



**NORTH YORKSHIRE HEALTH & WELLBEING BOARD**

**MENTAL HEALTH SERVICES BRIEFING**

**16 JULY 2014**

**1. Purpose of the Report**

- 1.1 This paper sets the scene for a presentation at the Health and Wellbeing Board.
- 1.2 To provide contextual background information for the Health and Wellbeing Board on the national and local position regarding Mental Health Services.

**2. National Context**

2.1 At a national level, '*No Health Without Mental Health*' (DH, 2010) set out clearly how important our mental health is to us as individuals and to our social and economic success as a nation. It introduces the concept of 'Parity of Esteem', stressing that mental health needs to be given equal priority with physical health. '*Closing the gap: priorities for essential change in mental health*' (DH, 2014) builds on this early thinking by introducing 25 areas of mental health care that local organisations can focus on to deliver tangible change.

2.1.1 The 25 areas are set within six objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

**2.2 Parity of Esteem**

Launching '*Closing the gap*', the Deputy Prime Minister expressed concern that mental health services may have taken more than their fair share of the

impact of the economic downturn. Attitudes to mental health are changing but stigma and ignorance still exist and it may sometimes have appeared easier to target mental health provision for cost savings than other more high-profile services. *'Everyone Counts'*, NHS England's planning guidance for 2014 to 2019, calls on Clinical Commissioning Groups (CCGs) to set out in their 5 year strategies how they will achieve parity of esteem. It is also evident that relatively small investment in mental health services can lead to significant savings elsewhere, such as reduced length of acute hospital stay or reduced burden on the criminal justice system.

### 2.3 **Mental Health Crisis Care Concordat**

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

2.4 Although the Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. North Yorkshire agencies are looking at how to implement this locally.

### 2.5 **Integration**

All evidence shows that improving mental health requires both health and social care input. Factors relating to social inclusion, accommodation and employment are as important as physical and psychological health in recovery from mental health problems.

There are three key arguments in favour of an integrated approach:

- **Continuity of care**, reducing the likelihood of people's needs being lost because of exclusion criteria in fragmented services and increasing the quality of care coordination;
- **Comprehensive service provision**, recognising that the social and illness factors in people's mental health cannot be separated and ensuring that all needs are addressed;
- **Cost reduction**, in terms of management savings, reduced duplication and efficient division of labour.

Ultimately the integration agenda needs to go across sectors, finding appropriate ways to join up police, acute healthcare and community healthcare to achieve successful outcomes.

### 3. North Yorkshire Context

3.1 The North Yorkshire Joint Health and Wellbeing Strategy identifies the emotional health and wellbeing of all age groups as a key area of focus between 2013 and 2018.

3.2 In addition to this, the Health and Wellbeing Board has agreed three priorities within the Better Care Fund (BCF) Plan submitted in April 2014 which for Mental Health include:

**Improve health, self-help and independence for North Yorkshire people by:**

- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,

**Invest in Primary Care and Community Services, including**

- Investing in core community health services to increase capacity,
- Developing mental health in-reach services to support people in acute care and in community settings,
- Investing in dementia services,

**Create a sustainable system**

- Developing more alternatives to long term care for older people and those with learning disability and mental health needs,
- Investing in support to carers,
- Working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

3.3 All North Yorkshire CCGs have identified mental health as a priority in their Strategic and Operational Plans and it is recognised that improving responses

to mental health problems will have benefits across the health and care system, as well as other partners, for example, the Police.

3.4 North Yorkshire County Council has a role both as commissioner and provider of mental health services and has also prioritised mental health in its '2020 North Yorkshire' plans.

3.5 Across North Yorkshire, NYCC works closely with several Mental Health Trusts, namely:

- Bradford District Care Trust (Craven),
- Tees Esk and Wear Valleys Mental Health Foundation Trust (Hambleton and Richmondshire, Scarborough, Whitby, Ryedale and Harrogate),
- Leeds / York Partnership Mental Health Foundation Trust (Selby/Easingwold).

While there are a number of examples of working structures and integrated arrangements in place, further work is required to ensure North Yorkshire builds effective and sustainable provision, and ensures that the principle of Parity of Esteem becomes a reality.

3.6 A refresh of the North Yorkshire Mental Health Strategy is currently underway, under the direction of the Director of Public Health on behalf of the Health & Wellbeing Board.

3.7 Just as there is a need to translate national strategy into what works for North Yorkshire and York, local variation within the county needs to be understood and addressed. Recognising the complexity of the North Yorkshire care system, improving the quality of mental health services should reflect the needs of local communities – a 'one size fits all approach' will not do. Services should be designed to keep people at home or, where care elsewhere is necessary, to return them home as soon as possible.

### 3.8 **Yorkshire & the Humber Strategic Clinical Networks**

As the care system seeks to change and improve, Strategic Clinical Networks are there to help with the development process. They are already demonstrating some key areas of progress, which include:

- CCG GP Mental Health Leadership Programme
- commissioning effective quality IAPT services
- organised the first regional IAPT provider's network meeting
- supporting the 'Yorkshire and the Humber Mental Health Collaborative' to understand the implications of the 'Crisis Care Concordat'

#### 4. Key Issues for North Yorkshire

There are common issues across the County and there is a need to work out the extent to which there are common solutions. The key issues include:

- 4.1 **Improving Access to Psychological Therapies:** Making sure there is sufficient investment and capacity within the IAPT programme that supports a more diverse approach to psychological therapies access at all tiers of service. Current arrangements for the provision of this service for the northern parts of North Yorkshire will transfer from Leeds and York Partnership Mental Health Foundation Trust to Tees Esk and Wear Valleys Foundation Trust this month.
- 4.2 **Dementia:** The Joint North Yorkshire and York Dementia Strategy 2011-2013 is currently being refreshed. This will ensure a continued focus on managing the challenges created by increased demand while commissioning a high quality range of services for people living with dementia and their carers. Early interventions have been shown to be cost effective and the newly commissioned Dementia Support Services in North Yorkshire have a key role to play in supporting people post-diagnosis.
- 4.3 **Diversity of provision:** There are some excellent examples of initiatives led by the non-statutory sector in North Yorkshire and York but there is also a significant opportunity to expand involvement of voluntary sector and independent sector groups and organisations.
- 4.4 **Acute/Psychiatric Liaison:** Work is underway to develop liaison psychiatry services across the county.
- 4.5 **Transitions:** Young people moving at age 18 from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services can experience a number of problems. Early Intervention in Psychosis services have bridged this gap for some but commissioners are exploring further development of an early intervention approach. North Yorkshire Children and Young People's Services have developed an Emotional Health and Wellbeing Strategy under the direction of the Children's Trust and the CAMHS Partnership Group. The strategy sets the vision for all children and young people in North Yorkshire to enjoy good emotional and mental health and sits in the context of the government's Mental Health Strategy (No Health without Mental Health) as described earlier.
- 4.6 **Specific populations:** Armed forces veterans and the families and dependents of the armed forces have specific needs. There is a changing pattern of ethnic origin across North Yorkshire and York. All services need to

ensure that people with learning disabilities and physical disabilities have access to services which meet their needs.

- 4.7 **Physical Health:** There is clear evidence that having a mental health problem compromises physical health. In North Yorkshire, people identified with a mental health problem are nearly four times more likely to die before they reach the age of 75 than those without. Suicide accounts for around 6% of these deaths, with the biggest cause being circulatory disease at 22%. Twice the number of people with mental health problems are smokers, compared to the general population.
- 4.8 **Estate:** There are significant challenges in terms of physical fabric of the buildings and facilities across the County and CCGs and Trusts are taking action to improve these settings.
- 4.9 **Response in crisis:** Two clinically-based Section 136 places of safety have recently opened, one in York and one in Scarborough. Progress to meet the needs of populations around Harrogate and Northallerton is also being made. The *Mental Health Crisis Care Concordat* presents an opportunity to embed the principle of all partners working together to meet the best interests of vulnerable people in crisis.

## 5. Recommendations

- 5.1 Health and Wellbeing Board is asked to note this background information alongside the presentations.