomes we have identified together as providers a Commitment to shared values which span the service user journey and cross organisational borders:



working together – a healthier Richmond for everyone

Co-production and engagement



Voluntary sector

- Continue to provide accessible clear routes into help with practical help for all aspects of the mental health
- Peer navigation identified as a transformation priority
 - support provided to people with mental health needs by people with lived experience
 - support people with recovery and back into employment
 - Peer navigators would set their own journey towards paid employment

Voluntary sector

Recovery Café: potential

- Structured activities, including peer led activity, which support adults with severe and enduring mental health problems in their recovery
- Information and signposting
- Reduction of crisis and relapse
- Offered at times other services closed
- Time-limited

Richmond wellbeing service

- Works with 2500 people in 2016/17
- 95% of people are seen within 6 weeks against national target of 75%
- Provides group and 1:1 therapy for common mental health problems
- Good recovery rates 57% for people attending treatment
- Expanded to provide support for people with long term physical health conditions focussing on diabetes, cardio rehab, COPD and medically unexplained symptoms
- Plan to work with 660 people in 17/18

Primary care liaison

- The service supports people to be treated by their GP
 - Consultation and assessment
 - Putting a care plan into place and support to GPs
 - Short pieces of targeted work with people including therapy
 - Medication reviews
 - Consultation with other mental health professionals and onward referral when necessary
- Approx 1200 referrals in 2016/17, 600 to end of Sept, average 350 caseload
- Clinics run out of 50% of Richmond GP practices
- Average wait time of 4.5 days from referral to treatment
- Targeted work but ability to quickly re-access the service

Aspirations

- Transform services for people in Richmond
- Joined up pathway across health and social care services
- Improve services for people in crisis
- Support people in the community whenever possible
- Reduce lost years for people with mental health needs
- Prevention
- Link to better physical and mental health for people with long term conditions

Questions

- What does prevention and well being mean for you?
- Do you feel you know where you can get help and if not how could this be done better?
- What services do you think are missing and would improve the support available?
- What could we do better to support people with low level mental health needs in areas such as employment and retaining your job
- Do you feel comfortable discussing mental health in your workplace, with friends or home?

Questions

- How can we support young people better to access services and feel able to address their mental health?
- If services worked together to provide the same experience wherever people tried to access help (no wrong door), what would it look like for you?
- For services to be more effective you need to be able to share the right information at the right time. How can you help us to agree what we can share to support that?