

Draft

Hertfordshire Adult Mental  
Health Strategy

2016-2021

## Foreword

Mental health is central to our quality of life, our economic achievement and interdependent with Hertfordshire's success in improving education, training and employment outcomes. It is also an important factor in tackling some of the persistent problems that challenge our society, from homelessness, violence and abuse, to drug use and crime.

At least one in four Hertfordshire residents will experience mental health problems at some point in their lives - often not diagnosed or requiring specialist services. Around half of people with lifetime mental illness experience their first symptoms by the age of fourteen. Promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does. Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people, this is one of the greatest health inequalities in England.

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part to improve the mental health and well-being of Hertfordshire's population and keep residents well, by improving the outcomes for people with mental health problems.

We know that when mental health services are integrated with the local public, private and voluntary sector agencies and work collaboratively, they help people to overcome disadvantage and fulfil their true potential. It is estimated that mental ill health in England costs in the region of £105 billion each year and treatment costs are expected to double in the next 20 years. Hertfordshire spends over £100 million (financial year 2014-15) on mental health services across health and social care. At a time of increasing pressure on funding it is imperative to ensure that every pound spent is used efficiently. It is important that we focus resources on those who need the most support whilst continuing to enable those with lower needs to improve or maintain their health, wellbeing and independence.

This strategy has been developed to communicate what we all need to do to ensure people in Hertfordshire can manage their own mental health and well-being, access treatment and help when they need it and recover, with support if required, and maximise the independence of Hertfordshire's residents.

Hertfordshire County Council, East and North Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group and the partners represented at Hertfordshire Health and Wellbeing Board have agreed this five year strategy, which builds on recent good practice developments and focuses on 5 key areas for improvement. We are committed to working together to achieve its aims and would encourage you to join us in meeting the challenges by understanding our strategy and working with us to deliver it. We want to thank the many contributors to this strategy and in particular those who have shared their personal experiences to help improve services and outcomes for others.

## 1. Introduction

The Hertfordshire Adult Mental Health Strategy for 2016-2021 has been agreed by Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group and the Hertfordshire Health and Wellbeing Board.

This refreshed strategy builds on our 2010-15 strategy achievements and explains how our joint approach will ensure people who experience mental health problems, their carers and families are able to live and stay well in Hertfordshire. We know the health and social care landscape will change over the next five years, so we aim to make this Strategy a living document which sets out the current ambitions, but also acknowledge we must also be flexible to tackle new challenges as they emerge.

The strategy document will provide an overview of what Hertfordshire has done in the last four years to improve mental health service provision and provide a clear direction of travel for improvements in planning and service delivery over the next five years.

The strategy includes an action plan, which will be closely monitored to ensure that positive actions are being taken to improve the provision of mental health services.

## 2. The National and local context

Hertfordshire's strategy to improve the mental health of adults living in the County has been developed in the context of both national and local priorities.

Recommendations from the national documents<sup>1</sup> shaping mental health service provision (see appendix 1) have focussed on a number of key areas for delivery:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health care approach to improve quality of life
3. Promoting good mental health, preventing poor mental health and supporting recovery
4. People will have positive experiences of good quality care and support services
5. Prevention of avoidable harm

Reform in these areas will be underpinned by a set of 8 principles

- Decisions must be locally led
- Care must be based on the best available evidence
- Services must be designed in partnership with people who have mental health problems and with carers
- Inequalities must be reduced to ensure all needs/outcomes are met, across all ages
- Care must be integrated – spanning people's physical, mental and social needs
- Prevention and early intervention must be prioritised
- Care must be safe, effective and personal, and delivered in the least restrictive setting

---

<sup>1</sup> Five Year Forward View for Mental Health  
No Health without Mental Health  
Closing the Gap – Priorities for essential change in Mental Health  
Mental Health Crisis Care Concordat

- The right data must be collected and used to drive and evaluate progress

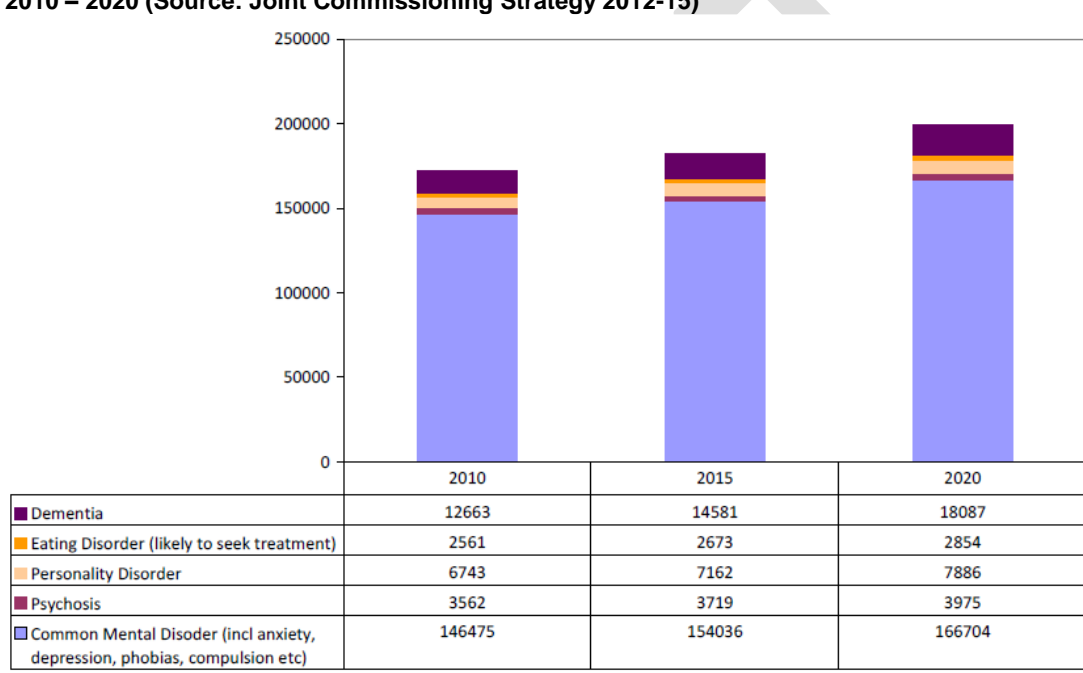
The local suite of key strategic documents (Appendix 1) including the Joint Strategic Needs Assessment<sup>2</sup>, Market Position Statements<sup>3</sup> other current (and updated versions of) strategies will support and inform this adults mental health strategy.

### 3. Mental Health prevalence and cost in Hertfordshire

Across England, one in four adults will experience a mental health problem in any given year. Within Hertfordshire there are an estimated 172,558 adults aged 18-64 experiencing some form of mental ill health.

Between 2010 – 2015 there has been an increase in diagnosis of adult mental health illness in Hertfordshire of between 4%-15% - see graph 1 below.

**Graph 1 Predictions about the future incidence of diagnosable adult’s mental illness in Hertfordshire 2010 – 2020 (Source: Joint Commissioning Strategy 2012-15)**



The percentage of GP registered patients diagnosed with a mental health condition and dementia in Hertfordshire is better than the average for England. (Source: Public Health England) This steady increase in diagnosis is predicted to continue to grow and projections show that over the next 10 years the increase in mental health prevalence will rise at an estimated 6%. The demand growth will be driven by a number of factors:

- early diagnosis of young people and transition to adult services;
- increased awareness of mental health conditions and
- community lead reduction in stigma attached to mental health (building on the success of campaigns like Time To Change).

#### 3.1 Common mental health prevalence

The prevalence of common mental health conditions, such as anxiety and depression is set to increase to approximately 120,000 by 2025 as set out in Table 1. Improving the mental health of the general population and reducing the impact of common mental health conditions is supported by a national programme - Increasing Access to Psychological

<sup>2</sup> Joint Strategic Needs Assessment (JSNA)

<sup>3</sup> Market Position Statements for Hertfordshire [www.hertsdirect.org/hertsmpe](http://www.hertsdirect.org/hertsmpe)

Therapies (IAPT) to make evidence based psychological therapies more widely available in the NHS. For individuals experiencing common mental health conditions, psychological therapies are an important element of the package of care and for many the IAPT service may be the only type of mental healthcare they need. Hertfordshire’s Improving Access to Psychological Therapies (including HPFT’s Wellbeing Service) is meeting the nationally set 15% access rate with over 50% completing treatment and recovering.

### 3.2 Severe mental health prevalence

Mental health conditions that require specialist treatment from a mental health provider are less common equating to approximately 2% of the adult population (see Table 1). In Hertfordshire these statutory services are delivered by Hertfordshire Partnership Foundation Trust (HPFT). Conditions can include persistent depression, bi-polar disorder, schizophrenia and some forms of personality disorder. Within this group of people, approximately 6% will have more than one mental health disorder.

**Table 1 Hertfordshire MH - population 18-64 projection by type of mental disorder 2015-2025**

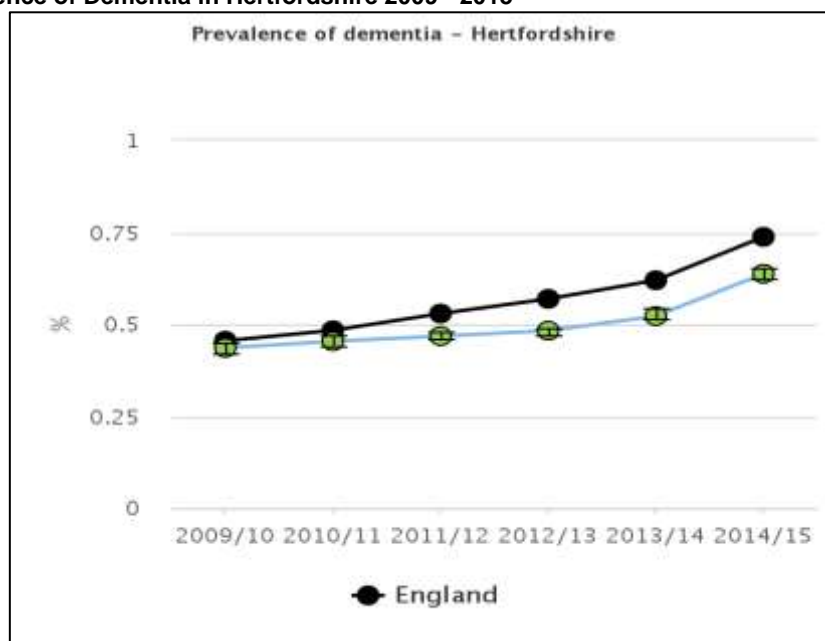
	<b>Common mental disorder</b>	<b>Borderline Personality Disorder</b>	<b>Antisocial Personality Disorder</b>	<b>Psychotic Disorder</b>	<b>predicted to have two or more psychiatric disorders</b>	<b>Total</b>
<b>2015</b>	113,487	3,176	2,438	2,821	50,636	172,558
<b>2020</b>	117,103	3,278	2,514	2,910	52,243	178,048
<b>2025</b>	119,850	3,354	2,576	2,979	53,480	182,239

Source PANSI/POPPI

### 3.3 Dementia

There has been a significant 15% increase in Dementia diagnoses from 2010-15. Current estimates suggest 15,000 people over the age of 65 are living with dementia in Hertfordshire. This area is projected to grow 15% by 2020 and 34% by 2025. It is also estimated that there are more than 600 people with the onset of dementia living in the County.

Graph 2 Prevalence of Dementia in Hertfordshire 2009 - 2015



### 3.4 Cost of Mental Health services in Hertfordshire

NHS England has estimated that “Poor mental health carries an economic and social cost of £105 billion a year in England. Analysis found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use” In 2014/15 Hertfordshire spent over £21 million on mental health social care services and over £80million on NHS services for adult mental health (see Table 2).

Table 2 Hertfordshire spend on mental health 2014-15

Mental Health Services	Expenditure 2014/15 £
<b>Social Care</b>	
Assessment and Care Management	£5,051,389
Social Care Placements / Personal Budgets	£11,615,260
Housing Related Support	£1,319,042
Voluntary, Community & Independent Sector Services	£3,044,821
<b>Total Social Care Expenditure 2014/15</b>	<b>£21,030,512</b>
<b>NHS</b>	

Psychological Therapies (IAPT)	£7,905,128
Community Mental Health Services	£35,346,985
RAID (mental health support in acute hospital settings)	£2,483,183
External Placements outside HPFT	£9,355,511
Inpatient Beds and Rehabilitation Services	£25,111,561
<b>Total</b>	<b>£80,202,369</b>

### 3.5 Financial Challenges

Both the NHS and social care face significant financial challenges over the next few years. Overall spending in local government has reduced significantly over the past five years and is projected to continue to decline in real terms. The NHS Five Year Forward View sets out a “mismatch between resources and patient needs of nearly £30 billion a year by 2020/21” with an expectation that action will be required on three fronts – demand, efficiency and funding. All commissioners recognise the importance of good mental health services and will continue to focus on all three areas of managing demand, improving efficiency and providing funding where possible.

### 3.6 Community

The Community Wellbeing Team commissions and monitors a range of preventative and support based contracts in the community. This team will develop and delivery of a range of preventative services for vulnerable adults and older people. They will build capacity and bring together existing experience and expertise in the voluntary and community sector to develop networks and partnerships that benefit those with mental health issues. The Community Wellbeing Team will be the commissioning lead for preventative services and the relationship with the voluntary and community sector and will work collaboratively with the Clinical Commissioning Groups and all other internal and external partners.

## 4. Developing the Strategy

Hertfordshire held a number of “developing the strategy” consultations between October 2015 and January 2016 involving people with lived experience, their carers and families, the wider public and organisations who deliver support to people with mental health problems. These workshops focussed on understanding the experiences of service users and carers using mental health services - what is good right now and what are the key areas for improvement that are most important to service users, carers and wider stakeholders.

### 4.1 What is good right now?

People told us that they had had some excellent experiences of services within Hertfordshire and there are many examples of good practices in services, such as:

- Daily visits for those who need it
- Being given the opportunity to influence and shape their care/strategy
- High quality and consistency of care, range of activities available and quality of interactions
- The use of third party organisations to support users and carers
- Acknowledgement of individual clinicians within services

### 4.2 Areas for improvement in the future

Five key themes emerged from the workshops. People that attended the workshops gave examples of what they would like to be prioritised under each of the themes.

1. Listening and responding to service users and carers
  - User lived experience and carers perspective
  - Choice when in services
  - Looking at the whole family
  - Cohesion – people pulling together
  - Personal budgets
  - Inclusive – it’s not just mental health
2. Easy, early and fair access
  - Early intervention
  - GP training
  - Listening to the family
  - Circle of care
  - Care plans on discharge with service user and carer knowing what is it
3. Preventing and responding to crisis
  - More GP involvement
  - Access to the same range of services across Hertfordshire
  - 24/7 phone line
  - Listening and responding to what the carers and service users say
4. Recovery & independence
  - Local support groups



This will be a challenging 5 years but Hertfordshire's local themes and associated action plan will help the county to raise to the task of reforming mental health services in line with national recommendations

DRAFT

## 5. Listening and responding to service users and carers

Hertfordshire continues its commitment to listen and respond to service users, their families and carers and goes further in this strategy by committing to embed co-production and co-commissioning principles.

### 5.1 Co-production

Whether we are looking to commission new or existing services, we commit to ensure that people with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation, monitoring and delivery of services (co-production).

Co-produced services have been shown to deliver:

- An improved sense of belonging to local groups and networks
- Reduced stigma
- Increased skills and employability
- Reduced need for emergency health care
- Improving physical and mental well-being.

Working with our commissioned partner organisations and other stakeholders, we will ensure that the voices of people with lived experience are present in all of the key conversations throughout the commissioning process and continue to be heard through the contract monitoring and review processes.

There are some excellent examples of how people with lived experience are involved in developing, influencing and co-producing services within Hertfordshire.

We work closely with Viewpoint, a user involvement led charity in Hertfordshire, who provide a voice for people using mental health and drug and alcohol services in Hertfordshire. We also work closely with Healthwatch Hertfordshire the voice for service users and their carers of publicly-funded health and social care services.

A 'wellbeing college' is currently being developed with the third sector, mental health providers, people with lived experience and their carers. The wellbeing college will be delivered through a consortium made up of organisations including service users and carers. The shared expertise in the consortium will contribute towards supporting people towards greater wellbeing. In addition, courses on both mental and physical health are being developed alongside service users and carers, as one approach to the challenge of integrating mental and physical health services more effectively.

### 5.2 Personalisation

With Hertfordshire's adoption of the Think Local Act Personal principles, (which ensure people have greater independence and choice over their wellbeing,) alongside the personalisation agenda, service users and carers are firmly placed at the heart of decision making and planning their care. The use of personal budgets and direct payments have given people more independence to exercise choice and control over where, when and how they receive care and support.

Hertfordshire Clinical Commissioning Groups local offers for personal health budgets are being developed in collaboration with stakeholders and will detail how the CCGs intend to expand provision of personal health budgets in the next 5 years.

In 2016/17 work will continue to provide personal health budgets to patients eligible for Continuing Health Care. A phased approach is being taken to expand provision to other patient groups and will include the delivery of pilot projects to people with learning disabilities, those with neurological conditions and diabetes and mental health.

The CCG's will also be working with NHS England on the Wheelchair Improvement Programme to pilot personal health budgets for wheelchair users. Personal health budgets conversations will continue to be held with stakeholders so as to create awareness and engage local services and patients in shaping processes and provision.

There is no new money for personal health budgets and this will have to be identified within existing contracts including service redesign and de-commissioning of services that are not working. This shall involve holding discussions with CCGs service providers, to discuss quality and agree to disaggregate funding to support personal health budgets, testing new initiatives and co-production in collaboration with patients.

### **5.3 Carers**

Carers make an invaluable contribution to health and social care and to wider society by providing care for their loved ones. Without carers, the health and social care system would not be able to function. However, carers are at greater risk of poorer health, wellbeing and other outcomes<sup>5</sup>. Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group want to reaffirm their commitment to working in partnership with carers, health and social care providers and other agencies to support carers wellbeing and help carers to carry on caring. We know that 69% of carers report that they cannot get a good night's sleep, 73% feel anxious, 82% feel stressed while 50% describe themselves as being depressed<sup>6</sup>. The focus for this mental health strategy is how health and wellbeing services can support carers to stay fit, healthy and active. Access to physical activities, psychological therapies and voluntary sector preventative wellbeing services such as counselling and peer support, which fit into their caring schedules are crucial to enabling carers to continue caring.

---

<sup>5</sup> Carers Strategy, 2015 <http://www.hertsdirect.org/services/healthsoc/carersupport/>

<sup>6</sup> Carers UK, State of Caring Survey 2014 (n=4,924 current carers)

### What we have been doing

- *Embedding co-production and focusing on outcomes for all new mental health service provision*
- *Promotion of personal budgets and self-direct support*
- *Personal health budgets for people receiving continuing care.*
- *Co-producing areas of focus for personal health budgets in Hertfordshire*
- *People with personal budgets are offered the option of having a broker work with them to identify community resources that will meet their social care needs*
- *Brokers use a person centred approach to design and implement a support plan with the individual*
- *Consult and engage with stakeholder through mental health planning and performance group, GP leads, health watch meetings*
- *Carers for someone with Mental Health problems have contributed to the planning and support of the people they know. They have been involved in the devolvement of services and specifications.*

### Our aims

1. People with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation and monitoring of mental health services across Hertfordshire
2. We want to have meaningful involvement and collaboration in service improvement with people who use the services
3. People have more independence to exercise choice and control over where, when and how they receive care and support.
4. Work with statutory, voluntary and independent partners to implement the Making it Real principles (appendix 2)
5. Work with carers and our partners in the statutory, voluntary and independent sectors to deliver on our Joint Strategy for Carers<sup>7</sup>

<sup>7</sup> Carers Strategy, 2015 <http://www.hertsdirect.org/services/healthsoc/carersupport/>

## 6. Early and Fair Access to Diagnosis, Treatment and Support

Over the life of this strategy commissioners in Hertfordshire will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and maximise their independence and mental health and wellbeing.

### 6.1 Children and adolescent mental health services

To be able to reduce the burden on adult mental health services, Hertfordshire has committed over £2million extra into Child and Adolescent mental health services on a recurrent basis. We know half of people with lifetime mental illness experience their first symptoms by the age of fourteen. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent)<sup>8</sup>. Hertfordshire's 0-14 years population (census 2012) is estimated at 219,300, projected to rise between 20-30% by 2037 to over 285,000. This increase will have wide ranging implications on children and adolescent mental health services and subsequently adult mental health services. The Five Year Forward view calls for partners to resource and implement Future in Mind<sup>9</sup>, which articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it. Hertfordshire's local Transformation Plans will support the wider system transformation of the local mental health services for children and young people.

### 6.2 Transitions

Transitions between services are a key concern for service users and carers. One major transition is between Child and Adolescent Mental Health Service (CAMHS) and adult services which usually occurs at age 18. Other transitions may be between specialist services and more local services, or between adult and older person's services. Improving planning, better information and preparation for users and carers, and joint working between services are all areas where users and carers tell us that can be improved. This will be an area of focus for services as these are redesigned over the lifetime of the strategy.

### 6.3 Prevention Services

We will continue to work with the voluntary and community sector to innovate and support organisations which offer preventive services to enable people to stay in their own homes, stay independent for longer, access services and groups in their communities, retain local connections, stay active, to consider the options and make informed decisions. These organisations have the flexibility and customer focus to be able to offer a 7 day support offer alongside reducing social isolation and vital connections that can assist people to overcome the crises that can lead to losing homes and family or relationship breakdown.

---

<sup>8</sup> Five Year Forward Plan

<sup>9</sup> <https://www.england.nhs.uk/2015/03/martin-mcshane-14/>

## 6.4 7 day NHS

People should be able to access good quality mental health care 7 days a week, 24 hours a day in the same way that they are able to access urgent physical health care. Hertfordshire continues to make good progress towards a 7 day NHS which provides the right care at the right time and of right quality. Community mental health services are available longer hours than before, and whilst there is still some way to go to have a full mainstream 24/7 mental health service, Hertfordshire's crisis services are available 24/7 through accident and emergency services or via a dedicated crisis telephone helpline.

Hertfordshire's response to national crisis recommendation forms part of the wider Crisis Care Concordat work which is outlined in Section 7 – Preventing and responding to crisis.

Additional funding has been identified and invested locally in the Early Intervention in Psychosis service to support the delivery of the national target that 50% of people experiencing a first episode of psychosis have access to a NICE approved care package within 14 days of referral. This target will rise to at least 60% by 2021.

Dementia diagnosis in Hertfordshire has improved considerably (Graph 2) and our strategic commitments to ensure Hertfordshire is a place where people with dementia and their carers can thrive are outlined in the Hertfordshire Dementia strategy<sup>10</sup>. The scale of the dementia diagnosis challenge is beginning to emerge and we continue to work with statutory partners to increase diagnosis and assessment through the Early Memory Diagnosis and Support Service (EMDASS)

## 6.5 Improving Access to Psychological Therapies

Hertfordshire will respond to NHS England's recommendation to increase access to evidence-based psychological therapies (IAPT) for common mental health problem such as anxiety and depression. For many access to psychological therapies might be the only intervention they might need and can be viewed as a preventative / early intervention. The national ambition is to reach 25% of need – nationally this means at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21. The current 15% target means locally 9,545 people access treatment each year in East and North Herts and 10,806 in Herts Valleys CCG and 50% complete treatment and recover.

The recommendations go on to suggest that there should be a focus on helping people who are either living with long-term physical health conditions or who are unemployed to support their mental wellbeing through use of psychological therapies. There is a call to identify investment to increase access to psychological therapies for people (circa 9,000 in Hertfordshire) with psychosis, bipolar disorder and personality disorder.

Hertfordshire County Council, Herts Valleys CCG and East and North Herts CCG have committed to review the psychological therapies provision over the next three years to be able to develop the local market and realise benefits regarding referral pathways, quality control, and patient choice.

---

<sup>10</sup> Hertfordshire Dementia Strategy 2015-19

Efforts will be made to increase referrals and attendance in mental health treatment services. Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

## 6.6 Integration of health and social care

The Better Care Fund means that by pooling resources and money with across health (Clinical Commissioning Groups) and social care (County Council) Hertfordshire will be getting the very best value for each pound spent in Hertfordshire.

On the ground it means Hertfordshire's residents will see a more 'joined up' service between GPs, social workers, nurses, physiotherapists, voluntary support groups, and many more, all aimed at treating people as individuals, and keeping them out of hospital and in their own home. Joint initiatives, designed to be 'preventative' such as the roll out of the enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists, will support people with mental health problems and aims to help people be as healthy and independent as possible.

It is envisaged across all the funded initiatives will show improvements in:

- Fewer avoidable hospital admissions
- Less time in hospital when people do need to be admitted
- Better reablement so people can be independent more quickly
- Delaying admissions to residential care where possible
- Improving the patient experience of health and social care.
- Improved and appropriate sharing of information, and joint assessments between agencies
- Moving towards a 7 day health and social care system

### What we have been doing

- *An increase in people accessing psychological therapies (IAPT) – 15% of prevalence*
- *Achieving the national waiting time standards for IAPT*
- *Significant work continues to review psychological therapies provision.*
- *Invested additional funding in the Early Intervention in Psychosis service to support the delivery of the new national target that 50% of people are seen within 14 days and then receive a NICE compliant package of care.*
- *A review of the single point of access in light of other changes such as out NHS 111 tender during 2016. Response times have improved*
- *The majority of mental health funding in Hertfordshire is currently spent on providing integrated health and social care through a contract with Hertfordshire Partnership Foundation Trust. A new contract with HPFT has been negotiated on behalf of the partners for April 2016*
- *Roll out of enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists.*

**Our aims:**

1. People experiencing a first episode of psychosis will have access to an approved care package within 2 weeks of referral
2. Increase access to evidence based psychological therapies so that 25% of people with anxiety and depression in Hertfordshire can access care by 2020/21
3. Increase access to psychological therapies for people with psychosis, bipolar and personality disorder
4. Ensure new pathways/services commissioned incorporate the relevant physical health care interventions and principles of co-produced care planning.
5. Optimise the use of digital channels to communicate key messages and make services more readily available online, where appropriate drawing on user insight.
6. Review data collected to identify unnecessary collection and how the data is used for commissioning and contract monitoring purposes.
7. Establish mental health champions in each community to contribute towards improving attitudes to mental health
8. Review and expand where possible community based services for people with severe mental health problem who need support to live safely and as close to home as possible
9. Develop a Prevention Concordat programme that supports health and wellbeing

## 7. Valuing Mental and Physical Health Equally

*“Making physical and mental health care equally important means that someone with a disability or health problem won’t just have that treated, they will also be offered advice and help to ensure their recovery is as smooth as possible, or in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of learning to cope or manage a physical illness.” Five Year Forward View – Mental Health Taskforce, 2016.*

### 7.1 Health inequalities

We know people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. McManus *et al* (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder.

People with a long term physical health condition are two to three times more likely to experience mental health problems. It is estimated treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8–13 billion per annum. Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

In addition individuals with mental health problems are twice as likely to experience a long term physical health illness or disability. NHS England information suggests the proportion receiving an annual physical health check ranges from 62% to 82% and basic risk assessments for long term conditions are not being carried out, for example less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months. The side effects of medication and the impact on physical health (such as weight gain) must not be overlooked particularly for those with severe mental illness.

Mental Health must have equal priority with physical health. It is essential that mental health training becomes standard for all NHS physical health workers and GPs. It is paramount that assessment and care planning is focused on both mental and physical health, particularly for those with any severe mental or physical health illness. Addressing lifestyle issues is a priority for the whole NHS. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise. Commissioners will also work with public health and across CCG’s to look at how health improvement can be delivered in primary care.

### 7.2 Dual Diagnosis

There is a clear need to demonstrate that services for patients experiencing co-morbid mental health and substance misuse problems are integrated to deliver assessment, evidence based interventions and support which result in positive outcomes for in tackling the individuals’ substance use and mental health wellbeing. With the application of “no wrong door” principles, Hertfordshire should be commissioning services for the whole person, integrating the substance misuse and mental health pathways and evidence outcomes based interventions.

### 7.3 Inequity of access

Hertfordshire needs to facilitate access to services for vulnerable groups to tackle health inequalities. It has been recognised at national level that there has been no improvement in race inequalities relating to mental health care since the end of the 5-year Delivering Race Equality programme in 2010.

Inequalities in access to early intervention and crisis care, rates of detentions under the Mental Health Act 1983 and lengths of stay in secure services continue.

With Hertfordshire becoming an increasingly diverse county, equity of access to mental health services for individuals from black minority and ethnic race (BME) communities, lesbian, gay, bisexual and transgender people, and people with multiple needs to be addressed. Data show us that there is an over representation of individuals from BME communities accessing mental health services and being detained, with an under representation from other groups that are currently poorly served by mental health services.

With many people looking to their communities for support, Hertfordshire needs to acknowledge, understand and respect cultural diversity and community identities. We need to reduce stigmatisation by services and professionals which might arise as a result of an individual's health symptoms or cultural or ethnic background and help professionals and individuals to embrace the strengths of culture and identity as contributing factors to recovery. We know peer support is highly valued, especially by under-represented and BME groups, and wish to develop peers as a core part of care team.

### 7.4 Older People

We must ensure services meet the needs of older people: while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. There can be lower referral rates and engagement in treatment for depression and anxiety in the older population. However, we know that when older people do engage with psychological therapies, their outcomes and recovery rates are as good as the rest of the population. This strategy should be read in conjunction with the Older People's Strategy (<http://www.hertsdirect.org/your-council/hcc/healthcomservices/oppd/>) and Hertfordshire's Dementia Strategy (<http://www.hertsdirect.org/your-council/consult/careforelderlyconsult/dementiastrat/>)

### 7.5 Learning disabilities

We need to ensure services meet the needs of people with learning disabilities. People living with a learning disability must be able to access mental health services

In July 2015 Hertfordshire was nominated by NHS England as a "Fast Track" pilot site for Transforming Care, this is now being rolled out nationally with areas becoming Transforming Care partnerships. This essentially means that the way we commission and deliver services has to change in line with this national direction, so that more people with learning disabilities, and/or autism, with behaviour that may challenge and/or mental health support needs, can live in the community, closer to home, reducing the numbers of people admitted to inpatient and secure services<sup>11</sup>. As part of this Fast Track work Hertfordshire developed

its “Fast Track Plan”, which outlined the key projects needed in order to achieve the outcomes set by NHS England.

[www.hertsdirect.org/services/healthsoc/supportforadults/learningdis/ldpbmain/](http://www.hertsdirect.org/services/healthsoc/supportforadults/learningdis/ldpbmain/)

## 7.6 Perinatal

Healthcare professionals and people in the general community have highlighted the huge impact of mental health problems during and after the time of childbirth. A significant number of women will first become depressed in pregnancy. The most common mental health problem is postnatal depression.

Hertfordshire is working to increase support for perinatal mental health and support parents-to-be and new parents showing signs of problems like depression or anxiety. Perinatal mental health illness is common. Between 10% and 20% of women will develop a mental illness during pregnancy or within the first year after having a baby. The impact can be devastating for both mother and baby, as well as their families - one of the major causes of maternal death is from suicide.

Most women experiencing perinatal mental ill health will have a mild to moderate illness, including depression, anxiety and Post-traumatic stress disorder (PTSD), but some will have severe depression, PTSD or pre-existing serious illness like schizophrenia or bipolar disorder or they may develop postpartum psychosis with no previous history.

By 2020/21, nationally the NHS has committed to supporting at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

Hertfordshire County Council, East and North Herts CCG and Herts Valleys CCG are committed to establishing parity of esteem between physical and mental health. We aim to commission comprehensive services that will fulfil the mental health needs of our residents with the same high quality and access as we expect from physical health services.

### What we have been doing

- *Substance misuse and mental health services work closely as partner organisations to support individuals and local organisations in a number of areas, such as crisis resolution and Section 136 issues.*
- *Agreement from East & North and Herts Valley CCGs to pilot a recovery college that includes physical and mental health courses*
- *HPFT have implemented SmokeFree across all its sites in Hertfordshire.*
- *Hertfordshire was nominated by NHS England as a “Fast Track” pilot site for Learning Disability Transforming Care*

### Our Aims:

- People with mental health problems who are at greater risk of poor physical health will get access to prevention and screening programmes.

- Ensure more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence based physical care assessment and interventions
- Mental Health inpatient services will be smoke free by 2018
- Reduce stigma around mental ill health by supporting local communities build a grass roots social movement to raise awareness of good physical and mental health and support people to seek help when they need it.
- Support women who experience mental health problems in pregnancy and during the first year following the birth of their child to access evidence based specialist mental care.

DRAFT

## 8. Preventing and Responding to Crisis

Mental health services have traditionally focused on responding to the needs of people as they develop. Hertfordshire wants to shift its focus to commission services targeted at prevention and avoiding harm to vulnerable people wherever possible to reduce the use of crisis services and emergency inpatient care. It aims to do this by maximising the benefits of early intervention and preventative initiatives; building on individual assets and life skills, preventing the onset of ill mental and physical health and working to build resilient communities which can help people live independently and healthily for longer (see section 6.3).

### 8.1 Supporting Crisis

When someone is facing a crisis they need to be able to access help quickly when they need it and in a way that helps them to overcome the crisis they are experiencing. The ability to respond swiftly to requests for help is key in ensuring that people can be seen early enough to prevent any further deterioration of their mental health; it can also open up options for people to access different kinds of support and intervention rather than using emergency services and/or inpatient admission or assessment under Section 136 of the Mental Health Act. Experience shows that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding them of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

### 8.2 Co-ordinated response

The response to crisis needs requires a co-ordinated approach across statutory, voluntary and community organisations. In Hertfordshire, 24 organisations ranging from NHS, county council, police, fire, ambulance, voluntary and community sector are signatories to the Crisis Care Concordat Action Plan. The plan is a commitment to implement the principles of the national Mental Health Crisis Care Concordat, to improve the care and support available to people in mental health crisis, so that they are kept safe and receive the most effective interventions swiftly. The commitment is to work together to help people find the help they need, whatever the circumstances, regardless of which service they turn to first and accept our responsibility to reduce the likelihood of future crisis and to support people's recovery and wellbeing.

The Department of Health has recognised the Crisis Care Concordat approach as an example model of integrated local commissioning. However further work will be required by 2020/21, such as 24/7 community-based mental health crisis response should be available in all local areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission.

Our local Crisis Care Concordat action plan<sup>12</sup> covers the period to 2017; this means that the content, funding and delivery will be subject to local prioritisation, change and further development over the timeframe of this strategy.

### 8.3 Community Resilience

---

<sup>12</sup> <http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/03/Hertfordshire-Crisis-Care-Concordat-Action-Plan.pdf>

We know that people are increasingly turning to their communities for support and care needs. Hertfordshire wants to empower people and communities to build resilience in the face of the mental health challenges. The Year of Mental Health has made a huge impact on reducing stigma and raising awareness of mental health. We also need to take a step further to embed mental health champions within communities.

### What we have been doing

- *Hertfordshire's Crisis Care Concordat declaration has been signed by all statutory agencies in the County, together with a range of voluntary organisations working in mental health and/or substance misuse.*
- *The Crisis Care Concordat signatories have agreed and started working on an Action Plan which is available on the Crisis Concordat website ([www.crisiscareconcordat.org.uk](http://www.crisiscareconcordat.org.uk))*
- *Improved psychiatric liaison services - Rapid Assessment Intervention and Diagnosis (RAID) and Crisis Assessment and Treatment Teams (CATT) are available through emergency departments across the borough's accident and emergency departments at Lister and Watford Hospitals*
- *Extended the operating hours of the RAID service at Lister Hospital*
- *Ensuring the effective use of S136 suites (places of safety) and implementing strategies to reduce inappropriate use e.g. introduction of street triage*
- *Housing – supporting people with mental health problems to access and maintain appropriate accommodation*
- *Roll out of Spot the Signs (suicide prevention training) to all GPs and community providers.*

### Our aims:

- Continue to meet the national Mental Health Crisis Care Concordat
- Develop a multi-agency suicide prevention strategy and action plan which will be reviewed annually
- Expansion of the RAID programme to provide a 24/7 all age response.
- Review the community based mental health crisis response to offer intensive home treatment as an alternatives to an acute inpatient admissions 24/7
- Work with partners organisations to reduce premature mortality among people with severe mental illness
- Develop all age mental health liaison services in emergency departments and inpatient wards

## **9. From Recovery to Independence**

Hertfordshire should have services available that help people recover and cope with the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to sustain wellbeing, maximise independence and have the opportunity to thrive in Hertfordshire.

### **9.1 Commissioning recovery focussed services**

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them build and regain resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment. For this to be achievable there needs to be a comprehensive range of (NICE evidence-based) treatments in Hertfordshire that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. Supporting individuals needs as they move through recovery to independence, will mean different levels of support at different times.

We need to ensure that there is a step down of intensity of service as people move from recovery to independence, coupled with encouragement and guidance for people to access the kind of support that will help keep them well in their communities without the need for medication and/or therapy.

### **9.2 Personalisation – choice and control**

One of the emerging themes from this strategy is enabling personalisation, giving individuals choice and control over their support arrangements as their needs change and outcomes are met. To enable this to happen there needs to be improved information and advice on what care and support is available in Hertfordshire for individuals and their families. There is a need to develop the market for personal assistants and understand what kind of preventive services to reduce or delays people's need for care and the promotion of independence and self-reliance are needed within the County. This is part of the wider Community Wellbeing review.

### **9.3 Peer Support**

One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues to aid relapse prevention, self-management, choice and facilitate partnership with other services. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper et al, Peer Support: Theory and Practice, ImROC, 2013). Hertfordshire has an opportunity to use peers to support people's mental health alongside their other needs, including physical health, employment, housing and social care.

Other needs such as housing and employment play significant factors in good mental health and vice versa - Stable housing and employment are significant factors contributing to someone being able to maintain good mental health. Both of these are important outcome indicators for recovery for people who have developed a mental health problem.

## 9.4 Housing/Accommodation

Hertfordshire want to work with housing and accommodation providers to support those who are at risk of losing stable housing to prevent mental health deterioration. We will seek to review the accommodation pathway for people with mental health problems and start conversations through our market position statements to stimulate the market to encourage more properties suitable for people with a mental health condition focusing on the recovery model; this includes accommodation settings for rehabilitation, residential settings. A major aim of recovery will be to enable people to move on from these settings to supported living or independent housing. Data show us that in Hertfordshire housing has an impact on delayed transfer of care (DTOC) from inpatient/residential mental health settings:

- Hertfordshire Partnership University NHS Foundation Trust<sup>13</sup> (HPFT) – from December 2014 – December 2015 29% of all delayed working age adults were waiting for housing (28 of 95 delayed patients Dec 2014-2015 HPFT Data)

Hertfordshire County Council have acknowledged that there needs to be a system wide approach to tackle the scale of the housing problem. Our key aims are to focus on, improving choice, improving quality and ensuring good housing/accommodation supply. The particular demand across the county for accommodation is for one bedroom flats/studios or self-contained provision.

Hertfordshire County Council is well placed in understanding the property conditions. In 2015 the council carried out property reviews of all HCC owned accommodation. The review identified that 21 properties were registered as supported living accommodation for people with mental health conditions. Part of the property review is to ascertain how we could make best use of the council's assets. We also seek support and review by our NHS partners to review their assets and ensure best use of their capital stock. We are keen to work with our partners to consider alternative models of housing support and care which would maximise making best use of the collective assets and enhance individuals opportunities on where they can choose to live. We will be working closely with NHS partners and public health led by the Integrated Accommodation Commissioning team<sup>14</sup> to ensure housing/accommodation needs are addressed across the County.

## 9.5 Employment

Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed. However, 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Hertfordshire's approach to employment support for people with mental health is to assist people to:

- retain employment
- gain employment
- gain skills for employment through volunteering, education, training and work experience.

---

<sup>13</sup> HPFT - Provide mental health services on behalf of Hertfordshire County Council and East and North Herts and Herts Valley CCGs

<sup>14</sup> The Integrated Accommodation Commissioning Team commissions [a range of accommodation](#) including supported accommodation for people with learning disabilities.

National data shows of people with 'mental and behavioural disorders' supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. There is a 65 per cent point gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population. The ambition is that by 2020/21, each year up to 29,000 nationally more people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS).

## 9.6 Secondary (specialist) Commissioning

The Five Year Forward View Mental Health Taskforce sets out its position on specialist commissioning by welcoming the invitation set out in NHS England Planning Guidance 2016/17 – 2020/21 for providers of secondary mental health services to manage budgets for tertiary (specialised) services. The rationale being to reduce fragmented commissioning and improves care pathways. This might be a significant change for some areas, but is an approach which Hertfordshire has already adopted for secondary (specialist) mental health residential commissioning. The Taskforce suggests the programme (of development – via Vanguard) should focus on ensuring adequate inpatient resource is maintained while preparations are made to support people who are ready to transition into community based services. Hertfordshire has the opportunity to strengthen and review its secondary commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

### What we have been doing

- *Recommissioned a county wide Complex Needs service from the voluntary sector that can support the whole person in their recovery from crisis, providing support and expertise on a wide range of issues including accommodation issues and substance misuse*
- *Reviewed delayed transfer of care from HPFT services and reduce reported delays*
- *Developed new models to improve health and social care for people with mental health conditions through Herts Valley strategic review*
- *Used co-production to design and deliver recovery focussed services*
- *Delegated secondary (specialist) commissioning to HPFT as the secondary mental health provider.*

### Our Aims:

- Evaluate the pilot of a recovery college that included mental and physical health courses with a view of commissioning the service
- Look at the options of providing navigators or peers by experience to people who need specialist care from diagnosis onwards to guide them through options for their care and ensure they receive appropriate support to move from recovery to independence
- People living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support
- Work with providers to develop schemes to improve mental health and employment outcomes
- Focus on people with long term physical health conditions and supporting people into employment
- Opportunity to strengthen and review its secondary (specialist) commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

DRAFT

## Conclusion

This mental health strategy has been developed through an analysis of local need, and listening to the views of service users, carers, stakeholders and partners. This strategy sets out our plans for the future delivery of mental health services in Hertfordshire. There will be a detailed action plan that will be developed once the Strategy is published. This will be monitored by through the Joint Commissioning Boards at CCG levels, overseen by the Health and Wellbeing Board. This strategy is a commitment to achieving high quality outcome driven services, parity of esteem and enhancing recovery.

DRAFT

## Appendix 1 – summary of national and local strategy recommendations

### The five year forward view mental health taskforce report

The five year forward view sets out how national bodies will work together between now and 2021 to help people have good mental health and make sure they can access evidence-based treatment rapidly when they need it. The taskforce's recommendations have highlighted three priority areas:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

### No Health without Mental Health

No Health without Mental Health is a national strategy that defines the outcomes that health and social care organisations must achieve. This strategy says organisations should:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

### Closing the gap: priorities for essential change in mental health

This document is produced by The Department of Health and it states their priorities for making sure mental health has equal importance with physical health:

- Increase access to mental health services
- Integrate physical and mental health care
- Starting early to promote mental wellbeing and prevent mental health problems
- Improve the quality of life of people with mental health problems

### Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in care and support of people in crisis. It sets out how organisations will work together to make sure people get the help they need when they are having a mental health crisis

### **The Local content**

#### Hertfordshire mental health crisis care concordat

Hertfordshire County Council has worked with partner organisations to implement the principles of the national Mental Health Crisis Care Concordat. The aim is to improve the

care support available to people in crisis because of their mental health condition, so that they are kept safe and receive the most effective interventions swiftly. This group have developed an action plan to ensure working together on the implementation of the following principles:

- Ensuring a consistent response to people in mental health in crisis
- Support before Crisis
- Urgent and emergency access to crisis services
- Quality of treatment in crisis
- Recovery

Health and Wellbeing Strategy [hertsdirect.org Health & Wellbeing Strategy](https://hertsdirect.org/Health%20&%20Wellbeing%20Strategy)

This strategy outlines Hertfordshire's approach, principles, roles and responsibilities for tackling health inequalities and promoting the health and wellbeing of everyone who lives or works in Hertfordshire. The focus of the Strategy is on:

- Healthy living
- Promoting independence
- Flourishing Communities

Hertfordshire County Council Corporate Plan 2013-17

[hertsdirect.org Hertfordshire's Corporate Plan 2013-2017](https://hertsdirect.org/Hertfordshire's%20Corporate%20Plan%202013-2017)

We have a legitimate interest in everything that affects the wellbeing of Hertfordshire and its residents. The corporate plan sets out our key priorities for the county and how we intend to deliver our vision for Hertfordshire, County of Opportunity; where residents have the opportunity to:

- Thrive  
We want every Hertfordshire resident to have the opportunity to maximise their potential and live full lives as confident citizens.
- Prosper  
We want Hertfordshire's economy to be strong, with resilient and successful businesses that offer employment opportunities to residents, helping them to maintain a high standard of living.
- Be healthy and safe  
We want Hertfordshire residents to have the opportunity to live as healthy lives as possible and to live safely in their communities.
- Take part

We want to enable all Hertfordshire residents to make a more active contribution to their local areas, working with elected representatives and other community activists to tackle local issues and ensure that council services are more responsive to their priorities and ambitions.

East and North Herts Clinical Commissioning Group (CCG) - Planning for Patients Strategic Plan 2014/19

[www.enhertsccg.nhs.uk/strategies](http://www.enhertsccg.nhs.uk/strategies)

The CCG aims to make a positive contribution to the people of East and North Hertfordshire by empowering them to live well and as healthily as possible. The aim is to engage the public and health and social care colleagues to design person-centred services that all are proud to deliver and pleased to receive.

Working together to develop commission and evaluate services; making best use of resources. The major elements of the plan build on work that has been underway in Hertfordshire since 2007 and has strong foundations. The plan seeks to focus on care groups and needs, rather than around facilities and staff. Successfully delivering

Herts Valley Clinical Commissioning Group - Your Care Your Future

[www.yourcareyourfuture.org.uk](http://www.yourcareyourfuture.org.uk)

The vision for Herts Valley CCG is for people of all ages living in West Hertfordshire to be healthier and have better care that is joined-up and responsive to their individual needs, closer to where they live. The vision is a result of months of engagement with local people: patients, service users, carers, clinicians and other stakeholders. Key themes from the engagement include:

- support for the need to change local services
- the need for a greater focus on preventing ill health
- better coordination to join up different elements of local services to improve the experience that patients and service users experience
- reducing unnecessary journeys to hospital by providing more care closer to people's homes

## Appendix 2



### Making it Real - Markers for change

#### **Information and Advice. Having the information I need, when I need it.**

- I have the information and support I need in order to remain as independent as possible.
- I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- I can speak to people who know something about care and support and can make things happen.
- I have help to make informed choices if I need and want it.
- I know where to get information about what is going on in my community.

#### **Active and supportive communities. Keeping friends, family and place**

- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
- I have a network of people who support me - carers, family, friends, community and if needed paid support staff.
- I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.
- I feel welcomed and included in my local community.
- I feel valued for the contribution that I can make to my community.

#### **Flexible integrated care and support. My support my own way**

- I am in control of planning my care and support.
- I have care and support that is directed by me and responsive to my needs.
- My support is coordinated, co-operative and works well together and I know who to contact to get things changed.

#### **Workforce. My support staff**

- I have good information and advice on the range of options for choosing my support staff.
- I have considerate support delivered by competent people.
- I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.
- I am supported by people who help me to make links in my local community.

#### **Risk enablement. Feeling in control and safe**

- I can plan ahead and keep control in a crisis.
- I feel safe, I can live the life I want and I am supported to manage any risks.
- I feel that my community is a safe place to live and local people look out for me and each other.
- I have systems in place so that I can get help at an early stage to avoid a crisis.

#### **Personal budgets and self-funding. My money**

- I can decide the kind of support I need and when, where and how to receive it.
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget).
- I can get access to the money quickly without having to go through over-complicated procedures
- I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.