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To: Social Care and Public Health Cabinet Committee

Date: 5 December 2013

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Subject: **“LIVE IT WELL” – THE KENT AND MEDWAY MENTAL HEALTH STRATEGY FOR 2010 TO 2015 - UPDATE**

Classification: Unrestricted

Summary: To provide an update on progress for Members against the Live it Well Strategy 2010 – 2015: to report on the successful launch of a revised website to support the strategy: and to invite comments.

Recommendations Members are asked to NOTE the continuing progress of the “Live it Well” strategy and the associated website; and the development of local resources to support it.

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## 1. Introduction

1. The draft “Live it Well” strategy was presented to Members at the Adult Social Services Policy Overview and Scrutiny Committee on 30 March 2010. It set out the strategy for delivering Kent’s mental health services for the next 5 years. The aim of the strategy is to promote good mental health and wellbeing in the community, reduce the number of people who have common mental health problems, and lessen the stigma and discrimination associated with mental ill-health.
2. “Live it Well” targets prevention at those at higher risk; but also wants to make sure the right services are there when people need them. Services will be personalised, will involve service users and their families in equal partnership, will aid recovery and will help people reintegrate into their communities. They will promote the best care and promote accessible, supportive and empowering relationships. Wherever possible, services will be community-based, targeted towards primary care and close to where people live.
3. These attributes were decided following consultation with service users and carers. They said they wanted services that were local, personalised, timely and non-stigmatising. The “Live it Well” strategy fits well with the National policy “No Health without Mental Health” and with KCC’s “Bold Steps”: in particular helping people take responsibility for their mental health through extending choice and control, and reducing disadvantage and dependency. Facing the Challenge – Delivering better outcomes highlights the need to meet the financial challenges KCC faces through a transformation process. This will be achieved through: focusing on commissioning outcomes: redesigning services around the needs of people: focusing on early intervention to manage demand and integrating services and functions around client groups.
4. The Health and Social Care Act 2012 has provided a new structure for commissioning mental health services across Kent, with some services such as offender mental health services being commissioned by NHS England with the

majority of services transferring from Primary Care Trusts (PCT's) to the Clinical Commissioning Groups (CCG's)

## **2. Live it Well**

1. The strategy is based on 10 commitments, to be delivered during the lifetime of the 5 year strategy.
2. These 10 commitments are:
  - Public services, the voluntary sector, and the independent sector will work together to improve mental health and wellbeing.
  - We will lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.
  - We will reduce the occurrence and severity of common mental health problems by improving wellbeing for more people at higher risk.
  - We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities.
  - We will reduce the number of suicides.
  - We will ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours.
  - We will ensure that all people using services are offered a service personal to them, giving them more choice and control.
  - We will deliver better recovery outcomes for more people using services with care at home as the norm.
  - We will ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.
  - We will deliver more effective mental health services for offenders and those anywhere in the criminal justice system.

## **3. Progress to date**

1. There has been substantial progress with a number of these commitments. KCC through Families and Social Care and Public Health has made a contribution, either in a leading role or in supporting CCG colleagues, in many initiatives designed to deliver on these commitments. These include:
2. A revised search facility has been launched in August 2013 so that information can be accessed by CCG area on the "Live it Well" website. The new database enables people to search under common mental health issues such as anxiety or depression. This website is a collaboration between KCC, CCGs and Sevenoaks Area MIND and is the public focus of the "Live it Well" strategy. It provides easy access to extensive information about local mental health and wellbeing services, reducing the stigma that can be attached to mental health and connecting people to resources that can reduce the occurrence and severity of common mental health problems. This website is receiving over 4,000 hits a month. The website is found at [www.liveitwell.org.uk](http://www.liveitwell.org.uk)
3. Support from the Mental Health Matters helpline is now available 24 hours a day, 365 days a year. People feeling distressed, anxious, or down, are able to call the Mental Health Matters helpline on 0800 107 0160. Support workers at the helpline

use counselling skills to provide confidential emotional support and guidance, free of charge. They also have details of a range of self-help resources and local services. Between April and June 2013 3963 calls were made to the help line from people in Kent compared to 2078 for the same period in 2010. This is an increase of 47% in 2 years.

4. The Live it Library is where service users, carers and professionals can tell their recovery stories through the live it well website. This is a collaborative project between KCC, Kent and Medway NHS and Social Care Partnership Trust and Rethink Mental Illness. The library now contains over 30 'books' of personal stories. The project aims to challenge stigma, promote understanding, to offer hope and to enable people to talk about their experiences of living with mental health issues.
5. The Suicide Prevention Strategy for Kent runs to 2015, this highlighted the following priority areas including reducing risk in high risk groups, promoting wellbeing in the wider population, reducing availability and lethality of methods, improving reporting of suicides in the media and monitoring suicide statistics. Due to policy changes the strategy is due for a refresh. Suicide rates in Kent are slightly lower compared to England
6. Live it Well is promoting personalisation, giving more choice and control to service users, There are now 16 brokers accredited by Signpost UK: an independent organisation that provides assurance that brokers will always act with probity and in service users' interests. These brokers have assisted KCC in having over 800 people receiving self-directed support.
7. KCC has contributed, in conjunction with Kent Drug and Alcohol Action Team to the development of a protocol for services for those people with both mental health needs and substance misuse, to ensure services work together and people receive effective services. These have been backed up with promotion and training activities across all involved organisations in the statutory and independent sectors.
8. There has been a significant improvement in the access to psychological talking therapies with improved choice of ten providers. Investment has risen from £1.8 million in 2009/2010 to £6 million in 2013/2014. These services can be accessed through a GP referral or self-referral. During 2013/14 it is anticipated that there will be 31,855 referrals to primary care talking therapies across Kent.
9. CCG's have developed primary care mental health specialist roles in order to support people who have long term mental health conditions being discharged from secondary services back to primary care. The practitioners' role is to support the GP with improving their physical health such as smoking cessation, weight management, tackling malnutrition and substance misuse as well as ensuring they are linked into community resources.
10. In partnership with Public Health, FSC and the CCG's from the 1<sup>st</sup> October 2013 there has been a further investment of £500k into primary care with the establishment of the primary care community link worker service. This 2 year contract with Porchlight will see an additional 16.6 posts across Kent. Their role will be to work in General Practices to sign post people to community services as well as offer short term interventions.

11. A programme of transformation is underway to embed recovery-orientated practice in Kent and from October 2013 all those in receipt of secondary care mental health services will have a personal care plan, including a crisis plan.
12. The results of the Care Quality Commission (CQC) community mental health survey 2012/13 show that the integration of physical health into decisions about prescribing and monitoring of medication has improved. 100% of those admitted to a mental health unit last year received a physical health check and it is anticipated to be 90% for those under the care of community mental health services by March 2014. This is an improvement from previous years when data on physical health checks was not collected.
13. Liaison psychiatry services based in Kent's general hospitals improve the quality of care for people attending or admitted with a mental health condition, prevent unnecessary admissions and reduce their lengths of stay. There was a 20% reduction in the number of people known to secondary care mental health services who attended Kent's emergency departments with no physical medical need during 2012/13.
14. Crisis Resolution Home Treatment Services provided 2882 episodes of home treatment last year as an alternative to hospital admission for people who were acutely unwell.
15. Access to a specialist mental health assessment has improved considerably over the last 3 years and CCGs are now working towards a single point of access for urgent referrals. Nationally there has been a significant rise in demand for acute mental health inpatient beds which has resulted in patients from Kent being admitted out of area when a bed is not available locally. The plan to reconfigure acute services includes an increase in local beds and strengthening of crisis resolution home treatment services.
16. Kent Public Health (alongside FSC) has a 10 point evidenced based programme for improving mental wellbeing across Kent. There is an approximately £750k investment into well being campaigns, improvements and developments to Live it Well Website, Investment into domestic violence workers, asset mapping and development, workplace well being, men's mental health (including ex-military), working with Libraries to create well being hubs and considerable investment into Mental health first aid training. In addition – the needs assessments for mental health and psychological therapies are underway and due for completion in December 2013. The Annual Public Health Report will give focus to Well Being.

#### **4. Recommendation**

1. Members are asked to NOTE the continuing progress of the "Live it Well" strategy and the associated website; and the development of local resources to support it.

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Background document

Live it Well: the strategy for improving the mental health and wellbeing of people in Kent and Medway 2010 – 2015.