

Bedfordshire, Luton and Milton Keynes

Ten Year Mental Health and Wellbeing Plan



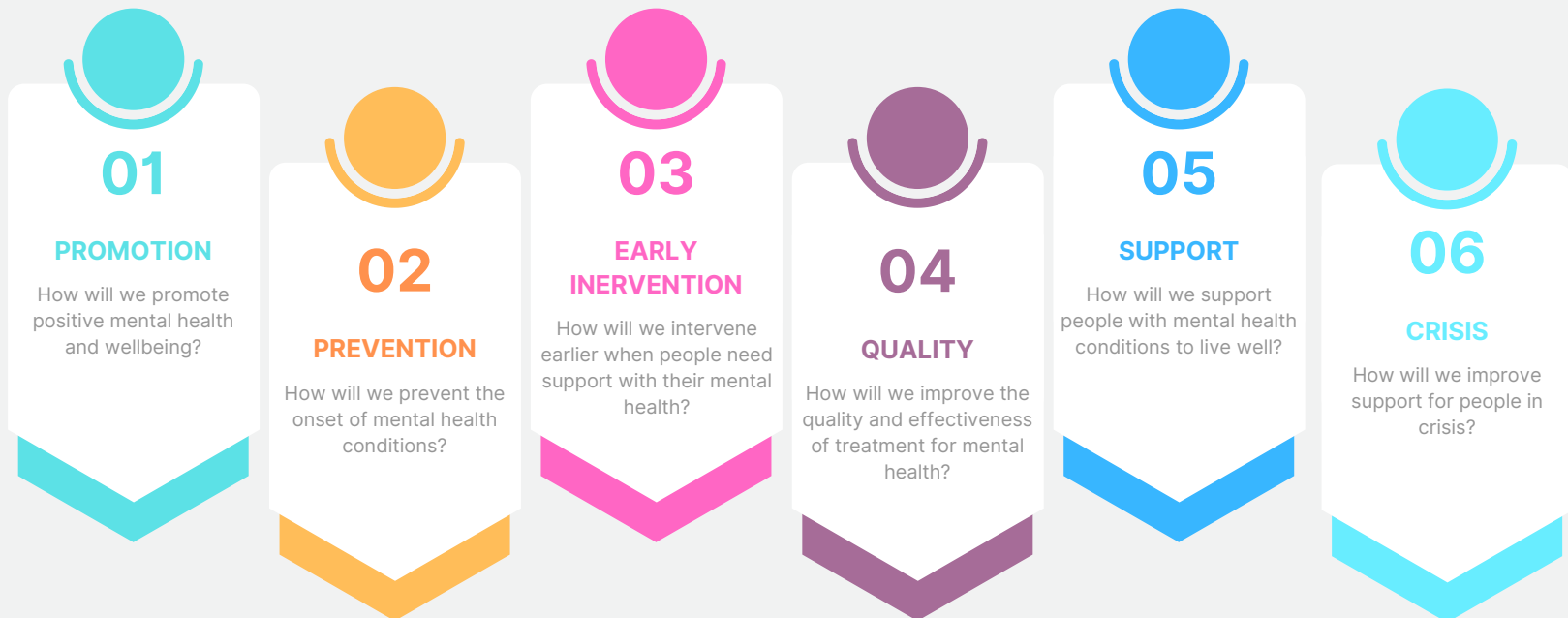
Introduction

Poor mental health and poor wellbeing has an impact on every part of society, and every part of society has a role to play in supporting positive mental health and wellbeing. Simply expanding services is not the answer. We need to take a radical new, truly cross-society approach to promoting wellbeing, preventing mental health conditions, intervening earlier, improving treatment, supporting people with mental health conditions to live well and preventing suicide. We need to set a vision for change that can be 'made real' in our local area, transform lives and livelihoods, reduce inequalities and 'level up' our society.

Our vision in Bedfordshire, Luton and Milton Keynes is centred around preventing our residents from becoming unwell, promoting good mental health and supporting people living with mental illness to recover and live well. We commit to doing this by:

- Supporting the general population to take action and look after their mental wellbeing.
- Preventing the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children.
- Supporting services to continue to expand and transform to meet the needs of people who require specialist support.

This document sets out Bedfordshire, Luton and Milton Keynes collective response to the governments 'Call for Evidence' which includes contributions from a range of individuals and organisations. Not only has it been used to inform the Department of Health and Social Care's Consultation to develop a national comprehensive plan that will help set and achieve a vision for mental health by 2035, but it has enabled us to develop our Bedfordshire, Luton and Milton Keynes local 10 year mental health and wellbeing plan. The plan is broken down into six key chapters following contributions from over 300 people (all age) and includes some examples of what is already happening and the outcomes that we wish to achieve.



Bedfordshire, Luton and Milton Keynes Ten Year Mental Health and Wellbeing Plan

- development phases



Determine Position

- **Consultation** - local consultation in line with government call to evidence.
- **Analysis** - comprehensive review of local feedback.
- **Where are we now** - review of where we are and what is already in place across BLMK.
- **Develop proposed outcomes** - proposed outcomes based on consultation feedback.
- **Feedback** - consultation feedback and agreement of proposed outcomes.



Develop Plan

- **Mission** - determine the core purpose of the strategy.
- **Values** - identify the core values which will be embedded throughout.
- **Vision** - create a vision of what will success look like in ten years time?
- **Governance** - establish formal governance for strategy oversight.
- **Objectives** - develop a balanced framework of annual priorities.
- **Resources** - decide on any resources that will be allocated to strategy delivery, if any.



Build the Plan

- **Priorities** - set local priorities for each strand of the plan.
- **Goals** - set short to mid term SMART goals for each strand of the plan.
- **Lead** - decide on organisational leads for each strand of the plan.
- **KPIs** - decide on key performance indicators to track progress.
- **Budget** - align any budget alongside the the plan.
- **Evaluation** - build evaluation framework to benchmark success.



Manage Performance

- **Rollout** - communication strategy to whole integrated care system.
- **Set calendar** - establish schedule for progress reviews and key milestones.
- **Adapt** - hold progress reviews and modify as needed.
- **Update** - review end of year and plan for next.
- **Feedback** - provide annual updates and progress reports in line with original consultation.



Consultation Feedback

- Need for increased mental health support and signposting in our schools.
- Need to teach young people about mental health and emotional wellbeing; building resilience.
- Enable our young people to have an understanding of mental health at the earliest opportunity.

Example's of what is already in place

- Recovery College/ Discovery College
- Mental Health Support Team's
- Mental Health Leads in some schools
- Five Ways to Wellbeing
- Mental Health First Aid Training
- See the Signs Training
- Pastoral care support in schools
- Podcasts
- Well-being booklets/videos
- Mental Health University Charter
- IAPT – Providing webinars and in-reaching into colleges, universities and DWP services
- Student Support Services in Colleges/Universities
- Early help from VCSE organisations i.e. CHUMS, YIS
- Promoting positive mental well-being through instagram/facebook
- Support for staff through the BLMK Keeping Well Hub
- Digital support such as Kooth and Spotting the Signs Training for schools professionals
- Body Image Training

Our proposed outcomes

- **Adequate support will be available to all those who need it within schools - children/ parents/ staff/ wider community.**
- **All ages will have a better understanding of mental health/wellbeing.**



Consultation Feedback

- Increase training across the system for those working with people in all ages:
 - Teachers, primary care, bus drivers, parents/ carers.

Example's of what is already in place

- Mental Health First Aid Training in Primary Care
- Mental Health Awareness in schools for children, parents and carers
- Recovery College
- Specialist Training – Dementia, Bereavement, See the Signs

Our proposed outcomes

- **All communities of all ages will have a better understanding of mental health and wellbeing.**
- **All professionals will know what support is available and how to signpost.**



Self-care

Consultation Feedback

- Promoting self-care from an early age:
 - Good sleep, healthy diet, exercise, being outdoors.

Example's of what is already in place

- Five Ways to Wellbeing
- One You
- Social Prescribing
- Smoking Cessation
- Improving the physical health of people with severe mental illness through mobilising digital equipment i.e. the Blue Box and ECG's
- Directory of mental health services
- Improving access to the environment i.e. sensory garden and allotment developments and Green Social Prescribing
- Community Connectors to connect people to their communities
- The Recovery Colleges
- IAPT services
- Improved access to physical activity i.e. Active Luton, LEAP

Our proposed outcomes

- **Everyone will understand how they can improve/ support their own mental health and wellbeing.**
- **Everyone will know about the assets in their communities and what is available to support/ encourage self-care.**



Social Media

Consultation Feedback

- Harness the positive aspects of social media but also educate about harmful online content.

Example's of what is already in place

- Stay Alive App
- VSCE organisations connect individuals with their communities via social media
- GP text messaging to support individuals with appointments and to access support
- BLMK Keeping Well Hub for staff
- IAPT webinars

Our proposed outcomes

- **Social media will be used appropriately to promote good mental health and wellbeing.**



Consultation Feedback

- Focus on reducing stigma, having role models, Five Ways to Wellbeing.
- Make all campaigns relatable.

Example's of what is already in place

- Promoting positive mental health everyday
- Targeted campaigns
- Five Ways of Wellbeing
- National mental health campaigns i.e. IAPT

Our proposed outcomes

- **All communities of all ages will have a better understanding of mental health and wellbeing, including where to access support if needed.**



Consultation Feedback

- Placing equal value on mental health as with physical health.
- Making sure interventions are culturally appropriate and are sensitive to people's needs i.e. meeting the needs of ethnic minority groups.
- Equality of provision across BLMK.
- Supporting deprived areas and socially excluded groups i.e. rough sleepers.
- Supporting with making sure basic needs are met i.e. financial support, housing.

Example's of what is already in place

- Make Every Contact Count
- Improving access to physical health checks for people with severe mental illness
- Embedding addressing mental health inequalities into mental health service provision and a focus on Core 20+5
- A targeted approach e.g. improving mental health support for rough sleepers
- Addressing inequalities in our communities across BLMK i.e. All Women Swimming Groups for Asian Women, Diverse Cultures Team in Bedford
- VCSE developing support to address mental health inequalities
- Community Engagement Teams
- Community Safety Teams
- Community Connectors
- Social Prescribers
- Section 117 aftercare arrangements
- Tenancy Support Officers
- Joint working with Housing/Public Health
- IAPT/IPS working with the DWP
- Homeless support
- Fuel poverty initiative in Bedford
- Developing the IPS service to increase employment opportunities for people with severe mental illness

Our proposed outcomes

- **All communities will have appropriate access to mental health support.**
- **Supporting all people to have a healthier life and all basic needs are met .**



Communities

Consultation Feedback

- Harness the power of communities and building on what we learnt through the pandemic.
- Make neighbourhoods safer so we can talk to neighbours and children can play, without fear of safety.
- Think about communities wider than neighbourhoods – churches and faith groups, LGBTQ+, etc. (Community doesn't have to mean geography).
- Make sure that transient populations still have a sense of community.
- Give communities ownership of what matters to them – garden projects, volleyball nets, graffiti art wall etc.

Example's of what is already in place

- Community mental health service developments with a focus on integrated working with VCSE organisations and communities
- Place based priorities such as focusing on improving mental health support for young adults in Central Bedfordshire
- Developing peer support provision across the different organisations
- Befriending services such as ELFT's Befriending Service
- Promoting awareness of the mental health support that is available i.e. Directory of Services
- Starting to progress the Prevention Concordat for Better Mental Health
- Upskilling communities through increased access to training and support
- Community Safety Teams
- Parish Councils
- Safeguarding Teams
- Police – Local Officers

Our proposed outcomes

- **People will feel safe and thrive in their communities.**



Language

Consultation Feedback

- What does 'wellbeing' or 'healthy' even mean? You could ask ten people and get ten different answers.
- Reframing of 'Mental Health' as something positive.

Example's of what is already in place

- Five Ways to Wellbeing

Our proposed outcomes

- **Language will not be a barrier to understanding mental health and accessing support.**



Consultation Feedback

- Service user led programmes,
- Programmes which are culturally sensitive and appropriate.
- Mental health on the agenda at all health contacts.

Example's of what is already in place

- Recovery College
- Peer Support Workers
- Make Every Contact Count
- People led programmes eg: Park Runs
- Co-production i.e. BLMK Better Days
- Using Dialog+ to shape service development
- People Participation input to support programmes
- Memory Assessment Services

Our proposed outcomes

- **All services will be co-produced and person centred.**



Early Intervention

Consultation Feedback

- Better education, awareness and prevention:
 - in the workplace;
 - walk and talks;
 - cafes.
- Education about the impact of smoking and alcohol/ substance use.
- Reduce loneliness and isolation.

Example's of what is already in place

- Shining a Light on Suicide
- Support from the Lighthouse
- Crisis Cafes
- Befriending support
- Support from Bedford Beacon
- Workplace standards/initiatives being rolled out which include mental health and well-being ambitions
- Support from the BLMK Keeping Well Hub
- Promotion of the National Harmful Gambling Clinic and the provision available in Milton Keynes
- Alcohol/Substance use services focusing on more joint working with mental health services

Our proposed outcomes

- **People understand and are confident to talk about mental health.**



Parents and Carers

Consultation Feedback

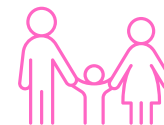
- Better education for parents to recognise signs of poor mental health and wellbeing:
 - In themselves,
 - their partner;
 - and their children
- Training during antenatal health.

Example's of what is already in place

- Parenting Programmes
- Carers Support Groups
- Young Carers Support Groups
- Social Care Assessments
- Carers Assessments
- Think Family initiatives
- Autism focussed work

Our proposed outcomes

- **Parents/Carers are equipped with the information to recognise, understand and know how to access services.**



Consultation Feedback

- Kind, empathetic and compassionate care.
- Taking time to listen.
- Install confidence that mental health will be treated respectfully in a non-judgmental way.
- Empowering and enabling people.
- Normalising conversations about feelings and difficulties – making it less of a taboo, taking worries seriously.

Example's of what is already in place

- Implementing Dialog+
- Implementing a 'trauma-informed care approach'
- Compassionate Care Training
- Embedding compassionate care in the Mental Health Transformation Programme
- KUF Training
- Value based recruitment drives
- Leadership Training
- 'Hello My Name is...'
- Induction processes
- Supervision
- Role models

Our proposed outcomes

- **People will be treated with kindness and compassion.**



Consultation Feedback

- Better integration of services and pathways i.e. drug and alcohol and mental health services.

Example's of what is already in place

- Better integration of services through the Community Mental Health Transformation Programme
- Joint working with Mental Health and Addiction services
- Single assessment approach. Moving towards a trusted assessors approach
- Think Family
- More integration with PCNs/Neighbourhoods – Increasing Community Mental Health Practitioner roles in Primary Care Networks
- Increased Health and Social Care integration i.e. the Leighton Buzzard MDT approach
- Employment of Transition Workers and working towards the eating disorder transition standards
- Implementing Dialog+
- System-wide approach to developments i.e. suicide prevention
- Moving to longer contracts with VCSE partners

What we want to achieve

- **The system will work in partnership to deliver joined up care and treatment.**
- **Children and young people will have a safe and positive experience of transition to adult services.**



Consultation Feedback

- Community engagement through youth work and youth development – a chance to have conversations around mental health and early intervention.
- Community mobilisation – chances for connection and networking between different community groups.
- People to be recruited from within local communities for local communities.

Example's of what is already in place

- Peer Support provision
- Discovery College
- Care Navigators and Community Connectors
- Social Prescribers
- Befriending support
- VCSE organisations providing support for young adults
- Community Groups
- Community Assets
- Range of treatment offers

What we want to achieve

- **Community assets will be available and accessible to people with mental health needs**



Consultation Feedback

- Develop safe, non-judgmental spaces for all ages.

Example's of what is already in place

- Crisis Cafés
- Developing perinatal mental health digital pods
- Online therapy provided by IAPT
- Alternative places to meet such as the Lighthouse and Bedford Beacon
- A range of treatment options available – digital and face to face

What we want to achieve

- **People will be treated with kindness and compassion.**



Consultation Feedback

- Ensure co-production, co-design and co-delivery with shared lived experience.

Example's of what is already in place

- Implementing Dialog+
- People Participation Leads supporting with co-production
- Community Connectors supporting with shaping services
- ICS work on co-production i.e. BLMK Better Days
- Implementing Healthwatch recommendations
- Developing representation from local communities
- A Think Family approach

What we want to achieve

- **Services, treatment and support will be co-produced.**



Reducing Barriers

Consultation Feedback

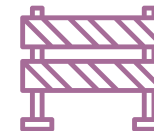
- Addressing difficulties to access services.
- Embedding a no wrong door approach.
- Services to embed 'warm handovers' between services and to handover to a named person.

Example's of what is already in place

- Implementing transitions workers between children and young people's mental health services and adult mental health services
- A Single Point of Entry approach for children and young people's mental health services
- Developing a 'no wrong door approach' for Maternal Mental Health Services
- Community Connectors providing 'warm handovers' to support
- Implementing a 'no wrong door approach' within the Community Mental Health Transformation Programme

What we want to achieve

- **The system will work in partnership to deliver joined up care and treatment.**



Easy Access

Consultation Feedback

- Easy access to talk to someone including face to face options.
- Taking a holistic approach to the person's needs (The whole person).
- Having wellbeing support at every point of contact.
- Access to interpreters.

Example's of what is already in place

- Access to interpreters available through the mental health providers
- Access to support through 24 hr 7 day a week crisis lines (Available through NHS 111 in Bedfordshire and Luton)
- Crisis Plans being developed to take a holistic approach to a person's needs
- Dialog+ being implemented to take a holistic approach to a person's needs
- Think Family approach
- Treatment options available through digital and face to face options

What we want to achieve

- **Services will be person centred in the way they support individuals.**



Consultation Feedback

- Improving public knowledge of resources i.e. creation of a directory/handbook, one central location.

Example's of what is already in place

- A BLMK Directory of Mental Health Services
- Support available through the Recovery College
- Five Ways to Wellbeing approach
- Podcasts
- Self-help guides
- Kooth
- Stay Alive App
- User specific (Iplayto)
- IAPT websites and webinars
- Resources provided by the Mental Health Support Teams in schools

What we want to achieve

- **People will be able to identify their mental health needs early and can access support when needed.**



Consultation Feedback

- Wider understanding of interventions, support and self-care, rather than just medication.
- Improving access to psychological therapies, peer to peer support, increased opportunities for exercise with peers and social groups e.g. carers' walks, offering cooking skills training/opportunities and increasing digital exercise opportunities e.g. yoga online.
- Mental health and wellbeing support alongside long-term conditions e.g. diabetes.

Example's of what is already in place

- Developing IAPT and Long Term Conditions Services
- Developing Peer Support Worker provision
- Support for carers provided by VCSE organisations
- Development of integrated community mental health services which are increasing access to a wider range of interventions
- Social prescribing
- Increasing access to psychological therapies through IAPT
- Development of VCSE provision and community assets
- Directory of Mental Health Service

What we want to achieve

- **People will have a wider understanding of the support available to them, beyond medication.**



Staff Support

Consultation Feedback

- Better support for staff:
 - good balance at work,
 - improved culture,
 - providing a living wage,
 - creating a safe space to challenge,
 - flexible working
 - improved retention.

Example's of what is already in place

- BLMK Keeping Wellbeing Hub
- Recovery Colleges
- Flexible working
- Workplace Health Standards
- Developing retention initiatives across the different organisations
- Developing organisational culture and values
- Sharing best practice between organisations to improve support for staff

What we want to achieve

- **Staff will feel well supported and valued.**



Consultation Feedback

- Increasing capacity as well as the range of interventions i.e. parent workshops.

Example's of what is already in place

- A focus on reducing waiting times such as offering group psychological therapies support alongside one to one support
- Increasing access to VCSE support to reduce waiting times
- Social prescribing
- Increasing access to psychological therapies
- Increasing Mental Health Practitioner roles in Primary Care Networks to increase more timely support

What we want to achieve

- **People will be able to access services in a timely manner.**



Reduce waiting times

Consultation Feedback

- A campaign/ resources which outlines a range of care and support and what is available.

Example's of what is already in place

- Recovery Colleges
- Discovery College
- Implementing carers strategies across the different organisations
- BLMK ICB Website promoting information for service users and carers
- Service user led training
- Podcasts
- People Participation Leads for all ages
- Kooth
- Parents and Carers Toolkit
- Chat Health
- 0-19 offer
- Perinatal mental health support
- Promoting information within Primary Care Networks
- Community Connectors providing information about local support that is available
- Wellbeing Services promoting support that is available

What we want to achieve

- **Service users and carers will have a good understanding of what support is available and how to access it.**



Consultation Feedback

- Learning from other services/area's to improve the quality of services.

Example's of what is already in place

- Learning lessons events
- Employing a Patient Safety Post
- Joint pathway development
- East of England new models of care collaborative (CAMHS, Eating Disorders, forensics)
- Developing BLMK wide governance

What we want to achieve

- **We will provide high quality, evidence based services in all ages.**



Consultation Feedback

- More partnership working between VCSE organisations and mental health providers. Improving transitions and staying in touch throughout the person's journey.

Example's of what is already in place

- Increasing investment into mental health support through NHS Long Term Plan investment
- Joint commissioning in CAMHS and adult mental health services i.e. CHUMS, Tokko, Mind
- Compass supporting VCSE investment
- Developing Neighbourhood Teams
- Suicide Prevention Community Grant Scheme
- Employing a Transitions Lead
- Employing a SEND lead
- Developing VCSE Mental Health Alliances/Collaboratives
- Developing BLMK Strategic Leadership
- Implementing BLMK Better Days
- CYP neurodevelopmental pathway project
- Focusing on the Prevention Concordat for Better Mental Health

What we want to achieve

- **Integrated place based mental health and well-being system which incorporates all community assets which are age appropriate – underpinned by a community development approach.**
- **VCSE investment strategy across BLMK**



Consultation Feedback

- Improve safety and quality in mental health in-patient care.
- Purposeful in-patient activities and therapies.

Example's of what is already in place

- Opening of a CAMHS in-patient unit called Evergreen
- Violence reduction
- Police liaison
- Drug and Alcohol Support
- Trauma informed care training
- Occupational Therapists and Psychologists as part of multi-disciplinary ward teams
- Physical Training Instructors
- Improved sensory environment for patients with autism and within inpatient settings
- Dialog+

What we want to achieve

- **People will feel safe in inpatient care and have the opportunity to engage in therapeutic activities.**



Consultation Feedback

- Research studies that translate into clinical care and new treatments being offered.

Example's of what is already in place

- Clinical practice training
- NICE groups
- Community of Practice
- Professional development
- Training

What we want to achieve

- **Our treatment will be evidence based and in line with government guidance.**



Consultation Feedback

- Improve mental health support for people with a learning disability and autistic people.

Example's of what is already in place

- Green light toolkit
- Learning disability leads – inpatient model
- IST CYP and Adult
- NDD CYP pathway development
- BLMK Autism Lead
- Transforming Care Board
- LDD Services reach into MH acute wards

What we want to achieve

- **People with learning disabilities and autism will be able to access appropriate mental health support.**



Consultation Feedback

- Training for those supporting people in a crisis i.e. mental health training for GP's and other primary care professionals.
- Public education on warning signs - i.e. non mental health staff.
- Having a knowledge of care so as to increase individuals abilities to support people in a mental health crisis.
- Increased awareness of the support that is available as people don't know the offer available in a crisis.

Example's of what is already in place

- See the Signs
- Shining a Light on Suicide
- Zero Suicide Alliance
- Mental health awareness in Schools
- Crisis Cafés
- Mental Health Directory
- Stay Alive App
- Suicide Prevention Pathway Service
- Trauma-informed care training'

What we want to achieve

- **People will know how to access support when they are in crisis.**
- **Professionals will know how to access support when people are in crisis.**



Consultation Feedback

- Increasing crisis alternatives including for young people.
- Developing a trauma informed approach.
- Increased support for carers and families.
- Improved crisis plans which includes an understanding of triggers for those around the individual.

Example's of what is already in place

- Developing Children and Young People's sanctuaries'
- Trauma informed care
- Crisis Cafes
- Personalised care planning
- Self referral pathways

What we want to achieve

- **Everybody will be able to access support in a crisis, in any setting.**



With thanks to all of those in Bedfordshire, Luton and Milton Keynes who participated in the consultation.

