

**9 May 2022**



**Review of the Mental Health Strategic  
Partnership and the governance of  
Mental Health and Wellbeing across  
County Durham**

---

**Report of Mike Brierley, Chair of the County Durham Mental Health  
Strategic Partnership**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 This report provides an opportunity to review the work of the Mental Health Strategic Partnership (MHSP) Board Mental Health Strategy and Concordat (2018-21) within its current structure with options to reshape the current system-wide governance arrangements for mental health and wellbeing across County Durham.
- 2 Changes to the Integrated Care System (ICS) and local CCG structures, coupled with learning from the impact of COVID-19 on mental health and wellbeing signal a pertinent time to review lines of accountability for mental health provision and to progress the integration agenda across the wider mental health system.

**Executive summary**

- 3 The Mental Health Strategic Partnership (MHSP) Board, Mental Health Strategy and Concordat (2018-21) document highlights the ambition and commitment of the MHSP to work towards better mental health in County Durham according to the principles in the national Prevention Concordat for Better Mental Health.
- 4 MHSP currently adopts five strategic workstreams to progress mental health need into deliverables. These workstreams are:
  - Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),
  - Suicide Prevention
  - Crisis Care Concordat,
  - Dementia

- Resilient Communities Group
- 5 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during Covid lockdown.
  - 6 The Health Impact Assessment (HIA) on Health Inequalities undertaken during the initial lockdown period was initiated by the County Durham and Darlington Health, Welfare and Communities Recovery Group (HIA on Inequalities during COVID-19, July 2020). The HIA identified mental health and emotional wellbeing remains a key priority for the system, requiring ongoing focus and investment to mitigate against the negative impact of the pandemic on local residents.
  - 7 As part of the Covid response, funding from central government has instigated the development of several new initiatives to address the increased demands on mental health provision. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery.
  - 8 Having governance arrangements for a mental health system is essential, especially during times of complex structural change, including developments within the ICS, national policy developments and rapidly changing and increasing need/demand for support. Durham's Mental Health Strategy and Concordat is now out of date, meaning a review of the governance arrangements for the MHSP comes at an opportune time.
  - 9 Four options for the future of MHSP have been considered. These include:
    - Option A – to stand down the MHSP
    - Option B – to retain it within its current format
    - Option C – to refresh the Partnership's role and remit in response to system-wide changes, including membership and Terms of Reference.
    - Option D – to reaffiliate or merge the five workstreams into other structural arrangements based within the ICS, or local initiatives.
  - 10 The favoured option to support the development of a new system-wide approach to mental health and wellbeing would be to refresh the role and remit of the MHSP (Option C) to reflect the new landscape. This option would enable inclusion of a strategic membership of current

workstreams and extend connectivity with new developments initiated during the response to Covid.

- 11 The new arrangement would provide strategic governance for approaches representing prevention, early intervention, and specialist service delivery across the life course. This work would contribute to the County Durham Plan for mental health agreed in the mental health Outcome, Governance, Improvement and Measurement plan (OGIM). The coordination of system-wide communications, partnership working, the integration of the voice of lived experience and workforce development could also be maximised via this governance arrangement.

### **Recommendation(s)**

- 12 Members of the Adults, Wellbeing and Health Overview Scrutiny Committee (AWHOSC) are recommended to:
  - Note the contents of the report
  - Consider the progress of the current 5 MHSP workstreams
  - Note the development of the new initiatives developed in direct response to Covid
  - Reflect on the interface with Darlington when considering crisis care and other services which cover a wider geography.
  - Endorse the recommendation for Option C to refresh the role and remit of MHSP to progress a whole-system approach to mental health and wellbeing across County Durham

## Background

- 13 The MHSP in its current form was initiated in 2018 and continues to provide the strategic framework for a response to mental health and emotional wellbeing across the county.
- 14 The Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat (2018-21) document highlighted the ambition for better mental health in Durham, and the commitment as a Strategic Partnership Board, to work together according to the principles in the national Prevention Concordat for Better Mental Health.
- 15 The membership of the Mental Health Strategic Partnership Board for Durham County is drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, user and carer, provider and social housing.
- 16 Reporting to the Health and Wellbeing Board, its remit is to provide strategic co-ordination and leadership for the mental health agenda across County Durham and be accountable for the delivery of our Mental Health Strategic Plan. It is also responsible for the engagement, consultation and involvement of mental health service users and carers to support the work of the Health and Wellbeing Board.
- 17 Since 2019, the Clinical Commissioning Groups in Tees Valley CCG and Durham CCG have acted in a formal partnership with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). The Durham, Darlington and Tees Valley Mental Health and Learning Disabilities Partnership (DDTVMHLDP) oversees all mental health work programmes and the majority of mental health commissioning and is highly likely to remain when CCGs are subsumed into the ICS, although the landscape and scope may change as the ICS work programme takes effect and as provider collaboratives develop.
- 18 Whilst the DDTVMHLDP footprint covers Darlington, strategic partners including TEWV, Police, Fire and community services have tended to be split into Tees and Durham/Darlington to better fit operational service configuration. Tees Valley has a strategic Mental Health Alliance (their equivalent of the Durham Partnership Board) which covers all aspects of mental health based around population health management principles and on which Darlington has a place, however Durham/Darlington does not have such a joint multiagency strategic

group. Durham AWHOSC may wish to consider options to better align oversight.

- 19 Based on 'No health without mental health' (2013), the national mental health strategy highlighted significant economic savings can be made from public mental health interventions and their contribution to efficiency savings in NHS and social care quality and productivity.
- 20 The evidence base taken from The Prevention Concordat for Better Mental Health, reviews of other relevant policy and guidance documents, plus local data and local consultation recommended the MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams were:
  - Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),
  - Suicide Prevention
  - Crisis Care Concordat,
  - Dementia
  - Resilient Communities Group
- 21 The MHSP Strategic Plan set out 19 key priorities across the five mental health workstreams, along with a set of outcomes and indicators highlighting progress has been reviewed on a regular basis.
- 22 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during lockdown and the COVID Road Map for Recovery (HM Government, February 2021)

### **North East and North Cumbria Mental Health Programme**

- 23 The NHS Long Term Plan (2019) commits the Integrated Care System (ICS) to deliver improved services for mental health, bringing together local organisations from North Cumbria and the North East to redesign care and improve population health by creating shared leadership and joint action.
- 24 The development of the North East and North Cumbria Mental Health Programme (NENCMHP) is one of the nine delivery programmes developed by NENC ICS. The Programme outlines priorities, focusing on the need to address the physical and mental health of the population with consideration given to funding, workforce development, reducing inequalities and provider pressures from a growing and ageing population.

- 25 The role of the NENC ICS is to ensure that mental health is fully integrated across the 'whole system' in order to progress the delivery, support the transformation process and is informed by locality arrangements to help address need.
- 26 The workstreams dedicated to promoting transformation within the NENC ICS Mental Health programme are:
- Starting Well – Children and Young People
  - Community Transformation
  - Parity of Esteem - for mental health and physical health
  - Health Inequalities
  - Suicide Prevention
- 27 To work as a mental health system across the North East, the configuration of work across the ICS will need to capture not only regional programmes of delivery but also local place-based activity undertaken to improve mental health and wellbeing based within each local authority area. To achieve this, links need to be made with current local governance structures, and discussions about how this can best be achieved are ongoing. In County Durham, at the present time this would be the MHSP.
- 28 To ensure the ICS programme for mental health provides efficacy and reach at a local level, mechanisms for devolved coordination should be established to ensure outcomes are joined-up and relevant for local residents. This system-wide work requires population health management approaches for prevention as well as the need for specialist services across a range of settings.
- 29 Governance for mental health specialist services managing Serious Mental Illness (SMI's), other mental health conditions , Autism and Learning Disabilities is currently overseen by Durham, Darlington and Teesside NHS Mental Health and Learning Disability Partnership. This partnership brings together Tees, Esk and Wear Valleys NHS Foundation Trust, the CCG, local authorities, VCSE providers and other healthcare service providers from Durham and the Tees Valley

### **Current MHSP Workstream Overview**

- 30 In County Durham, the MHSP continues to be the conduit for the 5-workstreams to progress their plans and provide the Committee with information to enable scrutiny of the deliverables. Significant work has been undertaken within the last 3-years to provide tangible outcomes.

**County Durham Children and Young People’s Mental Health (CYPM MH) Partnership (previously the County Durham Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan Group (“LTP”))**

- 31 The multi-agency County Durham Children and Young People’s Mental Health and Emotional Wellbeing and Resilience Local Transformation Plan Group, usually referred to as the “LTP” was renamed to the Children and Young Peoples Mental Health Partnership group in February 2021, the group continues to oversee the wider system in relation to children and young people’s mental health.
- 32 The previous County Durham Children and Young People’s Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (2015-2020) (CYP MH LTP) was approved by the Health and Wellbeing Board in November 2018.
- 33 The previous CYP MH LTP was based on the five themes within “Future in Mind”, which have been further built upon to develop key objectives for a renewed plan.
- 34 In February 2021, a Position Statement on CYP MH Partnership Group was produced for the Children, Young People and Families Partnership Board (CYPPFB) to enable the Board to review options for the governance of CYP’s mental health across County Durham.
- 35 After consideration by the CYPPFB it was agreed that CYP’s mental health and emotional wellbeing remained its own bespoke workstream with governance and accountability overseen by the CYPPFB and the MHSP. This action was undertaken to ensure the mental health and emotional wellbeing of CYP’s were not lost in a larger agenda and pathways and deliverables remain robust.
- 36 The outcome of the process undertaken by the CYPPFB will need to be considered when exploring future options for the MHSP in terms of the CYP MH Partnership governance arrangements. If future consideration is made to stand the MHSP down, this action would need to be reported into the CYPPFB for ratification with a new set of options for the positioning of the CYP MH Partnership being deliberated.
- 37 It must also be noted that CYP’s are only featured within work on Transitional age group workstream of the Community Mental Health transformation, merged with work within the local authority at the current time, but to retain connectivity this work is being taken forward jointly with the CYP workstreams.

- 38 However, the work of the CYP MH Partnership Group has many mental health system-wide interdependencies with Children Social Care services, early help and prevention services, Suicide Prevention, Crisis Care, Education, VCSE and work within local communities and is used to address ongoing mental health needs of CYP's.

### **Suicide Prevention**

- 39 The County Durham Suicide Alliance was initiated to deliver a multi-agency approach to implement the actions recommended by the national Suicide Prevention Strategy (DH, 2012), subsequent annual reports updated in 2017 (DH, 2017) and the Local Suicide Prevention Planning 2020.
- 40 The Suicide Prevention Alliance Action Plan has been developed with partners address the need for every local area to focus on this agenda and meet the key objectives. This includes reducing suicide rates in the population and providing better support for those bereaved or affected by suicide, including families and the wider community.
- 41 The Suicide Prevention Alliance has successfully progressed a local comprehensive work programme which has included the initiation of a Real Time data Surveillance (RTDS) system, community prevention initiatives including those at high-risk locations, development of post-vention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.
- 42 The local Suicide Prevention Alliance Plan has embraced the delivery of NENC ICS Mental Health programme for suicide prevention via funding allocations disseminated through the ICS and has also worked to address local need. The Samaritans have commended County Durham's approach to suicide prevention during a review of all national suicide prevention plans.
- 43 The local governance arrangements managed by the MHSP has enabled the suicide prevention agenda to link directly with the Crisis Care Concordat and the Durham, Darlington and Teesside Mental Health and Learning Disabilities Partnership to work on the ambition for reducing suicide rates.
- 44 Links have also been cemented with the County Durham's Children's and Young People Mental Health Emotional Wellbeing and Resilience Transformation Plan and the County Durham and Darlington Community Mental Health Framework.



## **Crisis Care Concordat**

- 45 The Mental Health Crisis Care Concordat in County Durham and Darlington was part of a national agreement between services and agencies involved in the care and support of people in mental health crisis across the life course. The Concordat has set out how organisations will work together better to make sure that people get the help they need, when they need it. However, there is no national mandate to maintain the Concordat from 2020.
- 46 The Crisis Care Concordat Local Action Plan mirrored the objectives of the national concordat and focused on implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act. The work programme concluded in 2021 with all strategic objectives to better integrate services completed. Operational crisis management continues to be addressed through the bi-monthly Multiagency Urgent Care Group meetings for Durham and Darlington.
- 47 This work has now been integrated to work led by TEWV for the CCG within the Durham Tees Valley Mental Health and Learning Disabilities Partnership, with Darlington being aligned to County Durham due to the structure and geographical coverage of teams and partners involved. This arrangement and the position of Darlington in the MHSP will need to be formalised as the decision on the future of the MHSP is made.

## **Dementia**

- 48 In a recent Mental Health and Ageing Well workshop, dementia was highlighted as being an area of delivery which does not always sit comfortably within a mental health arena, due to its organic nature. In County Durham Social Care have historically held responsibility for the Dementia Plan on the Page. Despite being one of the five workstream under the MHSP, dementia is outside the scope of the national community mental health transformation programme.
- 49 Work on the review of the County Durham Dementia Plan on a page was put on hold during the pandemic, but activity has now been resumed and this is now the Dementia OGIM. The Dementia Advisor Service has continued to offer a virtual service and an interim offer of Welfare Calls to all existing and new service users has been implemented.
- 50 Dementia support is expanding through primary care via Social Prescribing Link Workers to develop referral pathways. Referral pathways are also being developed with the newly formed Older People's Crisis Service and the Intermediate Care and Discharge

Service. Attendance at GP team meetings is currently being explored by the team following the implementation of the Right Care, Right Place programme.

- 51 As part of the Options proposed for the future of the MHSP, consideration needs to be made about where the governance of dementia is best aligned to ensure partners with a vested interest in ensuring sufferers and their families are given full support within both the health and social care system.

## **Resilient Communities**

- 52 The role of the Resilient Communities Group (RCG) is to work together to develop and improve mental wellbeing and resilience in local communities. The Resilient Communities Group has a fully inclusive membership by being open to organisations who deliver services and those who represent specific communities or groups such as service users or carers.
- 53 Under the governance of the MHSP, the RCG works to promote mental health and wellbeing in adults but with reference to those from vulnerable groups. This is achieved by championing the Wellbeing Approach and contributing to the ability to address the wider determinants of mental health such as housing, employment and poverty; reducing social exclusion by addressing stigma and discrimination.
- 54 During the initial response to COVID-19, the RCG linked in with the development of the council's Community Hub ensured proactive contact with the 25,909 people registered on the shielded list.
- 55 The RCG works by building on the positive level of personal and community resilience within local communities and an active use of existing, local assets which was especially prevalent during the response phase of the pandemic. Specific pathways for fast-track access into mental health support services were developed by TEWV and the Community Hub.
- 56 This level of community mobilisation and use of VCSE community assets accelerated by the response to COVID-19 lockdown has helped to accelerate the vision of 'County Durham Together.'
- 57 In February 2020 the work programme priorities were reviewed and agreed by the RCG. This included separating membership into 'Core' and 'Wider' groupings and focusing on specific tasks. The governance of this group will require consideration not only from a mental health perspective, but also as part of new community structures and the County Durham Together programme.

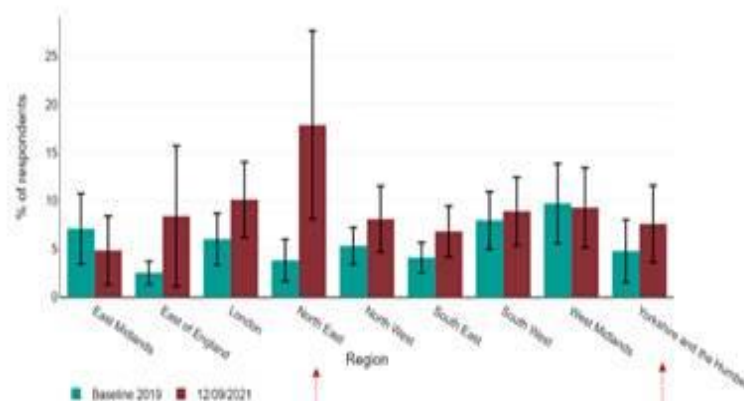
## Impact of COVID-19 on Mental Health and Wellbeing

- 58 Evidence continues to build, highlighting the impact of COVID-19 inequalities and mental health and emotional wellbeing. It has manifested itself in anxiety and depression especially in young people, women, groups with lower household income, people with a pre-existing mental health conditions, people living with children and those residing in urban conurbations.
- 59 The impact of COVID-19 on adults of working age has been significant due to periods of profound inactivity, lack of connectivity to others and economic uncertainty. Financial insecurity, housing insecurity, debt and a new reliance on welfare for families all elevate stress and anxiety levels has result in relationship breakdown, substance misuse, domestic abuse and a rise in safeguarding concerns within the family unit.
- 60 For those working on the front line, mental health and emotional wellbeing has been significantly affected. This has been identified as being due to a lack of ability to respond adequately to their duties due to imposed constrains.
- 61 Recently the Office of Health Improvement and Disparities reported on a large study post Covid study on self-harm which indicated 26.1% of adults 18+ reported thoughts relating to self-harm and 7.9% exhibited self-harm behaviours during the first year of the pandemic.
- 62 UCL have published data via the WICH tool, which indicates the NE shows a statistical difference to other regions in 'life satisfaction' and 'self-worth' scores when compared to the pre pandemic period.

### Regional picture: Low life satisfaction compared to pre pandemic period

Low life satisfaction significantly higher in the North East compared to baseline in 2019

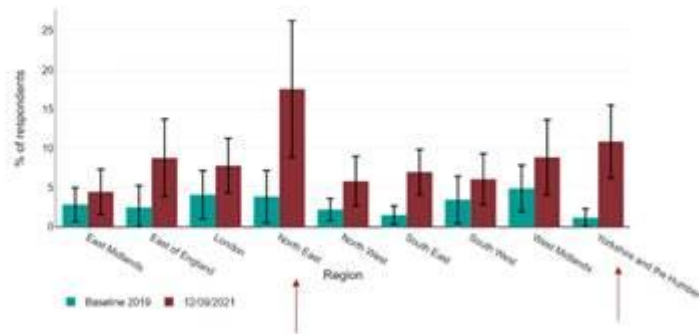
Percentage of respondents with low life satisfaction (score 0-4) in England, by region – 2019 compared with most recent time period



## Regional picture: Low self worth compared to pre pandemic period

Low self worth has increased significantly both in the North East and Yorkshire & the Humber

Percentage of respondents with low self-worth (score 0-4) in England, by region – 2019 compared with most recent time period



Source: UCL Covid-19 social study via [WICH.foo!](https://www.wich.foo/)

- 63 During Covid, all partnerships report the entire system has experienced a significant and sustained increase in demand for mental health and emotional wellbeing support, especially in the past 18 months, which re-emphasises the need for a co-ordinated system response and designated plan.
- 64 This remains relevant as any potential surge in mental ill health within the general population may be set to increase further with a prolonged period of economic instability being caused by increases in the cost of living.
- 65 Each of the MHSP workstreams continue to progress their affiliated action plans whilst also reacting to the demands placed on them by COVID-19. However, during the pandemic significant funding has also devolved by central government to the ICS to address the increase in mental health ill health.
- 66 Locally much of this funding occurred outside the governance arrangement of the MHSP, but the system response has resulted in the majority of funding being re directed to VCSE and primary care, with some also into County Durham and Darlington NHS Foundation Trust (CDDFT).
- 67 However, in the temporary absence of a place-based partnership board, the extent to which we have been able to easily develop central, strategic governance for this work has been a challenge. At times this has created risks leading to silo working and in some instances a duplication in delivery. Work driven by the ICS has prioritised a mental health service focus in some instances and requires further work to connect with local prevention work designed to

address the wider determinants impacting on communities at a place-based level.

- 68 In addition to the 5 workstreams governed by the MHSP, several new initiatives have emerged to address transformational change to address the increase demands on the system. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery. The Covid response has also seen new programmes of work. The new workstreams have included (and this is not an exhaustive list):

### **Newly Emerging Mental Health Structures**

#### **County Durham Prevention Board**

- 69 Managed through the County Durham Prevention Board a county-wide communications campaign was initiated at the beginning of lockdown to engage children and young people, adults and the workplace. A public mental health campaign ran up until 2020-21 to address mental health in the workplace, community issues such as social isolation, low level anxiety and debt. A new Spring Campaign funded through Mental Health at Scale budget and Community Outbreak Management Funding (COMF) is planned to engage the community, with a specific focus on working-age adult men to maintain the impetus on wellbeing approaches.
- 70 Employee Assistance Programme for employees and workplaces, have been maintained to help to increase access to services. Information and support for those who may be facing redundancy with emphasis on associated mental health and wellbeing issues has been made available. The Connect 5 Train the Trainer programme has also been initiated to run alongside existing mental health clinical provision, DCC is now working with regional colleagues to look at implementation of this programme.

#### **Community Mental Health Framework**

- 71 Supported with transformation funding through NHS England and Improvement (NHSE/I), the NHS Long Term Plan includes a high-level ambition to deliver a Community Mental Health transformation to enable adults with SMI of all ages to access to evidence based treatment and support using a collaborative approach, building on strengths and supporting choice. As well as delivering a new integrated model of care based at place (where place is defined as Primary Care Network), there is also a requirement to transform services in 3 dedicated focus areas – complex emotional needs

(personality disorders), adult eating disorders and community rehabilitation.

- 72 Within Durham, a multi-agency Steering Group has been established to move work forward and provide a level of system oversight. Currently this group formally reports into the DDTVMHLDP and the PCN Clinical Directors (to maintain connectedness with primary care). The intention for true system ownership at place would be for this group to also report into the MHSP and from there the County Durham Care Partnership.
- 73 By linking the work of the MHSP with the Community Mental Health Framework (CMHF) a shared governance arrangement is proving to be beneficial for ensuring a system-wide approach is implemented, helping to transform mental health provision across the County.

### **Mental Health Alliance**

- 74 Durham County Council have (pre-Covid) progressed an innovative approach to providing a range of support services for mental health wellbeing for people across Durham County, including prevention, early identification and recovery support.
- 75 The aim of the Alliance model is to co-produce and co-ordinate a range of support services for people with mental health needs. This will be undertaken by improving access to information and support, removing the barriers between services and departments and improving and strengthening partnership working to further integrate care and health services.
- 76 The new Alliance will go live on 1<sup>st</sup> April 2022, and will be managed by a consortia of primary support services, with affiliated sub-contract arrangements to help implement pathways for people in the community including:
- physical activities
  - relationship support
  - self-development and stress management
  - housing and employment support
  - routes to education and volunteering
- 77 The Mental Health and Wellbeing Alliance brings together a number of providers to address the wider determinants influencing mental health; helping prevent entry (and re-entry) into statutory health and social care systems; reducing suicide; preventing negative outcomes associated with mental health issues and promoting positive outcomes related to good mental health and wellbeing.

- 78 Connectivity between the Alliance Contract, the CMHF and local NHS mental health services and other VCSE services will be essential to provide a wider scope of options for any person, or family requiring mental health support. It is yet unclear about how this interface will work and what strategic structures will ensure the multiple approaches are integrated across the county.

### **County Durham COVID Resilience Team**

- 79 Through COVID and supported with non-recurrent COVID surge monies, TEWV have worked in partnership with the Resilient Communities Group to develop a Mental Health Resilience Team to facilitate timely access to wellbeing, psychosocial and psychological interventions across the communities based across County Durham.
- 80 Using a model based on learning from previous from other resiliency hubs e.g., following Manchester bombing, the Resilience Team is responsive to local peoples' mental health and wellbeing needs who have been impacted directly by COVID-19, including COVID-19 survivors; mental health impact of lockdown on vulnerable groups; moral injury amongst all frontline staff (from any sector).
- 81 The provision of Mental Health Resilience Workers adds capacity into VCSE for 13 COVID response workers (1 per Primary Care Network (PCN) who are employed via the VCSE but based within local PCN areas, providing excellent links with primary care Social Prescribing Link Workers Pathways and the County Durham Community Hub.
- 82 The role of the Resilient Communities Group and County Durham Together 'connectors' workstream is important to ensure the Resilience Team is promoted and delivered across wider partnerships engaged in prevention initiatives.

### **Working with the Community and Voluntary Sector**

- 83 During 2021/22, the DDTVMHLDP agreed to establish a Community Connector Fund as an alternative way to support grass roots organisations. The Fund has issued funding grants for voluntary organisations and community groups to provide mental health and wellbeing support to the population of County Durham.
- 84 The non-recurrent funding has been provided through the Durham, Darlington and Teesside Mental Health and Learning Disability Partnership aligned across the Mental Health Investment Standard categories. It is administered by the County Durham Community Foundation on behalf of the partnership and wider system. Maximum bids issued have been £25,000 over three rounds of funding.

- 85 There is an ongoing issue that potential opportunities for funding mental health and wellbeing programmes may cause duplication within the arena of small grants. This includes work being delivered by the Area Action Partnerships disseminating funding for smaller VCSE. A refresh of the function of the MHSP may help to coordinate this small grant's approach to funding going forward.
- 86 Local intelligence and that of Durham Community Foundation raises that many voluntarily sector organisations have had many small grant opportunities during the pandemic, however, many of these grants are set to end in 2022. It also likely that the ending of European funding during this time will have significant impact on the sector. As such a future funding round will be issued in mid-2022.

### **Working Using a Whole System to address Mental Health**

- 92 When considering the future of the MHSP it is worth reflecting if within its current format the partnership works to promote a system-wide approach to addressing mental health and wellbeing across County Durham.
- 93 The current Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat (2018-21) document highlights the ambition for better mental health in Durham, but the plan went out of date in 2020/21.
- 94 The Durham Plan and specifically the Mental Health Outcome, Goals, Innovation Measure plan (OGIM's) may provide the structure to help developing a new shared vision for mental health and wellbeing. This has already united partners with different backgrounds and agendas to form a common aspiration and help to maximise outcomes, reduce duplication and provide value for money across the system, and a refreshed MHSP could provide a helpful governance framework to support delivery of this.
- 95 The MHSP is ideally placed to provide a forum for partners engaged in the mental health and wellbeing of the County, ensuring different parts of the system to move forward together, maximising synergies and creating a more impactful approach.
- 96 Reflecting on current landscape of post-Covid working, the table below provides an options appraisal for the potential future of the MHSP, taking into account the multiple components and complexity involved in mental health delivery. The outcome of this process will inform the ability to progress a system-wide approach to promoting mental health and wellbeing across County Durham.



**Table 1. Option Consideration for MHSP**

Options	Considerations	Benefits	Risk/Disadvantages
<p><b>Option A - Stand down MHSP</b></p>	<ul style="list-style-type: none"> <li>• Partnership has met minimally during Covid and work has continued</li> <li>• 5 workstreams have self-managed themselves on an independent basis during Covid.</li> <li>• New ICS configuration may mean new requirement for MH governance on a wider footprint with County Durham becoming the place-based delivery.</li> <li>• New Covid initiatives are aligned to CDDMHL Partnership.</li> <li>• Many new MH initiatives stipulate similar aims e.g addressing CYP's mental health, loneliness and social isolation.</li> </ul>	<ul style="list-style-type: none"> <li>• New ICS structures can develop and align to provide new governance arrangements for MH provision</li> <li>• 5 MHSP workstreams become affiliated with other ICS governance structures.</li> </ul>	<ul style="list-style-type: none"> <li>• No governance arrangement for system-wide approach to MH prevention in the county</li> <li>• 5 current workstreams are not accountable, or aligned to any Board, or the new Covid MH initiatives</li> <li>• Reduces opportunity to provide oversight on a complex system preventing duplication and silo working</li> <li>• Consideration of integration of CYP mental health was considered by CYP Integration Board rejected but this was rejected over concerns for the agenda being lost.</li> </ul>
<p><b>Option B – retain MHSP in its current format</b></p>	<ul style="list-style-type: none"> <li>• MHSP provides current system leadership for MH prevention provision across the county</li> <li>• MHSP has provided governance for 5 areas of MH priority since 2018-21</li> <li>• 5 workstreams have developed overtime and delivered on</li> </ul>	<ul style="list-style-type: none"> <li>• Provides oversight of prevention and early intervention across the system not just focus on services</li> <li>• 5 priority workstreams have developed overtime and delivered on their</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on 5 current workstreams do not include many of the new MH initiatives initiated in response to Covid</li> <li>• May cross over agendas with CMHL Partnership working</li> </ul>

	<p>their plans providing quality assurance</p> <ul style="list-style-type: none"> <li>• MHSP integrates the voice of the service user into the governance arrangements</li> <li>• MHSP will provide stability for the system especially during times of change</li> </ul>	<p>plans providing quality assurance</p> <ul style="list-style-type: none"> <li>• MHSP integrates the voice of the service user into the governance arrangements</li> <li>• MHSP provides recognised stability for the system especially during times of change</li> </ul>	<ul style="list-style-type: none"> <li>• Retaining the Board can be seen as more of the same despite Covid and new ways of working.</li> <li>• Many new partners have not had previous engagement with MHSP at a board level.</li> </ul>
<p><b>Option C -</b></p> <p>Refresh the MHSP to consider its role and remit including membership and ToR.</p>	<ul style="list-style-type: none"> <li>• New ICS/ICP configuration may provide opportunities for 5 workstreams to become integrated into a new governance arrangement</li> <li>• MH initiatives started during Covid will be included for an enhanced overview of the work.</li> <li>• A refresh of the role and remit for the Partnership is timely as the Mental Health Strategy and Concordat (2018-21) document has now ended.</li> </ul>	<ul style="list-style-type: none"> <li>• Refresh can provide an opportunity for MHSP to provide system-wide governance for MH across the county</li> <li>• Refresh can reinvigorate membership to ensure the Board acts a strategic level.</li> <li>• MH initiatives developed during Covid can be integrated into the system-wide approach to reduce duplication in approaches.</li> <li>• Provides system-wide opportunities for links made between programmes of support to provide shared comms and workforce development.</li> <li>• Voice of lived experience can</li> </ul>	<ul style="list-style-type: none"> <li>• New MH services initiated during Covid may not feel affiliated to MHSP</li> <li>• Consideration of the ICS needs to be considered when understanding a place-based approach locally especially when considering the position of Darlington.</li> </ul>

		be included within the membership	
<p><b>Option D</b></p> <p>Re affiliate or merge the 5 workstreams into other structural arrangements based within the ICS, or other local initiatives.</p>	<ul style="list-style-type: none"> <li>• There are many other ICS local governance arrangements linked to the 5 workstreams</li> <li>• LTP – could be affiliated with CYP Integration Board (recently considered)</li> <li>• Suicide prevention – could have direct governance from ISC Suicide Prevention Core Group</li> <li>• Crisis Care Concordat – could be affiliated to DDTCMHLD Partnership.</li> <li>• Dementia – could be affiliated to wider PCN, mental health services or social care.</li> <li>• Resilient Communities – merged within are of County Durham Together</li> </ul>	<ul style="list-style-type: none"> <li>• Meets Integration agenda by merging or affiliating groups into other arrangements</li> <li>• Reduced to number of governance structures based within local area</li> <li>• Reduces meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Proposed model does not provide a system-wide approach to mental health and emotional wellbeing</li> <li>• Can produce further silo working</li> <li>• mental health is not given the parity of esteem in its own right and focus maybe lost.</li> </ul>

97 Considering the future for MHSP, the favoured option to support the development of a new system-wide approach to mental health and wellbeing across County Durham would be to refresh the strategic membership of the group (Option C). This option would enable inclusion of current workstreams and extend connectivity with new developments, including those initiated during the response to Covid.

98 The new arrangement would provide strategic governance for approaches representing prevention, early intervention, and specialist service delivery. The coordination of system-wide communications, partnership working, the integration of the voice of lived experience and workforce development could also be achieved.

## **Conclusion**

- 99 Good mental health is fundamental to improving positive physical, social and economic outcomes for individuals and society. Factors influencing mental health and emotional wellbeing are directly linked to the wider determinants of health which have been significantly impacted by the COVID-19 pandemic.
- 100 The current MHSP have met minimally during Covid due to capacity and demand issues during the pandemic. However, the five MHSP sub-groups for Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP), Suicide Prevention Alliance, Crisis Care Concordat, Dementia and the Resilient Communities Group have continued to progress their plans and deliver on agreed outcomes.
- 101 During Covid, funding from central government has meant many new programmes of support have been developed at speed to respond to the increase in mental health issues occurring as a direct result of Covid. These new developments are not currently included within a system-wide governance arrangement for mental health and wellbeing within County Durham.
- 102 The NHS Plan referred to as the County Durham Plan and the affiliated OGIM can now provide the plan for mental health and wellbeing delivery across the county and will be monitored on a quarterly basis.
- 103 An option appraisal undertaken recommends a refresh of the MHSP role and function should be implemented. A refresh of the membership would be beneficial to include strategic leads for current workstreams and new initiatives, providing governance for prevention, early intervention and links to specialist services implementing a system-wide approach. This action would help to streamline the complexity of the systems pathways, encourage networking and maximise outcomes for local residents.

## **Background papers**

- County Durham Health Impact Assessment on Inequalities during COVID-19.

## **Author(s)**

Jane Sunter

Tel: 03000 266897

---

## **Appendix 1: Implications**

---

### **Legal Implications**

Central government have initiated a series of Covid lockdowns system in a fresh attempt to control the virus. the Covid Road Map (Feb 2021) has indicated the country's way out of Covid restrictions coupled with a comprehensive vaccination programme.

### **Finance**

Funding to address the mental health and wellbeing needs of County Durham has been maintained during the COVID-19 response. Government have allocated £5 million during COVID-19 to help increase capacity and maximise impact of mental health on local communities.

### **Consultation**

The consultation and engagement with local individuals, families and communities is a core principle for supporting any new system-wide developments, recommended by the County Durham Approach to Wellbeing. The use of co-production is a fundamental to developing any new pathways, or services for mental health support.

### **Equality and Diversity / Public Sector Equality Duty**

The County Durham Health Impact Assessment on Inequalities during COVID-19 highlights the requirement for inclusion to be factored into all aspects of addressing the pandemic in relation to mental health and wellbeing.

### **Climate Change**

No direct impact.

### **Human Rights**

COVID-19 restrictions are now a legal requirement for all society to adhere to for the greater good of all.

### **Crime and Disorder**

Crime and disorder levels have now resumed to pre-COVID levels. There is potential for these levels to rise when the full financial impact of COVID is realised

## **Staffing**

Staffing levels in primary care, mental health services and VCSE are reported to have been impacted during COVID-19 due to sickness levels, the requirement for self-isolation and the shielding policy.

## **Accommodation**

N/a

## **Risk**

The negative impacts on mental health and wellbeing are expected to rise during the prolonged COVID-19 response and during the unlocking of Covid restrictions

## **Procurement**

N/a