



North Tyneside Council



North Tyneside
Clinical Commissioning Group

North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21

DRAFT



Contents

Executive summary	page 2
Introduction	page 3
North Tyneside strategic plans	page 5
Legal and policy context	page 7
Financial challenges	page 9
Local policy context	page 11
Demographic data / intelligence	page 14
North Tyneside response	page 17
Delivering better outcomes for people – our priorities	page 18
Action plan	page 33

Executive Summary

Our vision is to have a range of high quality mental health services across North Tyneside that support individuals with their individual mental health needs.

Mental ill health can negatively affect an adult's ability to work and to live a full life. It also affects their wider health and over a half of older people in acute hospitals for a physical problem also have a mental health condition.

Mental illness still has a stigma and is often not recognised.

This Mental Health Strategy relates to 'working age' Mental Health. This Strategy should not be viewed in isolation but should be viewed as part of a holistic approach to Mental Health which aligns to North Tyneside's Children and Young People's Mental Health and Emotional Wellbeing Strategy and Older Peoples Mental Health.

It has been estimated that for every £1 invested in early identification, treatment and /or care for mental health problems up to £7.89 is saved. The majority of these savings sit outside the NHS or social care. Improving the mental health and wellbeing of those in North Tyneside will enhance the lives of individuals and families and also increase economic prosperity within North Tyneside.

Mental ill health and mental wellbeing can also have a wider effect on individuals and their physical health, as well as an individual's ability to be a productive member of society and make a positive contribution.

This strategy will drive a partnership approach to developing support for people with mental health needs in North Tyneside. It will ensure we sustain the best possible quality of life for them and their families. We will do

this by focusing on key priorities such as:

- Personalisation
- Prevention
- Improving health and wellbeing
- Supporting recovery
- Access
- Integration

This strategy has been promoted, supported and agreed by the North Tyneside Health and Wellbeing Board and all partner agencies are signed up to its content and approach.

Cllr Lesley Spillard
Chair of North Tyneside Health and Wellbeing Board

Introduction

The importance of mental health and wellbeing cannot be overstated. It affects and influences the lives of individuals, families, communities and societies. Those who work in mental health services, and those who live with long term conditions are well aware of this. With a clear strategy in place, the whole population can benefit from improved mental health and wellbeing.

Mental health is a key priority area at both national and local levels. Mental health is more than just the absence of mental illness; it is about resilience and well-being. Mental ill-health is responsible for a significant proportion of morbidity and consumes a vast amount of resources. Many common mental disorders, such as depression and anxiety, can be alleviated or even prevented by a range of measures addressing the factors that adversely affect mental health and promoting protective factors. Successful tackling of the many issues will rely on

collaboration and cooperation across health and social care and the third sector.

Mental ill health is the largest single cause of disability in the UK, accounting for almost 23% of the overall burden of disease compared to about 16% each for cancer and cardiovascular disease (*Mental health promotion and mental illness prevention: the economic case*, DoH 2011). The economic and social costs of mental health problems in England are currently estimated at around £105 billion a year. Without intervention, mental ill health can damage educational attainment, employability and a range of other outcomes.

The purpose of this strategy is to set out how the CCG (Clinical Commissioning Group), the Local Authority, and its partners will work together to improve the mental health and wellbeing of the population of North Tyneside so reducing health

inequalities, improving physical wellbeing, social interactions and job prospects.

This strategy seeks to implement national and local drivers to promote parity across mental and physical health care, good mental health and wellbeing, whilst further improving the quality and accessibility of services for people who have mental health problems. It also seeks to devise with providers, the public and service users local approaches to mental health services.

Good mental health and wellbeing for all is at the heart of our strategy and we will develop services that are individually tailored, aim to prevent mental ill health and crisis and be responsive in nature. This will include promoting mental health through awareness raising in universal services, delivering targeted information and support to marginalised community groups, and

information and signposting to individuals to support self-help.’

It will also include thinking about new ways of delivering mental health interventions that:

- Promote mental health through early access to good information, effective treatments as well as a ‘whole population’ approaches to support good mental health.
- Work together to maximise opportunities for new models of service to offer more comprehensive and coordinated approaches to helping people with mental ill health.
- Support people to access the services they require and services need to be available to offer prompt and early treatments.
- Ensure people with mental ill health are able to access support for other long term conditions (e.g. diabetes, coronary heart disease) in the same way that someone with a long term physical health problem should be able to access mental health support.

- Make sure a person’s mental health is considered as part of the assessment of everyone’s health.

The strategy has been developed through dialogue with a range of mental health stakeholders. It will support the commissioning of fully integrated health and social care services relating to working age mental health. It will ensure there is a seamless transition between care pathways and service boundaries including adolescents moving into services for adults and for adults moving into services for older people. We are currently working towards developing a single point of access where people can access Mental Health services which will be designed to meet the care needs of our patients based on actual need not their age.

The strategy is underpinned by the following principles:

- People will understand the importance of good mental wellbeing
- People will have good mental health

- People with mental health problems will recover
- People with mental health problems will have good physical health, and people with physical health problems will have good mental health
- People with mental health problems will be supported to achieve their best possible quality of life

North Tyneside Strategic Plans

Our North Tyneside Plan

The Our North Tyneside Plan highlights the key areas for development and improvement across a number of priority areas, including:

- Our People
- Our Places
- Our Economy
- Our Partners

The Joint Strategic Needs Assessment (JSNA) informs the planning process of the demand and future need across the borough for different priority areas.

The [North Tyneside JSNA](#) is aligned to the Local Authority's Creating a Brighter Future Programme and the funding priorities across the Local Authority for vulnerable people.

The [North Tyneside Joint Health and Wellbeing Strategy](#) sets out how the partners across North Tyneside will come together to meet the identified and agreed priorities.

Improving mental health and emotional wellbeing is an identified priority in the strategy.

The high level outcome measure is in relation to suicide rate and self reported wellbeing, the other key outcome measures are:

- Proportion of adults in contact with secondary mental health services in paid employment.
- Proportion of adults in contact with secondary mental health services living independently, with or without support
- Percentage of adults (18+) with depression
- Alcohol specific hospital admissions per 100,000 population.
- Directly standardised rate for emergency hospital admissions for self harm per 100,000 population
- In-year bed days for mental health, rate per 1,000 population,
- Percentage of adults (18+) with dementia

- Rate of suicide and undetermined injury per 100,000 population
- Increasing Access to Psychological Therapies

The Health and Wellbeing Board

The task of ensuring that the actions located within the action plan are achieved is the responsibility of The Health and Wellbeing Board.

The health and wellbeing strategy aligns the needs of the borough with the outcomes to be achieved.

Mental Health Integration Board

The Mental Health Integration Board sits below the Health and Wellbeing Board and has responsibility for developing this strategy and overseeing its implementation and progression.

Other key points that will in turn support our local strategy are:

- Further exploration of the potential to use personal health budgets;
- Incentives for quality improvements, and
- Closer working between health and social care.

Legal and Policy Context

Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS.

Mental Health in England is shaped by a range of laws:

- The Care Act (2014)
- Section 47(2)
- Disabled Persons (Services and Consultation and Representation) Act (1986)
- Mental Health Act (2007)
- Mental Capacity Act (2005)
- Equality Act (2010)
- Safeguarding Vulnerable Groups Act (2006)

In addition there are a wide range of policies which impact upon Mental Health in a variety of ways:

The Care Act 2015 has “wellbeing principles” which underpin the entire

legal framework and become the defining purpose for care and support. When people need an assessment the focus will be on their strengths capabilities and assets as well as needs.

Care and support plans will focus on the outcomes people want and create ways they can link to what’s in their community to achieve this without recourse to traditional social care.

When people lack capacity or find it hard to engage the Local Authority will have a duty to provide independent advocacy to assist in assessment, care planning and safeguarding. There is also a duty to assess young people and young carers in advance of their 18th birthday and this can and this can be at whatever age is most appropriate. People will be entitled to a personal health budget as part of their care and support plan.

The Five Year Forward View - October 2015 describes how over the

next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together.

The Five Year Forward View will form the foundation on which NHS services, including mental health services, will be built over the next 5 years.

The NHS Five Year Forward View presents the NHS with three challenges which are expected to be addressed over a 5 year period through development of system wide Sustainability and Transformational Plans. Those challenges are:

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The [Mental Health Crisis Care Concordat - March 2015](#) describes how we work in partnership with others to improve outcomes for people experiencing mental health crisis. It is

a national agreement between services and agencies involved in the care and support of people in crisis. It focuses on four main areas:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis.
- Recovery and staying well.

Achieving Better Access to Mental Health Services by 2020 – October 2014 suggests that people of all ages with mental health problems should receive at least the equivalent level of access to timely, evidence-based, clinically effective, recovery focused, safe and personalised care as people with a physical health condition.

In **The Annual Report of the Chief Medical Officer Public Mental Health – Investing in the Priorities – October 2014** the CMO advises Commissioners should follow the WHO model and prioritise evidence-based interventions for mental health

promotion, mental illness prevention, treatment and rehabilitation.

The report states that the aims of care, across all sectors should be:

- Safe integrated mental and physical health care
- To achieve parity of esteem and outcomes in physical and mental health

Closing the Gap (January 2014) aims to bridge the gap between long term ambition and shorter term action. It describes how changes in local service planning and delivery in the next two or three years will make a difference to the lives of people with mental health problems. It sets out 24 areas where people can expect to see, and experience, the fastest changes. These will define our priorities within the context of this strategy.

They are about mental health care and treatment, work across the entire health and care sector to reduce the damaging impact of mental illness and improve mental wellbeing. In addressing these priorities, we will also define our commitment to working with many partners across the voluntary

sector – from national charities to local community groups.

No Health without Mental Health - February 2011 aims to improve mental health and wellbeing and to improve outcomes for people with mental health problems. The following strategic outcomes have been defined:

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

Financial Challenges

Changing mental health investment profiles

On a national level, Mental illness costs the country as much as £100 billion each year through lost working days, benefits and treating preventable illness but these plans are expected to make huge savings:

- It is estimated that improved access to talking therapies will help tackle the £70 million working days lost annually due to mental health problems.
- Early treatment for people with psychosis could save the NHS £44 million a year in reduced hospital admissions through people reaching crisis point;
- Improved psychiatric liaison services in A&E departments could save each hospital an average of £5million a year by cutting down on admissions and length of stay.
- Currently most health resources are tied up at inpatient specialist

services. But many of the quality and efficiency actions needed to change the profile of future demand rely on a connected approach, addressing population and public mental health, prevention, early intervention, personalisation and social care.

- Delivery of government policy for mental health and wellbeing, coupled with the quality and productivity challenge for the NHS and the need to improve value for money in local authorities, requires a double shift in investment. Overall spend has to be reduced through increased productivity, and a proportion of the investment currently funding acute, specialist and other secondary care services (covering all tiers of provision) needs to be moved upstream, where appropriate, to preventive and early intervention services, in order to reduce demand on these downstream services in the longer term.

- In this way, it will be necessary to free up resources in order to both deliver efficiencies in the short term and to re-invest in public mental health, social care, employment, housing, psychological therapies, prison health care, the criminal justice system and other areas. Such investments have the potential to deliver further medium and long term reductions on the demand side.

Local Authority financial challenge

The Local Authority has an overall efficiency programme with a budget reduction of £20m in 2016/17 and the same in 2017/18. Social care is one of the largest budgets in the Local Authority and therefore looking at the largest share of the overall savings in 2016/17.

The Local Authority's financial plan sets out the ways in which this can be achieved and this is a mixture of reducing expenditure and maximising income.

The Creating a Brighter Future programme is the operational plan for delivering on changes to ensure the required savings are achieved.

In relation to working age mental health services the overall expenditure from Adult Social Care is approx £3.5m per annum.

The challenge for the Local Authority in 2016/17 is to maintain the income levels to support the required level of expenditure and meet the needs of people across the borough.

There are no plans in 2016/17 for any reduction in Local Authority expenditure on working age mental health services. This will be reviewed as part of annual budget setting processes.

CCG financial challenge

NHS North Tyneside CCG continues to face a significant financial challenge over the next few years and has developed a Financial Recovery Plan which is being implemented.

At the end of 2014/15 the deficit was £6.4m and in line with national policy this was repaid in 2015/16. For 2015/16 North Tyneside CCG is forecast to end the financial year with a £19.3m deficit.

To help with financial calculations, a modelling exercise was used to ensure that issues were taken into account such as population growth, known health issues such as increases in cancer, and the CCG's commitment to meet constitutional requirements.

A number of schemes were developed which are aimed at improving quality and delivering efficiencies Financial Recovery and Quality, Innovation, Productivity and Prevention (QIPP). These cover a range of service areas including elective and non-elective care and long term conditions. These

schemes have been described in the CCG's Operational Plan for 2016/17. Work will also be carried out with providers to identify CQUINs (Commissioning for Quality and Innovation) which will be contained within the contracts, aiming to encourage care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

It is expected that the combination of Financial Recovery schemes, QIPP schemes and joint working with partners will result in the CCG moving out of deficit by 2018/19.

Local Policy Context

Sustainability & Transformation Plans

Sustainability and Transformational Plans (STPs) are 5 year plans being developed on a system wide basis to address the 3 challenges of; patient experience, quality of service, and cost efficiency. They are an opportunity to develop a local route map to an improved, more sustainable, health and care system. North Tyneside is part of the Cumbria and North East Planning footprint.

STP footprints have been agreed nationally;

- Each will be convened by a local leader, backed by national bodies
- Footprints are not statutory boundaries – they are vehicles for collaboration
- Planning will still need take place at different levels - subsidiarity is a key principle

A good STP focuses on the big questions and early action:

- Get going on some early actions rather than waiting for the plan to be complete
- As 'umbrella' plans, STPs can be a way of making sense of competing priorities
- Think about populations, not institutions or organisational form
- Spend time on identifying the practical opportunities and solutions, not endlessly debating the scale of the challenge
- There will be technical challenges, e.g.
 - Cross-footprint flows and boundaries
 - Incentives that pull in different directions
- Non-technical challenges, e.g.
 - Building meaningful relationships
 - Freeing people to focus on the long-term
 - Moving quickly, whilst ensuring buy-in

This is an opportunity to build or strengthen relationships:

- Across health, social care and local government – but also with patients, communities, staff and the voluntary sector
- STPs aren't all about writing the plan: building energy, relationships and collaborative leadership is even more important
- Trust and ownership is crucial for implementation

In effect, this means that a number of developments will take place across the North East and Cumbria, while others will take place at a smaller regional and at a local level. This will depend on the development and initiative. At the time of writing, this work has commenced but the details are yet to be determined. The final STP is expected to be submitted and approved by the Department of Health by mid-June 2016.

Accountable Care Organisation

We recognise and acknowledge that, as a system, we must grasp the initiative and radically change our ways of working to address the challenges we have described in the previous section, particularly our financial challenge.

A number of key opportunities are available to us to help meet the challenges we are facing both as an organisation and, crucially, as a system. The partners in North Tyneside are working to develop these opportunities further during 2016/17 and they will form the basis of our joint 5 year Sustainability and Transformational Plan.

Taking the local health economy as a whole, there appears to be sufficient health funds for sustainability, but a growing elderly population and year on year efficiencies in social care mean that care models and pathways need continuing development to move more care away from hospital facilities and provide much more person-centred

and integrated services closer to home.

One of the key drivers local partners are working on is the development of an Accountable Care Organisation. We are working on the basis that:

'The basic concept of an ACO is that a group of providers agrees to take responsibility for all care for a given population for a defined period of time under a contractual arrangement with a commissioner.'

Key principles have been established to guide the development of the ACO.

An ACO Programme Board has been established to oversee its development, co-chaired by the CCG and the CEO of the Local Authority and with members from key partner organisations. The ACO Programme Board approved the Project Initiation Document, the Programme Management approach and the establishment of four inter-related work streams:

- ACO development
- CCG development
- Legal and regulatory

- Stakeholder engagement and communications

There are two phases to the development of the ACO:

Phase 1 September 15 – March 16: Determining the feasibility of establishing an ACO and what it (and the revised CCG) will (and will not) look like. A Memorandum of Understanding has been agreed and signed and partners are committed to continue to work in partnership during 2016/17.

Phase 2 April 16 – March 17: Developing the detail of the ACO. Towards the end of the year a decision will be made on whether the ACO should 'go live', with transitional arrangements implemented if necessary.

At this stage it is not clear what, if any, the financial implications will be through the introduction of an ACO as these are still being considered. However, the overall intention and purpose of this development is to agree a sustainable health (and care) system and mitigate and contain

further financial risk. At this early stage the desire of the ACO programme board is to include social care in the ultimate design and any financial implications will need to be considered by all partners as part of the development of the proposals.

North Tyneside Council

The Local Authority takes responsibilities for caring for vulnerable people very seriously. New operating models are being developed across its social care services for adults and children which have early intervention and prevention at their heart.

In turn, this will enable people to live more independent lives and reduce the need for more intensive and costly interventions later on. Forging strong links with the NHS and the voluntary and community sector will not only help us offer a seamless, holistic approach to meeting the needs of North Tyneside's most vulnerable, but also prevent those less in need falling into crisis by supporting them to remain living independently in their community.

A joined-up approach across organisations that considers the needs of the whole person, rather than simply treating a particular condition, will help people that fall into crisis to quickly get the help they need so that they are able to return to independent living as possible as soon as possible.

Creating a Brighter Future

This is the operational programme that puts the Our North Tyneside Plan into place.

The Cared For, Safeguarded and Healthy Board oversees the work programme of Adult Social Care, Public Health and part of Children's Services.

Target Operating Model

This is the enabling function to ensure the savings are achieved. We will do this by reviewing what we do and how we spend the

money we have on meeting levels of need.

The principles that underpin this include:

- Understand and manage demand
- Enable people to help themselves
- Target resources at those who need it most
- Reduce long term financial cost to the tax payer
- Identify and exploit innovation
- Use technology to enable delivery and reduce long term costs



Demographic Data / Intelligence

The population of North Tyneside is very similar to the population of England. North Tyneside has a slightly higher proportion of those aged 65 and over (18.3% compared to 16.9%). It has a slightly smaller proportion of 0-19 year olds compared to England, 22.1% compared to 23.9%.

Working age adults

1. The % of North Tyneside's population reporting a **long-term mental health** problem is **not significantly different** to England rates.
2. Incidence and prevalence of **depression**, as recorded on **GP systems** is **significantly lower** compared with England.
3. Self-reported prevalence of depression and anxiety in North Tyneside is **significantly higher** compared with England. Across 29 GP practices there is a variation in **self-reported prevalence** ranging from under 4.3% to 21.4%

which appears to link to areas of deprivation.¹

4. Differences in the two prevalence estimates (GP registers and self-report) may reflect **under-diagnosis of depression** in general practice.
5. Rate of **recovery of IAPT is lower** than the national standard, but similar to other areas in the North East. North Tyneside is also on track to **achieve the national access rate** and are already achieving the waiting time standards which are being introduced in April 2016.
6. Number of people with a **serious mental illness known to GPs** (% on register) is lower than England.
7. **Attendances at A&E** by people with psychiatric disorders are **significantly higher**²

¹ Source: GP Survey, Published July 2014

8. Number of bed **days in secondary mental health care hospitals is significantly higher** in North Tyneside compared with England.³
9. **Carers of mental health clients receiving assessments are significantly lower** compared with England.
10. Early deaths in adults with serious mental illness are higher in North Tyneside, than England
11. Latest national data from Public Health England shows that North Tyneside's suicide rate per 100,000 general population has reduced (11 suicides per 100,000) and we are not statistically significantly different to the England rate.

² Public Health England North Tyneside Community Mental Health Profile 2014 Attendances at A&E for a psychiatric disorder, 2012/13.

³ Mental Health Trust Mental Health Minimum Data Set 2013/14 Q1

Mental Health Action Day

On the 1 December 2015 North Tyneside's Health and Well being Board held a Mental Health Action Day which was subtitled: "*Mental Health Services and programmes for 18 years and over*". The Interactive seminar was attended by service leads, providers, carers, service user representative, commissioners and board members from the HWBB and MHIB with the aim of debating and planning how all stakeholders could effectively work better together so that more people in North Tyneside can have "good mental health". The event focussed upon broad areas of Mental Health but had some specific focus upon: Prevention; Older peoples Mental Health Services/Needs; Factors which impact upon individuals levels of Mental Health.

Ensuring that the discussions, ideas and suggestions from the day are not lost a few key messages have been distilled. They sum up the thinking shared during the day and the need for a significant shift in shared thinking and cultural change.

Suggested actions:

- To develop a mental health strategy through the leadership of the Mental Health Integration Board and the HWB Board will receive it.
- To ensure that services are accessible
- To ensure that everyone understands the key issues

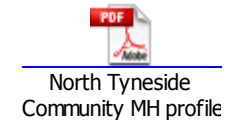
Healthwatch findings

In 2015 North Tyneside's local Healthwatch carried out a piece of research work to gather the views and experiences people who used Mental Health Services and their friends, family and carers. Over 250 responded and took part in the research. The findings of this report have contributed to the development of this strategy and will inform the action plan going forward.

North Tyneside Community MH Profile 2014

In 2014 Public Health England produced a Community Health Profile which provided a detailed analysis of

many contributory factors to Mental Health within the Borough.



Deprivation & Inequalities

People with mental illness die 15-20 years earlier on average and also experience more risks to their physical health.

Smoking rates are about twice as high as the general population and alcohol misuse and obesity rates are around 50% higher.

People with mental health issues also experience higher levels of unemployment and often live in poor quality accommodation, and experience higher rates of diseases such as cancer and heart disease, and also longer term condition such as diabetes.(Annual Report of Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence)

The most deprived communities in the country have the poorest mental and physical health and well-being. Those people in lower income groups are less cushioned against risk and hardship. Increasing deprivation means that more people are being exposed to many of the associated risk factors for mental health problems including unemployment, poverty and low levels of education achievement.

As an example, unemployment can be categorised as a risk factor for mental illness. The longer someone is unemployed, the more vulnerable they are to depression, anxiety and suicide. Nationally, people who are unemployed consult their GPs more often than the general population. Depression and anxiety are four to ten times more prevalent among people who have been unemployed for more than 12 weeks.

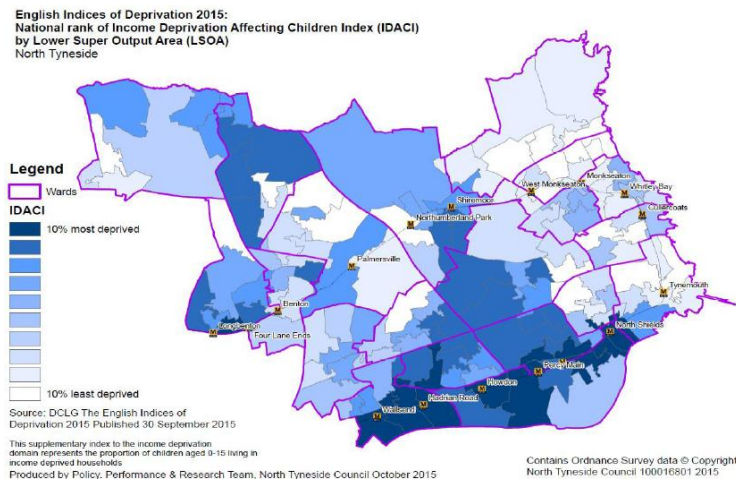
The Local Authority is leading on work focusing in on deprivation in the Chirton and Riverside wards of North Tyneside. This is a multi agency approach looking at a number of key areas including:

- Housing
- Employment
- Education
- Physical health, and
- Mental health and wellbeing

The focus on mental health relates to the higher levels of Employment & Support Allowance (ESA) claims linked to mental health in this area of the borough.

An action plan to take this forward has been developed and is under the oversight of Cabinet.

Deprivation



North Tyneside's Response

This is how we will respond to the current and future challenges in North Tyneside with the aim of transforming mental health services across the borough

This sets out what we will do to help improve the mental health and wellbeing of the population, with a focus on improving outcomes for all and ensuring best value for money.

The main priorities and key areas to be included within the strategy are:

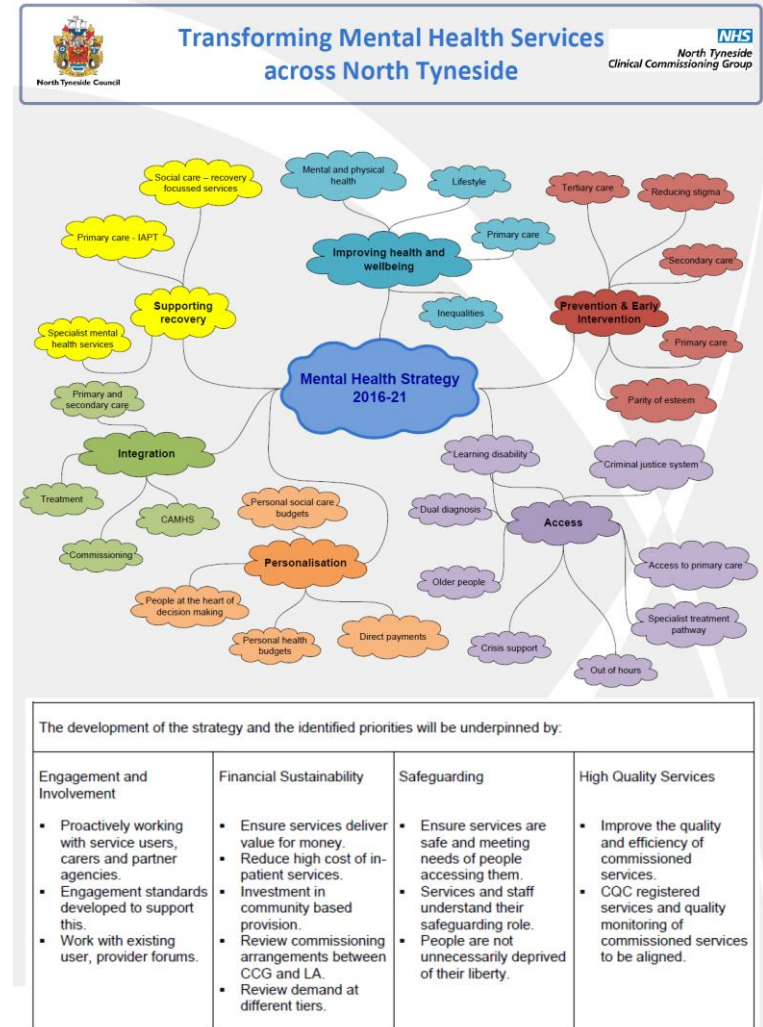
- Improving health and wellbeing
- Prevention & Early Intervention
- Access
- Personalisation
- Integration
- Supporting recovery

These priority areas are underpinned by four generic themes:

- Engagement and involvement – we will work with our local

communities and people with mental ill health to ensure we have the right services in place to support people at different stages of their recovery

- Financial sustainability – we will do this in line with the funding we have and ensure value for money is achieved
- Safeguarding – we will ensure people are safe and services support their vulnerability
- High quality services – we will ensure service provision is of a high quality that meets people's needs and that service standards are in place and achieved



Delivering Better Outcomes for People

Improving health and wellbeing – lifestyle, inequalities, parity of esteem, mental / physical health

“There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment.”

“Mental health and mental well being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens.” (WHO European Declaration on Mental Health, 2005)

“Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental well-

being is equally important.” (Choosing Health, 2005)

Improving the mental health of the population contributes to achieving a wide range of cross government priorities for children and adults. The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic well-being and personal dignity. Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. It is essential to enabling individuals, families and communities to realise their full potential and to make a positive contribution.

Active North Tyneside

Evidence demonstrates that an active life is essential for physical and mental

health. In addition regular physical activity can protect against conditions like depression, obesity, hypertension, cancer and diabetes. Active North Tyneside is a programme funded through public health and delivered through the sport and leisure team at North Tyneside Council. Active North Tyneside aims to improve the health and wellbeing of residents in the borough by increasing participation in healthy lifestyle interventions and more specifically increase participation in physical activity.

There are a whole range of universal activities offered by North Tyneside Sport and Leisure services with range of targeted interventions via the Active North Tyneside programme in communities where people are least active and where health inequalities are stark.

In addition many of the Active North Tyneside programmes contribute to improving mental health and wellbeing

by promoting inclusion and participation e.g. encouraging and supporting young men who are not in education, employment or training to increase participation in physical activity and enhance mental wellbeing. Another programme supports young women

wide range of health and social care professionals can refer to the service if they are concerned that a patient/clients home is having a detrimental effect on their health.

The borough also has a well developed programme of health walks which are led by trained local volunteers. Community Health Champions are local volunteers who deliver positive health messages in their communities.

Healthy Homes

The quality of a person's home can have a substantial impact on their health and wellbeing. North Tyneside's Safe and Healthy Homes initiative aims to improve overall housing conditions, increase energy efficiency, and establish safe minimum standards, effective management and appropriate referrals to other health and well being services. The service targets vulnerable groups and this includes people with mental illness. A

Prevention & Early Intervention – primary and secondary care

Mental disorder prevention aims at “reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society” (Mrazek & Haggerty, 1994).

The approach to mental disorder prevention lies in the concept of public health, defined as “the process of mobilising local, state, national and international resources to solve the major health problems affecting communities” (Detels et al., 2002). The Institute of Medicine Report (Mrazek & Haggerty, 1994) has proposed a framework of mental health intervention for mental disorders based on the classification of the prevention of physical illness (Gordon, 1983, 1987) and the classic public health distinctions between primary, secondary and tertiary prevention.

Universal, selective and indicated preventive interventions are included within primary prevention in the public health classification. Secondary prevention seeks to lower the rate of established cases of the disorder or illness in the population (prevalence) through early detection and treatment of diagnosable diseases. Tertiary prevention includes interventions that reduce disability, enhance rehabilitation and prevent relapses and recurrences of the illness. Prevention of Mental Disorders: Effective Interventions and Policy Options focuses on primary prevention of mental disorders. It reviews universal, selective and indicated interventions and proposes effective strategies for policy-makers, government officials and practitioners to implement across countries and regions.

Voluntary sector

Many innovative services are provided by our voluntary sector colleagues and play an essential role in mental health promotion and supporting people to self-care, stay well and out of hospital.

These services are community based and often provide preventative support to individuals e.g. promote inclusion, reduce isolation, retain housing or manage finances. It is important that these services are promoted and professionals are aware of them.

Social Prescribing

In North Tyneside, social prescribing for mental health has been commissioned jointly between the Local Authority and the CCG to support and help those with mild to moderate mental health problems and for those who with long term health conditions, such as those with a learning disability, people with autism and older people and those with dementia. The objective of the service is to reduce health inequalities

The Local Authority, CCG and the social prescribing providers (Age UK, North Tyneside MIND and the Percy Hedley Foundation) are working together to review the existing service and to identify how the services can

reach more people and become more efficient.

Improving Access to Psychological Therapies/Talking Therapies

During 2015/16, the national Access target rate for Improving Access to Psychological Therapies (IAPT) services in North Tyneside has improved considerably and is expected to achieve over the 15% national target. The Recovery rate is making steady progress towards the national target of 50% and there has been a considerable improvement on the 2014/15 end of year rate. An Action Plan has been agreed between the CCG and Trust which is being rigorously monitored. We have been shadow monitoring progress towards achievement of the new national waiting time standards during 2015/16 in preparation for implementation from April 2016. The service has consistently achieved both standards and we are confident that this will continue.

The Talking Therapies service now offers improved access to counselling services, a Single Point of Access for patients and a self-referral process for both group work and non-group work.

Self help/care

Prevention and early intervention will include an element of self-help and an expectation that people should be proactive in managing their own care where it is appropriate. In order for people to be able to do this and so that they can begin treatment with evidence-based treatments immediately we are considering where support can be provided in other settings for example in libraries, via the Internet and on mobile devices.

Smoking Cessation - prevention

People who have a serious mental illness are at greater risk of a range of medical conditions compared to the general population. They experience physical illnesses more frequently and in some cases more severely; and they

also have a considerably shorter life expectancy compared to those without a mental illness. The reasons for this are multifaceted; however it is the high rates of smoking in this population that exacerbate these health inequalities. Smoking rates among adults

with a common mental disorder such as depression and anxiety are almost twice as high compared to adults who do not have mental health problems, and three times higher for those with schizophrenia or bipolar disorder. For people with mental illness who smoke, stopping smoking will have the greatest impact on their health.

Mental health inpatient and community staff have a critical window of opportunity to identify people who smoke, advise on the most effective way of stopping smoking and either provide, or refer people for, specialist support. Community Mental Health and Wellbeing Matrons in North Tyneside have been trained to become Stop Smoking Advisor and are able to offer stop smoking behavioural support and access to stop smoking medication. All NTW sites are now smoke free and

some staff have also been trained to be stop smoking advisors.

Access – in hours and out of hours, crisis response, suicide prevention, dual diagnosis, mental health and learning disability

A Single Point of Access is being developed for NTW Trust services which will involve a single number to contact mental health services. The triage process will direct referrals to the appropriate pathway where further information would be gathered by phone or, where appropriate, via a face to face assessment. Work is ongoing between NTW Trust and the Local Authority to develop the Single Point of Access further to include social care services.

Early Intervention in Psychosis

The CCG has been involved in regional work to review the Early Intervention in Psychosis service provided by Northumberland, Tyne & Wear Mental Health Trust and has undertaken the baseline assessment exercise to monitor readiness for the new waiting time standard being introduced from 1 April 2016.

The readiness tool has highlighted those areas requiring action. The provider has indicated how issues will be addressed and progress will be monitored via the Early Intervention in Psychosis (EIP) steering group meetings and the wider contract meetings. The EIP team covering North Tyneside CCG is well established and has a good understanding of local incidence. The workforce calculator has been used to predict required staff compared to the current staff which has highlighted a gap. The CCG has agreed to invest further funding into the EIP service and although this new funding does not close the gap, a clinically led decision has been made about how to use the new resource optimally.

Mental Health Transport

The CCG and Local Authority were conscious that ensuring that people who have been assessed under the Mental Health Act in the community and who require admission to hospital needs to be a straightforward and seamless process. Transport to convey

patients to hospital in these circumstances needs to be responsive and timely.

The CCG has therefore commissioned a mental health transport provider to provide transport for patients who have been assessed by an Approved Mental Health Professional (AMHP) and are being sectioned under particular sections of the Mental Health Act.

This has improved the response times considerably and ensured that people are able to access an appropriate place to begin their treatment as quickly as possible and minimising risks to both patients and professionals.

The CCG will continue to review its commissioning arrangements for mental health transport during 2016/17.

Mental Health Liaison Psychiatry Services

It is estimated that approximately half of all in patients in a hospital setting

have a mental health condition which includes depression, dementia or delirium. If those co-morbidities are not addressed, it can result in poorer health outcomes and increased morbidity and mortality rates.

During 2014/15, North Tyneside invested in an A&E based liaison psychiatry team which was established to provide input to manage people's mental health needs at the same time as their physical health needs when they attend A&E. The service was initially based at North Tyneside General Hospital but moved to the Northumbria Hospital at Cramlington in when it opened in June 2015 and when A&E therefore moved to the new hospital. The service is provided by Northumberland, Tyne & Wear Mental Health Foundation Trust.

Since the move to The Northumbria Hospital, the North Tyneside team has been working with the Northumberland team to develop a joint model of provision, providing more sustainability into the service.

Plans are currently in place to explore development of a new joint model between the CCGs, NTW Trust and Northumbria Healthcare Trust to extend the operating hours of the service and consider how it may expand into the wards at The Northumbria Hospital. A robust evaluation to demonstrate, improve clinical outcomes and efficiency will be undertaken.

Personalisation – supporting people to be at the heart of decision making, personal budgets (health and social care) and direct payments

Personalisation is a social care approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings”.

While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

It also encompasses the provision of improved information and advice on care and support for families, investment in preventive services to reduce or delay people’s need for care and the promotion of independence and self-reliance among individuals and communities.

As such, personalisation has significant implications for everyone involved in the social care sector.

Personal Health Budgets

Children eligible for NHS Continuing Care and adults in receipt of NHS Continuing Health Care have been eligible for personal health budgets to ensure continuity of care in the services they receive and choice, and direct control of how their budget is spent. This was extended to everyone with a long term and/or mental health condition from 2015/16.

The Forward View into Action: Planning for 2015/16 guidance requires CCGs to expand its offer and delivery of personal health budgets where it can be evidenced that people would benefit. CCGs are therefore expected to offer personal health budgets or integrated personal budgets across health and social care by April 2016 for people with learning disabilities and children with special educational needs. CCGs can also

offer personal health budgets for other groups.

The CCG has therefore developed outline plans to determine what our local offer will be and effect the required steps to achieve this. We recognise that the local offer should be produced in partnership with stakeholders to identify where personal budget would be most beneficial for the North Tyneside population.

In developing its local offer, the CCG is taking into account additional services may be required, such as advocacy and support and the funding that would be required to enable provision of Personal Health budgets.

We are also considering operational elements which need to be developed to roll out Personal Health Budgets. This includes care planning and case/care management, ensuring easy access to information and advice about personal health budgets and how a staged roll-out can be effected/project managed.

The CCG's draft plans are to initially extend the offer to a particular cohort of people who have the most complex needs and for whom services are already commissioned on an individual basis, mainly people who require Shared Care. This would avoid the issues about disaggregating funding from existing contracts, particularly at a time of significant strategic developments which are taking place within the CCG.

Individuals with complex needs with individually commissioned packages of care should be straightforward to identify for example through Shared Care, S117 Mental Health Act and children's complex packages of care groups. There is also the option to identify patients from the New Models of Care service for whom a personal health budget may be appropriate. Engagement would take place on this basis.

This option will ensure that the CCG is meeting its expectations but is less likely to destabilise services, particularly at a time where the CCG is

working with partners on significant strategic change.

- Extension of Personal Health Budgets to increase cohort of patients
- Patients will have more choice about how their personal health needs will be met and by whom
- Improved integration of services between health and social care

Integration – primary and secondary care, CAMHS (Child & Adolescent Mental Health Services), treatment

Transitions

Although there are two mental health providers operating in North Tyneside, this is often of benefit and the two providers have made considerable progress to ensure improved transition arrangements from children services to adult services and also from adult services to older people's services.

During 2015/16, clinicians and managers from Northumberland, Tyne & Wear Trust, Northumbria Healthcare Trust and commissioners met to review the transition process from working age adults services to older people's services. All agreed the principle that pathways should be needs led rather than based on age boundaries. On that basis, the two Trusts developed and agreed criteria to determine which service would be most appropriate to meet specific needs as well as a process to determine how any queries would be resolved. This was a very

successful piece of work and has improved outcomes.

For childrens to adult services, the transition process is mainly smooth but we do recognise that there are times when that transition process could be better. Outputs from the Northumberland, Tyne & Wear developing community pathways work, recognised the principles that transitions should be gradual, with at least 6 month transitioning, planning and joint working to ensure a safe and seamless transition of care. We have described in our Children & Adolescents Mental Health Transformation Plan that, during 2016/17, we intend to establish a Task & Finish group whose remit is to review the transition arrangements and pathways and to make recommendations about how these can be improved.

Young Peoples Mental Health

Centre Forums Commission on children and young people's mental health, 'The State Of The Nation

(2016)', highlighted the importance of ensuring good transitions from CAMHS to adult Mental Health services. This was recognised as transition to adult services being highlighted as a serious concern: "*For a significant number ... transition is poorly planned, poorly executed and poorly experienced*". A 2008 study of local providers found that not all areas had transition protocols, and of those that were in existence, not all met the requirements set by government policy. The estimated annual average number of cases considered suitable for transfer to adult services per CAMHS team was greater than the annual average number of cases actually accepted by adult services, meaning that some people simply no longer received services at all even where their current service provider felt they needed them. The study found that a major omission from protocols was procedures to ensure continuity of care for patients not accepted by adult services. This gap is of great concern given that mental health problems often emerge in late adolescence and young people are losing touch with services or having their care disrupted at a crucial

point where early intervention could make a significant difference to their future health and wellbeing.

Older Peoples Mental Health

Population projections indicate an ageing population. The number of people aged 65 and over is expected to increase substantially by 2025. The number of people aged 85 and over is projected to increase in North Tyneside by 46% by the year 2030. This will create increased demand for social care, housing, support and health services. The average life expectancy in North Tyneside is 79 years, which is 77 years for males and 81 for females.”

“The priorities for North Tyneside include Improving physical Health, Mental Health and emotional well-being, reducing premature Mortality and improving Healthy life expectancy. Additionally North Tyneside wants to reduce avoidable Hospital and care home admissions.

North Tyneside CCG and North Tyneside Council are committed to working together to improve both

health care and the quality of community life for older people by integrating patient pathways across health and social care.”

“North Tyneside CCG together with North Tyneside Council believe that we should work together to maximise the health and wellbeing of North Tyneside communities by making the best use of NHS resources.

When developing the North Tyneside commissioning intentions, we engaged with a range of stake holders including our service users. Through this process we developed three underpinning commissioning principles. These are:

- Preventative healthcare and promoting wellbeing.
- Delivering care locally in primary, community and home settings.
- Promoting self-care and care planning.

We are committed to a borough whose people are well informed in improving

individual and family well-being, supported in adopting active and healthy life styles and have access to improved quality leisure and combined social and health care facilities.

The combined vision for North Tyneside is to be above the national average in all areas and to improve the physical and mental well-being of the North Tyneside population in order to help people to live well and age with health and vitality.

We want to achieve this by ceasing opportunities to integrate health and social care pathways whenever it is possible and right to do so for the benefit of the people of North Tyneside. “

Older Peoples Liaison Psychiatry

It is estimated that approximately half of all in patients in a hospital setting have a mental health condition which includes depression, dementia or delirium. If those co-morbidities are not addressed, it can result in poorer

health outcomes and increased morbidity and mortality rates.

With funding from the CCG, a team was been created by Northumbria Healthcare Trust and is based at North Tyneside General Hospital. The team provides input into the mental health care of older people who have been admitted to hospital, aiming to reduce their length of stay and improve their onward care planning, preventing inappropriate readmission. Another part of the team's remit is to provide education and training to all hospital staff on older people's mental health. Evidence shows that considerable improvements can be older peoples mental health by non-direct liaison psychiatry staff if they have received appropriate training and therefore have an understanding of older peoples mental health needs.

The team are involved in Multi-Disciplinary Team meetings therefore older peoples mental health needs are being addressed at the same time as their physical health needs. As a consequence of the team's involvement, there has been a

reduction in length of stay and we are seeing a reduction in readmissions of the cohort of people.

We are working with the Trust and the team to consider how we can develop the serviced further.

Supporting recovery – primary care / talking therapies, social care community services

Mental Health Crisis

The Mental Health Crisis Concordat Stakeholder Group continues to meet following the upload and successful assurance of our North Tyneside Crisis Concordat Action Plan. We continue to review the Action Plan, recognising the importance of ensuring that crisis services are timely and responsible and that we continue to improve the system of care and support so that people in North Tyneside in crisis because of a mental health condition are kept safe.

There is also a commitment to support a multi-agency approach in supporting people with mental health needs through delivery of the Mental Health Crisis Concordat (2014)

These major programmes of work are in progress and include working across the sector with partners from independent voluntary and community

organisations to ensure a strategic balance of investment in local services.

There is an expectation that there will be changes in the way people use and access urgent and emergency services. Patients with a long term or chronic condition will be firmly in control of accessing a range of local health and social care services that meet their own personal needs. Patients will only be treated in hospital settings when this is the best place for them to be. The system is also committed to ensuring there is a parity of esteem for mental health services.

As part of the system wide commitment to the Crisis Care Concordat 2014 people who are detained under section 136 of the Mental Health Act will only be detained in police cells in exceptional circumstances. Northumbria Constabulary will work with partner agencies and organisations to ensure patients receive timely and appropriate care at times of crises. They will predominantly be taken to health based places of safety to ensure they receive this meaning that detention in

Police Investigation Centres is only used in exceptional circumstances.

Through strong partnership links Northumbria Constabulary will work to also help those before a point of crises and in periods of recovery to help prevent repeat need and service use. Links into the criminal justice system and police custody areas with health and social care partners will also help to identify and support people with mental health needs.

Street Triage

In June 2015, a street triage system was introduced in North Tyneside, commissioned and funded by the CCG. This means that a mental health nurse will accompany Police to an incident where it appears that someone is experiencing a mental health crisis in a public place. By being able to provide direct intervention and signposting, the number of detentions that the police had been making using their s136 Mental Health Act powers has reduced significantly and, crucially, improved outcomes for the person

experiencing the crisis. Also, people, including under 18 year olds, detained under the Mental Health Act are not being held in police cells and instead are being taken to an appropriate place of safety to be assessed and treated.

Community Mental Health Services

We are continuing to work with Northumberland, Tyne & Wear Mental Health Trust (NTW Trust) on their Transformation Programme in recognition that the majority of its resources have been directed to inpatient services, accessible therefore to a minority of patients. We have worked with the Trust during 2014/15 and 2015/16 to implement changes to inpatient services and to review community service provision.

A number of workshops were held involving a wide range of stakeholders, including patients and carers, looking at access, assessment, treatment, discharge and transitions.

A Single Point of Access is being developed for NTW Trust services

which will involve a single number to contact mental health services. This is described in more detail under the Access heading of this section.

The assessment process is based on the principle that an integrated Multi-Disciplinary Team (MDT) model will be used for assessments, involving nurses, social workers, Occupational Therapists, psychologists and medics.

In relation to treatment, a series of principles have been developed to set out the values and behaviours expected of practitioners, service users and carers as part of a collaborative, recovery focused approach. These principles cover:

- Working together
- Treatment, focussing on agreed hopes, promotion of independence, living well and building resilience through a compassionate and pragmatic approach
- Safety, incorporating positive risk taking
- Responsiveness, being responsive to service user needs and views
- Commitment, shared responsibility

- Open communication, incorporating Common Sense Confidentiality
- The Principle of Partnership working
- The Principle of Good practice
- The Principle of Enhancing independence

Community support, physical health and medication pathways are also being reviewed as part of this process.

As with treatment, a series of principles have been developed to support the discharge process and the process itself is also being reviewed aiming to establish a process to co-produce a collaborative discharge plan that will enable a seamless, managed transition to other services and on-going support arrangements.

During 2016/17, we will begin the roll out of the changes to community services.

ADHD & Autism

In 2015/16, the CCG committed funding for adult ADHD and autism

services and are continuing to work with NTW Trust to implement the new model to provide high quality, integrated community follow up services as well as specialist support. As well as provision of a specialist assessment service, we expect that there will be more availability and access in appropriate community mental health and learning disability services to enable people to be seen closer to home. This will be done by implementing a training programme for community staff who will have access to and support from the dedicated specialist team.

Action Plan

Action	Responsibility	Due Date	Outcome to be Achieved
Single point of access for Mental Health services			
Personal health budgets			
NTW Transformation programme			
Working age adults liaison psychiatry model			
Engagement and consultation			
Joint work around residential homes			
Continue to monitor trends of mental health within NT			
Review commissioning arrangements around mental health transport			
Reduce mental health inequalities within North Tyneside (Chirton and Riverside wards)			
Review transition arrangements for CAMHS to adults			
Continue to review and deliver the crisis care concordant action plan			
Review and monitor the review pathway and post diagnostic support for ADHD and autism			
Smoking and mental illness			

Action	Responsibility	Due Date	Outcome to be Achieved
Review the Suicide Strategy in relation to local trends			