

Health and Wellbeing Board

11 March 2015



County Durham Implementation Plan of the “No Health without Mental Health” National Strategy

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of the Report

1. The purpose of this paper is to provide an update on the Mental Health Implementation Plan for County Durham.

Background

2. The National Strategy “No Health without Mental Health” was introduced by the government in 2011. The County Durham Mental Health Implementation Plan aims to introduce these objectives locally to improve the mental wellbeing of people across County Durham. A joint approach was taken to develop the priorities set within the plan. The plan was approved by the Board in November 2014.
3. In order to ensure the work is coordinated and the priorities are progressed a new group has been formed – No Health without Mental Health Implementation Group. The purpose of this group is to support and drive the delivery of the Implementation Plan, and the terms of reference are attached at Appendix 2. This group will oversee the work and be accountable to the Mental Health Partnership Board. Each of the 26 priorities has been aligned to one of the groups within the proposed governance structure as seen in Appendix 3, this includes:
 - Countywide Service User & Carer Forum
 - County Durham Mental Health Provider & Stakeholder Forum
 - Public Mental Health Strategy Implementation Group
 - Children and Young People’s Mental Health & Emotional Wellbeing Group
 - Mental Health Crisis Care Concordat Task Group
 - Dual Needs Strategy Implementation Group
 - Mental Health Care Delivery Working Group
 - Mental Health Recovery Working Group

4. The Chairs of the groups above, or a representative, will be required to offer the No Health without Mental Health Implementation Group an update on progress of each of their priorities they are leading on using an agreed pro forma, an example of a completed pro forma can be found at Appendix 4. This will help inform the group on progress as well as highlighting issues for escalation to the Mental Health Partnership Board.
5. The Action Plan, attached at Appendix 5, is monitored and updated regularly to reflect progress on the priorities.

Recommendations

6. The Health and Wellbeing Board is recommended to:
 - Receive and note the contents of the report, particularly the progress against the action plan (Appendix 5)
 - Note the changes and agree the proposed governance structure (Appendix 3).

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Appendix 1 - Implications

Finance

The Implementation Plan sets out a number of priorities, some of which require funding. The Plan will help identify potential mental health commissioning intentions for discussion at the Joint Commissioning Group.

Staffing

N/A

Risk

N/A

Equality and Diversity / Public Sector Equality Duty

When the National Strategy was being developed an impact on equality was undertaken

Accommodation

N/A

Crime and Disorder

N/A

Human Rights

N/A

Consultation

A communication and engagement plan was developed and the NECS team have been actively involved throughout the process. The development of the plan has taken a collaborative approach, involving service users, carers and other stakeholders.

Procurement

N/A

Disability Issues

N/A

Legal Implications

N/A

Appendix 2

Terms of Reference

No Health without Mental Health Implementation Group

1. Purpose

- 1.1 The purpose of the group is to support and drive the delivery of the No Health without Mental Health Implementation Plan.
- 1.2 The aim of the group is to monitor each of the priorities identified in the Implementation Plan

2. Objectives

- 2.1 The objectives of the group are:
 - 2.2.1 To ensure delivery of each priority identified in the Implementation Plan
 - 2.2.2 To receive reports from each of the working groups identified in Appendix 1 updating on their priorities using the agreed pro forma in Appendix 2
 - 2.2.3 To collate an update report for the Mental Health Partnership Board 3 times per year
 - 2.2.4 To review the Implementation Plan annually to ensure priorities are correct ensuring a co-production approach

3. Membership

- 3.1 The group will consist of the Chair or a representative from the following groups:
 - Countywide Service User & Carer Forum
 - County Durham Mental Health Provider & Stakeholder Forum
 - Public Mental Health Strategy Implementation Group
 - Children and Young Peoples Mental Health & Emotional Wellbeing Group
 - Mental Health Crisis Care Concordat Task Group
 - Dual Needs Strategy Implementation Group
 - Mental Health and Learning Disabilities Joint Commissioning Group
 - Mental Health Care Delivery Working Group
- 3.2 It is the responsibility of the Chair of each group to arrange for a suitable deputy to attend in instances of absence.

3.3 Other stakeholders may be invited to attend the group as a representative from the various other groups

4. Accountability

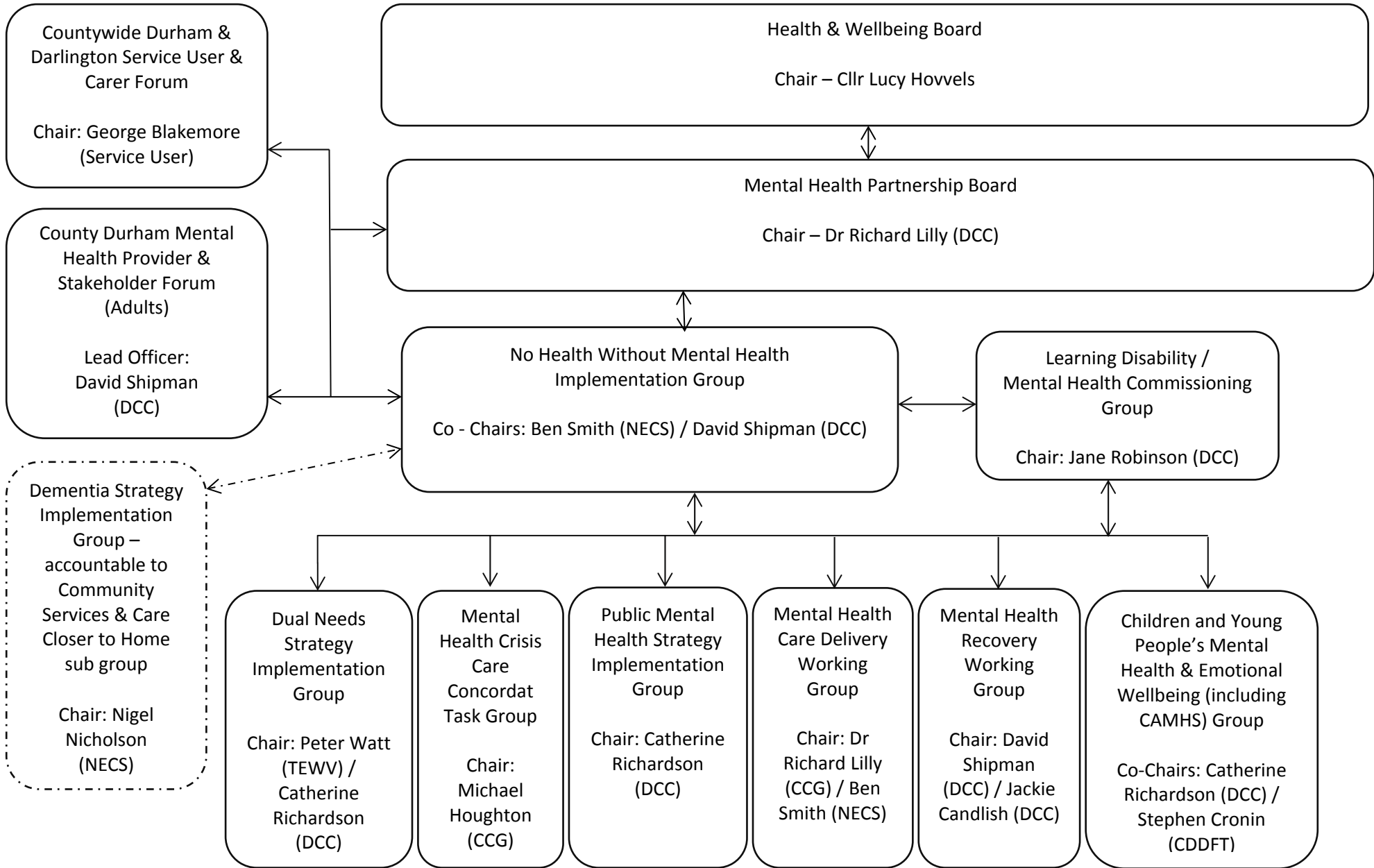
4.1 The group will be accountable to the Mental Health Partnership Board

5. Frequency and Review

5.1 The group will meet bi – monthly. The inaugural meeting will take place in November 2014

5.2 Terms of Reference are to be reviewed annually.




Appendix 3 – Governance Structure



Appendix 4 – Example of completed pro forma

No Health without Mental Health Implementation Group Priorities Update pro forma

Group Title	<i>Mental Health Crisis Care Concordat Task Group</i>		
Priority	<i>5.1 To co-ordinate a local response of the crisis care concordat</i>		
Reporting period covered	<i>November 2014</i>	<i>January 2015</i>	
Named Lead	<i>Michael Houghton / Karen Turner</i>		
Overall RAG Status	R	A	G

Legend	
	<i>Major issues</i>
	<i>On track with minor issues</i>
	<i>On track</i>

Comments

Actions	Updates	RAG
<p>Develop/gain commitment to the Mental Health Crisis Care Concordat (MHCCC) Declaration and develop the MHCCC Action Plan.</p>	<p>Draft MHCCC Declaration (and draft MHCCC Action Plan) was shared at the County Durham Big Tent event. The MHCCC Declaration has been approved/signed off by the Health and Wellbeing Boards and members of the Concordat project group; and has been published on the National Crisis Care Concordat website portal.</p> <p>Draft collective MHCCC Action Plan currently under revision with partners, inclusive of consultation with users/carers regarding their experiences of mental health crises/needs. Final MHCCC Action Plan to be approved by responsible organisations by the end of February 2015, with final approval by the Health and Wellbeing Boards by the end of March 2015.</p>	G

Any decisions to make or discussions required at the Mental Health Partnership Board?

- Draft Action Plan to be presented to next Partnership Board

Please outline any areas of work that require clarity or decisions in order to progress

- None currently.

Key Deliverables for next period

Deliverable Name	Owner	Deadline date	Estimated Start Date	Estimated Completion Date	Status
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Users/Carers' Feedback regarding their experiences of mental health crises/needs <i>(to inform the action plan 'actions'/how the plan will be implemented - user/carer consultation plan/supporting documentation under development).</i>	K Turner	28.02.15	26.01.15	28.02.15	
North East Ambulance Service Action Plan (to support the MHCCC Action Plan).	D Haworth Dawn Temple-Scott	16.01.15	16.01.15	16.01.15	
Final MHCCC Action Plan approved/signed-off by partners and shared with organisations (internal consultation/approval plan/supporting documentation under development).	K Turner Concordat Members	27.02.15	19.01.15	27.02.15	
Final MHCCC Action Plan approved by Health and Wellbeing Boards.	K Turner M Houghton	31.03.15	19.01.15	31.03.15	
Final MHCCC Action Plan published on National Crisis Care Concordat website portal.	K Turner	31.03.15	24.03.15	31.03.15	

Key Risk & Issues


RAG	Risk or Issue	Title of Risk or Issue	Description	Impact	Action Plan	Post Mitigation RAG Status	Action Owner
	No risk currently identified						

Appendix 5 - Action Plan

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1. More people will have good mental health					

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1.1 Undertake an assessment of the mental health needs of the population of County Durham	a. Scheduled meetings in place to develop the needs assessment	Public Mental Health Strategy Implementation Group	Dec 15	Community Engagement Event scheduled for June 2015 Final Report due Dec 2015	
1.2 Develop and implement programmes to increase resilience and wellbeing through practical support on healthy lifestyles		Public Mental Health Strategy Implementation Group	Ongoing	<p>Resilience programmes are commissioned by Public Health.</p> <p>Academic Resilience in schools programme to commence after Easter 2015.</p> <p>Mindfulness community and schools programme currently delivered</p>	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
1.3 Develop an Integrated Primary Care model for access to talking therapies	a. Model currently being developed	Mental Health Care Delivery Working Group	Ongoing	The proposed model wasn't supported by all CCG's. Further work is being undertaken to reform counselling and meet new national standards around waiting times for talking therapies.	Yellow
1.4 The development and implementation of the Children & Young Peoples Mental Health & Emotional Wellbeing Plan		Children & Young Peoples Mental Health & Emotional Wellbeing Group	Dec 15	First meeting has been held. Co-chair Steve Cronin/Caroline O'Neil, plan will be in place Dec 15. In the interim still monitoring CAMHS Strategy	Green

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<p>1.5 Implement the multi-agency Public Mental Health and Suicide Prevention Strategy for County Durham</p>	<p>a. Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education</p>	<p>Public Mental Health Strategy Implementation Group</p>	<p>Ongoing</p>	<p>Social prescribing service in place includes access to arts, learning, volunteering, time banks and books on prescription.</p>	
	<p>b. Prevention of mental illness and dementia through targeted interventions for groups at high risk</p>		<p>Ongoing</p>	<p>Targeted work on high risk groups include mindfulness based stress reduction programme with carers, young carers, people recovering from substance misuse in addition to general MBSR programme within community</p>	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
	c. Reduce the suicide and self-harm rate for Co Durham	Strategy Implementation Group	Ongoing	<p>Suicide prevention plan in place to include model for County Durham safer suicide communities and zero suicide model for health services.</p> <p>Suicide and attempted suicide early alert system in place.</p>	
	d. Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms		Ongoing	Mindfulness Based Stress Reduction programme available to those with poor mental health	
	e. Improve early detection and intervention for mental ill-health across lifespan	Public Mental Health	Ongoing	Draft dual needs strategy to be consulted on Feb 15	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
	f. Increase early recognition of mental ill-health through improved detection screening and training the workforce	Strategy Implementation Group	Ongoing	Programme to improve the screening for dementia through GP's.	
	g. Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups		Ongoing	Strong links to domestic abuse strategy being developed working with victims and families to develop support network and awareness raising of impact of Domestic Abuse on mental health	
2. More people with mental health problems will recover					
2.1 Work together to find ways that will support the armed services community who have poor mental or physical health		Armed Forces Forum	April 15	Group to agree responsibility for action	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2.2 Ensure that people using mental health services who are in employment have a care plan that reflects the additional support needed to help them retain this employment		Mental Health Care Delivery Working Group	Ongoing	All clinicians with a lead role in an individual's care will identify their recovery goals with them, including if there are any additional issues specifically relating to their mental health which may pose a risk to their employment.	
2.3 Implement the Recovery College to offer training opportunities for people with mental health difficulties to gain a better understanding of their difficulties and how to manage them as well as providing opportunities to learn from others with similar experiences	a. Establish a recovery college steering group and a project plan	New Recovery Working Group	Jun 14	Group established, project plan in place	
	b. Launch recovery college		Sept 14	College launched in September 14	
	c. Monitor and evaluate		March 15	Evaluation due	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2.4 Ensure that all services adopt a Recovery orientated approach and use validated recovery measure to evaluate outcomes. By using relevant recovery related Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) enables service providers and service users to evaluate progress.	a. Local Authority to link with pilot providers	New Recovery Working Group	Feb 15	Jackie Candlish to establish	
	b. Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice		Ongoing	Mental Health and employment trailblazer	
2.5 Explore opportunities to embed co-production and peer support models within contracts	a. Use best practice examples such as the recovery college in other commissioned services	All groups to update	Ongoing September 15	Roll out of school programme – peer education emotional and mental health programme in secondary schools. Suicide safer communities young people champions model	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
2.6 Ongoing monitoring and awareness of the financial challenges and how the welfare reforms impact on the ability to access services	a. Service providers to report on people unable to access services if they have to self-fund	Public Mental Health Strategy Implementation Group	Ongoing	Welfare and Mental Health group established focussed on the impact of changes in welfare system.	
	b. Ensure we use stakeholder groups to raise awareness and to communicate issues to the Mental Health Partnership Board & Joint Commissioning Group		Ongoing	Are we still waiting for the engagement plan for this?	
2.7 Ensure service users and their carers have access to NICE recommended guidance and evidence based interventions	a. Ensure specifications include NICE guidance and best practice is promoted through service user and carer forums	All groups to update	July 15	PHINE forum developed to share NICE guidance – this will be uploaded to suicide safer communities website when available	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
3. More people with mental health problems will have good physical health					
3.1 Develop a more integrated response for people with both mental and physical health conditions		Mental Health Care Delivery Working Group	Ongoing	Richard Lilly to contact CDDFT Leads and arrange to meet and discuss	
		Public Mental Health Strategy Implementation Group	Ongoing	CQUIN in place with TEWV	
3.2 Provide a wide range of physical activity opportunities across County Durham to support more active lifestyles		Public Mental Health Strategy Implementation Group		Pilot programme proposal to MHPB Feb 15 to work with service users and carers in developing a programme to improve physical activity for this group.	
3.3 Ensure that people with mental health conditions have their physical health needs actively addressed	a. Health MOT CQUIN	Mental Health Care Delivery Working Group	July 2015	Physical health is being addressed as a specific priority within TEWV. There are	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
Cont.				<p>a range of projects in place to ensure that physical health checks, where it is appropriate for TEWV to do these, are completed in a timely and robust way and improvements in the way we record these are being progressed. Various improvement activities have supported this. There are especially robust and regular monitoring processes in place for people taking specific types of medication, eg clozapine, lithium</p>	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
Cont.				All patients receive general lifestyle advice as part of the TEWV assessment and treatment process, this includes support to access community activities and provision of specific activities to promote physical wellbeing for inpatients.	
	b. Links to wider lifestyle activities within community and ensuring new wellbeing services are available to those with mental health conditions	People with mental health conditions will be offered a service through new wellbeing for life service			

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
4. More people will have a positive experience of care and support					
4.1 Continue to improve access to psychological therapies and other interventions		Mental Health Care Delivery Working Group	Ongoing	This links to priority 1.3	
4.2 Improve experience of hospital discharge processes		Mental Health Care Delivery Working Group	Ongoing	<p>There are 3 existing providers currently running a pilot at Lanchester Road Hospital offering support for those who are homeless or have housing issues.</p> <p>Regular patient experience surveys to be monitored and actions taken accordingly – to be reviewed by TEWV directorate governance group</p>	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<p>4.3 Through co-production involve individuals & carers more closely in decisions about the shape of future service provision</p>		All groups to update	Ongoing	<p>Service Users will be involved in the LGA Peer Audit of mental health services in February.</p> <p>Presentations at the January Mental Health provider and stakeholder forum on wellbeing for life, Healthwatch and the crisis care concordat gave service users and carers the opportunity to discuss the future shape of provision.</p> <p>TEWV have the triangle of care in place.</p>	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
4.4 Work together to give people greater choice and control over the services they purchase and the care that they receive		All groups to update	Ongoing	Increasing use of PHB's, through the councils direct payments service. Work ongoing with NECS to ensure health colleagues are involved.	
4.5 Improve awareness of the range of service provision available to General Practices and improve the accessibility and uptake to these services	a. Promote the Durham County Council e-Marketplace and Durham Information Guide	Mental Health Care Delivery Working Group	April – June 2015	An event is scheduled on 25 th February with providers to present the new system	
	b. Develop robust and sustainable directory across all sectors which can be easily accessed by frontline staff		July 15	Wellbeing for Life asset mapping, Suicide safer communities website, Durham Information Guide	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
	c. To develop a mental health navigation model and ensure these are accessible for each general practice within Co Durham		March 16	Proposed model going to the MHPB 19 th Feb 15	
	d. Ensure cross agency working with respect to access to the health navigation model		March 16	Proposed model going to the MHPB 19 th Feb 15	
4.6 Develop and implementation the Co Durham Dual Needs Strategy		Dual Needs Strategy Implementation Group		Dual Needs Strategy in draft for consultation end of Feb 15	
5. Fewer people will suffer avoidable harm					
5.1 To co-ordinate a local response of the Crisis Care Concordat		Mental Health Crisis Care Concordat Task Group	End Mar 15	Action Plan is in draft following feedback from stakeholders. Presented to MHPB in February. Final plan complete March 2015.	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
5.2 To develop a more extensive, accessible crisis team		Mental Health Care Delivery Working Group	Ongoing	Crisis review recommendations Are being finalised. Changes to crisis services will be defined by the implementation of the recommendations of the concordat	
5.3 To ensure close working with all County Durham partnership groups that have an impact on mental health issues		Public Mental Health Strategy Implementation Group		PMH strategy group in place – matrix working into CDP structures	
6. Fewer people will experience stigma and discrimination					
6.1 Work with the voluntary and community sector to develop opportunities for early identification of those people at risk of social isolation		Public Mental Health Strategy Implementation Group		Director of Public Health report focussing on social isolation due to be published Feb/March 15.	

Priority	Action(s)	Lead Group	Timescale	Key updates	RAG
<p>6.2 Undertake local campaigns to raise awareness as well as taking an active part in any regional or national campaigns</p>	<p>a. Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, within the workplace and other settings</p>	<p>Public Mental Health Strategy Implementation Group</p>		<p>Workplace health programme in promoting workplaces to sign up to Mindful Employer standards</p>	