Mental Health OGIM - 2021

Why change is needed

ACROSS THE COUNTY

- The North East has some of the highest rates of mental illness in England and demand is increasing, and we know that the level of mental health need is increasing as a result of the COVID-19 pandemic and lockdown e.g. new COVID related demand, backlog of clinical activity, exacerbation and relapse of mental health conditions, long term impact of socio-economic consequences. We are already seeing these increases in every age group. Other factors like rise in domestic abuse and its impact on mental health, and increased levels of alcohol or drug misuse are also expected to rise.
- Health inequalities exist, e.g. those with autism, or vulnerable groups such as LGBTQ+, BAME have some different needs to be supported. Socio-economic factors also play a significant role in the population's mental health and wellbeing
- We need to make sure we can support the emotional wellbeing and resilience of key worker staff as we move out of COVID.
- Mental health is complex, so being able to provide support in the right setting at the right time by the right person is critical to success.
- The NHS Long Term Plan is a key driver of change, supporting development of better mental health services across the full life course.

START WELL

- Half of mental health problems are established by the age of 14, 75% by 24 years.
- While the County has a good range of resources to support re know that not all systems are joint up meaning young people and their families don't know where to first seek advice or support.

LIVE WELL

- 1 in 4 adults are diagnosed with mental ill health at some stage in their life.
- Socio-economic factors are fundamental determinants of mental ill-health; pre-COVID, only 8% of people on Care Programme Approach (CPA) are in employment and predicted to rise as a result of economic downturn and increased deprivation.
- Use of alcohol and prevalence of substance misuse is higher in those presenting with a mental health diagnosis and learning disability.

Objectives

There are several plans in place to improve the mental health and emotional wellbeing offer for everyone living or working in County Durham.
The objectives set out by the **Mental Health Strategic Partnership** currently cover 5 key objective areas in keeping with the NHS Long Term Plan:

1. Delivering the Children and young people's Mental Health and Emotional Resilience Transformation Plan to make sure all young people and their families have the best start in life.
2. Continuing to reduce the level of suicide through the Suicide Prevention Alliance.
3. Improving crisis and urgent mental health care through the Crisis Care Concordat.
4. Delivering the Durham Dementia Strategy.
5. Supporting the Voluntary and Community Sector to develop and sustain resilient and connected communities that are rich in community assets.

The **Living Well Alliance** has three key principles of:

1. Recovery and staying well.
2. Own choice.
3. Participation.

The Durham Heath Impact Assessment has additional, complementary key objective areas that promote using a system-wide approach to address:

- Socio-economic factors linking to County Durham Poverty Reduction Strategy and Poverty Reduction Plan.
- Improving mental health and emotional wellbeing via County Durham Mental Health Strategic Partnership and in line with the Approach to Wellbeing Framework.
- Build resilience in community assets and community networks.
- Promote inclusion for marginalised and vulnerable groups.

Across all these areas, there is a range of cross cutting themes that will be important for us to get right to improve our mental health and emotional wellbeing offer for everyone living or working in County Durham. These include.

Workforce | Early Intervention and Prevention | Population based and place-based approaches | Carers and Families
Reducing Stigma | No Wrong Door | Person Centred Care

The objective of this OGIM is to provide an overarching framework under which the various mental health workstreams in the County can align their activities. More specific priorities for are addressed in subject-specific OGIMs, e.g. specific issues relating to the mental health needs of older people will be addressed in the ageing well and dementia OGIMs.

Our high-level objectives for mental health, therefore, are:

1. **Create a system of support across the County which maximises opportunities for early intervention and prevention.**
2. **Develop population and place-based approaches to provision which enable support to be tailored to community needs, and available as close to home as possible.**
3. **Ensure those with the most complex needs, and those who are most vulnerable, get the right support at the right time.**
4. **Deliver effective interventions to understand and address the wider determinants of mental ill health across the lifecourse.**
5. **Have a skilled workforce across the County who are able to Make Every Contact Count and feel confident in talking to people about, and supporting them to get help for, their mental health problems.**

Goals

Objective 1: Create a system of support across the County which maximises opportunities for early intervention and prevention

Start Well Goal: Transformation of children and young people's services to improve mental health and physical wellbeing of children and families, in line with co-produced plans developed in 2020/21.

Live Well Goal: Reduce the premature mortality of people living with severe mental illness and autism in County Durham.

Age Well Goal: Have a positive impact on pre-frailty indicators through reducing social isolation and mental ill health.

Objective 2: Develop population and place-based approaches to provision which enable support to be tailored to community needs, and available as close to home as possible

Start Well Goal: Support population health management work across the County to understand specific population needs as they relate to the wider determinants of mental ill health.

Live Well and Age Well Goal: Deliver a population health management approach to implementation of the Community Mental Health Framework.

Objective 3: Ensure those with the most complex needs, and those who are most vulnerable, get the right support at the right time, in keeping with the NHS Long Term Plan

Start Well Goal: Improve availability of appropriate, evidence-based perinatal services.

Live Well Goal: Enhance the full pathway for urgent and crisis mental health care so people can access the right care at the right time.

Age Well Goal: Enhance pathways to ensure that older people with co-existing mental and physical ill health can access evidence-based care quickly.

Objective 4: Deliver effective interventions to understand and address the wider determinants of mental ill health across the lifecourse

Start Well Goal: Increase the resilience of children, young people, and their families by promoting protective factors for mental health and emotional wellbeing as reflected in the CYP local transformation plan/County Durham CYP MH Plan **Live Well Goal:** Reduce health inequalities across County Durham as they relate to mental health and emotional wellbeing.

Live Well Goal: Reduce health inequalities across County Durham as they relate to mental health and emotional wellbeing.

Age Well Goal: Ensure an approach of 'what matters to you' is applied via all settings to support emotional wellbeing.

Objective 5: Have a skilled workforce across the County who are able to Make Every Contact Count and feel confident in talking to people about, and supporting them to get help for, their mental health problems. Ensuring workforce develops in line with the NHS Long Term Plan.

Start Well Goal: Schools have a graded and robust offer to support children, young people and their families via a cross system response. This offer supports teachers and school-based staff.

Live Well Goal: Empower the system workforce to feel confident in addressing mental health and wellbeing through MECC training, mental health first aid and suicide prevention training. Ensure the workforce supporting those with the most complex needs are appropriately trained in evidence-based approaches/interventions.

Age Well Goal: Supporting a new MH workforce within primary care (all age) to address mental health, supported via the NHS Long Term Plan.

COVID - 19

COVID-19 has had a significant impact on the mental health and wellbeing of the population. An assessment of potential COVID-related demand in Durham showed that there were some key groups at higher risk of mental ill health as a result of the pandemic. These include: COVID-19 survivors and their families/friends, and bereaved families/friends; vulnerable groups impacted directly or indirectly by lockdown; frontline staff across all key worker groups; those who have had routine or other care delayed or cancelled; individuals and families affected by the short and longer term impact of socio-economic changes (such as changes to employment or change in financial circumstances); those with an existing mental health difficulty or history of trauma; people at risk of health inequalities (e.g. due to poverty, deprivation, BAME, access to technology or services); people with long term health conditions; people exposed to abuse/neglect/violence; those who are, or who are at risk of being, socially isolated (e.g. due to reduced access to education, day services, community supports, leisure, family/friends and work).

Prevention at scale is a key theme that runs through short, medium, and long term. Ensuring support at a population level and ensuring that every contact counts is a key element to the COVID recovery plan for mental health and is described in more detail in the Health Impact Assessment. In summary, work has been undertaken to understand the immediate short-term challenges of the pandemic and work established such as identification of the most vulnerable and the establishment of resilience hubs accessible across the full population. While demand for specialist services initial reduced during the early stages of the pandemic, mental health demand across the Durham system is now back to, and in many cases exceeding, pre-COVID levels. A combination of new ways of working and new investment in the short term is helping to address this, and focused work is in place to manage work that could not be done remotely (e.g. autism assessments). Longer term, lessons from different ways of working through COVID will be built into plans for broader re-design and transformation. Specific focus has been given to the emotional wellbeing of key workers with Resilience Hubs and other support offers now in place.

We must also recognise that COVID has changed some systems for the better, for example our online support offer has increased, and the pandemic has meant some services have come online quicker to support needs. Some of the flexible and non-stigmatising approaches developed through COVID to help people to access support will need to be built on in more sustainable ways through our longer term transformation and, recognising that the impact of COVID is not equal, maintaining a focus on supporting the most vulnerable communities will remain a key focus of this OGIM.

Triple Aim Outcome Measures

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
START WELL • In the community I know where I can get support e.g. mental health and emotional wellbeing services for myself or my child via my school, local area, or where I can self-refer or access digital support like Kooth. • I will see suicide rates (zero ambition) and levels of depression in the County reduce.	• People who support me help me to achieve what is important for me. They start by asking what's important to me and building my plan around that care – this considers my parents/carers and others in my life such as teachers.	• People who support me (workforce) help increase my access to low level early mental health support pathways within educational and community settings. They offer a graded response and trauma informed support. Consideration given for most vulnerable in my community such as LGBTQ+ and BAME.
LIVE WELL • In the community I have knowledge and access to the right support to meet my needs. This means my levels of worry, anxiety and depression reduce as I know who to reach out too first. • I have the right support to make sure my physical health needs are met and to make sure that I can access appropriate screening programmes.	• People who support me ensure that my needs are locally met in my community. This might be from a range of providers and supporting mine or local assets.	• People who support me understand financial welfare support and the impact money worries can have on my health and wellbeing. • They have the necessary knowledge and skills to meet my needs and also understand any reasonable adjustments I may need (e.g. due to autism/sensory/communication and learning difficulties).
AGE WELL • People who support me have been part of the age well strategy and are able to understand my support needs and give me better outcomes. • Staff will have access to training to understand this is important to me and why. All my plans take my personal needs into consideration.	• People who support me consider all factors that impact on my life and ensure my health and social care needs are met. Helping to reducing loneliness and isolation supports my broader wellbeing.	• People who support me in whichever setting, including my care home/care sector support my physical and mental health needs. They are trained and given support themselves (as key workers).

INITIATIVES

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities						
Start Well: Better understand what matters to children, young people and families to enable prioritised actions (relating to wider determinants) to be agreed.						
Live Well: Commission NECS to provide a population health management profile and shape new core MH offer around this.						
Age Well: Through a system-wide Ageing Well Strategy, reduce social isolation to prevent mental ill health and future frailty.						
2. Health Behaviours (Alcohol, Tobacco, Nutrition and Physical Activity)						
Start Well: Improve engagement with children and young people, parents, and carers to inform policy and service quality of all services including SEND.						
Live Well: Increase the number of people with SMI receiving annual physical health checks.						
Age Well: Using new opportunities from the CMHF to better integrate physical and mental health care, increase the number of older people who are able to access community resources to improve their general health.						
3. Personalised Care						
Start Well: Implement i-Thrive model.						
Live Well: Increase take up of personal health budgets.						
Age Well: Improve the support available to carers, both for their own emotional wellbeing and to help them in their role caring for people with mental health problems.						
4. Mental Health and Learning Disabilities						
Start Well: Enhance existing perinatal service to meet 4% national target.						
Live Well: Increase access to/ capacity for evidence-based interventions for those with the most complex needs.						
Live Well: Implement the Stamp it Out action plan to challenge stigma and discrimination.						
Age Well: Implement improved crisis and urgent mental health care for older people.						
Age Well: new roles within primary care to support care closer to home and reduce referrals to secondary care.						
5. Children						
Start Well: Continue to increase CYP access to NHS-funded community services.						
Start Well/Live Well: Better understand the processes, systems and issues in necessary transitions, better understand the experiences of young people and their families and co-produce appropriate solutions for the system in County Durham.						
Live Well: Develop a transition pathway for young people with MH issues, including CYP with complex issues including autism and learning difficulties.						
6. Digital						
Live Well: Ensure that people of all ages are part of the digital support offer, and that health inequalities include digital poverty.						
Age Well: Work with partners to support strategy to improve digital inclusion.						
7. Finance						
Start Well: The NHS Long Term Plan financial uplifts into Children and young people's services give minimum spend criteria.						
Live Well/Age Well: Use of new funding opportunities (including Community MH Transformation, crisis transformation, ARRS) to support social prescribing, mental health nurses and other roles to increase workforce capacity.						
8. Integration						
Start well: Implement system transformation plan to improve mental health support for CYP and their families/carers.						
Start Well: Embed and maintain a joint commissioning cycle that improves access to integrated support in education, health and care (SEND).						
Live Well: Agree and deliver plan for implementation of the CMHF for adults with SMI.						
Age Well: Agree and deliver plan for implementation of the CMHF for older adults with SMI.						
9. Cultural Change						
Start Well: Improve the connectedness of the system offer for 14–25-year-olds to maximise impact and ensure all young people are able to access the right support for their needs at the time.						
Live Well: Support those in crisis via a range of approaches, including community approaches and alternatives to NHS crisis services.						
Live Well: Successfully implement new Alliance Contracting arrangements.						
Age Well: Improve options for care closer to home for older people with mental health problems.						