



North Tyneside Council



North Tyneside  
Clinical Commissioning Group

# North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21



# Contents

Introduction .....	page 2
Executive Summary .....	page 3
North Tyneside strategic plans.....	page 5
Legal and policy context.....	page 6
Local policy context.....	page 8
Demographic data / intelligence .....	page 13
North Tyneside response .....	page 17
Delivering better outcomes – improving health and wellbeing.....	page 19
Delivering better outcomes – prevention and early intervention.....	page 21
Delivering better outcomes – access.....	page 24
Delivering better outcomes – personalisation.....	page 26
Delivering better outcomes – integration .....	page 28
Delivering better outcomes– supporting recovery .....	page 30
Where we are now and where we want to be / what we will do.....	page 33
Comments and feedback .....	page 42

## Introduction

Improving mental health benefits everyone. There is a clear association between good mental health and better societal outcomes, ie life expectancy, physical health, educational achievement, criminality and employment status.

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.

The North Tyneside Mental Health Integration Board will be responsible for driving this forward.

**Cllr Margaret Hall**  
**Chair of North Tyneside Health and Wellbeing Board**

## Executive Summary

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.

Mental health is not simply the absence of mental illness. Focusing only on those people labelled with mental health problems or 'at risk' or 'vulnerable' can undermine the mental health and well-being of those individuals and their communities. A helpful comparison is to use the principle of 'herd immunity', i.e. the more people in a community (such as a school, workplace or neighbourhood) who have high levels of good mental health, the more likely it will be that those with both acute and long term problems can be supported because the community is resilient.

Improving mental health benefits everyone. There is a clear association between good mental health and better societal outcomes: life expectancy, physical health, educational achievement, criminality and employment status.

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.

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.

High level outcome measures relating to mental health include:

- 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
- IAPT

### 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 partners work together 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



## 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 facing the CCG and the Council.

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

An ACO will require appropriate resource, the full cooperation of, and inevitable compromise from, provider partners, the agreement of other key stakeholders and authorisation from the CCG's membership and NHS England. A Memorandum of Understanding has been signed between the key stakeholders. For those organisations not party to the

MoU, an agreement has been reached to work with the CCG to support the development of the Accountable Care Organisation.

Towards the end of 2016/17 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 CCG Strategic Vision

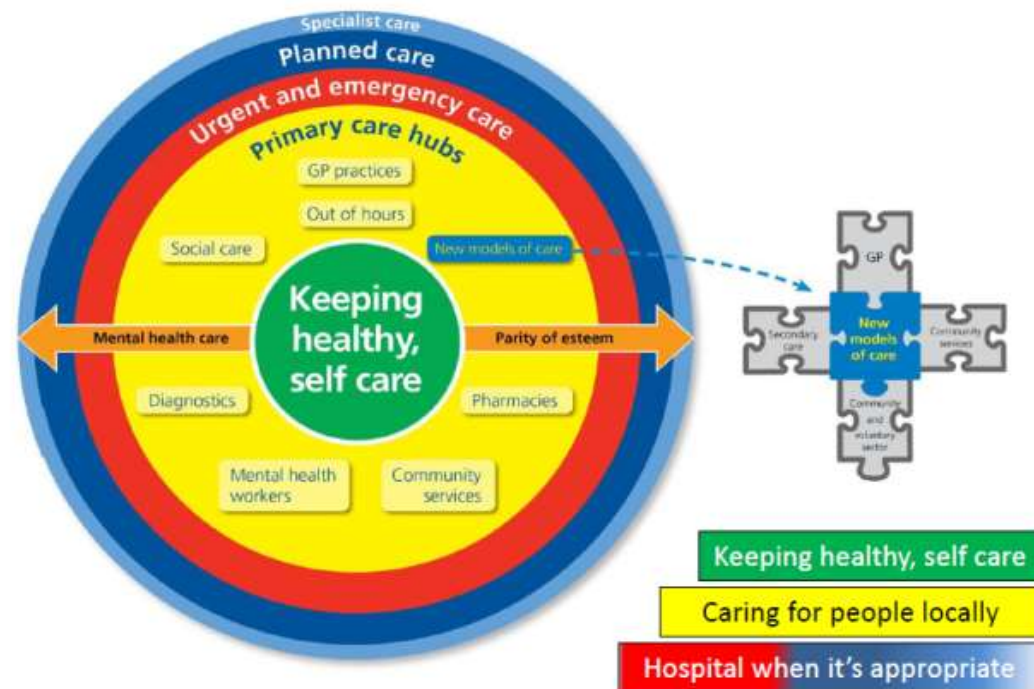
The CCG's strategic vision is supported by ambitious plans to change the way that care is delivered by 2020. The schematic summarises our strategic priority themes for changing the health care system by 2020, working together with our partners, as follows:

- Keeping healthy, self care
- Caring for people locally
- Hospital when it is appropriate.

Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.

Our commissioning priorities for 2016/17 are designed to improve the quality of care for patients, modernise the local NHS system and tackle the financial deficit. Within the strategic priority themes, we have identified three areas of key focus which make up some of the wholesale system changes being developed for implementation as follows:

- **High quality affordable health care** offering the best care but reducing waste and duplication
- **Care for older people** focusing on integrating pathways across health and social care
- **Urgent care** offering hospital based care and primary and community based care depending on the level of need.



## North Tyneside Council

The Local Authority has duties under the Care Act to assess and meet eligible needs for vulnerable people. 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.<sup>1</sup>

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 has achieved **the national access rate** and is achieving the waiting time standards which were 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**<sup>2</sup>

<sup>1</sup> Source: GP Survey, Published July 2014

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

8. Number of bed **days in secondary mental health care hospitals** is **significantly higher** in North Tyneside compared with England.<sup>3</sup>
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.

### Mental Health Action Day

On the 1 December 2015 North Tyneside's Health and Wellbeing Board held a Mental Health Action Day. The aim was to identify and plan

<sup>3</sup> Mental Health Trust Mental Health Minimum Data Set 2013/14 Q1

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 Health and Wellbeing Board will receive it.
- To ensure that services are accessible
- To ensure that everyone understands the key issues

### **Healthwatch Engagement and Consultation**

During 2015, Healthwatch North Tyneside (HWNT) carried out engagement and consultation work with local people to gather the views and experiences of people who have experience of using Mental Health Services, their carers and local professionals. Over 270 service users provided their views. The findings of this work have been submitted in advance of the drafting of this strategy. Based on comparison of the feedback received against the NICE Quality Standard for Service User experience in adult mental health services (2012)<sup>4</sup>, HWNT has identified the standards where performance improvements should be prioritised by the strategy:

- Quality Statement 3 – People using mental health services are actively involved in shared decision making.
- Quality Statement 4 – People using community mental health services are normally supported by

<sup>4</sup> <https://www.nice.org.uk/guidance/qs14>

staff from a single multi-disciplinary team who are familiar to them and with whom they have a continuous relationship.

- Quality statement 5 – People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services.
- Quality Statement 6 – People can access mental health services when they need them.
- Quality Statement 8 – People using mental health services jointly develop a care plan with mental health and social care professionals and are given a copy with an agreed date to review it.

### **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)

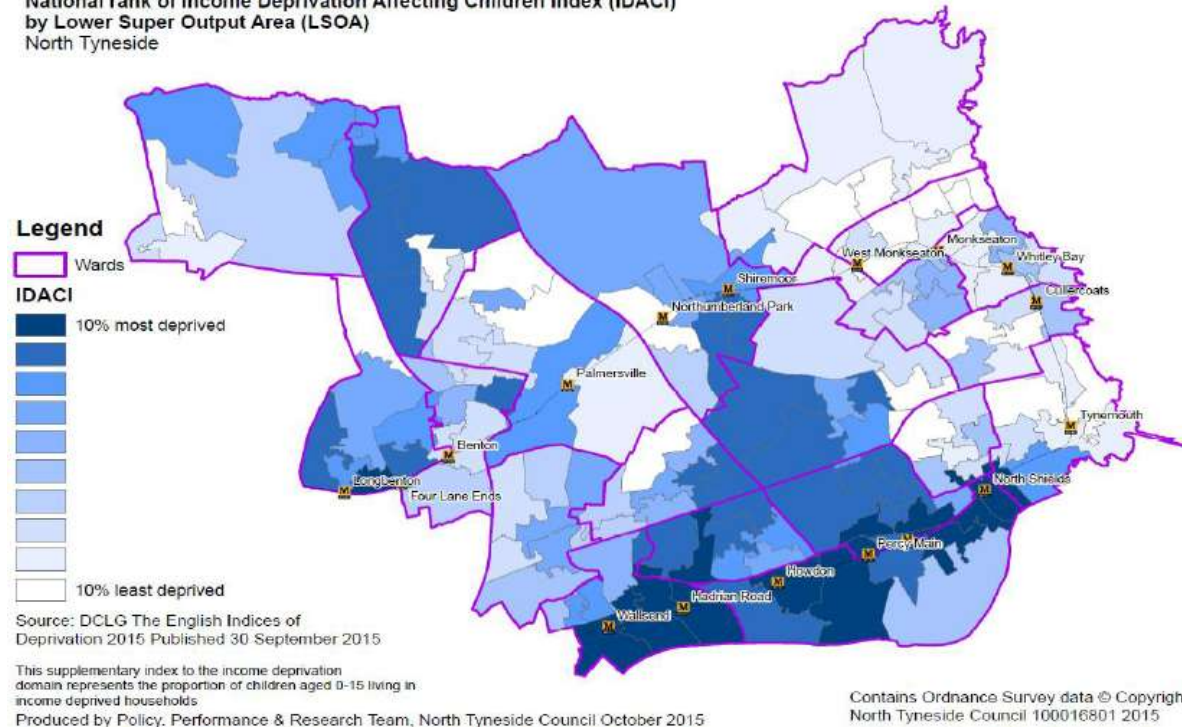
The most deprived communities in the country have the poorest mental and physical health and well-being. Those people in lower income groups are less cushioned against risk and hardship. Increasing deprivation means that more people are being exposed to

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.

## Deprivation

English Indices of Deprivation 2015:  
National rank of Income Deprivation Affecting Children Index (IDACI)  
by Lower Super Output Area (LSOA)  
North Tyneside





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.

## 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 identifies out the areas we will focus on to help improve the mental health and wellbeing of the population, with a further 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:

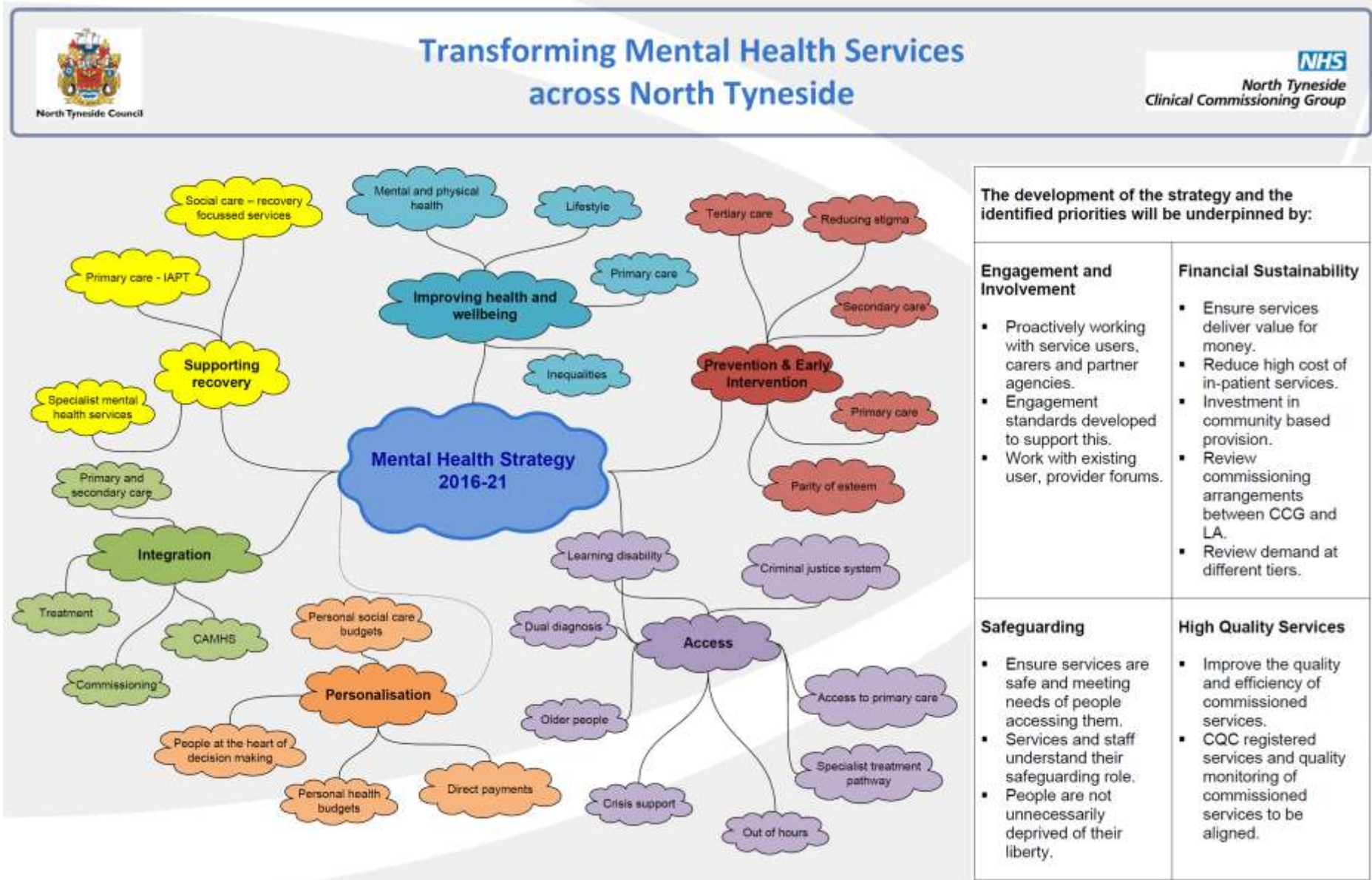
- Improving health and wellbeing
- Prevention & Early Intervention
- Access
- Personalisation
- Integration
- Supporting recovery

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

The North Tyneside Mental health Integration Board will take lead responsibility for developing an action plan to deliver on the priorities identified in this strategy.

The health and Wellbeing Board will receive quarterly updates on progress and will provide further challenge on progress and outcomes.



## Delivering better outcomes – improving health and wellbeing

**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.

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 creating 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. “

### Making every contact count and 5 ways to wellbeing

Making Every Contact Count (MECC) is an approach to improving health where frontline members of staff are trained to be able to have ‘healthy conversations’ with residents. A number of staff groups have already been trained e.g. Family Partners, Leisure staff and Library staff and

training will be rolled out further over the next year. Every contact with residents should be seen as an opportunity to encourage healthier lifestyle choices, by tackling sensitive issues such as weight loss, smoking cessation or alcohol misuse or promoting the 5 ways to wellbeing.

Generally, most people are aware of what they should be doing to improve their physical health. However, people are less aware that there are simple ways to improve their own mental health, whatever the circumstances of their lives. The Five Ways to Well-being are evidence based recommendations for protecting mental health: Connect, Take Notice, Keep Learning, Give, Be Active. Making Every Contact Count will include promotion of mental health awareness and the 5 ways to wellbeing in the roll out of training to staff groups.

#### 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

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 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.

## Delivering better outcomes – prevention and early intervention

### **Prevention & Early Intervention – primary and secondary care**

Early help and prevention are at the heart of this strategy in supporting people early and to help themselves.

There are various ways in which this is happening and can be developed.

#### 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.

#### Links to employment/barriers to employment

A new North East Mental Health Trailblazer Pilot, which will test a model of support to improve employment outcomes for Employment Support Allowance (ESA) claimants with common mental health conditions by integrating employment support with psychological well-being services is currently being developed within North Tyneside

#### Better Health at Work

Work can play an important role in promoting mental health and is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction. For most people, work also provides their main source of income. However, work can also cause stress and there are implications for the working age population who are unemployed, as this is a risk factor for poor mental health.

North Tyneside Council is involved in the regional Better Health at Work Programme which supports organisations to improve health and wellbeing at work.

#### 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

North Tyneside Talking Therapies Service provides psychological therapies, sometimes known as talking therapies to patients who are registered with a North Tyneside GP. We are part of a national government programme to Improve Access to Psychological Therapies (IAPT) offering free, confidential services.

The service provides a single point of access and self-referral process for counselling, Psychological education groups and courses, Computerised CBT (Cognitive Behavioural Therapy) telephone and face to face Guided Self-Help, Individual psychological therapy and group psychological therapy.

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. New national waiting time standards were introduced from April 2016 which are being exceeded by the North Tyneside service.

### 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.

### 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 other settings are being considered where support can be provided 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. 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 Advisors 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.



## Delivering better outcomes – access

**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.

### Mental Health Transport

It is imperative to ensure 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 CCG invested in an A&E based liaison psychiatry team which was established to provide input to manage peoples 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 when it opened in June 2015. The service is provided by Northumberland, Tyne & Wear Mental Health Foundation Trust.

Plans are currently being implemented for 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 which will help determine the future model of provision.

## Delivering better outcomes – personalisation

**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 the local offer will be and effect the required steps to achieve this. It is recognised 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 which may be required, such as advocacy and support and the funding that would be required to enable provision of Personal Health budgets.

The CCG is 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.

## Delivering better outcomes – integration

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

### 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."

### 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, the Mental Health Integration partnership identified transitions as a key area for development and therefore established a number of sub-groups to review transitions arrangements.

One outcome of this work was for clinicians and managers from Northumberland, Tyne & Wear Trust, Northumbria Healthcare Trust and commissioners met to review the transition process from working age adult 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 children's 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.

Our intention is to continue to build on the foundations that this work has laid and to continue to improve transitions arrangements, seeking to offer a seamless service for the North Tyneside population.

## Delivering better outcomes – supporting recovery

**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.

### Suicide prevention

A suicide prevention task group leads the development of suicide prevention action plan and guides the process for the suicide audit. The group has representation from North Tyneside CCG, Northumbria Healthcare Foundation Trust (Psychiatry of Old

Age service, A&E and CAMHs), Northumberland Tyne and Wear Mental Health trust, Northumbria Police, H.M. Coroner, Samaritans, MIND and DWP.

Suicide awareness training has taken place for 25 frontline staff specifically focussed at services that come into contact with men (a key at risk group) and was positively evaluated. The course will run again June 2016 for further key frontline staff, particularly those working in Chirton and Riverside, North Shields and Wallsend areas. The group meets once a year to review and update the action plan and audit, unless there is an incident or any emerging issues requiring a response.

### 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.

## Where we are now and where we want to be / what we will do.....

Improving health and wellbeing	
Where we are now	Where we want to be / what we will do.....
<ul style="list-style-type: none"> <li>▪ Identification of health inequalities across North Tyneside, including mental health.</li> <li>▪ Parity of esteem.</li> <li>▪ Continued roll out of the 'Making Every Contact Count (MECC)' training programme to frontline staff</li> <li>▪ North Tyneside's Safe and Healthy Homes initiative is working to improve housing conditions, which, in turn improves emotional wellbeing for those living within these properties</li> </ul>	<ul style="list-style-type: none"> <li>▪ More people in North Tyneside will have good mental health and resilience through interventions delivered both universally, as well as targeted to those at higher risk of mental ill health.</li> <li>▪ People with mental health problems will be supported to manage mental health problems effectively, live a full life and work towards achieving their own goals and aspirations</li> <li>▪ Reduced mental health inequalities across North Tyneside</li> <li>▪ Reduced levels of individuals who smoke who have mental health problems.</li> <li>▪ Ensure the 'Making Every Contact Count (MECC)' training programme is effective and making a difference to individuals.</li> <li>▪ Review service delivery of Active North Tyneside and ensure its contribution to mental health wellbeing is documented and core to its service offer.</li> </ul>

	<ul style="list-style-type: none"><li>▪ Develop a robust, integrated partnership with voluntary organisations to expand and extend the range of mental health services available in North Tyneside and access to those services</li><li>▪ Increase interventions to build good wellbeing and resilience including universal approaches for the general population and targeted wellbeing interventions for those facing particular risk factors. The aim is to improve health, social outcomes, reduce prevalence of mental illness and to support recovery.</li><li>▪ Targeted public mental health and wellbeing campaign to raise awareness of mental health issues, reduce stigma and help the public in understanding their role in own wellbeing and offer support to others with such issues.</li><li>▪ Continue to use public health intelligence to understand the current and future mental health needs of our local population.</li></ul>
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<b>Prevention and early intervention</b>	
<b>Where we are now</b>	<b>Where we want to be / what we will do.....</b>
<ul style="list-style-type: none"> <li>▪ Some very good examples exist of preventative services provided by Community &amp; Voluntary Sector organisations in North Tyneside but these can be developed further.</li> <li>▪ Ongoing measuring the impact of the Social Prescribing service in terms of its effectiveness of reducing health inequalities.</li> <li>▪ We have already engaged all partner agencies in developing our outcomes framework for TF phase 2, including North Tyneside CCG, CAMHS providers – both managers and clinical leads, and other children’s health providers such as Health Visiting and Family Nurse Partnership (Young Parents programme) leads. We have established joint structures and working arrangements that will allow us to identify families in need including those with a health need including mental health issues. This will build on the success of TF phase 1 where we helped 99.3% of our target 460 families.</li> <li>▪ Talking Therapies services (including IAPT) meet national Access standards and waiting time standards and is working towards achievement of the national target for Recovery. Role of Community and Voluntary Sector providers in supporting talking therapies offer.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced use of secondary care and increased use of community and primary care.</li> <li>▪ Improved identification of those at risk of developing mental health problems, supporting early intervention to help prevent reaching a ‘crisis point’.</li> <li>▪ Increased sign up to the Better Health at Work Programme across North Tyneside to raise awareness of mental health promotion and stress management.</li> <li>▪ Develop self care model, early help and intervention linked to advice and information strategies.</li> <li>▪ More effective signposting to preventative services provided by Community &amp; Voluntary Sector providers, leading to an increase in uptake.</li> <li>▪ Social prescribing service can reach more people and extend access to the service for a wider cohort of potential service users with a focus on mental health. Base this on the principles of the “Five ways to wellbeing framework”.</li> <li>▪ Undertake a preventative and early intervention approach, working collaboratively across local services to deliver the right support at the right time to help people address the</li> </ul>

<ul style="list-style-type: none"><li>▪ Early Intervention in Psychosis services are available in North Tyneside but it is recognised that improvements are to be made to the service to meet national standards.</li></ul>	<p>factors which prevent them from realising their potential.</p> <ul style="list-style-type: none"><li>▪ Focus on a whole family approach to parental mental ill-health. Strengthening our integrated working with partners across children's and adult services and contributing to the new Locality Prevention and Early Help Teams. This includes supporting adults with mental ill-health as part of the government's Troubled Families programme.</li><li>▪ Increase the number of carers of mental health service users who receiving carer assessments</li><li>▪ Continued implementation of the Stepped Care Recovery Model of provision. Extend the Access rate and continue to improve the Recovery Rate for IAPT services. Continue to improve Movement to Recovery rate to meet local and national standards offering a range of group and individual evidence based therapies.</li><li>▪ To ensure that Early Intervention in Psychosis services meet national standards and that timely and appropriate access to the services is available for people from North Tyneside when needed.</li><li>▪ Well developed employment pathways which improve employment outcomes for those people who had previously found their low levels of mental health prohibitive in their efforts to gain employment</li></ul>
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Access	
Where we are now	Where we want to be / what we will do.....
<ul style="list-style-type: none"> <li>▪ Work to develop single point of access led by NTW across North Tyneside and Northumberland (not LA).</li> <li>▪ Changing profile of Mental Health Act assessments and detentions.</li> <li>▪ A newly commissioned Mental Health Act conveyance service in place</li> <li>▪ A working age adults' liaison psychiatry service is available at The Northumbria Hospital operating 11:00am to midnight, 7 days per week.</li> <li>▪ A Street Triage service is in place</li> </ul>	<ul style="list-style-type: none"> <li>▪ Primary care hubs are developed with links to other community primary care services, ie IAPT.</li> <li>▪ Timely Mental Health Act assessments completed and appropriate resources are available to support the assessment and treatment of individuals detained.</li> <li>▪ Review commissioning arrangements for mental health transport to ensure it is appropriate to meet people's needs.</li> <li>▪ We will trial a "Core 24" model of liaison psychiatry at The Northumbria Hospital jointly with Northumberland CCG, evaluate the outcomes of the trial, then develop a plan for the future service model.</li> <li>▪ Consider extension of the Street Triage service, potentially to be available 24/7 aiming to reduce admissions to hospital.</li> <li>▪ Work on joint protocols between statutory organisations to agree access for specific groups, ie mental health, learning disability, including crisis support and out of hours</li> </ul>

<b>Personalisation</b>	
<b>Where we are now</b>	<b>Where we want to be / what we will do.....</b>
<ul style="list-style-type: none"> <li>▪ Personal social care budgets in place</li> <li>▪ Personal health budgets are available but limited to people with learning disabilities and children with special education needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase numbers of people in receipt of a person health budget.</li> <li>▪ Increased numbers of people in receipt of a personal social care budget.</li> <li>▪ Joint personal budgets (health and social care) are available and accessible</li> <li>▪ Ensure the Community and Voluntary Sector are well placed to respond to the needs of individuals and able to support them through a range of low level and preventative services.</li> </ul>

<b>Integration</b>	
<b>Where we are now</b>	<b>Where we want to be / what we will do.....</b>
<ul style="list-style-type: none"> <li>▪ Progress has been made with the two hospital mental health providers in North Tyneside, the CCG and the Council working together and forming a Mental Health Partnership Board. We will expand on the foundations that this Partnership has laid to develop further integrated services and to continue to take an integrated approach to commissioning mental health services.</li> <li>▪ CMHT's are integrated (Local Authority and NHS / NTW) with co-location, single record systems and care co-ordination.</li> <li>▪ Transition arrangements to be reviewed from CAMHS to adult mental health services.</li> <li>▪ Making Every Adult Matter (MEAM) – multi-agency approach to working with and dealing with vulnerable people with chaotic lifestyles that do not meet eligibility criteria for funded services or support,.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inclusion of mental health will be an integral part of the local Sustainability and Transformational Plan and will be a major contribution to parity of esteem with integrated leadership and collective accountability across the public sector.</li> <li>▪ Collaborative commissioning arrangements between the Local Authority and Clinical Commissioning Group, consider best practice and areas for joint / lead commissioning.</li> <li>▪ Transition arrangements and roles / responsibilities are defined and understood by relevant agencies and individuals.</li> <li>▪ Develop support / services for people with complex needs / dual diagnosis.</li> <li>▪ The Local Authority and CCG working together to review current accommodation for adults with mental health needs. We aim to keep people as independent for as long as possible and to offer a range of appropriate facilities to help people maintain independence.</li> <li>▪ MEAM – further develop operational group and multi-agency</li> </ul>



	attendance, creative use of resources to support individuals.
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Supporting recovery	
Where we are now	Where we want to be / what we will do.....
<ul style="list-style-type: none"> <li>▪ Plans have been developed to improve community mental health services for adults in North Tyneside, reducing inpatient services and increasing community support services.</li> <li>▪ Crisis Care Concordat in place</li> <li>▪ ADHD / autism diagnostic and post diagnostic support service commissioned by CCG</li> <li>▪ Suicide prevention action plan in place</li>   <li>▪ Out of area placements for North Tyneside patients are rare and we intend to maintain this record.</li>   <li>▪ Non-elective alcohol admissions in North Tyneside are falling but remain higher than the England average, which places a financial burden on the system</li> </ul>	<ul style="list-style-type: none"> <li>▪ GP's to support people in managing and maintaining their mental health when stable</li> <li>▪ We will work with Northumberland, Tyne &amp; Wear Mental Health Trust to manage and implement the new recovery focussed model which will meet the principles and expectations identified by service users, carers and practitioners</li> <li>▪ We want to ensure that people are only treated in hospital settings when this is the best place for them to be, using a multi-agency approach to support people with mental health needs. We will review and update Crisis Care Concordat to ensure it remains pertinent and identifies key areas for improvement and development</li> <li>▪ Review pathway and post diagnostic support service for ADHD/ Autism to ensure timely and appropriate access to services for individuals with ADHD or autism, including both specialist services and community services.</li> <li>▪ Review suicide action plan in relation to local suicide audit, trends, benchmark against other areas.</li> </ul>

	<ul style="list-style-type: none"><li>▪ Patients will only be sent out of area for inpatient or outpatient services in exceptional specialist circumstances</li><li>▪ We will reduce non-elective admissions for alcohol related conditions to fall below the England average for both activity and expenditure by reviewing how existing services can develop more effective joint working systems and pathways.</li><li>▪ Development of outcomes based contracting for mental health services to drive standards and outcomes across health provision.</li><li>▪ Mental health services will also need to be effectively integrated with physical health care at both primary and secondary care levels to ensure that people with long term conditions and other physical healthcare problems are effectively supported.</li></ul>
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## Comments and feedback

If you have any comments on this strategy or require more information please contact the Local Authority Commissioning Team in the first instance, details as follows:

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