

## **The Vision for Derbyshire**

***“Whole communities will recognise and act upon factors that contribute to mental ill health such as poverty, abuse, work stress and lack of timely access to good support. Where support is required, people will achieve positive mental health by having access to high quality, local, person-centred mental health services appropriate to levels of need as well as a range of support that enables self-management, recovery and wellbeing”***

Over the next five years, the vision will be delivered through the six strategic themes set out on pages 18-22 of this document. The strategic themes are:

- 1. Personalisation**
- 2. Promotion, prevention and early intervention**
- 3. Enablement and recovery**
- 4. Social Inclusion, fair access and equity**
- 5. Keeping people safe from avoidable harm**
- 6. Integration**

### **What will be different over the next five years?**

There will be improved:

- Integration of services and resources at community and provider level
- Information about services and resources available
- Choice of evidence based treatments and support
- Provision of support for people experiencing crisis
- Support to find meaningful occupation or employment
- Support to address both mental health and physical health needs
- Support and involvement for carers
- Integration between children and younger adults and adult mental health services

There will be more:

- Integration and co-ordination of care resulting in seamless wrap-around support
- Service receiver control and choice in care planning
- Involvement of service receiver and carers in the decision making processes about service provision and support
- Effective use of specialist (secondary) care services targeted at those who need them the most and at a time when they need it
- Attention to the physical health of people with mental health problems
- Attention to the mental health of people with physical health problems
- Raising awareness of mental health and wellbeing and tackling stigma in local communities.

There will be less:

- Inequity of provision of services across the County
- Avoidable harm and injury
- Stigma and discrimination associated with mental ill health
- Dependency on out of area admissions for those with acute care needs

# The Derbyshire County Joint Vision and Strategic Direction For Adult Mental Health 2014 – 2019

## 1. Introduction

The 'Derbyshire Joint Vision and Strategic Direction for Adult Mental Health 2007-17' was developed in partnership with service receivers, carers, clinicians and provider organisations. Since its publication in 2007, there have been a number of national policy drivers, new legislation and local strategic changes in commissioning and service delivery including:

- 2007 Department of Health's Commissioning framework for health and well-being
- 2010 Vision for Adult Social Care: Capable Communities and Active Citizens
- 2010 Equity and excellence: liberating the NHS
- 2010 Equalities Act
- 2011 Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- 2011 National Mental Health Strategy: No Health without Mental Health
- 2012 No Health without Mental Health Implementation Framework
- 2012 Health & Social Care Act
- 2012 Transforming Care: a national response to Winterbourne View Hospital
- 2012 Preventing Suicide in England: a cross-government outcomes strategy to save lives
- 2012 Caring for our Future: reforming care and support (White Paper 2012 / Care Bill 2013)
- 2012-13 Development of national outcomes frameworks for Adult Social Care, NHS and Public Health
- 2013 The Francis Report
- 2013 Emergence of Health & Wellbeing Board and Clinical Commissioning Groups
- 2013 The NHS belongs to the people: A Call to Action
- 2013 A Future Vision for Mental Health
- 2013 Starting Today – The future of mental health services
- 2013 Whole-person care: Achieving parity between mental and physical health
- 2014 Closing the Gap: priorities for essential change in mental health
- 2014 Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis
- 2014 The Care Act
- 2014 No assumptions – a narrative for personalised, co-ordinated care and support in mental health
- 2014 NHS Five Year Forward View
- 2014 Next steps towards Primary Care co-commissioning
- 2015 Guidance to support the introduction of access and waiting time standards for mental health services in 2015-16
- Publication of a number of National Institute for Health and Care Excellence (NICE) quality standards and pathways of care
- Implementation of the National Tariff Payment System for secondary mental health services

The key messages and headlines from the above are illustrated in the table below:

<b>Fig 1: Key Policy Headlines</b>	
1. Evidence based commissioning	2. Values based commissioning
3. Commissioning for outcomes	4. Partnership working
5. Employment opportunities	6. Volunteering opportunities
7. Parity of esteem	8. Access to education
9. Tackling inequalities	10. Increasing resilience / self-management
11. Prevention	12. Early intervention
13. Integration	14. Community Engagement / Participation
15. Recovery	16. Peer support
17. Tackling stigma and discrimination	18. Support for carers
19. Asset-based development	20. Involvement and co-production
21. Information, advice and advocacy	22. Choice and control
23. Personalisation	24. Personal budgets
25. Seamless, integrated pathways of care	26. Access to specialist services
27. Crisis resolution / crisis response	28. Improved primary care mental health offer

As a result, the Derbyshire Joint Commissioning Board for Mental Health put forward a proposal to the Adult Care Board to refresh the Derbyshire Joint Vision and Strategic Direction for Adult Mental Health 2007-17, to bring it up to date and in line with No Health without Mental Health, the new NHS, Adult Care and Public Health Outcomes Frameworks, the current focus of health and social care commissioning towards promoting well-being, delivering prevention and early intervention and a move to delivering more personalised care that reflects people's needs and aspirations.

It was agreed that the Joint Vision and Strategic Direction for Mental Health should be a 'live' document that can be responsive to changing national or local drivers and policy changes that require immediate consideration. As a live document, the strategy will be regularly reviewed and updated to reflect new legislation, strategies, guidance or commissioning intentions and referred to in Joint Strategic Commissioning meetings.

#### The refreshed strategy

- Takes account of recent national, regional and local drivers, policies and priorities relating to Adult Mental Health and wellbeing
- Outlines a joint strategic vision for mental health in Derbyshire for the next five years
- Identifies common high-level strategic 'themes' shared across health and social care
- Will inform the development and implementation of annual joint commissioning action plans for 2014-19 which will be developed in partnership with Public Health, Clinical Commissioning Groups, service receivers, carers and providers and reviewed on an annual basis.

The above proposals for the strategy refresh were presented to service receivers and service receiver representatives at a Stakeholder Event and there was consensus in regard to refreshing the strategy and for the following proposed themes:

- 1 Personalisation
- 2 Promotion, prevention and early intervention
- 3 Enablement and Recovery
- 4 Social inclusion, fair access and equity
- 5 Keeping people safe from avoidable harm
- 6 Integration

## **Governance**

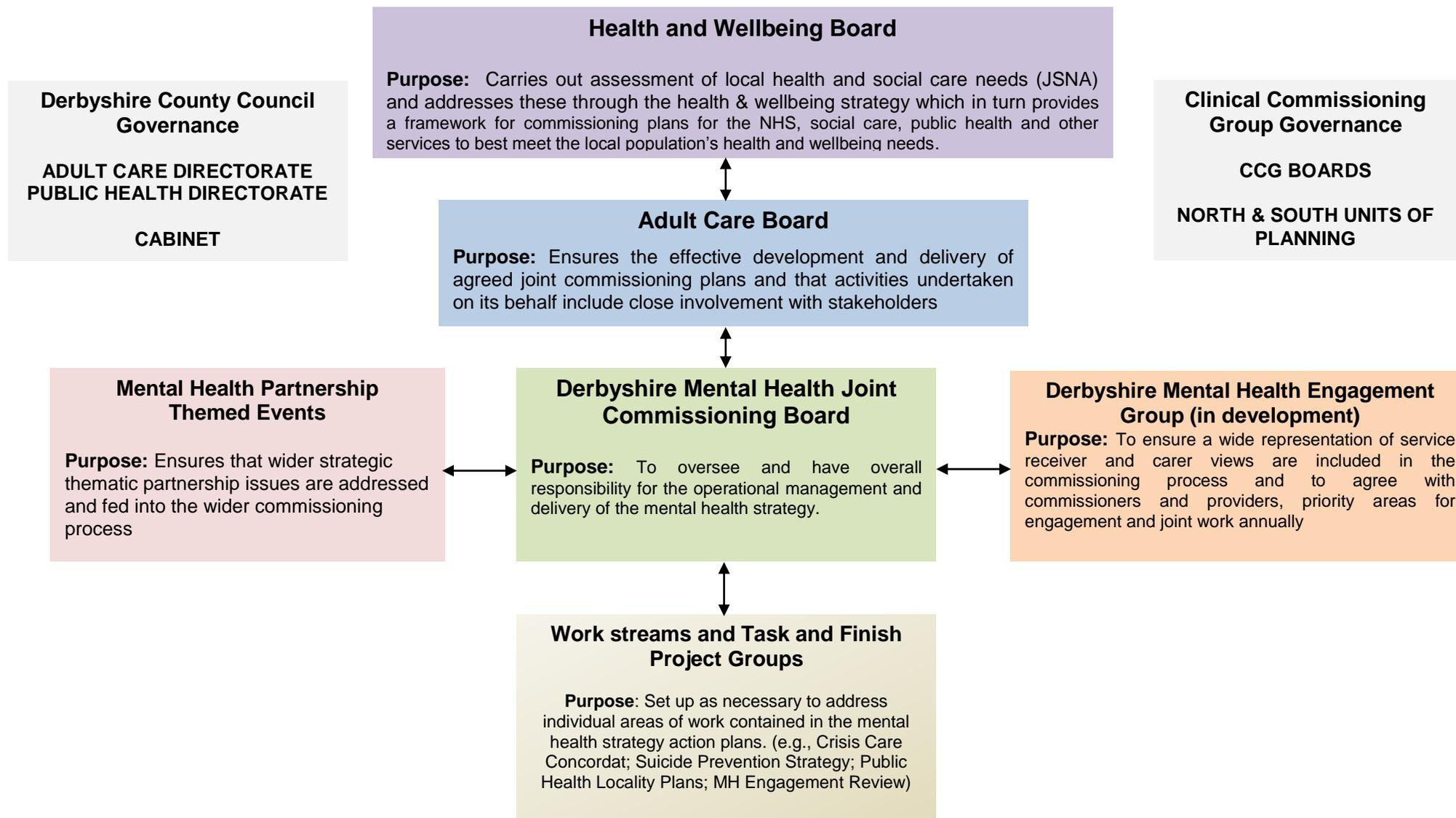
Implementation of the strategy and associated annual action plans will be overseen by the Mental Health Joint Commissioning Board established to bring together Derbyshire County Council Adult Care, Public Health, Derbyshire Clinical Commissioning Groups (CCG's), Healthwatch and representatives of service receivers and voluntary sector providers.

Each year, the Mental Health Joint Commissioning Board will link its action plan to:

- The Health & Wellbeing Strategy priorities
- Adult Care priorities
- Better Care Fund priorities
- Clinical Commissioning group priorities – North and South Units of Planning
- National strategies and policies
- Key performance indicators relevant to mental health
- Learning from needs assessment, national and local research and stakeholder engagement

The following diagram (Fig. 2) shows the reporting and governance structure for the Derbyshire Joint Mental Health Commissioning Strategy and where it fits within the current decision making system across health and social care. The Joint Mental Health Commissioning Board will coordinate its work around the overarching Mental Health strategy with the appropriate sub-groups from the current and emerging commissioning architecture, i.e., Better Care Fund, 21<sup>st</sup> Century Board, Star Board etc. The Joint Commissioning Board will be represented in these sub-groups.

Fig 2: Reporting and governance structures for the Derbyshire County Vision and Strategic Direction for Adult Mental Health



## 2. Impact of the Derbyshire County Vision and Strategic Direction for Adult Mental Health 2007 – 2017

The Derbyshire Vision and Strategic Direction for Adult Mental Health 2007 - 2017 set out a number of strategic objectives and priorities to be achieved across its ten-year duration.

Since the strategy was published in 2007, there have been considerable changes to national policy and arrangements for health and social care commissioning. These changes have impacted on the implementation of the strategy where some objectives were achieved successfully; some were overtaken by new national policy and some areas still needing to see progress.

There were 12 identified strategic priorities and 20 listed actions. Key areas of success include:

- Improving access to psychological therapy (IAPT) services which are now accessible across Derbyshire with a choice of provider
- Specialist mental health housing related support has been successfully implemented across the County
- There is full coverage of Health Trainer support across the County – this has recently been re-procured by Public Health into an enhanced Wellbeing service
- Implementation and funding of a mental health awareness training programme across the County
- Continued development of and support for service user, carer and voluntary sector provider networks
- Improved data collection and reporting across the secondary mental health and IAPT contracts
- ‘Trevayler’ crisis house established as a community alternative to acute patient care
- Key objectives of the Derbyshire Joint Carer’s Strategy achieved
- Derbyshire Healthcare Foundation Trust (DHcFT) have received Dual Diagnosis training
- Healthy Body / Healthy Mind work programme piloted and mainstreamed to improve the physical health of people with mental ill health
- BME Mental Health Community Scheme launched with a number of BME groups having successfully completed the Mental Health First Aid training course
- Books on prescription available through libraries and via the 20 newly established Health & Wellbeing zones across the County

Areas of work that were less successful and/or require on-going consideration and input include;

- Continued improvement into the implementation of the Care Programme Approach to enable service receivers to be engaged in the details of their care pathways
- Opportunities for people with mental ill health to access employment
- Achieving equitable access to specialist psychotherapies in the north of the county
- Addressing the increase in the number of people requiring in-patient hospital care which has led to an overall increase in the number of ‘out of area’ placements.

### 3. The Challenge going forward

[‘The NHS belongs to the people: a call to action’](#) (2013) set out the challenges facing the NHS which include rising demand with more people living longer with more complex and long term conditions and rising patient and carer expectations of the quality of care. This is set against a backdrop of an estimated funding gap which could grow to £30bn between 2013/14 to 2020/21.

Similarly, there is an urgent need to address the increasing demands placed on social care to improve outcomes and target resources by reducing the demand for hospital services and long-term care. At the same time Local Authorities are facing unprecedented government cuts over their budgets due to reductions in Government grants, inflation and greater demands on Adult Social Care; during 2013-18, Derbyshire County Council will have to deliver savings of £157 million from its budget, which is almost a third of the Council’s total spending.

Mental health services and support will need to respond to these financial challenges over the next three to five years and beyond. The public sector financial constraints means that health and social care commissioners and providers will need to think radically about how services are commissioned and provided in order to keep within budgetary but also service quality parameters.

[The NHS Five Year Forward View](#) (2014) acknowledges the challenges faced by an ageing population and associated complexity of health issues. It sets out a longer term view of how health services need to change; arguing for a more engaged relationship with patients, carers and the public to promote wellbeing and prevent ill-health.

Health and social care commissioners and providers are responding to these challenges as outlined in the action plan (Appendix 2). For example, Derbyshire Healthcare NHS Foundation Trust (DHcFT), the main provider of secondary mental health services across Derbyshire is currently implementing a significant transformation programme. New patient pathways are proposed that require significant realignment of the workforce and workforce development to meet the future implementation requirements of the National Tariff Payment System (NTPS) and for integration between primary and secondary mental health services.

#### **Legislative framework**

The Health and Social Care Act 2012 set out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, Clinical Commissioning Groups, Monitor and Health & Wellbeing Boards to make it easier for health and social care services to work together to improve the quality of services and people’s experience of them. This has been instrumental in driving forward the integration agenda in Derbyshire and is reflected in the Derbyshire Integration Plan, Better Care Fund plan and the North and South Units of Planning.

The Care Act 2014 contains the most significant reforms to Adult Social Care and social care funding for several decades. The Act brings historical care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. To promote wellbeing, an individual’s needs, views, feelings and wishes should be considered in all aspects of their wellbeing for physical and mental health, through dignity and respect to control over their daily needs,

access to employment, education, social and domestic needs and the suitability of their accommodation. This reinforces the need to strengthen preventative services and those that promote recovery and independence. It also requires the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual. This includes strengthening partnerships with Children and Younger People's mental health commissioning and service provision. Integrated approaches to local commissioning also have an important role to play in promoting mental wellbeing and preventing mental illness, as part of the local Health and Wellbeing Strategy.

#### 4. Local Context

It is estimated that 1 in 4 people experience mental ill health at some stage in their life. Mental health difficulties are wide-ranging, from common mental health problems, which include anxiety and depression, to more severe and enduring conditions such as personality disorders and psychosis. The number of adults in Derbyshire estimated to have a common mental health problem is 80,000, and there are 5,874 individuals with psychosis recorded at GP practices in Derbyshire.

There are a number of factors that place an individual at higher risk of developing mental ill health such as unemployment, poor housing and physical ill health and it is important to consider these wider determinants alongside levels of prevalence and use of mental health services when planning services. Within Derbyshire,

- more than 1 in 4 people in Bolsover and Chesterfield live in the 20% most deprived areas, compared to 1 in 50 in Derbyshire Dales
- there is variation in long-term unemployment rates across the county with rates higher than the national average in Chesterfield and Erewash
- across Derbyshire, it is estimated that 5% of households are living in fuel poverty, but this ranges from 0.5% in a ward in South Derbyshire to 13.3% in a ward in North East Derbyshire
- rates of violent crime in Derbyshire are lower than the England rate, however Chesterfield and Erewash both have rates higher than the national rate
- Amber Valley and Chesterfield have rates of alcohol-related admissions significantly higher than England
- all districts in Derbyshire, with the exception of South Derbyshire, have higher rates of disability or long term conditions than England

Mental health needs will also vary over time. Welfare reforms, changes to housing related support and local government spending cuts will impact on the level of mental health needs within Derbyshire. The impact will be disproportionate across the population with groups most affected including workless households, lone parents and disabled people.

In addition, variation in current service provision means that people with mental health needs across Derbyshire are not able to access equitable services.

A State of Mental Health in Derbyshire report is currently being developed, and will be published in September 2015. Meanwhile, further information on the mental health needs of Derbyshire can be found on the Mental Health, Dementia and Neurology Intelligence Network at the following link - <http://fingertips.phe.org.uk/profile-group/mental-health>

## 5. Scope of the Strategy

This strategy relates to the mental health needs of people aged 18 and above, including people with a learning disability, people with a dual-diagnosis, people in transition from children and young people's services, or from prison or forensic services. However, evidence suggests over 70% of adults with mental health difficulties first experienced problems in childhood or as a young adult. The national and local ambition reflected in the NHS Five Year Forward View (2014) favours a move towards ageless services and this direction of travel will be reflected in improved partnership working and strategic planning with DCC Children & Younger Adults department and CAMHS commissioners and in the implementation of the strategy going forward.

The strategy covers services that are currently commissioned and those that will be commissioned by:

- NHS Southern Derbyshire Clinical Commissioning Group (SDCCG)
- NHS North Derbyshire Clinical Commissioning Group (NDCCG)
- NHS Erewash Clinical Commissioning Group (ECCG)
- NHS Hardwick Clinical Commissioning Group (HCCG)
- Derbyshire County Council Adult Care (DCCAC)
- Derbyshire County Council Public Health (DCCPH)

NHS Hardwick CCG is the coordinating commissioner for mental health contracts on behalf of all four Derbyshire CCG's. Tameside and Glossop Clinical Commissioning Group are working to a separate strategy but will work in partnership with Derbyshire County Council to meet the needs of Glossopdale residents.

The mental health strategy (amongst other strategic plans) sits alongside and influences the CCG commissioning intentions and the health economies Units of Planning. For Derbyshire there are two, the North Unit of Planning and South Unit of Planning. The health economies include CCG's, NHS England Area Teams (ATs), Providers, Health & Wellbeing Boards (HWBs) and Local Authorities. Health economies will create and own five year strategic plans for their area, completed at Unit of Planning level and using a collaborative approach across all partners to achieve integration at community level.

NHS England currently commissions many of the primary care services previously commissioned by Primary Care Trusts. For example, it is currently responsible for the majority of GP contracts. However, in September 2014, NHS England published "Proposed next steps towards primary care co-commissioning: an overview" and it is anticipated that CCG's will take on increasing responsibility for primary care commissioning starting with general practice services. NHS England also currently commission some of the more specialised mental health services such as in-patient eating disorder services, high, medium and low-secure mental health units, gender dysphoria services and perinatal mental health. Health and social care commissioners will continue to work in close partnership with the NHS England Area Teams through the regional and sub-regional networks.

In considering the scope of this strategy it is important to acknowledge the above plans as well as other strategic plans that cover services and support subject to alternative commissioning arrangements but which are important areas of mental health and wellbeing work., e.g. Children & Younger People, Dementia, Carer's, Substance Misuse, Autism, and Learning Disability. The Joint Vision and Strategic Direction for Adult Mental Health will have

strong links into these strategic plans. This will require close partnership working between services, departments and agencies in the development of annual action plans to ensure an integrated approach.

<b>Fig 3: Strategic areas of need</b>	
<b>The mental health needs of children and younger adults</b> – one in ten children aged between five and 16 has a mental health problem, and many continue to have mental health problems into adulthood.	The Children & Younger Adults department (CAYA) are working closely with CCG's, Public Health and other strategic partners to develop an integrated behaviour pathway aimed at prevention and early intervention. The draft 'Improving Children and Young People's Emotional Wellbeing Strategy in Derbyshire and Derby City 2015-19' has been completed and is awaiting ratification by the Health & Wellbeing Board. There are shared themes across adults and children's strategies.
Specialist in-patient and community health and social care services for <b>people with dementia</b> .	The needs of this population are addressed in the Derbyshire Dementia Joint Commissioning Strategy which has also recently undergone a refresh. The document can be found here <a href="#">Derbyshire Dementia Strategy 2014</a>
<b>Forensic services</b> and mental health services for people in prison <b>and Offender Healthcare</b>	Responsibility for national and regional commissioning of these services transferred to NHS England from April 2013; however, it is important to make strong transition links into the local whole systems mental health pathway. The Care Act 2014 brought new responsibilities to Local Authorities to meet the social care needs of prisoners from 1 April 2015.
<b>Substance Misuse / Dual Diagnosis services</b>	Within the Safer Derbyshire Partnership, the Substance Misuse Commissioning Team and Community Safety Unit aim to reduce the harm caused by both drug and alcohol use. They are represented on the Mental Health Joint Commissioning Board and will contribute to the Mental Health Strategy Action Plan.
<b>Carers of people with mental health needs including young carers</b> , many of whom care for parents with mental ill health.	The needs of carers are addressed in the Derbyshire Carer's Joint Commissioning Strategy, however the importance of involvement for carers of people with mental ill health is acknowledged within the mental health strategy. The Carer's Strategy is due to be refreshed.
Derbyshire Suicide Prevention Steering Group	There is a multi-agency countywide Strategic Suicide Prevention Steering Group and a Derbyshire Suicide Prevention Strategic Framework for 2015-17 is currently being developed
Services and support for <b>people in mental health crisis</b>	The Mental Health Crisis Care Concordat Action Plan has been developed by Hardwick CCG, Derbyshire County Council, Derby City Council, Derbyshire Constabulary, East Midlands Ambulance Service, Derbyshire Healthcare Foundation Trust, and Derbyshire Community Health Services NHS Foundation Trust. The Derbyshire and Derby Crisis Plan which can be found <a href="#">here</a>
<b>Perinatal services</b>	NHS England hold the responsibility for commissioning perinatal services but local commissioners will link in to the regional and sub-regional networks to ensure close partnership working
<b>Health and Wellbeing Promotion and Prevention</b>	Public Health are represented on the Mental Health Joint Commissioning Board and are currently developing a Mental Health Promotion and Prevention framework which will have clear links to the mental health strategy action plan
Services and support for <b>people with Autism</b>	A local Derbyshire partnership response to the Autism Act and the national strategy "Fulfilling and Rewarding Lives" is currently in development overseen by the Joint Derbyshire and Derby City Commissioning Board for Autism.
Services and support for <b>people with a Learning Disability</b>	The current Joint Commissioning Strategy is due to be refreshed and will take account of the Transforming Care Programme in response to the Winterbourne Action Plan.
<b>Vulnerable people</b> at risk of repeat anti-social behaviour, domestic and/or sexual violence	The Safer Derbyshire Partnership have a joint community safety agreement and a number of priority areas including domestic and sexual violence and safeguarding adults and children

## 6. Priority areas for mental health in Derbyshire

### 6.1 National – No Health without Mental Health

In February 2011, the Government launched “No Health Without Mental Health; a cross Government mental health outcomes strategy for people of all ages” that marked out the intention to bring a “parity of esteem” between mental health and physical health services with the aim of improving health and wellbeing outcomes for people with mental health problems. Derbyshire is committed, to implementing the principles of the national mental health strategy, No health without Mental Health, which aims to promote positive mental health and emphasises that mental health is everyone’s business

<b>Fig 4: No Health without Mental Health priorities</b>					
<b>More people will have good mental health</b>	<b>More people with mental ill health will recover</b>	<b>More people with mental health problems will have good physical health</b>	<b>More people will have a positive experience of care and support</b>	<b>Fewer people will suffer avoidable harm</b>	<b>Fewer people will experience stigma and discrimination</b>
<p>More people of all ages and backgrounds will have better wellbeing and good mental health</p> <p>Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well</p>	<p>More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a stable place to live</p>	<p>Fewer people with mental problems will die prematurely</p> <p>More people with physical ill health will have better mental health</p>	<p>Care and support wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected.</p>	<p>People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service</p>	<p>Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.</p>

Fig 3: No Health without Mental Health

## 6.2 National and Local – Crisis Care Concordat

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

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Concordat. It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

Following a local Mental Health Summit in June 2014, the Derbyshire and Derby City Crisis Care Concordat Declaration was signed and published nationally. It can be found [here](#). The Derbyshire and Derby City Crisis Care Concordat Action Plan was developed and agreed by the Derbyshire multi-agency Crisis Care Concordat Steering Group. A copy of the Derbyshire and Derby City Action Plan can be found [here](#).

## 6.2 Local - Derbyshire Health & Wellbeing Strategy

The vision for Derbyshire is to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with communities. The overarching aims of the strategy are to reduce health inequalities, strengthen investment in prevention and deliver high quality care. The final agreed priorities for mental health for 2012-15 were as follows:

- **To improve emotional and mental health and provide increased access to mental health promotion, recovery and support services.**
- **To improve access to evidence-based primary care psychological therapies and other local services that support recovery from mental health problems.**

<b>Underpinning actions for adult mental health</b>
Promote mental health awareness raising/training across all partners in order to promote access to services and reduce stigma and discrimination. This training should reflect the particular needs of specific groups such as people with learning disabilities, speech, language and communications needs, people with dementia, BME groups and lesbian, gay, bisexual, and transgender (LGBT) groups
Ensure access to a wide range of evidence-based psychological therapy services in Derbyshire based on population need
Increase the range of opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (such as education, financial/debt management support and advice, housing, befriending, leisure services, arts and cultural activities, library services, health promotion)
Ensure mental health services combine access to employment support to help people remain in or return to work if unemployed
Develop mechanisms to improve integration between children's and adult mental health services ('Think Family' approach)

The Health and Wellbeing Strategy has been refreshed for 2015-17 and four new priorities have been agreed by the Health & Wellbeing Board. These are

- Create healthy communities with reduced health inequalities
- Develop sustainable multi-agency approaches to keep people healthy and living independently in their own home
- Developing a collective approach to social capital
- A focus on children's mental health and emotional wellbeing (focus on self-harm and suicide prevention)

More detail on the updated priorities can be found at the following link

[Health & Wellbeing Strategy refresh 2015-17](#)

A large amount of feedback in relation to mental health was gathered during the consultation process for the development of the Health and Wellbeing Strategy and has been taken into consideration in development of the Vision and six strategic themes for the mental health strategy. The Derbyshire Health & Wellbeing Strategy 2012-2015, feedback from the consultation process and the Equality Impact Analysis can all be found on the Derbyshire Partnership website at the following link [http://www.derbyshirepartnership.gov.uk/thematic\\_partnerships/health\\_wellbeing/strategy/](http://www.derbyshirepartnership.gov.uk/thematic_partnerships/health_wellbeing/strategy/)

### 6.3 Local - Better Care Fund

The Better Care Fund includes existing NHS and social care funding, which will be jointly invested to achieve integration between health and social care and to achieve the best outcomes for people. In Derbyshire there is a move away from current isolated patterns of provision of care and by 2019 we want to place the local person at the centre of our actions, and so have adopted the definition of integration produced by National Voices:

*"I can plan my care with people who work together to understand me and my carer(s), allowing me control and bringing together services to achieve the outcomes important to me".*

The Better Care Fund vision focusses on achieving a seamless health and social care system through a transformation programme involving:

- Maximising the health and wellbeing of the population
- Placing the person at the centre of service planning and delivery
- Making best use of available funding by challenging assumptions and embracing innovation
- Ensuring organisational boundaries do not get in the way of a seamless service for local people
- Recognising the value of social capital
- Building on current joint workforce planning
- Strengthening partnerships at a community level

The model shown at Fig 5 (taken from Better Care Fund document) illustrates the direction of travel for the health and social care community in Derbyshire.

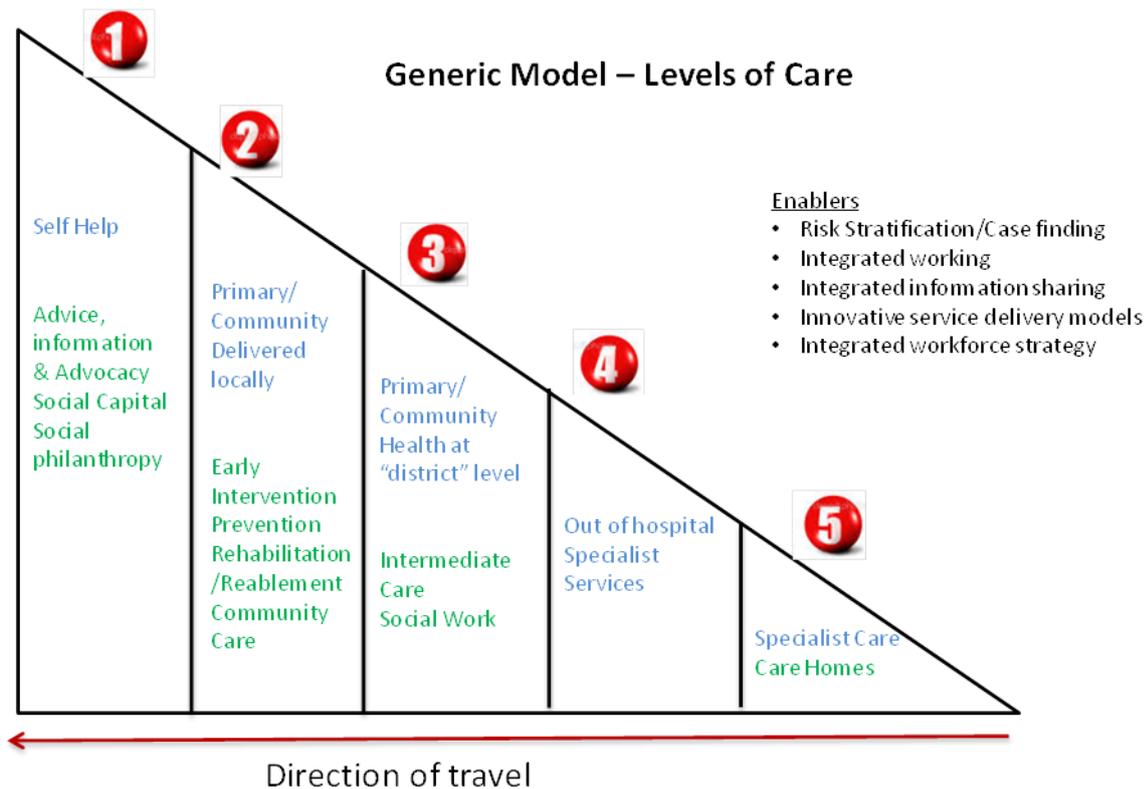


Fig. 5: Direction of Travel for Derbyshire health and social care community

The Better Care Fund Schemes are part of an overarching system transformation. The Health and Wellbeing Board agreed seven overarching system objectives to deliver integrated services that:

1. Build strong asset based communities
2. Support people to remain independent and in control of their lives
3. Provide support in the community when needed
4. Reduce the need for hospitalisation or admission to long term care
5. Improve outcomes and the quality of services provided
6. Reduce inequalities
7. Develop the necessary infrastructure to achieve objectives

These seven objectives, coupled to the five year CCG strategic plans (Units of Planning), have driven the development of the BCF projects. These projects have then been grouped into five broader themes:

1. Proactive intervention, self-help prevention and community resilience
2. Integration, integrated community based support
3. Reducing delayed discharges and admissions to hospitals and care homes, specific components of care
4. Delivering the Care Act
5. System enablers

Key initiatives for mental health include:

- Develop community crisis response mechanisms to prevent escalation and avoidable hospital admissions.
- Develop parity of esteem across the whole system pathway.
- Increase AMHP capacity to support preventative and enablement interventions.

- Introduce an enablement service by changing the focus of current Community Support Workers using extra training and support

A copy of the Better Care Fund planning document can be found [here](#)

## **6.4 Local - Clinical Commissioning Group Priorities 2014/19**

### **6.4.1 North Unit of Planning**

North Derbyshire CCG and Hardwick CCG have joined together to develop the North Unit of Planning setting out the vision, direction of travel and actions for the future of healthcare across North Derbyshire. This has been developed in partnership with

- Derbyshire County Council -
  - Health and Wellbeing Board
  - Adult Care
  - Public Health
- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United (Out of Hours and 111 services)
- East Midlands Ambulance Service NHS Trust
- North Derbyshire Voluntary Action

The underlying principles for Mental Health care over the next five years are to ensure parity of esteem between physical and mental health and to deliver care as close to home as possible.

Key initiatives include:

- Increase capabilities of primary care
- Intermediate / crisis response service development
- Psychiatric Liaison Service (RAID)
- Integrated pathways for mental health and learning disability

A copy of the North Unit of Planning can be accessed [here](#)

### **6.4.2 South Unit of Planning**

Southern Derbyshire CCG and Erewash CCG have joined together to develop the South Unit of Planning setting out a similar vision, direction of travel and actions for the future of healthcare across Southern Derbyshire and Derby City. Again, this has been developed in partnership with

- Derbyshire County Council
- Derby City Council
- Derby Royal Hospital NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United (Out of Hours and 111 services)
- East Midlands Ambulance Service NHS Trust

Ambitions for mental health are

- Physical and mental health needs met in a coordinated way
- Integration of community teams including mental health
- Mental health Liaison and Diversion programme

A copy of the South Unit of Planning can be accessed [here](#)

## 7. The Vision

The vision states the overall aim and strategic direction of the Derbyshire County Mental Health Joint Commissioning Board for the next five years. The vision for mental health is aligned with the Derbyshire Better Care Fund vision and the North and South Units of Planning.

***“Whole communities will recognise and act upon factors that contribute to mental ill health such as poverty, abuse, work stress and lack of timely access to good support. Where support is required, people will achieve positive mental health by having access to high quality, local, person-centred, mental health services appropriate to levels of need as well as a range of support that enables self-management, recovery and wellbeing”***

The objectives underpinning the vision are outlined under the following six high level themes (see 8) and are built upon the following commissioning principles.

### 7.1 Whole Systems commissioning

Real choice will only be enabled if there is a whole system approach to commissioning which pays attention to, and supports a wide range of options. This includes for example, support from friends and families, universal and community services, individual purchasing and broader commissioning, and person-centred options for treatment and emergency support. There is a need to focus on developing integrated mental health pathways, rather than just stand-alone specialist services. This will require a whole-systems, whole-person, innovative approach that is responsive to local need and which recognises the need to build on and strengthen individual and community assets.

Our aim is to work collaboratively and to commission services that:

- Are equitable
- Are focussed on recovery and provide the best possible outcomes for service receivers, their families, and their carers’
- Are person-centred and provide service receiver choice and control
- Recognise the importance of prevention and early intervention
- Meet the challenge of addressing stigma and discrimination
- Support individual needs through flexible service provision
- Support people to remain independent in their own home and community
- Maximise available resources and focus on collaboration between agencies
- Work collaboratively across administrative boundaries
- Provide services as close to a person’s home as possible
- Respond to people in crisis at the point of need
- Ensure parity of esteem
- Are high quality, evidence-based and draw on best practice
- Promote dignity and respect

### 7.2 Evidence-based commissioning

Commissioning decisions will need to take into account needs and assets at a local level through evidence from the Joint Strategic Needs Assessment (available June 2015). There is a rapidly increasing evidence base and development of research and best practice within mental health, including NICE guidelines and pathways as well as increasing opportunities for shared learning from funded pilots across the country for interventions that can promote mental wellbeing at and individual, community and population level.

### **7.3 Commissioning for quality, effectiveness, value and outcomes**

The context and demands on health and social care commissioning are changing rapidly, with increasing pressure on health and social care budgets, changes to commissioning structures and the emergence of new policy and legislation. It is crucial to make the best use of diminishing resources and use creative approaches to commission the most effective and efficient, high quality services and support to respond to these rapid changes at a local level.

Commissioning for quality and maximum social value is concerned with making sure that scarce resources are allocated in ways that deliver measurable outcomes, promote wellbeing and make a positive difference to people and communities as well as minimising any significant negative impacts of newly commissioned services. This all needs to be located in a context of balanced and sustainable investment.

In times of austerity, there is an increasing need to develop and maximise awareness of universally available services as well as increasing individual, social and community capital.

As well as working towards the national outcomes frameworks it is important to work in partnership with service receivers and carers as well as voluntary sector providers to develop a local outcomes framework that is meaningful at an individual, community and a strategic level. This framework will recognise the diverse values of all involved, whether as commissioners, providers or service receivers. This process will also help to refocus voluntary sector services and support to deliver relevant parts of the developing integrated care pathways.

### **7.4 Stakeholder involvement and partnership working**

We are committed to involving service receivers and carers throughout our organisations' activities and ensuring that this engagement makes a real difference. A review of current engagement processes for mental health is currently underway and this project will result in a sustainable model of engagement that is fully inclusive and can provide a wide range of opportunities for service receiver and carer involvement in the commissioning process and to influence service delivery.

## **8. The six strategic themes**

The following strategic themes have been developed in response to key policy drivers, local consultation and engagement feedback and the commissioning intentions of Derbyshire Clinical Commissioning Groups (NHS) and Derbyshire County Council in working to a joint strategy. All commissioning intentions relate to the five year time period of the strategy and will meet at least one of the six themes.

### **Annual action plans**

Action plans will be agreed annually throughout the five year life of the strategy. Relevant actions from the North and South Units of Planning, Better Care Fund and Public Health plans will also be incorporated. Each action plan, work-stream or service development will have its own set of outcomes relative to the specific piece of work and metrics and outcome measures will be agreed as each work-stream develops to enable us to evidence successful implementation of the commissioning intentions of the strategy. Many actions and work streams will have their own governance arrangements; however progress and delivery of outcomes will be monitored by the Joint Mental Health Commissioning Board.

The Action Plan for 2014-16 can be found at Appendix 2. This is not the final version as there are still some actions to be incorporated into the action plan following further discussions with partners.

## Theme 1- Personalisation

<p><b>Personalisation</b></p> <p><i>“I am supported to take control, live more independently, and have more choice through well supported care”</i></p>
<p>Personalisation is about meeting the needs of individuals in ways that work best for them, including recognising and supporting family carers. It is about empowering individuals to make informed decisions and choices about how they want to live their lives and the help they need to do so. It is also about equipping people with the information, freedom and confidence to manage their own health and take control of their lives. This involves building community resilience and wellbeing through local strategic commissioning so that people have a good choice of support including access to universal services, appropriate information and advice and access to self-help and support by user-led organisations.</p>
<p><b>Commissioning intentions:</b></p> <ul style="list-style-type: none"> <li>• Promote and improve involvement, engagement and co-production opportunities with service receivers and carers in the design, delivery and evaluation of services</li> <li>• Promote and develop personalised approaches to care in all settings</li> <li>• Maximise choice and control</li> <li>• Promote individual and community assets</li> <li>• Increase access to welfare rights advice and support through strong links to Derbyshire anti-poverty strategy</li> <li>• Improve support and involvement for carers (including young carers) by working with them to better understand their needs</li> <li>• Encourage the use of health and social care personal budgets for mental health service receivers whilst ensuring that those who wish to can still access more traditional forms of care</li> </ul>

## Theme 2- Promotion, prevention and early intervention

## Promotion, prevention and early intervention

*“I have the opportunity to maintain positive wellbeing, however, support and help is available to me at an early stage if I begin to feel unwell or where circumstances in my life are likely to have a detrimental effect on my mental health”*

The greatest opportunities to reduce levels of mental ill health in the long term lie in the promotion of positive mental wellbeing (mental health promotion), as well as prevention of mental illness and early intervention.

Individual resilience and the ability to manage adversity contribute to maintaining positive mental wellbeing. Social capital, strong communities, support networks and stable life situations, act to enable resilience and contribute to the prevention of mental ill health. Therefore it is important to address the wider determinants of health that contribute to mental ill health such as poverty, abuse, work stress and lack of timely access to good support.

Early intervention through accessible, timely and responsive support and services as well as the provision of accessible information and advice promoting healthy lifestyles and overall wellbeing is fundamental to recovery. This includes strengthening the role of primary care in improving mental health outcomes; improving access to psychological therapies as well as regular health checks and recovery-focussed healthy lifestyle care planning (smoking cessation, weight management, tackling malnutrition, and drug and alcohol misuse). Integrating physical health into decisions about prescribing and monitoring of medication is also important.

### Commissioning intentions:

- Develop a framework for mental health promotion, prevention and early intervention
- Improved and equitable access to a range psychological therapies
- Wider public and targeted physical health and wellbeing intervention programmes to enable people to make informed choices and make positive lifestyle changes
- Mental health awareness raising & promotion of wellbeing through national Time to Change campaign and local action plans
- Improve the physical health and wellbeing of people with mental ill health
- Liaison and diversion schemes, i.e. psychiatric liaison in hospitals
- Improved and equitable access to services and support for those in crisis
- Promotion of self-management approaches and improved management of long term conditions
- Improved and accessible information, advice and advocacy
- Work towards an all age mental health strategy

### Theme 3-Enablement and recovery

#### Enablement and recovery

***“I have opportunities for self-help and taking control and the information and advice I need to feel empowered and make choices”***

Recovery-oriented\* services aim to support people to build lives for themselves outside of mental health services with an emphasis on hope, control and opportunity. People who develop mental health problems should get as much support to gain a good quality of life, have stronger social relationships, a greater ability to manage their own lives, a greater sense of purpose, and the skills they need for living and working.

“Recovery is a deeply personal, unique process changing one’s attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life”.

**Commissioning intentions:**

- Organisational transformation and workforce development
- Increase the range of opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (such as education, financial/debt management support and advice, housing, befriending, leisure services, arts and cultural activities, library services, health promotion)
- Support for community-based self help
- Good quality, accessible information and advice
- Ensure mental health services combine access to employment support to help people remain in or return to work if unemployed
- Implement the Healthy Workplaces scheme with local employers
- Development of peer support opportunities
- Maximise individual and community assets
- Recovery-focussed integrated care pathways
- Improve access to regular physical health checks for people with severe mental illness

\*Supports a user-centred concept of ‘recovery’ in which recovery is a personal journey of learning to live well, despite the continuing or long-term presence of mental health support needs.

**Theme 4-Social Inclusion, fair access and equity**

**Social inclusion, fair access and equity**

***“Opportunities are available to me without discrimination or unfairness”***

More people who develop mental health problems will have a good quality of life, a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable place to live

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease

**Commissioning intentions:**

- Promote and improve involvement, engagement and co-production opportunities with service receivers and carers in the design, delivery and evaluation of services
- Improved and equitable access to a range of psychological therapies
- Actively challenge stigma and discrimination through national Time to Change campaign and local action plans
- Improve accessibility to services and support to improve outcomes for those who find services hard to engage with
- Support people with mental ill health to maintain or find employment through a multi-agency approach
- Develop opportunities for work experience
- Review services and support for people with a dual diagnosis

**Theme 5-Keeping people safe from avoidable harm**

**Keeping people safe from avoidable harm**

***“There is a planned and balanced approach to crisis and risk that I feel confident in and does***

***not undermine my sense of being in control of my life and my recovery”***

This theme is concerned with improving the system of care and support so that people in crisis because of a mental health condition are kept safe by getting the right care at the right time and from the right people to ensure the best possible outcomes. This includes agencies working together to prevent crises happening whenever possible, through intervening at an early stage; to improve individuals' experience (people who use crisis care services, carers and professionals) and reduce the likelihood of harm to the health and wellbeing of service receivers, carers and professionals.

It is also concerned with strengthening clinical practice, positive risk management and continuity of care, so that people are protected from the risk of suicide.

**Commissioning intentions:**

- Improved and equitable access to community services and support for those in crisis, avoiding hospital admissions where possible and appropriate
- Equitable access to specialist independent mental health and mental capacity advocacy
- Strengthen crisis response through a multi-agency partnership approach and develop and implement Derbyshire Crisis Care Plan
- Support for individuals to develop person-centred safety and recovery plans
- Liaison and diversion schemes –police, hospitals, prisons, probation including street triage
- Continue to review out of county placements and repatriate people back to Derbyshire
- A refreshed suicide strategy and associated partnership action plan
- Implement the social care reforms set out in the Care Act 2014
- Review Urgent care pathway
- Review Perinatal services

**Theme 6-Integration****Integration**

***“ I can plan my care with people who work together to understand me and my carer(s), allowing me control and bringing together services to achieve the outcomes important to me”***

Promoting seamless care and service delivery across health and social care interfaces and other statutory and voluntary organisations with services wrapped around a person's needs and with individuals knowing what is available to them and from where.

**Commissioning intentions**

- Workforce and organisational transformation to achieve integration
- Strengthening partnerships at an organisational and community level
- Integration between primary and secondary care and social care
- Better continuity of care for mental health and physical health
- Continue to develop Liaison and Diversion schemes through partnership working
- Improved transition between child and adolescent and adult mental health services and support
- Development of recovery-focused care pathways across health, social care and the voluntary sector
- Implementation of the National Tariff Payment System
- Integration of care and support between health, housing and social care
- Improved co-ordination between emergency and mental health services
- Implement systems and culture change to achieve the best outcomes for individuals as possible, making the best use of resources

## Appendix 1

## Jargon Buster

Asset based approach	A way of helping people by looking at what they have, rather than what they lack. This approach helps people make use of their existing skills, knowledge and relationships. It is also called a 'strengths-based approach', and can be used as a way of improving local areas, by promoting what is good about an area rather than focusing on problems. See also 'co-production'
Better Care Fund	Money that has been given by the Government to local areas to make the NHS and local councils in England work together better. The aim is to improve your experience by moving care out of hospital and into your home and sharing information so that everyone involved in your care understands your needs.
Care pathway	A plan for the care of someone who has a particular health condition and will move between services. It sets out in a single document what is expected to happen when, and who is responsible. It is based on evidence about what works best to treat and manage your particular condition.
Commissioner	A person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioner will pay for services, but not always. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. In many areas health and social care commissioners' work together to make sure that the right services are in place for the local population.
Commissioning Authority	An organisation, such as a local council or NHS clinical commissioning group (CCG), that plans the services that are needed by the people who live in a particular area
Continuity of Care	There are two meanings to the phrase 'continuity of care': seeing the same doctor or other care professional every time you have an appointment, or having your care well-coordinated by a number of different professionals who communicate well with each other and with you. It is particularly important if you have a long-term condition or complex needs.
Crisis intervention	A way of helping people cope at a time of crisis when they are overwhelmed, and enabling them to remain in their home. It is used with people who have mental health problems, and with families who are facing challenges.
Dual diagnosis	A combination of severe illness and problematic drug or alcohol use. These two things are closely linked for many people. People with a dual diagnosis often have serious physical, social and psychological problems.
Early intervention	Action that is taken at an early stage to prevent problems worsening at a later stage. It may apply to children and young people, or to help that is offered to older people or people with disabilities to enable them to stay well and remain independent. See also preventive services.
Enablement	A way of helping you to become more independent by gaining the ability to move around and do everyday tasks for yourself. You may be offered enablement services if you have lost some daily living skills because of poor health, disability or a hospital stay. It usually lasts for around six weeks, takes place in your own home, and you won't have to pay.
Evidence based practice	When doctors or other care professionals use the best available evidence about what works most effectively, including evidence from people who have lived with a particular health condition, when deciding what treatment, care or support to offer you as an individual.
Health & Wellbeing Board	Every council area in England has a Health and Wellbeing Board to bring together local GPs, councillors and managers from the NHS and the council. Their job is to plan how to improve people's health and make health and social care services better in their area. Members of the public have the chance to be involved in the work of their local Health and Wellbeing Board through your local Healthwatch.
Integrated care	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This also involves integration with other services, eg., housing.
Joint Commissioning	When two or more organisations in a local area - usually the NHS and local council - work together to plan services to meet the needs of people who live in the area. Together the commissioners plan what kind of services should be available, who should provide them and how they should be paid for.
JSNA – Joint	The process of identifying the future health, care and wellbeing needs of the

Strategic Needs Assessment	population in a particular area, and planning services to help meet those needs. This process is led by your council, working with the NHS and private and voluntary organisations in your area.
Local Area coordination	An approach that is being used by some councils to help people live better, less isolated lives in their home area. Local area coordinators help people make the most of what is available locally, and make sure that communities are supportive and welcoming to older people and people with disabilities, mental health problems or other needs.
Local Area Teams	Teams in each council area that are responsible for buying services for local people from GPs, dentists and pharmacists.
NICE – National Institute for Health & Care Excellence	An organisation that provides advice and guidance to improve health and social care services in England and Wales. It looks at all the evidence on what works and what doesn't and how much it costs, and advises on what treatment and care should be offered to people. It doesn't have the power to insist that its guidance is followed in local areas.
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
Peer Support	The practical and emotional help and support that people who have personal experience of a particular health condition or disability can give each other, based on their shared experience. People support each other as equals, one-to-one or in groups, either face-to-face, online or on the telephone.
Personal budget	<p>Money that is allocated to you by your local council to pay for care or support to meet your assessed needs. The money comes solely from adult social care. You can take your personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two.</p> <p>An alternative is an individual service fund, which is a personal budget that a care provider manages on your behalf. A personal health budget may also be available: it is a plan for your health care that you develop and control, knowing how much NHS money is available.</p>
Personal health budget	An amount of money to pay for your specific health needs, given to you - or managed for you - by the NHS. It is based on your own individual care plan, which sets out your health goals and how your budget will help you reach them. You can spend it on things like therapies, personal care and equipment. You cannot use it to pay for emergency care or care you usually get from a family doctor. Using a personal health budget is a choice: you do not have to have one unless you want to. See also personal budget.
Personalisation	A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
Person centred care	An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around you and your own needs, preferences and priorities. It treats you as an equal partner, and puts into practice the principle of 'no decision about me without me'.
Preventive services	Services you may receive to prevent more serious problems developing. These services include things like enablement, telecare and befriending schemes. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care. Also known as 'Prevention'
Primary care	The first point of contact in the health service, usually your GP, practice nurse, local pharmacist, dentist or NHS walk-in centre. Primary care doctors deal with a wide range of health problems. They treat common illnesses, help you manage long-term conditions and refer you to a specialist doctor when necessary.
Public Health	Helping people stay healthy and preventing illness. Public health is about the health of the population as a group, rather than about individuals. People's health is affected by the individual decisions they make, and by decisions that are made by local councils and national governments.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with

	them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Secondary care	Care that you receive in hospital, either as an inpatient or an outpatient. This may be planned or emergency care. It is more specialist than primary care.
Self-directed support	An approach to social care that puts you at the centre of the support planning process, so that you can make choices about the services you receive. It should help you feel in control of your care, so that it meets your needs as an individual. See also: Personalisation
Social capital	The connections that are made between people who live in the same area or are part of the same community, and who are able to do things with and for each other. Strong neighbourhoods, clubs and groups help create a sense of community, enabling people to trust each other, work together and look out for each other.
Statutory organisations	Organisations that have a legal responsibility to do something, and whose role and powers are defined by law. They are different to voluntary organisations, which may provide some of the same services but which are not set up by law. Your local council is an example of a statutory organisation, as are the NHS trusts in your area. Local charities, care agencies and care homes are not statutory organisations
Transition	The process by which young people with health or social care needs move from children's services to adult services. It should be carefully planned, so that there are no gaps in the care young people receive. Young people and their families should be fully involved in the planning process.
Universal information and advice	Information and advice that is available to everyone in your local area. This should cover what care and support services are available in the area, how you can get these services, where you can find financial advice about care and support, and what to do if you are concerned about the safety and wellbeing of someone who has care and support needs. Councils are required by law to make information and advice available to everyone, regardless of who pays for the care and support you need.
Universal services	Services such as transport, leisure, health and education that should be available to everyone in a local area and are not dependent on assessment or eligibility.
User involvement	The involvement of people, who use services in the way that those services are designed, delivered and run. It may be an opportunity to use your experiences to make a particular service work better, and to be involved in decisions about things that affect you. User involvement takes different forms in different organisations, from voicing your opinion to getting actively involved in the way a service is run.
Wellbeing	Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

*Adapted from TLAP Care and Support Jargon Buster*