

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

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Electoral division(s) affected:

Countywide

Purpose of the Report

1. The Health and Wellbeing Board approved a refresh of the County Durham Mental Health Strategic Partnership's (MHSP) role and remit in response to system-wide changes, including membership and Terms of Reference
2. The purpose of this report is to give an update on the five current workstreams and provide a new model for the strategic overview of the MHSP, reflecting on system-wide mental health and wellbeing approaches across the local population.

Executive summary

3. Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is fundamental to physical health, relationships, education, work, and to achieving potential.
4. Within County Durham there is a strong history of good partnership working around mental health led by the Mental Health Strategic Partnership (MHSP), which provides the strategic co-ordination and leadership for our Mental Health Strategic Plans. It is also responsible for ensuring the system works effectively to initiate prevention and early intervention approaches and engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.

5. In order to embrace the structural changes at ICS level and changes in mental health and emotional need of populations during the pandemic, an options paper for the future of the MHSP was taken to the Health and Wellbeing Board and agreement was reached to refresh the MHSP as part of a stakeholder event which was held in September 2022.
6. The refresh event provided an opportunity to look back on the work of the five MHSP workstreams and celebrate all that is being achieved to effectively responds to identified needs. This included:
 - Children and Young People’s Mental Health Partnership
 - Suicide Prevention Alliance
 - Crisis Care, now referred to as Urgent Care
 - Dementia – which requires review for governance
 - Resilient communities which could become integrated into County Durham Together.
7. In response to increases in mental ill health during the pandemic and as we now learn to live with Covid, other key areas of activity have been developed to promote mental health and wellbeing in the general population. This has included:
 - A county-wide communications campaign called ‘Now You’re Talking’ (NYT), encouraging people to talk about their mental health challenges with others.
 - Mental Health and Wellbeing Alliance which has been initiated to help co-ordinate a range of support services for people with low level mental health needs with a focus on promoting financial resilience, bereavement support, access to help reduce social isolation.
 - Community Mental Health Transformation which helps to deliver on the NHS Long Term Plan to enable adults with Serious Mental Illness (SMI’s) of all ages to access to evidence based treatment and support using a collaborative approach to build on strengths and support choice
8. Over the last two years, the Outcome, Goals, Innovation Measure plan (OGIM) has provided the structure to help developing a new shared vision for mental health and wellbeing across County Durham. As the Integrated Care Partnership (ICB) develops, the MHSP will link with wider ICB partnership arrangements and embrace new system-wide plans to ensure population health management approaches are integrated into work relating to all aspects of mental health delivery.

9. A consensus was also reached to refresh the membership of the MHSP Board to reflect the lifecourse (Starting Well, Living Well and Ageing Well, (Marmot 2012)) and to include the strategic leads for new initiatives including the Mental Health Alliance and the Mental Health Transformation work. It was acknowledged this action will help to streamline the complexity of the mental health systems, encourage collaborative approaches improve outcomes for prevention and help build resilience in local residents. New Terms of Reference for the MHSP will be developed to ensure all objectives for the partnership are met.
10. The stakeholders also supported the establishment of a formal Lived Experience Advisory Group to support, shape and co-produce Durham's mental health strategy moving forwards.

Recommendations

11. HWB members are recommended to:
 - (a) Note the contents of the report
 - (b) Consider the progress of the current five MHSP workstreams
 - (c) Endorse the restructure of the MHSP to reflect the lifecourse (Starting Well, Living Well and Ageing Well) with a refreshed membership to ensure new organisational delivery structures and programmes of work are appropriately reflected
 - (d) Support the establishment of a formal Lived Experience Advisory Group to support, share and co-produce County Durham's mental health strategy moving forwards

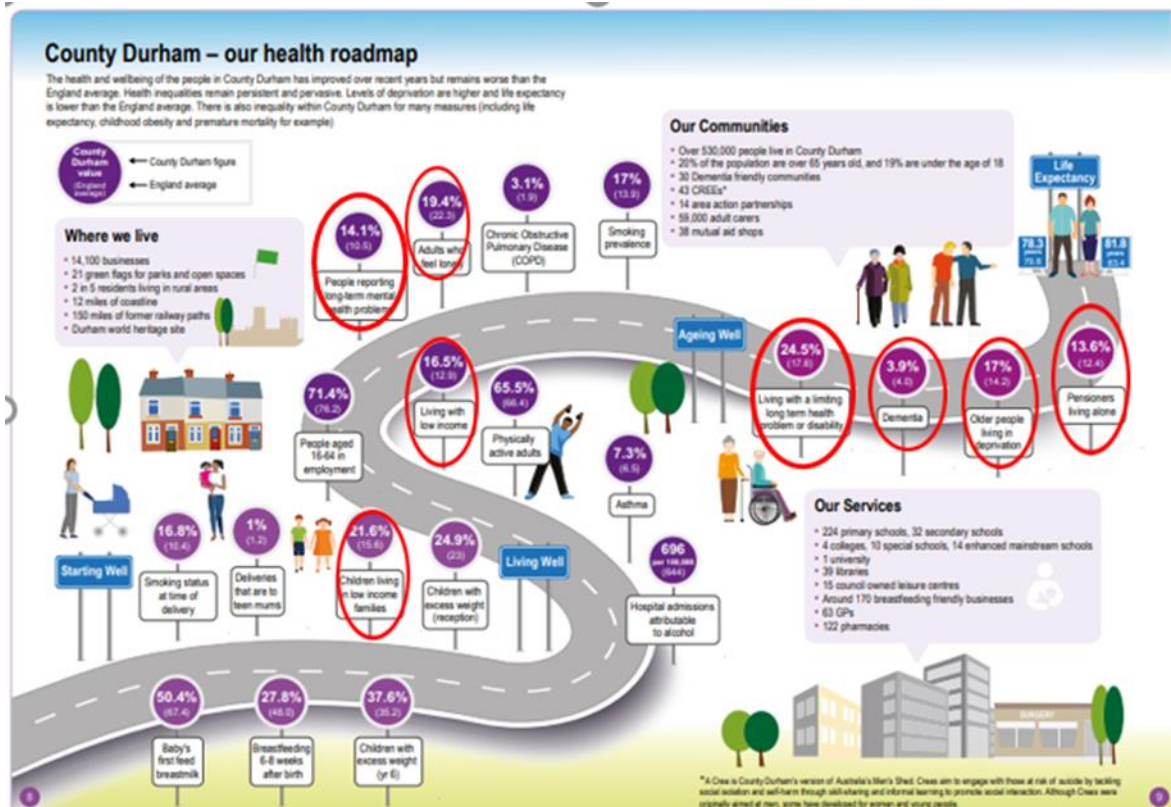
Background

12. Poor mental health affects a high proportion of the population, of all ages and from all stages of life. Its impacts are felt across society on family life, friends and relationships, education, finding work, working, caring for others, leisure pursuits and retirement. Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. It impacts on how individuals think, feel, communicate and understand, and is fundamental to physical health, relationships, education, work, and to achieving potential. It enables us to manage our lives successfully and live to our full potential
13. Within County Durham there is a strong history of good partnership working around mental health, however there is still more work to do as is shown from the data (the red dots indicate areas of concern)

Table 1. Mental Health Indicators (OHID Fingertips 2021)

Indicator	Period	Recent Trend	Co Durham		Region England			England	
			Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Common Mental Disorders									
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	-	79,279	18.3%*	18.2%*	16.9%*	24.4%		11.6%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	-	12,428	11.6%*	11.3%*	10.2%*	14.6%		7.3%
Depression: Recorded prevalence (aged 18+)	2020/21	↑	64,494	14.2%	13.7%*	12.3%	6.2%		19.8%
Depression: QOF incidence (18+) - new diagnosis	2020/21	→	7,224	1.6%	1.5%*	1.4%	0.3%		2.5%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ ⚠️	2016/17	-	1,243	16.6%*	-	13.7%	21.5%		8.8%
90535 - Depression and anxiety among social care users: % of social care users ⚠️	2018/19	-	-	49.5%	-	50.5%	63.6%		41.9%
Severe Mental Illness									
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 ⚠️	2011	-	59	17.9*	19.6*	24.2*	71.9		15.6
Mental Health: QOF prevalence (all ages)	2020/21	→	5,482	0.98%	0.96%*	0.95%	0.58%		1.55%
Long-term mental health problems (GP Patient Survey): % of respondents	2017/18	-	-	-	-	-	-		-
Mental Health									
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2018	-	11,770	36.5*	36.4*	27.3*	64.0		10.7

14. The County Durham health road map (Durham Insight) also highlights that within the wider determinants impacting on health across the county, mental ill health can contribute to reduced life expectancy within our population with links to income, deprivation, social isolation, loneliness and living with long term conditions.



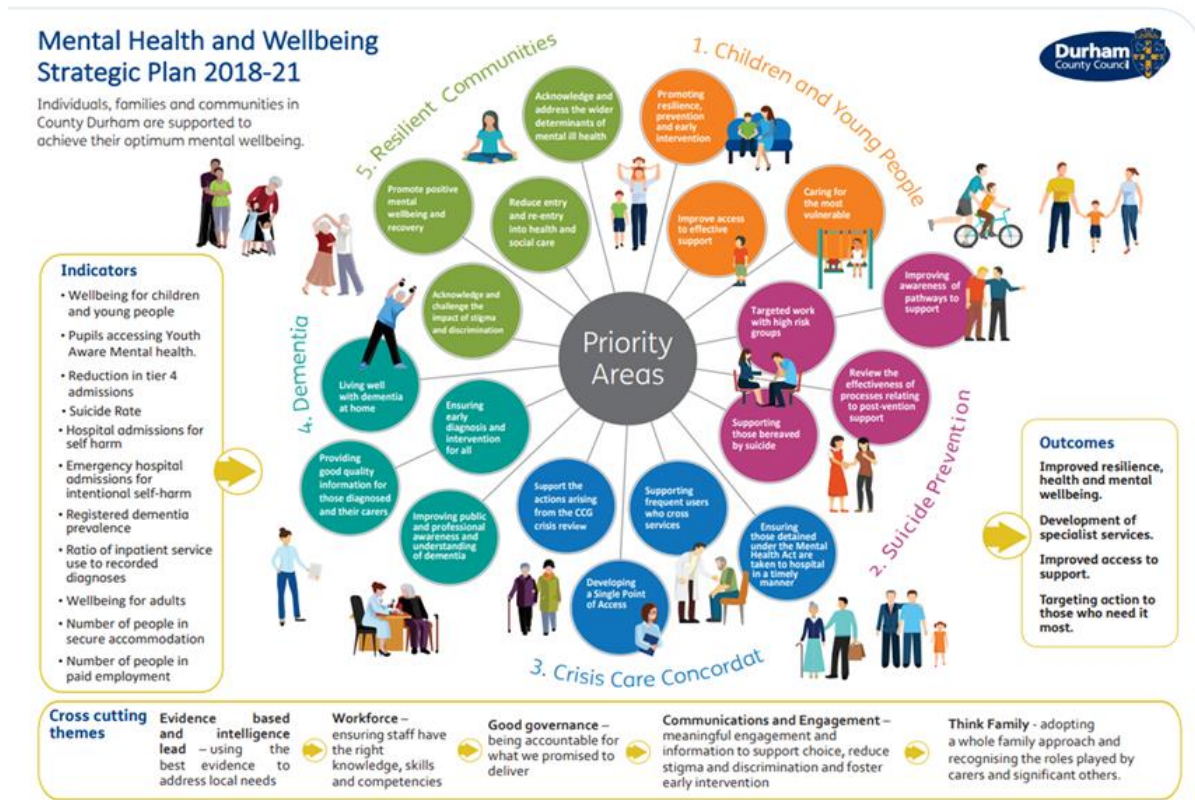
15. Whilst long standing health inequalities remain, Covid 19 has exacerbated mental health inequalities in some groups (Health Impact Assessment on Inequalities during Covid, PH 2020). Groups who have been more likely to experience poor or deteriorating mental health during this period include:

- Children and Young People
- Women
- Young adults (aged between 18 and 34, depending on the study)
- People living without a partner
- Adults with pre-existing mental or physical health conditions
- Adults experiencing loss of income or employment
- Adults in deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns.
- Other contributing factors included feeling lonely, feeling a lack of control over their lives who then found uncertainty difficult, or those who were anxious about death were also more likely to experience worse or deteriorating mental health.

16. However, it must be noted that women and young people, people with lower levels of education and people living with children, following initial deterioration, also reported greater improvements and recoveries in mental health when Covid lockdowns were eased.

17. Reporting to the Health and Wellbeing Board, the remit of the MHSP is to provide strategic co-ordination and leadership for the mental health outcomes across County Durham and be accountable for the delivery of our Mental Health Strategic Plans. It is also responsible for supporting the system to effectively engage, consult and involve mental health service users and carers to support the work of the Health and Wellbeing Board.
18. The membership of the MH Strategic Partnership Board for Durham County is currently drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, Voice of Lived Experience, and carers, VCSE providers and housing.
19. The evidence base taken from the Prevention Concordat for Better Mental Health and other key policy documents, recommended the MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams were:
 - Children and Young People
 - Suicide Prevention
 - Crisis Care Concordat
 - Dementia
 - Resilient Communities Group
20. Whilst the Durham, Darlington, Tees, Mental Health and Learning Disabilities Partnership (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. This will need to be considered by the MHSP to look for opportunities to integrate approaches across County Durham and Darlington, where appropriate.
21. '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.
22. Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams continue to deliver on agreed operational plans and in response to an increase in demand for mental health support across the county. Many of the themes from the Strategic Plan, plus the indicators and outcomes highlighted will

remain as priorities as new plans for the MHSP workstreams are developed.



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 workstreams dedicated to promoting transformation within the NENC ICS Mental Health programme are:
 - Best Start in Life – Children and Young People
 - Integrated Models of Care – including Community Transformation
 - Physical Health
 - Crisis Pathways
 - “Zero Suicide” (inpatient specific)
25. Additional, cross cutting workstreams including workforce, evidence and evaluation, data and digital and health inequalities.
26. In order to embrace the structural changes at ICS level and changes in mental health and emotional need of our populations during the pandemic, an options paper for the future of the MHSP was taken to

the Health and Wellbeing Board for consideration. The four options presented included:

- 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.

27. Option C was agreed and as part of the agreed refresh of the MHSP a workshop was held with a range of key stakeholders in September 2022 to look-back on the work of the current five workstreams and agree a future model of working for the MHSP, with links to the ICS mental health programmes. During the MHSP Refresh Workshop held on 9 September 2022, the activity of the five current workstreams of the MHSP were reviewed to enable participants to consider deliverables and outcomes, helping inform future thinking on the configuration of the new partnership arrangement. Current activity of the five workstreams presented at the workshop highlighted the significant work that has been achieved over time.

Update on the Progress of the MHSP Workstreams

Children and Young Peoples Mental Health

28. County Durham Children and Young People’s Mental Health (CYPM MH) Partnership has a vision to support Children and Young People across County Durham to achieve their optimum mental health and emotional wellbeing.
29. The partnership has done this by working together to develop whole communities (including all sectors, settings and communities) to be skilled, competent and confident to talk about mental health, understand mental health and emotional wellbeing issues and the support options available.
30. It has provided a coordinated and comprehensive mental health and emotional wellbeing offer to support children, young people and families that is easy to access, and based on the THRIVE model. The partnership has championed the promotion of universal and targeted resilience, prevention and early intervention programmes across County Durham, starting from early years, through childhood and the transition into adulthood.
31. Achievements overseen by the partnership have included:

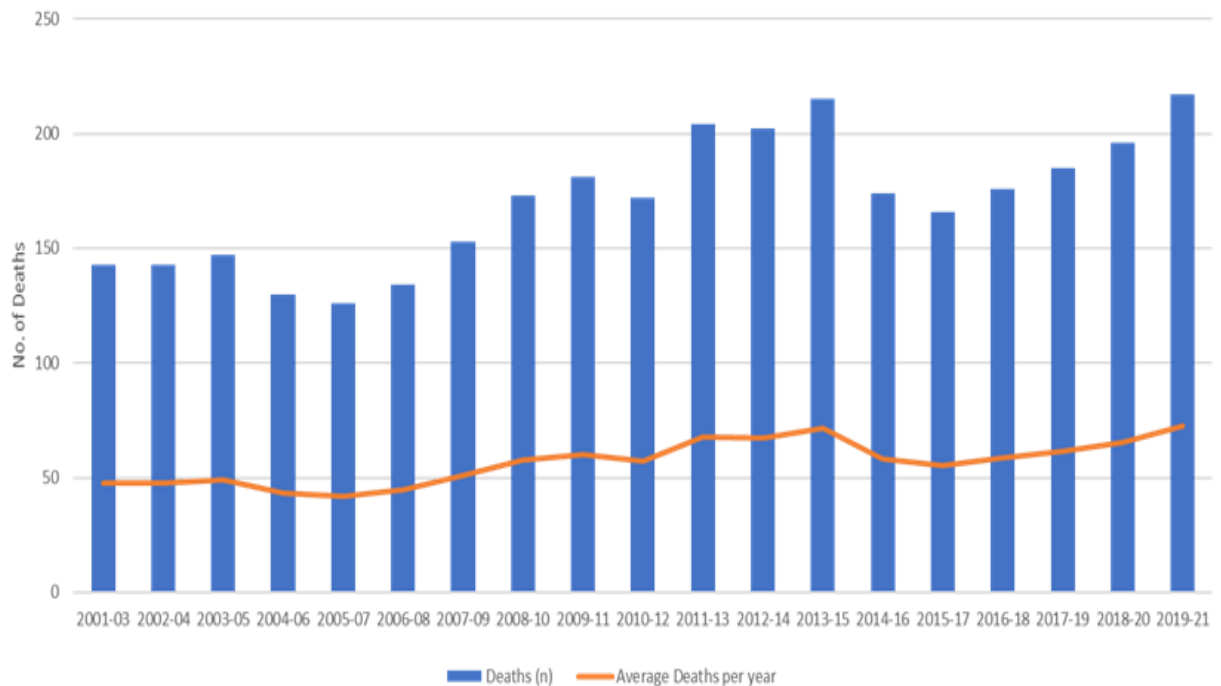
- Access a YMHFA (Youth Mental Health First Aid) course for people working with young people aged 8 to 18 years;
 - 700 staff trained across children's social care, VCS and schools;
 - Train the trainer model developed to sustain the offer;
 - Community based emotional wellbeing programmes delivered – targeted via One Point Team;
 - Resilience Nurse Service implemented providing a universal offer via schools;
 - Piece of Mind covering 30% of schools with plans for a further team in 23/24 covering 40% of schools;
 - CAMHS single point of access.
32. 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. The partnership arrangement remains an integral part of drawing stakeholders together to address the ongoing mental health needs of CYP.

Suicide Prevention

33. The County Durham Suicide Alliance delivers 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.
34. It is important to note national evidence suggests two thirds of all people who die by suicide are not in contact with mental health services 12-months prior to their death, therefore key areas for action relating to suicide prevention include a wider population level approach designed to reduce the escalation of mental health and social care crisis. These approaches include:
- Reducing the risk of suicide in key high-risk groups;
 - Tailoring approaches to improve mental health in specific groups;
 - Reducing access to the means of suicide;
 - Improving responses and provide better information and support to those bereaved or affected by suicide;
 - Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour;
 - Supporting research, data collection and monitoring.
 - Addressing the impact of COVID-19 on the wider determinants of mental health
 - Reducing self-harm.

- 35. Action initiated by the Suicide Prevention Alliance has included the development of a Real Time Data Surveillance (RTDS) system, community prevention initiatives including those at high-profile locations, development of postvention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.
- 36. The latest publication of Office of National Statistics indicate on average there were 48 annual deaths by suicide in 2001-03 in County Durham, compared to an average of 72 annual deaths by suicide in 2019-21, this is the highest average number of deaths since 2001-03.

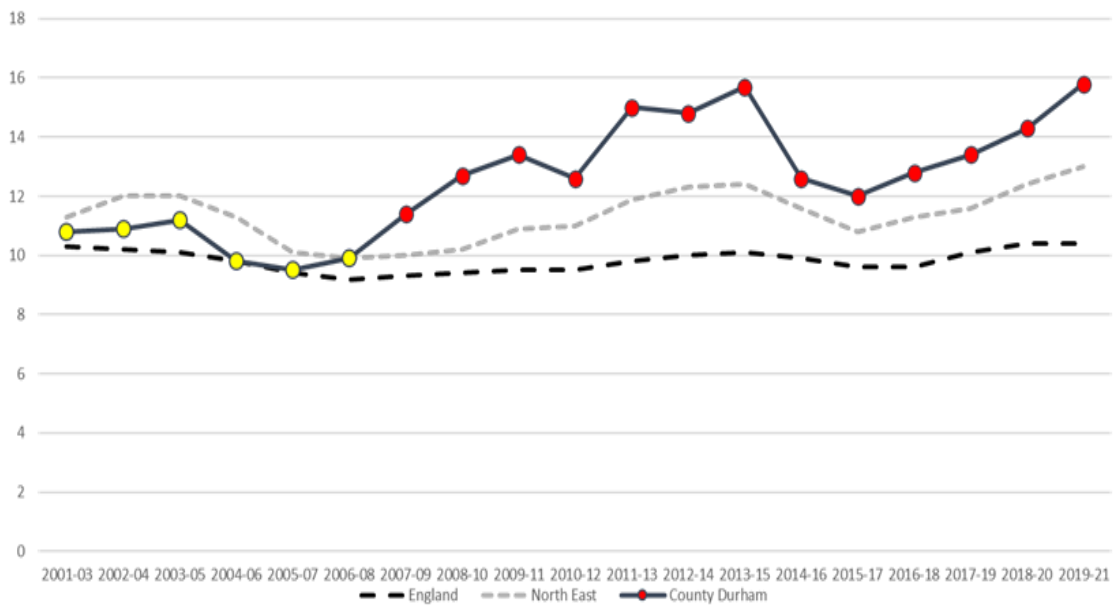
Table 2: No of deaths by suicide per 3 year pooled period in County Durham per year



Source data: Suicides in England and Wales by local authority, ONS (06/09/2022)

- 37. When calculated to a standardised rate, County Durham has seen a rate increase of 1.5 (10.5%) between 2018-20 and 2019-21 and continues to be statistically significantly worse than the England rate.

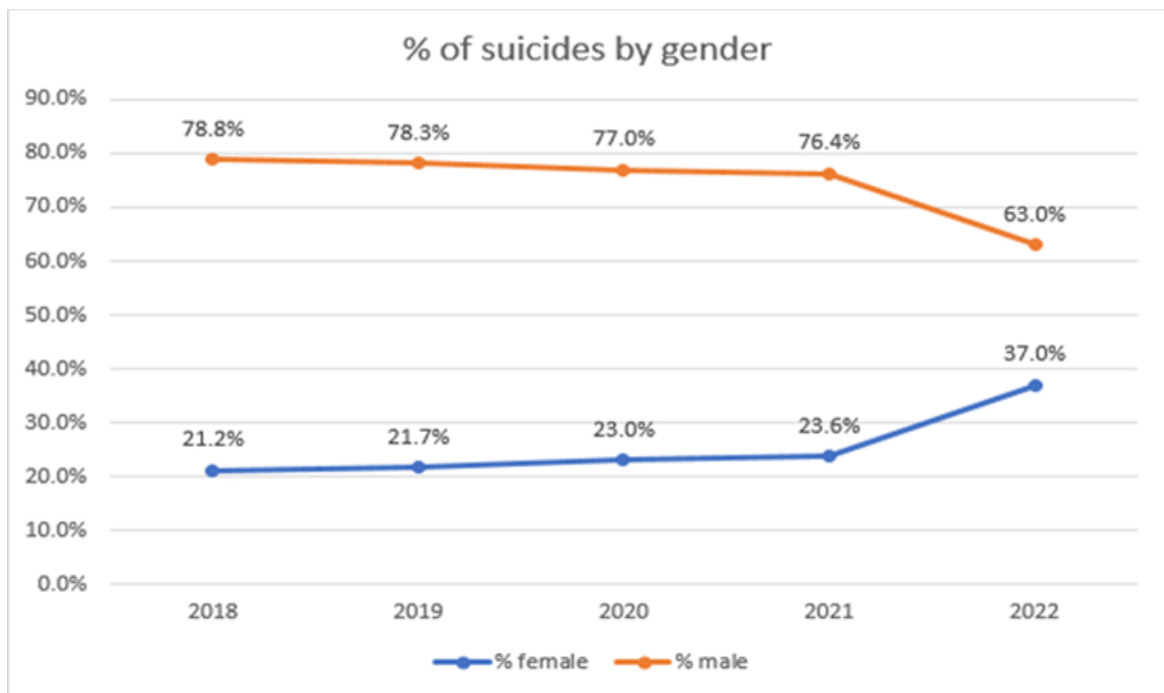
Table 3: Suicide rates in County Durham



Source data: Suicides in England and Wales by local authority, ONS (September 2022)

- 38. The local RTDS data shows a shift in pattern between the male/female split of suicides in 2022 compared to previous years (Note: this is based on early alerts not registrations and only runs Year to Date 2022).

Table 4: RTDS Male/female split (2022)



39. The latest data indicates there is an ongoing requirement for the whole mental health system to continue to work together to work up-stream to contribute the reduction of deaths from suicide, with a focus on prevention and early intervention. This can be achieved by focusing on mental health and wellbeing at a population level to help address inequalities in our local communities. The maintenance of support to improve financial resilience and reduce poverty, promote positive relationships, reduce substance misuse and homelessness, and increase opportunities for bereavement support are all key to preventing the escalation of people’s low level mental ill health.

Crisis Care Concordat

40. 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 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.
41. Operational crisis management continues to be addressed through the bi-monthly Multiagency Urgent Care Group meetings for Durham and Darlington. Significant investment over the past 5-6 years has been

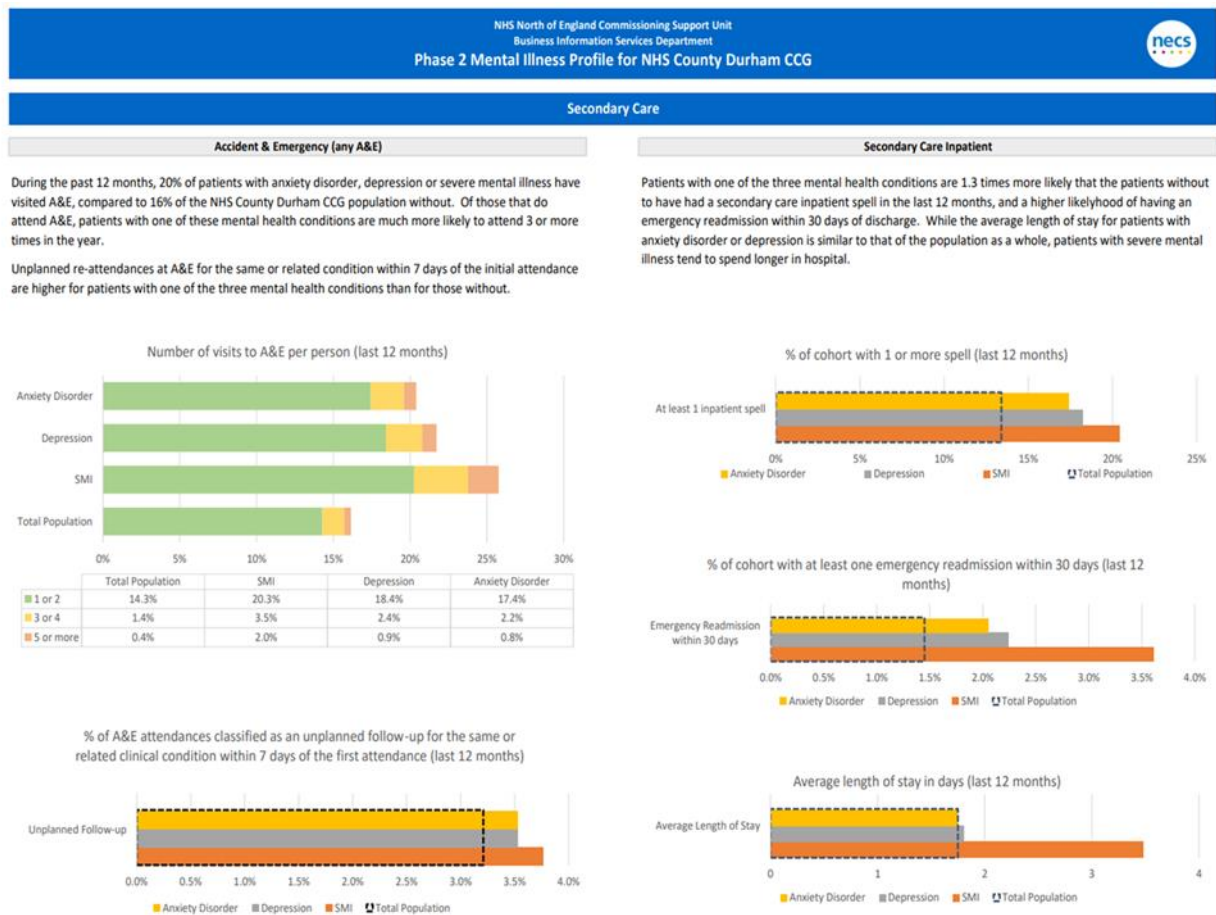
made with almost £1m invested (over half recurrently) in 2019/20 and 2020/21 alone.

42. Targeted work has included:

- Single, freephone crisis line introduced, including signposting to low level support (was MH Support Team, now 'Listening Service' across Durham and Tees Valley);
- Further improvements to places of safety for Section 136 patients and improved response times;
- "Safe havens" schemes developed in collaboration with VCSE;
- Support for people with dual diagnosis in crisis with protocols for more joined up support in place;
- A variety of mental health training including Making Every Contact Count, Mental Health First Aid and Connect 5 rolled out across system-wide partners ;
- Multi agency information sharing protocol developed and data sharing agreements between health and police have been developed;
- Street Triage has been implemented;
- Significant work with NEAS to support warm transfers from 111 and to support paramedic/999 crews. Tested NEAS/MH car through COVID – reduced A&E attendance by 80%;
- Increased input to MASH from specialist mental health services to help triage notifications of concern;
- Investment in CYP Crisis Team and, more recently, a Crisis Team.

43. More recently through Population Health Management work commissioned from NECS to support broader transformation schemes, we have also been able to highlight how people with serious mental illness, depression or anxiety are using urgent care services within CDDFT. The diagram below shows greater use of CDDFT emergency services, greater likelihood of reattendance within 7 days and greater likelihood of admission – which is likely to be longer than the population without a mental health condition and more likely to result in a readmission.

Table 4. Mental Illness Profiles for County Durham CCG (NECS)



44. Working with the Local A&E Delivery Board, work has begun to try to understand the drivers and reasons for this difference, and to test possible solutions. Although this work is in its early stages, the opportunities to take this forward through the effective partnerships at the LADB is significant and will be progressed through 2022/23.

Dementia

45. County Durham has an ageing population with over 105,000 people aged 65+ and over 12,000 aged 85 and over. The number of people aged 65 and over has increased by nearly 30% over recent decades, and now represents one fifth of the county's resident population This increase is predicted to continue.
46. Dementia prevalence for those aged 65+ in County Durham (3.9%) is not statistically significantly different to England and has actually been reducing (very slowly) most recently. Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI database).

47. In a 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.
48. The Dementia OGIM is linked to the County Durham Commissioning & Delivery Plan 2020-2025 and reports are taken to the Primary, Community, and Social Care Partnership Board. Work to progress this agenda under new plans to refresh the OGIMs continues and includes:
- Development of a Dementia Advisor Service across Co. Durham in 2016 (this service has recently secured permanent funding);
 - Development of referral pathways to the Dementia Advisor Service across health, social care and voluntary organisations;
 - Development of a Dementia Leaflet for service users and carers;
 - Support in the development of Dementia Friendly Communities;
 - Over 30,000 Dementia Friends across Co. Durham;
 - Digital technology - pilots in care homes and day centres
 - Support for carers in accessing carer breaks.
49. 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. From a commissioning perspective, dementia falls out with the Mental Health Investment Standard scope. Therefore, effective and robust planning at place will be essential to ensure that there is a strategic approach across the pathway, from operational provision to commissioning. It will therefore be critically important to ensure there is a clear partnership approach within the HWBB and Care Partnership governance structures to make sure the needs of people with dementia and their families are comprehensively addressed.
50. A recent Health Needs Assessment for Ageing Well has also identified the need to consider a review process for the governance of Dementia to ensure needs are being met and the management of the condition from both a health and social care perspective is being met. The mechanism for this work could be considered as part of a proposed Ageing Well Strategy Group in liaison with the Dementia Strategy Group and wider partners.

Resilient Communities

51. The role of the MHSP 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.
52. The RCG continues to focus on the promotion of mental wellbeing in adults but with reference to those from vulnerable groups and remains a driver for developing prevention messages within local communities. The group also work with other partners to help addressing the wider determinants of mental health such as housing, employment, and poverty; and a focus on reducing social exclusion by addressing stigma and discrimination.
53. In addition to task groups the RCG has:
 - Overseen the development of County Durham COVID-19 Resilience Team, bringing RCG partners together to deliver specific ongoing support for mental health;
 - Submitted a County-wide application to the Lottery Healthy Communities Together fund. Now 'Health Equality Development Grant' considering feasibility of a Poverty and Health Alliance;
 - Received updates: Wellbeing Model, MH Contracting for Outcomes, COVID-19, Primrose Lodge Rehab Unit consultation, Self Sustaining Communities for Adult Social Care, County Durham Inclusive Economic Strategy, Community Mental Health Transformation;
 - Promoted the Public Health Recognition Awards, World MH Day, Time to Talk, Durham City of Culture;
 - Developed a Newsletter/update shared with the wider membership.
54. The RCG is currently being refreshed and key objectives for the RCG 2022/23 onwards include:
 - Review of Mental Health training provided by County Durham organisations;
 - Launch of 'Mental Health at Work' commitment (replacing Time to Change Employer Pledge);
 - Develop Mental Health First Aid Network (cross-sector membership);
 - Carers, their responsibilities and workforce mental health and wellbeing;

- Men and workforce mental health and wellbeing.

55. In maintaining the work of the Resilient Communities group, the cross-over of the County Durham Together work also needs to be explored to ensure all workstreams operate as a system, avoiding duplication and maximising effectiveness and outcomes. This will be considered through the work of the County Durham Together Partnership Board and the chair of the Resilient Communities Group.

Key Activity in Other Areas of the Mental Health System

Now You're Talking Campaign

56. A County Durham wide campaign to support mental health in the population has been developed as a population health management tool to encourage people to talk about mental wellness. The Now You're Talking (NYT) campaign features some locally used phrases to promote self-help for those suffering from low-level anxiety.
57. The campaign was initially meant to target Mental Health at Scale identified needs, most pressingly the mental health of the workforce, and of males. The campaign budget was subsequently extended through COVID related 'Community Outbreak Measures Funding.
58. The NYT campaign collateral consisted of a local TV advertisement, two local radio ads, bus signage (bus back and interiors) and adshels (bus stop posters). The campaign went live in April 2022 and ran predominantly between April to July 2022. Some collateral (eg bus adshels) are still live across the County as of September 2022. The campaign has been evaluated and next steps are being explored by a steering group.



Mental Health Alliance

59. Durham County Council have progressed its 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.
60. 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 is being 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.
61. The new Alliance went live on 1st April 2022 and is managed by a consortia of primary support services, with affiliated sub-contract arrangements to help implement pathways for people to address the wider determinants influencing mental health. This model helps people to be triaged into wider services to address needs rather than automatically entering into the statutory health and social care systems, promoting preventative interventions at an earlier stage.

Mental Health Alliance	
Consortia of providers	Sub-Contractors
<ul style="list-style-type: none"> • Home group • Mental Health Matters • Creative Support • St Margaret's Centre • Richmond Fellowship • If U Care Share • Waddington Street Centre 	<ul style="list-style-type: none"> • Aspire • Stanley PACT • Cruse Bereavement Care • Relate • Welfare Rights • Hub of Wishes • Durham County Council

62. The Mental Health Alliance is not yet represented on the MHSP. This will be addressed within the refreshed membership and Terms of Reference.

Community Mental Health Transformation

63. 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

64. Within County Durham, a multi-agency Steering Group has been established to move work forward and provide a level of system oversight with new models will be rolled out across the County over the next 12-18 months
65. Although formal ICS reporting routes for this work are through the Durham Tees Valley Mental Health, Learning Disabilities and Autism Partnership, there needs to be a clear connection at place. In the hiatus of the MH Strategic Partnership meeting, this direct connection has been lacking and therefore the re-establishment of the MHSP gives an opportunity to redress this balance linked to wider changes in the ICB.

Mental Health Strategic Partnership Refresh

66. As part of the MHSP Refresh Workshop (September 22), partners considered the future of the MHSP arrangement its current format and effectiveness of promoting a system-wide approach to addressing mental health and wellbeing across County Durham.

Attendance at the workshop event included partners from:

- | | |
|---|---|
| <ul style="list-style-type: none"> • VCSE • Tees Esk and Wear Valley NHS Trust – Adults planned care and Adults Urgent Care • Primary Care Commissioning • DCC Commissioning • MH Alliance | <ul style="list-style-type: none"> • Social Care • Public Health • Area Action Partnerships • CDDFT – Wellbeing for Life • Police • Housing |
|---|---|

67. The previous Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat covered the period 2018-21.
68. Over the last two years, the Outcome, Goals, Innovation Measure plan (OGIM's) has provided the structure to help developing a new shared vision for mental health and wellbeing across County Durham. The OGIM provided a structure from which to:
- Create a system of support across the County which maximises opportunities for early intervention and prevention;
 - 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;

- Ensure those with the most complex needs, and those who are most vulnerable, get the right support at the right time;
 - Deliver effective interventions to understand and address the wider determinants of mental ill health across the lifecourse;
 - 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.
69. Partners at the MHSP Workshop were supportive of maintaining the principles of the OGIM to help provide any new governance framework to support delivery of mental health approaches across the county. As the Integrated Care Partnership (ICB) develops, the MHSP will link with wider ICB partnership arrangements and embrace links with new system-wide plans to ensure population health management approaches are integrated into work relating to all aspects of mental health delivery.
70. There was a consensus reached for MHSP Board structure to represent the lifecourse; Starting Well, Living Well and Ageing Well (Marmot, 2012). This, the group felt, would help to maintain parity across all age groups for priority action.
71. A newly developed operational plan for the MHSP will embrace priority workstreams for population health management and each one of the highlighted areas and be formally monitored over time using SMART objectives.
72. The new Starting Well, Living Well and Ageing Well arrangement would provide strategic governance for approaches representing prevention initiatives, early intervention within a wider community network, 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 integrated into the Board's oversight.

Newly Proposed Structure of the MHSP Working Across the Lifecourse

73. The stakeholders recognised the importance of the Voice of Lived Experience feeding into the working of the MHSP. This was given some consideration resulting in the proposal to develop a separate Lived Experienced Group to provide a coproduced oversight on the work of the MHSP and an opportunity to engage in a wider conversation with people experiencing low-level mental health issues as well as those engaged with mental health services. The Mental Health Alliance and Lived Experience Leads within TEWV will be

asked to help explore the membership of this group and governance arrangements as the work of the Board progresses.

74. There was a recognition that there was a need to explore current arrangements for the Dementia workstream, as part of the Ageing Well agenda development, and further discussion required to understand the interface between the Resilient Communities Group and County Durham Together. This will be progressed by partners in Quarter 3, October-December 2022.

Conclusion

75. 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 and concerns over the cost of living.
76. The MHSP met minimally during Covid due to capacity and demand issues during the pandemic. However, the five MHSP sub-groups for Children and Young People, Suicide Prevention Alliance, Crisis Care, Dementia and the Resilient Communities Group continued to progress their plans and deliver on agreed outcomes.
77. 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 within local communities, many of these taken forward by members of the previous MHSP sub-groups.
78. New programmes of work also been started more strategically, such as the Mental Health Transformation and development of a Mental Health Alliance, which will need to be included within the future MHSP approach.
79. The Health and Wellbeing Board approved a refresh of the MHSP take place to consider the structure of the current arrangement. A workshop was held on 9th September 2022 with opportunity to look-back of the five workstreams
80. A consensus was also reached to refresh the membership of the Board to reflect the lifecourse and to include strategic leads for new initiatives such as the Mental Health Alliance and the Mental Health Transformation work. This action will help to streamline the complexity of the systems pathways, encourage networking and maximise outcomes relating to mental health and wellbeing for local residents.

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Appendix 1: Implications

Legal Implications

None. Governance arrangement for the MHSP are managed through the Health and Wellbeing board. The re configuration of the MHSP will be undertaken within current legal obligations and funding allocations.

Finance

Funding to address the mental health and wellbeing needs of County Durham has been allocated via the ICS. Government 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 and has been used to develop the NYT campaign and development of the mental health Alliance and the Mental Health Transformation.

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

Any person who has a mental health problem has the right to be treated with equity, dignity, fairness and respect by staff and service providers as stipulated within the Human Rights Act (1998).

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 the cost of living crisis is realised and may have implications for more people with mental ill health and low income, or compromise circumstances turning to crime.

Staffing

Staffing levels in primary care, mental health services and VCSE are reported to have been reduced in the aftermath of COVID-19 due to sickness levels and people exiting the workforce. Recruitment also remains an issue across the system, however creating plans are being implemented to attract more people into the workforce.

Accommodation

N/a

Risk

The negative impacts on mental health and wellbeing are expected to rise during the prolonged COVID-19 response, during periods of Covid restrictions and the impact of the cost of living crisis.

Procurement

N/a