

**County Durham Mental Health Strategic Partnership Board
Mental Health Strategy and Concordat**

2018-21

FINAL DRAFT

Introduction

This paper sets out our strategy for better mental health in Durham, and our commitment as a Strategic Partnership Board, to work together according to the principles in the national *Prevention Concordat for Better Mental Health*.

The following pages include the case for action, with a summary of the mental health needs of Durham residents; the context within which our work will be taken forward, including the current policy drivers and evidence base; and the workstreams we have currently established, including their work programmes and priorities. It also sets out our commitment to work together across the Partnership and highlights four key actions to be taken forward.

The case for action

Mental health and wellbeing refers to a combination of feeling good and functioning effectively. Good mental health and resilience is the foundation for wellbeing and the effective functioning of individuals and communities. Poor mental health and wellbeing contributes to poorer outcomes across the life course and reinforce inequalities. Poor mental health (including suicide) accounts for 20% of the total burden of disease in the UK compared to 17% for cardiovascular diseases and 16% for cancer¹.

We know that²:

- One in ten children experience a mental health problem
- One in six adults have had a common mental health problem in the past week
- One in five adults has considered taking their life at one point
- Nine in ten people with mental health problems experience stigma and discrimination

We also know that in Durham³:

- Young people's and adult's admission rates for self-harm are higher in Durham than in England and the North East.
- Almost 5,000 people in County Durham are registered with dementia and over 42,600 people are registered with depression
- The rate of death by suicide for the period 2014-16 is higher in County Durham (12.6 per 100,000) than England and the North East.

¹ <https://www.durhaminsight.info/wp-content/uploads/2018/05/MentalHealthAndWellbeingHSCW015.pdf>

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640669/Prevention_Concordat_for_Better_Mental_Health_Planning_Resource_Infographic.pdf

³ <https://www.durhaminsight.info/wp-content/uploads/2018/05/MentalHealthAndWellbeingHSCW015.pdf>

Population estimates also suggest that⁴:

- 6,580 children and young people who have a mental health disorder
- around 25,000 people have an eating disorder (6.5%)
- over 16,500 people have a general anxiety disorder (4.3%)
- almost 11,500 people have post-traumatic stress disorder

Groups at higher risk of suffering from poor mental health include:

- more deprived populations
- those living in poor housing
- those with poor educational attainment
- the unemployed
- older people
- those with long term conditions, e.g. coronary heart disease
- lesbian, gay, transgender and trans (LGBT) people
- people with learning disabilities.
- Looked after children

Policy drivers

Given the significance of mental ill health and the importance of mental health, there are a significant number of policy documents guiding the work of statutory organisations across the UK. These include:

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011)

This strategy is a cross government mental health strategy for people of all ages drawing together the wider principles that the government has laid down for its health reforms, including patient centred care and locally determined priorities and delivery. It sets out the “high level” objectives to improve the mental health and wellbeing of the population;

1. More people will have good mental health.
2. More people with mental health problems will recover.
3. More people with mental health problems will have good physical health.
4. More people will have a positive experience of care and support.
5. Fewer people will suffer avoidable harm.
6. Fewer people will experience stigma and discrimination

⁴ <https://www.durhaminsight.info/wp-content/uploads/2018/05/MentalHealthAndWellbeingHSCW015.pdf>

The National Mental Health Crisis Care Concordat (2014)

One of the key aims of the national concordat is to develop joined up service responses to people who are in mental health crisis. The Mental Health Crisis Care Concordat Local Action Plan mirrors the objectives of the national concordat and focuses on: continued implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act, review of protocols for people presenting with mental health problems and intoxication from alcohol or drugs, reviewing data sharing proposals between health and the police and reviewing the evidence from the national “Street Triage pilots”.

Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing (March 2015)

This sets out a number of proposals the government wishes to see by 2020. They include tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing ‘one stop shop’ support services in the community and improving access for children and young people who are particularly vulnerable. The report also calls for a step change in the way care is delivered moving away from a tiered model towards one built around the needs of children, young people and their families. A Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for County Durham (2015-2020) has been developed to take the work forward.

The Five Year Forward View for Mental Health (2016)

The Five Year Forward View (2016) recognises that the NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services.

Its contains 12 recommendations support a range of work including the implementation of Future in Mind, the need for all areas to have suicide prevention plans, action to tackle alcohol and drug addiction, access to psychological therapies and employment support, building the evidence base for specialist housing support and supported housing, and continuing to tackle stigma and discrimination through behaviour change interventions, such as Time to Change, and establishing Mental Health Champions in each community.

Preventing Suicide in England (2017): Third progress report of the cross-government outcomes strategy to save lives

This strategy focuses on:

- Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan by 2017, with agreed priorities and actions;

- Better targeting of suicide prevention and help seeking in high risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services;
- Improving data at national and local level and how this data is used to help take action and target efforts more accurately;
- Improving responses to bereavement by suicide
- Expanding the scope of the national strategy to include self-harm prevention in its own right.

Living well with dementia (2009): A National Dementia Strategy

Aims to ensure that significant improvements are made to dementia services across three key areas:

- improved awareness,
- earlier diagnosis and intervention,
- And a higher quality of care.

The strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. This Strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for in England.

Transforming Children and Young People's Mental Health Provision (2017)

This [Green Paper](#) builds in *Future in Mind* and highlights the role that schools and colleges can play in identifying mental health needs at an early stage. It proposes identifying designated staff for mental health to provide rapid advice consultation and signposting; the funding of new Mental Health Support Teams to provide extra capacity for early intervention; and the introduction of a four week waiting time for access o specialist NHS children and young people's mental health services. [The Government's response](#) was published in July 2018 setting out plans to pilot these three elements from 2019.

Mental Health at Scale

Durham is one of 14 national pilot sites to work with the local government association (LGA) on an area of population health that could be considered beneficial to work on *at scale* across the community over a 12 month period. Following consultation with all the strategic thematic partnerships of County Durham, mental health was identified as the primary priority locally with the focus of the work being, *the reduction of deaths by suicide with a focus on workforce and anti-stigma and discrimination*.

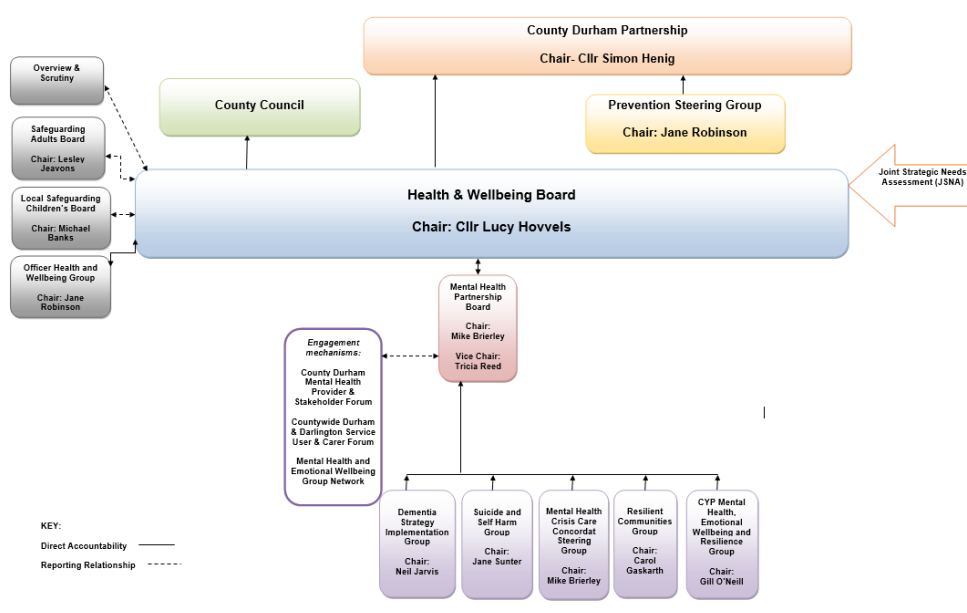
Three specific segments of the population were identified for the programme:

- men aged 40 – 49 years due to this group being the highest risk for suicide attempts – linked to the workforce and business sector in County Durham
- young people of secondary school age due to high volume of reported self-harm which is a risk factor for suicide attempts and,
- the third segment is a much broader community approach working across the 14 area action partnership (AAPs) to challenge stigma and discrimination with the aim of encouraging more people to talk about mental health.

The Mental Health Strategic Partnership Board (MHSPB)

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.

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.



The Mental Health Strategic Partnership Board oversees five workstreams, each managing the delivery of a range of key priorities, including those required through national directives, as well as actions agreed under the County Durham Health and Wellbeing Strategy for 2016-19. These priorities formed the basis of our Strategic Plan for 2017-20, which was consulted upon

in March 2018, and which has been refreshed to better represent local wishes and needs. Our Strategic Plan for 2018-2021 can be seen in Appendix 1

Our workstreams and current priorities

The MHSPB currently oversees five workstreams:

1. Children and young people (Chair, Gill, O'Neill, Deputy Director of Public Health, Durham County Council)
2. Suicide prevention alliance (Chair, Jane Sunter, Public Health Strategic Manager, Durham County Council)
3. Crisis Care concordat (Chair, Mike Brierley, Director of Corporate Programmes, Delivery and Operations, North Durham CCG)
4. Dementia Strategy Implementation Group (Chair, Neil Jarvis, Strategic Commissioning Manager, Durham County Council)
5. Resilient Communities (Chair, Carol Gaskarth, Chief Executive, Pioneering Care Centre)

Collectively, the workstreams are focused on the delivery of 19 priority areas, underpinned by a series interventions. These 19 priorities, are detailed in the Mental Health Strategic Partnership Board's Strategic Plan and are derived from national guidance and best practice set against local need as determined from the JSNA and national policy and guidance. However, it should be noted that these priorities do not represent the totality of work being overseen by the workstreams, but rather are a subset of more detailed work programmes.

Using the Evidence Base

There is good evidence for a number of public mental health interventions, which are shown to provide significant economic savings (Joint Commissioning Panel for Mental Health, 2013). 'No health without mental health', the national mental health strategy highlighted that 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. This found that for every £1 invested, the potential net savings were:

Saving (£)	Intervention
£84	• school-based social and emotional learning programmes
£44	• suicide prevention through GP training
£18	• early intervention for psychosis
£14	• school-based interventions to reduce bullying
£12	• screening and brief interventions in primary care for alcohol misuse
£10	• work-based mental health promotion (after 1 year)
£10	• early intervention for pre-psychosis
£8	• early interventions for parents of children with conduct disorder
£5	• early diagnosis and treatment of depression at work
£4	• debt advice services

The *Prevention Concordat for Better Mental Health*⁵ also provides a useful summary of evidence based actions and interventions alongside return on investment reports and relevant NICE guidance (see Appendix 2).

ACTION 1: We intend to systematically use this evidence base to review the work being progressed through our five current workstreams and use the outcome of that review to further shape our future strategic direction for 2018-21

Performance Framework

Durham County Council's (DCC) commissioning service have developed a performance framework to help monitor and report progress on implementing the strategic plan.

Quarterly highlight reports will be prepared, summarising the five priority areas of the strategic plan:

- Children and Young People
- Suicide Prevention
- Crisis Care Concordat
- Dementia Strategy Implementation
- Resilient Communities

As well as monitoring delivery of specific initiatives against deadlines, the MHSPB will also look to monitor changes in longer term outcomes.

Our approach to working

The following sets out the shared commitment of the organisations comprising the Mental Health Strategic Partnership Board. It highlights how we will work together to support the delivery of better mental health across County Durham, including the reduction in health inequalities, by using the [five domain framework for local action](#) recommended by Public Health England.

1. Needs and assets assessment- effective use of data and intelligence

“Constructing effective arrangements for better mental health requires a thorough understanding of the local context, including both needs and assets. Achieving better mental health across a local area requires an understanding of good health outcomes within and between population groups; the factors that create and protect health; and

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640748/Prevention_Concordat_for_Better_Mental_Health_Prevention_planning_resource_summary.pdf

an understanding of mental health problems and risk factors and the lived experience of the local population.”

Our commitment: Our work will be underpinned by the best possible evidence, using all available data from our statutory Joint Strategic Needs Assessment, and national policy. We will also work with our intelligence team and local communities to see how we can use the assets available to communities to best effect.

ACTION 2: We will refresh our strategy every three years to ensure that new emerging evidence is taken into consideration, taking into account any changing population needs that are identified. We will also use the opportunity to respond to directions resulting from revisions to the Health and Wellbeing Strategy supplemented by horizon scanning via our workstreams who will act as our expert advisors and sounding boards to help inform our strategic direction.

2. Partnership and alignment

“Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.”

Our commitment: In order to have the greatest reach and influence for our work, it is important that our Board reflects a broad range of partners as well as decision makers who operate at a strategic level from key organisations across County Durham.

We have recently refreshed the membership and terms of reference of our multi-agency Partnership Board and through them we aim to work with the widest possible range of people who are to influence mental health and reduce health inequalities. We will also work with public health colleagues to pay specific attention to the costs and benefits of ‘upstream’ mental health interventions, which might accrue to ‘downstream’ organisations and encourage their uptake.

Whilst some areas of work are under the direct influence and purview of the MHPB, many other programmes of work continue to be lead by our partners which are driven by and reported against national directives. These include such initiatives as the Talking Changes Services and the Accountable Care Partnership. We will expect our partners to work together with us, providing assurance that our work is aligned and mutually supportive, ensuring that duplication of effort does not occur and that gaps in service provision and the range of initiatives to support our work are addressed.

Working in partnership, also requires the meaningful engagement of voluntary groups and third sector organisations, those in education settings, as well as parents, carers, families, young people and adults with lived experience and who are at risk of developing mental health problems. Building on the recent

consultation we have held on our Strategic Plan, we will continue our dialogue with communities to ensure our work is guided by, and aligned with local needs and wishes. We will also work closely with the Service User forum and the Provider Forum, regularly seeking their views on the direction of the work we are undertaking.

Finally, it is important that the alignment of our work extends to communication, especially around media campaigns. For example, delivery of key messages 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.

ACTION 3: We will establish a task and finish group to advise us further on our work in this area and to consider the development of an engagement and communications plan which can be used across the workstreams, helping us continue to raise public awareness and understanding about mental health and dementia, address stigma and discrimination through building on the *Mental Health at Scale* pilot, *Stamp it Out* and the *Time to Change* campaign, and promote local positive role models.

3. Translating need into deliverable commitments

“Ensure that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations.”

Our commitment: Our five workstreams will have a key role in translating our assessment of need and strategic intent into deliverable interventions and work programmes. Their members, though the chairs of each workstream, will be drawn upon to offer advice, ensuring that interventions to deliver the strategy are grounded and pragmatic, and can be aligned with national policy and local funding streams.

The workstreams will also be responsible to the MHSPB for securing delivery of our strategy and through their members, seeking support of partners, whilst encouraging alignment and integration of plans across organisations to ensure maximum reach and impact.

In designing their work programmes, our workstreams will be required to ‘Think Family’, recognising that in order to improve and sustain outcomes for children, young people and families, a whole family approach to the delivery of services must be adopted. This needs also to recognise the roles that carers and significant others often play in the lives of individuals.

To support delivery, our strategy will be underpinned by a workforce development plan to ensure that staff in key roles have the right skills to support plans for better mental health in their organisation.

Training of our workforce is an issue that has been identified by each of our workstreams and ensuring staff have the knowledge and skills to improve mental health and wellbeing and prevent mental illness and suicide is a specific recommendation within the NHS Five Year Forward View for Mental Health, and Public Health England's (PHE) public mental health leadership and workforce development framework.

Public Health England sets out two key ambitions:

- Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

Additionally, our workstreams have emphasised the importance of enabling staff to participate in training courses such as mental health first aid, dementia awareness, suicide prevention training and the CYP IAPT workforce capability programme.

ACTION 4: There are a number of ways in which the MHSPB could influence the further development of our workforce ranging from the showcasing of exemplars to the development of a multi-agency workforce plan. We intend to establish a task and finish group that will advise us further on the most appropriate action for us to take collectively, taking into account the views and needs of our five workstreams.

4. Define success outcomes

“Having a clear understanding of how to measure outcomes in preventing mental health problems and promoting good mental health, and which would be most relevant to the local community”

Our commitment: Our current Strategic Plan sets out 19 key priorities across the five mental health workstreams, along with a set of outcomes and indicators providing the means by which progress can be measured on a regular basis.

Any revisions to our strategy will ensure that outcome and output measures are clearly identified by workstreams, with progress being monitored through a reporting framework and responsibility clearly identified. Quarterly progress reports against outcomes and outputs will be shared with the Partnership

Board. This approach has been agreed with the workstream chairs and progress will be monitored through the commissioning team in DCC.

5. Leadership and accountability

“Ensuring that a wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.”

Our commitment: It is important to hold people to account for what they promise to deliver and to monitor progress on a regular basis. The leadership for our work will sit jointly with the Local Authority and the CCG, with the Chair of the MHSPB being accountable to the Health and Wellbeing Board for delivery of our Strategic Plan. However, all members of the MHSPB should feel enabled to play key roles in our work and to challenge others on progress being made. We will have clear and transparent arrangements for decision-making including agendas and notes of meetings being publically available and shared through Board members and partner organisations.

Appendix 1 Strategic Plan

Mental Health and Wellbeing Strategic Plan 2018-21				
Individuals, Families and Communities in County Durham are supported to achieve their optimum mental wellbeing				
Children and Young People	Suicide prevention	Crisis Care Concordat	Dementia	Resilient Communities
<p>Priority/Objective</p> <ol style="list-style-type: none"> Promoting resilience, prevention and early intervention Improving access and effective support Caring for the most vulnerable 	<p>Priority/Objective</p> <ol style="list-style-type: none"> Targeted mental health prevention work with high risk groups including those at risk of self-harm Improving awareness of pathways available to support people expressing suicidal thoughts Review the effectiveness of processes relating to post-vention support Providing support for individuals and communities affected by suicide 	<p>Priority/Objective</p> <ol style="list-style-type: none"> Ensure that those detained under the Mental Health Act are taken to hospital in a timely manner Supporting frequent users who cross services (police, A&E, primary care etc) Developing a Single Point of Access for those seeking mental health support when in crisis Support the actions arising from the COO crisis review (awaiting publication) 	<p>Priority/Objective</p> <ol style="list-style-type: none"> Improved public and professional awareness & understanding of dementia Early diagnosis and intervention for people with dementia and their carers Good quality information for those with diagnosed dementia and their carers Ensuring people with dementia can live well at home and throughout their dementia journey 	<p>Priority/Objective</p> <ol style="list-style-type: none"> Promote positive mental wellbeing and recovery in adults inc. vulnerable groups Acknowledge and address the impact of the wider determinants of mental ill health eg housing, employment & poverty Reduce entry and re-entry into health and social care by providing early intervention and recovery support Acknowledging and challenging the impact of stigma and discrimination
<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> Roll out Youth Aware Mental health (YAM) to all year 9 pupils Embed bereavement support as a mainstay in offer Roll out intensive home treatment including community support Understand the MH needs of vulnerable populations and provide targeted support Reduce the rate of self-harm through better identification Improve transition for CYP from CAMHS into appropriate adult services 	<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> Develop suicide alliance prevention plan by 12/18 as part of mental health strategy refresh Produce an annual suicide audit by 12/20 Review the suicide early alert systems and post-vention support by 05/19 	<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> Continuing service for detained patients produced by April 2019 Further modelling of 'Familiar Faces' work to assess impact Single Point of Access established via TDVV Crisis team The Crisis review (details October 20) will have actions needing concordat support and leadership. An action plan will be developed 	<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> Increase the number of Dementia Friendly communities Continue to implement dementia awareness as part of the NHS Health checks through the provision of training and literature for primary care Develop an information guide for people with dementia and their carers 	<p>Key areas of focus/intervention</p> <ul style="list-style-type: none"> Convene a Project Board to deliver objectives and oversee implementation Review the potential mental health role of the Wellbeing for Life Service by 04/2020 Review current mental health support services commissioned by the Council against the above objectives and to strengthen cross-sector interfaces Review our County-wide approach to reducing stigma and discrimination
<p>Indicators/output measures</p> <ul style="list-style-type: none"> No of pupils accessing YAM and academic evaluation of implementation CYP receiving support and intervention report positive goals/outcomes Reduction in tier 4 admissions MH of vulnerable groups will be audited using standard (eg SDG in LAQ) A&E attendance for self-harm 90% of transfers will have a good quality transition plan in place by age 17/4 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Suicide Rate Hospital admissions for self-harm New suicide alliance prevention plan developed with supporting indicators Suicide Audit produced Early alert system reviewed and recommendations for post-vention support taken forward 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Timely response to those in crisis Ensuring those who frequently use multiple services get the first support at the right time Pathways are agreed for single points of access Action plan developed as a result of crisis review 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Registered dementia prevalence (DDP) Ratio of inpatient services to recorded diagnoses All diagnosis rates remain consistently above the national average Number of dementia friendly communities increased by 5 by 2020 Information Guide produced by 4/18 	<p>Indicators/output measures</p> <ul style="list-style-type: none"> Project Board convened by 01/19 Reviews completed throughout 2019/20 Mental Wellbeing Score (MWS) (MWS) Hospital Admissions No of people in secure accommodation No of people in paid employment Additional indicators will be developed with remodelled contract specifications Perceptors survey to monitor attitude change
<p>Cross Cutting Themes: Evidence Based & Intelligence Lead, Workforce, Good Governance, Communications and Engagement, Think Family</p>				

Appendix 2

NICE guidelines related to mental health

- * _NICE (2005) Depression in children and young people (CG28 updated March 2015 regarding psychological therapies and antidepressants)
- * _NICE (2008) Mental wellbeing in over 65s: occupational health and physical activity interventions [PH16]
- * _NICE (2008) Social and emotional wellbeing: early years [PH40].
- * _NICE (2009) Social and emotional wellbeing in secondary education, London: National Institute for Health and Care Excellence [PH20]
- * _NICE (2010) Alcohol Use Disorders: Preventing the Development of Hazardous and Harmful Drinking (PH24)
- * _NICE (2012) Promoting the social and emotional wellbeing of vulnerable preschool children (0-5 yrs): Systematic review level evidence.
- * _NICE (2013) Social and emotional wellbeing for children and young people. Developing an action plan. Advice [LGB12]
- * _NICE (2013) Looked after children and young people [QS31]
- * _NICE (2013) Psychosis and schizophrenia in children and young people: recognition and management [CG155] (updated October 2016)
- * _NICE (2014) guideline CG192 Antenatal and postnatal mental health clinical management and service guidance. (CG192) (Updated June 2015)
- * _NICE (2015) Workplace health: management practices [NG13] (Updated March 2016)
- * _NICE (2015) Home care: delivering personal care and practical support to older people living in their own homes [NG21]
- * _NICE (2015) Alcohol: preventing harmful use in the community (QS83)
- * _NICE (2015) Older people with social care needs and multiple long-term conditions (NG22)
- _NICE (2015) Older people: independence and mental wellbeing (NG32)
- * _NICE (2016) Antenatal and postnatal mental health (QS115)
- * _NICE (2016) Domestic violence and abuse (QS116)

- * _NICE (2016) Community engagement: improving health and wellbeing and reducing health inequalities (NG44)
- * _NICE (2016) Mental wellbeing and independence for older people (QS137)
- * _NICE (2016) Mental health problems in people with learning disabilities: prevention, assessment and management (NG54)
- * _NICE (2017) Mental Health of adults in contact with the criminal justice system (NG66)