

North Tyneside Health & Wellbeing Board Report Date: 14 September 2017

ITEM 7

Title: Adult and Older People
Mental Health Strategies

Report from : North Tyneside Council and North Tyneside Clinical
Commissioning Group

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**Relevant Partnership
Board:** Mental Health Integration Board

1. Purpose:

To update the Health and Wellbeing Board on the development, implementation and delivery of:

- a) North Tyneside Joint Mental Health and Wellbeing Strategy 2016 – 2021; and
- b) Mental Wellbeing in Later Life Strategy 2017 – 2022

2. Recommendation(s):

The Board is recommended to:

- a) assess the progress being made by the Mental Health Integration Board in delivering the North Tyneside Joint Mental Health and Wellbeing Strategy;
- b) request the Mental Health Integration Board to continue its work to implement the Strategy taking into account any comments from the Board;
- c) the Mental Health Integration Board be requested to submit further progress reports to the Board on the delivery of the Strategy and its impact; and
- d) the Mental Wellbeing in Later Life Sub-Group be requested to submit a draft Mental Wellbeing in Later Life Strategy to the Board by March 2018.

3. Policy Framework

This item relates to the Improving Mental Health and Emotional Wellbeing priority of the Joint Health and Wellbeing Strategy 2013-18, in particular:

- We will commission/provide a range of targeted community activities to improve mental wellbeing in most vulnerable populations
- We will improve the physical health of people with mental illness through supporting them to access healthy living services

- We will transform mental health community support to offer effective prevention, recovery and social inclusion
- We will work to connect people with local activities to reduce loneliness and isolation

4. Information:

The following summary provides information regarding our approach to addressing the challenges of mental health and wellbeing in the Borough.

The Adult Working Age Strategy was agreed by the Health and Wellbeing Board on 16 June 2016. From the strategy a detailed action plan has been developed with this being overseen by the joint Mental Health Integration Board. Updates to the action plan are also fed into the Health and Wellbeing board via the Programme Integration Board.

The Mental Wellbeing in Later Life Strategy is currently being developed and information will be submitted to the Health and Wellbeing Board in early 2018.

4.1 Adult Working Age Mental Health Strategy

Mental ill health and mental wellbeing can 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.

The 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.

The following key priorities areas are in place to support this:

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

The updates to the action plan in relation to each of the above priority areas are as follows

Improving health and wellbeing – supporting people to live longer with better health.

- Public Health has been supporting our local voluntary sector in the planning of World Mental Health (WMHD) day on 6 October. The aim of the WMHD event is to highlight how we can improve mental health and help people go from just surviving to thriving. The event is being opened by Alan Campbell MP and a range of speakers will talk about their own experiences throughout the day. North Tyneside's World Mental Health Day Celebration takes place on Friday 6th October, 11.00am – 5.00pm at the Cullercoats Crescent Club, Victoria Crescent and all are welcome to attend or drop in.

- Opportunities developed with Active North Tyneside for targeted intervention to support people with mental health problems, links also with adult weight management programme to improve mental and physical health outcomes.
- Draft stop smoking pathway in place between Public Health and Northumberland Tyne and Wear Mental Health Trust.

Prevention and early intervention – helping people to help themselves, health inequality and early intervention.

- Social prescribing service is currently being reviewed pending options for new procurement exercise.
- Carers, carer pathways are currently being reviewed including links with the North Tyneside Carers Centre and Community Mental Health Teams. Also reviewing the use of and uptake of carers' assessments with a view to increasing awareness and uptake.
- IAPT (Improving Access to Psychological Therapies) – The Talking Therapies service achieved the national standard for access to the service and, for the end of quarter 4, the national Recovery Rate standard. The new waiting time standards were also achieved. The service is on target to achieve all national standards for 2017/18. The service has undergone an extensive recruitment drive and has filled vacant positions caused by staff taking up new posts both within the service and around the country following introduction of the pilot programme to expand Talking Therapies for people with Long Term Conditions. Feedback on the pilot programme for North Tyneside patients is very positive and this will continue to be monitored.

Access – helping people to get the right support at the right time, including in a crisis.

- Liaison Psychiatry – Sustainability & Transformation Plan funding has been received for 1 year to further develop the 24/7 service provided at NSECH in line with the national Core 24 model. NTW Trust is in the process of recruiting to the relevant posts with the expectation that the Core 24 model will begin around October 2017. This is being developed in conjunction with Northumberland CCG and Northumbria Healthcare Trust and all organisations are working together to consider how the Core 24 model could be sustainable in the future.
- Crisis Concordat – The North Tyneside Crisis Concordat has achieved many of its original identified actions and therefore organisations are working together to review and develop the Action Plan. The updated version will be submitted to the Department of Health when it has been agreed via the Crisis Concordat Group. One of the key actions will be to review some of the specific crisis pathways between organisations to ensure that timely and appropriate input is provided to people who are experiencing a crisis.

Personalisation – ensuring the right services are in place and are responsive to the needs of individuals.

- Direct payments, services and individuals have been reviewed and increase in numbers of individuals with a personal budget in place from April 2017. Greater choice and options available to support people to use a personal budget to meet their care and support needs.
- Mental health Market Position Statement developed to give providers an indication of market requirements.

- Accredited list of providers now established for individuals to access with or without social work support.

Integration – doing things collaboratively and together, public bodies and community / voluntary sector.

- NHS local Sustainability and Transformation Plan (STP), this has now been submitted and includes a specific reference to mental health. Mental health has also been identified as a standalone workstream as well as being identified and integrated into other workstream areas.
- Reduction in commissioned residential care placements and development of new ISL model to support people independently in the community.

Supporting recovery – helping people to get better and be less reliant on care and support services.

- Wellness Recovery Action Plans (WRAP) being used to good effect across the area and individuals who have had a WRAP have resulted in the lowest admission rate into NTW services across all localities. Further work to be done to develop WRAP as part of discharge arrangements

4.2 Mental Wellbeing in Later Life Strategy

The Mental Health Integration Board established a sub group to review older people's mental health and develop a strategy to outline to support in this area, including addressing any shortfalls.

The Board may wish to consider the membership of the sub-group to ensure that there is appropriate representation.

The impact of older persons mental health needs is wide ranging, having an effect on not only the person themselves but also their family, friends and carers. The demand for services is likely to increase given the predictions of demographic changes and higher prevalence of mental health problems in older people.

The priorities for older people living in North Tyneside include improving physical health, mental health and emotional wellbeing, reducing mortality and improving healthy life expectancy. Additionally North Tyneside wants to reduce avoidable hospital and care home admissions and also to support unpaid carers to enable the individual to continue to live in the community with the right support at the right time.

Broadly the actions that have been identified fall into five key areas:

- Improving health and wellbeing
- Prevention and early intervention
- Community & Primary Services
- Secondary Provision
- Supporting Recovery & Long Term Care

Below is a summary of the key issues that have been identified as part of the older peoples work and development of the strategy:

- The impact of an **ageing workforce** and the need for good age management practices to meet the needs of all staff;

- The need for **good quality housing** to support people to live independently for as long as they are able to;
- The impact of **loneliness and isolation**, in respect of mental and physical health;
- **Smoking, alcohol and drug misuse** in older people;
- **Inactivity** - encouraging the older population to take regular physical activity to lower the risk of a variety of conditions, including Alzheimer's and dementia, heart disease, diabetes, certain cancers, high blood pressure, and obesity;
- **Depression** - older people are much more vulnerable to factors that lead to depression, such as:
 - being widowed or divorced
 - being retired/unemployed
 - physical disability or illness
 - loneliness and isolation
- **Co-morbidities** - there is the increased likelihood for those aged 65 and over to present with a number of both physical and mental health conditions;
- Older people with a **learning disability** - including the impact on family carers who are themselves ageing and require support;
- **Delirium** - is estimated to be present in 25-40% of patients presenting to A&E and also in around 50% of those aged over 70 in hospital. It represents the commonest complication of hospitalisation in the elderly, leading to increased length of stay, increased risk of discharge into institutional care and increased mortality;
- People providing **unpaid care** - most carers aged over 80 spend more than 50 hours a week caring; and
- **End of life care** – including recognition that people dying from advanced dementia are more likely to:
 - die in an acute hospital ward or care home
 - have uncomfortable aggressive treatments prior to death

They are also less likely to:

- be prescribed appropriate analgesia
- have their spiritual needs addressed
- have an advanced care plan.

Regular updates are provided to the Adult Social Care, Health and Wellbeing Sub-committee in respect of support for people with dementia, memory problems and their carers. The Sub-committee are also sighted on the development of the older people's strategy and have requested the opportunity to comment and help shape the strategy document.

The final strategy will then be presented to the Health and Wellbeing Board for approval. It is anticipated that the Mental Wellbeing in Later Life Strategy will be published early in 2018.

5. Decision options:

The Health and Wellbeing Board may either:

- a) agree the recommendations set out in Section 2 of the report; or
- b) take no action.

6. Reasons for recommended option:

The implementation of the working age strategy and the development of the new older person's strategy will support the development of mental health provision across North Tyneside and gives strategic direction to all partners involved in mental health across the borough.

7. Appendix:

There are no appendices to this report

8. Contact officers:

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Susan Meins, Commissioning Manager
People Based Commissioning Team, North Tyneside Council, 0191 643 7940

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- North Tyneside Health and Wellbeing Strategy 2013 - 18
- North Tyneside JSNA
- Joint Mental Health and Wellbeing Strategy 2016-21

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are financial pressures within both the Local Authority and the CCG. Further to this the CCG have submitted a proposal to substantially remove its previous Section 256 funding to the Local Authority for mental health. There is on-going dialogue at a senior officer level regarding this and other funding and currently this proposal is not agreed. If this reduction is agreed there will be significant impact on delivery against the relevant plans within the identified timescales.

11 Legal

There are no direct legal implications arising from this report.

12 Consultation/community engagement

Healthwatch North Tyneside gathered views from service users, carers, family members, professionals and commissioners in the production of their report 'People's experience of mental health services in North Tyneside'. The findings and recommendations in the report will be used to help shape both documents and action plans outlined in this report.

There is also continued engagement and involvement with service user groups and mental health providers in the delivery of the action plan for working age adults.

In developing the Mental Wellbeing in Later Life Strategy, information from public and service user/patient feedback on their experiences has been used.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

Equality and human rights legislation in the shape of the Equality Act 2010 and the Human Rights Act 1998 both outline the individual's fundamental rights to freedom, respect, equality, dignity and autonomy.

There is a growing and ageing population of older people, however it should be noted that the older population is also now more diverse than ever before and will become more so. The Mental Wellbeing in Later Life Strategy seeks to tackle inequalities which may be experienced by some older people.

15 Risk management

Each partner organisation will be required to undertake its own risk assessment as part of the development and the implementation of the strategy.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance