

Health and Wellbeing Board

27 November 2017



Refreshing Durham's Mental Health and the Work of the Mental Health Partnership Board

Report of Amanda Healy, Director of Public Health, Durham County Council

Purpose of the Report

- 1 To present the agreed draft priorities for mental health into a single plan on a page for the Health and Wellbeing Board to agree for wider consultation.
- 2 The report also highlights a number of crosscutting themes, and provides an update on the current governance arrangements.
- 3 This plan on a page is a draft for comment and a timeline for consultation is included in appendix three.

Introduction

- 4 Durham County Council (DCC) has recently conducted a strategic review of community mental health, public mental health and preventative services with the CCGs and partners. This review has led to the development of a new preventative mental health and wellbeing model and refreshed work programs for the sub groups of the Mental Health Partnership Board.
- 5 This review has highlighted some areas of good practice across the partnership as well as across the life course including:
 - Resilience nurses within schools as part of DCCs 0-19 service,
 - Wellbeing for Life,
 - Dementia friendly communities,
 - Tees Esk and Wear Valleys NHS Foundation Trust going smoke free for mental health,
 - DPH report focusing on Work and Health including mental health and wellbeing,
 - Capacity building for mental health first aid,
 - Area Action Partnerships across County Durham many of which focus on mental health and wellbeing
 - Men's Sheds networks
 - Suicide early alert system

Local Government Association, prevention at scale support

- 6 The County Durham Partnership is working with the Local Government Association on the mental health prevention at scale programme. The wider County Durham Partnership have recently undertaken an exercise to identify shared areas for system focus. Mental health has emerged as the key priority that partners across NHS, Police and community sector wish to address collectively.
- 7 County Durham has a long history of work in supporting people with mental health needs. This has been overseen by the Mental Health Partnership Board (MHPB) which provided the leadership for the development and implementation of the County Durham “No Health Without Mental Health” Implementation Plan 2013-17.
- 8 Reporting to the MHPB, are five multi-agency working groups (as outlined below), each with a detailed work programme that underpins the groups addressing key areas of need:
 - children and young people
 - adults
 - suicide and self-harm
 - dementia
 - crisis care
- 9 The work arising from these five groups has been summarised in a single mental health plan on a page (Appendix 2). This highlights each group’s overarching objectives, their key areas of focus to support delivery of those objectives and a summary of key performance indicators to measure progress.

Key Priorities

- 10 There are 17 priority areas, underpinned by key areas of focus/ interventions. These are derived from national guidance and best practice set against local need as determined from the Joint Strategic Needs Assessment.
- 11 Work will be focused within each of the sub-groups to take forward these priorities with regular updates on progress being shared with the MHPB, HWB and partners, however, it should be noted that these priorities do not represent the totality of work being overseen by the sub-groups, but are a subset of the more detailed work programme being undertaken by the sub groups and partners.

Monitoring Progress

- 12 Following agreement of a robust performance framework, progress will be monitored through both longer term outcomes framework indicators and short term output indicators derived from the interventions and programme of work that are currently in place to take these objectives forward. For example, in the case of the Dementia sub group, the Public Health Outcomes Framework will be used to monitor the estimated dementia diagnosis that is reported through the public health outcomes framework on an annual basis, but in the short term, we will also measure outputs from the work of the subgroup such as the number of dementia champions recruited and dementia cafes opened. This approach has been agreed

with the sub group leads and progress will be monitored through the Mental Health Partnership Board.

Crosscutting Themes

- 13 Five cross-cutting themes have emerged from the detailed work programmes of the five sub groups, and consideration should be given to co-ordinating these across the groups in a single plan for to avoid duplication and ensure economies of scale.

Workforce

- 14 The importance of workforce development is highlighted in four of the five sub-groups and it is important to ensure that staff have the right knowledge, skills and competencies to respond to the needs of mental health services users and their families. This includes enabling staff to participate in training courses such as mental health first aid, dementia awareness, suicide prevention training and the Children and Young People's (CYP) Improving Access to Psychological Therapies (IAPT) workforce capability programme.
- 15 In order to better co-ordinate such training programmes across the 5 groups, a proposal is being put to the MHPB to work with local partners (including STPs and Health Education England), to develop a multi-agency workforce plan. This would complement the work being taken forward to support the national mental health workforce plan for England published by Health Education England (HEE) in July 2017¹.

Engagement and Communications

- 16 Three of the sub groups identified the importance of engagement and communications. However, meaningful engagement of users, parents and carers/families as well as developing effective communication with stakeholders and the media is important for all of the groups, as well as the MHPB.
- 17 Communication, especially around media campaigns where key messages are delivered with the aim of reducing stigma and discrimination, is more effective when it is targeted appropriately, is consistent, and when the principle of "one message, many messengers" is adopted. To do otherwise, has the danger of appearing fragmented and diluting the impact of the message.
- 18 A proposal is therefore being taken to the MHPB to develop an engagement and communications plan that will, amongst other things continue to raise public awareness and understanding about mental health and dementia, continue to support the *Time to Change* campaign, and promote local positive role models. The plan could also consider work to review information provided by agencies and encourage help seeking behaviour leading to earlier interventions.

¹ https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf

Evidence Led

- 19 Like the original County Durham Public Mental Health Strategy, the future work of the MHPB and its sub groups should be underpinned by the best possible evidence and intelligence drawn from the mental health and dementia Integrated Needs Assessment, as well as national policy.
- 20 As the lifespan for the current County Durham “No Health Without Mental Health” Implementation Plan 2013-17 draws to a close, it seems an appropriate time to take stock of the work across the partnership and to consider whether it is necessary to set out new priorities for future work, informed by our Integrated Needs Assessment (March 2017) as well as recent national guidance published in June² and August 2017^{3 4 5 6}.
- 21 A proposal is therefore being taken to the MHPB, for a development day, allowing for members to consider the latest evidence, and enabling the opportunity to reflect on progress and to reaffirm future priorities through the sub-groups. All of this will be following the agreement of robust performance measures. These can be reviewed on an annual basis to ensure that the plan on a page remains up to date, based on best practice and is responsive to local need. A report on progress over the previous 12 months should also be made to the Health and Wellbeing Board.

Good Governance

- 22 Overall, for these mental health programmes to work, good governance is needed, holding people to account for what they promise to deliver and monitoring progress on a regular basis.
- 23 The plan on a page sets out 17 key priorities across the five mental health sub groups, along with a set of indicators and the means by which progress can be measured on a regular basis.
- 24 Whilst there are clear lines of accountability between the sub groups, MHPB and the HWB, there has only recently been the appointment of a new chair for the MHPB, Dr Helen Cook, Clinical Mental Health lead, North Durham CCG. Appropriate partnership support also needs to be considered as part of the governance arrangements.
- 25 Governance arrangements will be considered as part of the development of the strategic mental health plan on a page.

Think Family

- 26 All sub groups need to consider the impact of their work on the family unit.

² https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_web2.pdf

³ <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

⁴ <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>

⁵ <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource>

⁶ <https://www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning>

Conclusion and next steps

- 27 This paper has set out a simplified set of priorities and objectives in a single '*plan on a page*' for mental health, along with a set of underpinning indicators that will measure progress over time.
- 28 In addition, the paper identifies some crosscutting themes and governance arrangements, the management of which it is proposed to discuss and take forward with the MHPB.
- 29 A robust analysis on the performance framework will take place to ensure that outcomes and outputs are measurable
- 30 This strategic mental health plan on a page is to go out for wider consultation and feedback with a timeline for engagement listed in Appendix 3.

Recommendations

- 31 The Health and Wellbeing Board are recommended to:
 - (a) Agree the draft strategic mental health plan (Appendix 2) on a page for wider consultation
 - (b) Note the consultation timeline for agreement of the strategic mental health plan on a page in March 2018.

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Appendix 1: Implications

Finance

Significant pressures exist for all partners therefore more coordinated and joined up approaches are essential. The value in developing crosscutting programmes of work will be considered by all partners.

Staffing

There are long-term issues about developing and equipping the workforce to be able to develop specialist and population level interventions; this will be considered by all partners.

Risk

Partnership support is required for the mental health agenda and failure to identify appropriate support may result in a risk to performance and to the monitoring of activities relating to vulnerable groups.

Equality and Diversity / Public Sector Equality Duty

All partners will meet their statutory duties

Accommodation

N/A

Crime and Disorder

The implications are described in the fuller plans being developed by the MHPB sub groups.

Human Rights

N/A

Consultation

Consultation will be through the mental health user and consultation forums along with other key stakeholders including schools

Procurement

N/A

Disability Issues

The implications are described in the cover paper as parity of esteem

Legal Implications

There are mandated requirements for the MHPB that require oversight, for example the care crisis concordat.

Appendix 2: Mental Health Plan on a Page

Attached as a separate document

Appendix 3

Timeline for County Durham Strategic Mental Health plan on a page

Meeting	Date	Purpose
Health and Wellbeing Board	27 th November 2017	Agree consultation draft for wider consultation
Children and Families Partnership	From 28 th November 2017	Consultation
Safe Durham Partnership	From 28 th November 2017	Consultation
Local Safeguarding Children Board	From 28 th November 2017	Consultation
Local Safeguarding Adults Board	From 28 th November 2017	Consultation
Wider stakeholders TBC including schools, mental health stakeholders	From 28 th November 2017	Consultation
Health and Wellbeing Board	20 th March 2018	Formal Agreement of MHS
Cabinet	16 th May 2018	Endorsement of MHS