Health and Wellbeing Board
North Yorkshire

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Mental Health Strategy
30 September 2015

1. Purpose of Report

1.1 This report presents the final draft of the Mental Health Strategy for North Yorkshire. The Health and Wellbeing Board endorsed the initial draft strategy in June 2015 and agreed that further consultation should be undertaken to seek feedback from those who had helped to shape the strategy, to ensure it reflects what matters to them, and to influence the plan for delivery of the strategy.

1.2 The report outlines the actions taken since June, summarises the feedback from consultation, outlines changes that have been made as a result, and sets out the plan for delivery of the Strategy.

1.3 At the front of the strategy the 'Short Summary' now includes information on the outcomes and actions which the strategy commits to. It is attached separately as Annex 1 for ease of access.

1.4 Health and Wellbeing Board partners are asked to

- approve the Strategy
- agree that information about the strategy is developed to coincide with World Mental Health Day (10th October)
- agree :the monitoring arrangements for delivery, which will report to the Delivery Group

2. Background

2.1 As outlined to the Health and Wellbeing Board in June, this is the first Mental Health Strategy to be developed since the inception of the North Yorkshire Health and Wellbeing Board.

2.3 Mental Illness can affect any one of us. It is estimated that one in four people will experience at least one mental health problem during a year. Mental health has a personal and an economic cost, with the potential to significantly affect life expectancy and reduce life opportunities. Someone with an enduring mental health problem is more likely to develop chronic diseases and die, on average, 20 years earlier than the general population. Someone with mental ill health is likely to have fewer qualifications, experience more unemployment, more crime and a lower income, and is more likely to be homeless or living in unsecured housing. Up to 23% of the total burden of ill health is due to mental ill health, and loss of working days costs employers around £26m year.

2.4 Working together to improve mental health and wellbeing will make a key contribution to improving health and wellbeing. The importance of emotional wellbeing is a key element of the refreshed Health and Wellbeing Strategy, which focuses specifically on:

- vibrant and self-reliant communities,
- dementia friendly communities,
- fewer people saying they feel socially isolated,
- more people receiving personal budgets and
- improved employment opportunities for people with mental health issues, people with autism and people with disabilities.

2.5 A national strategy on mental health *No Health Without Mental Health* was published in 2011. This strategy introduced a cultural shift towards the following six outcomes:

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

3. Consultation since June

3.1 The draft strategy was drawn up following a number of conversations with people across North Yorkshire who use mental health services, their carers, and staff. It aims to reflect, and was driven, as much by what people tell us, as by national policy.

3.2 Following the June Health and Wellbeing Board a period of engagement with key stakeholders and service users and carers commenced. The engagement was structured around the three core questions below:

- Would the audience sign up to the strategy and the principles contained in it?
- Were there any areas for improvement?
- How did they want to be involved in any subsequent implementation of the strategy?

The strategy has been shared with:

- The Writing Group and Mental Health Strategy Group who helped to draft the first iteration of the strategy
- The Discover! network, developed through the Discover! events led by the Partnership Commissioning Unit
- The four Mental Health Forums in Craven, Harrogate, Scarborough and Hambleton and Richmondshire
- Thirteen groups across the County, attended regularly by people with mental health needs or their carers.
- Service user involvement workers employed by York Mind and Bradford District Care Trust to utilise existing service user engagement mechanisms and existing relationships through a cascade approach.

Approximately eighty people attended the group discussions and a further nine responded through the Discover! email address. A strategy email

address was created as part of the engagement exercise but only two responses were received through this channel.

3.4 There was a wide range of responses but there was a strong welcome for the strategy, including the focus on integration, the need to manage our resources effectively, and the importance of early interventions. There was a continuing concern about the relatively low funding available for mental health services and questions about whether the ambitions within the strategy will therefore be realised.

4 Summary of key themes

4.1 The engagement exercise provided valuable and rich data and this report provides a brief summary of the salient issues and most widespread comments. It is acknowledged that due to the volume and detail of responses this report is restricted to capturing the key themes. Further detail is contained in original notes, all of which were used as the primary source for any amendments to the strategy.

4.2 Please find below a summary of the collated key issues:

4.2.1 Strategic direction

All organisations were supportive of the strategy and its key principles and were willing to support the strategy and its subsequent implementation.

There were some minor suggestions for reordering the principles and changing the emphasis on some statements within the strategy which have been incorporated, but the content and aspirations contained in the strategy were well received.

More specifically there was:

- confirmation of the crucial importance of hope and dignity for people with mental health needs
- agreement about the importance of focussing on individuals, not just their condition, and a strong message about the need for time for support staff and professionals to get to know people
- support for more choice and control for people with mental health needs, including opportunities to reduce dependence on medication, the ability to access help quickly if experiencing a set back and the contribution that carers make to understanding when someone needs help.
- extensive support for the comprehensive scope of the strategy which seeks to place psychological health in the context of mental health and well-being and in doing so goes beyond individual pathology and diagnosis of mental illness.
- endorsement of a life course approach

4.2.2 Services

A number of comments were very specific and related to individual experiences of services across health and social care, primary care and other specific mental health service providers.

The responses provided a strong message about the need for structured support, the value to people of the services that do exist and the associated anxiety about the consequences of removing such support

There were a significant number of examples of good practice and positive experiences within services, in addition to suggestions for improvement. Relationships, consistency and cultures within services were all described as important factors, married with a person centred approach which offered choice and flexibility. This sentiment is captured in the statement, "*People are not ill, they are different…. celebrate the person"* (Service user, Bentham)

4.2.3 Conceptual framework

Almost universally, there was support for the underpinning concept of the strategy which has emphasised mental health and wellbeing for all. This seemed to resonate in particular with a number of the service user groups who felt that this approach went beyond a diagnosis of mental illness.

This was also acknowledged as an approach to challenging stigma often experienced by people with a diagnosis of a mental illness who are then "*labelled for life"* (Service user, Craven)

4.2.4 Partnership working

The effectiveness of partnership working between agencies and joining up services was a frequent discussion point and was universally acknowledged as a priority.

This also included the requirement for service user participation both in terms of traditional models of service user involvement and also recognising a move towards co-producing services and utilising experts by experience in the commissioning of services.

4.2.5 Influences on mental health

Acknowledging the wider determinants of poor mental health and the indirect effects on wellbeing was a theme often referred to. There was confirmation of the importance of housing, transport, employment and benefits support to help people lead fulfilling lives.

The engagement exercise provided resounding support for equity with physical health, including the need to remove waiting lists for mental health care, and to address what is seen as the gap between secondary and primary care.

Respondents recognised the need for education, mentoring, coaching and training. This recommendation included views that staff members within mental health services will need to change cultures and provide person centred services, as well as support for extending mental health awareness training, partnership training to help stakeholders (including service users and carers) to work more meaningfully together, and training to support volunteering and access to employment.

4.2.6 Language: Resilience, Recovery and One in Four

There was some debate as to the use of language in the document. Feedback from the service user forums indicated terms such as "resilience" and "recovery" were not supported by many service users and there was no shared understanding of these terms. The use of the term recovery for example divided views, with both support for the concept and the hope it can offer, to a concern that it can leave people without the help they need in the longer term. There was a belief that the term does not address the experience

of some people with enduring conditions where stability and improved quality of life rather than recovery may be more realistic.

Similarly terminology was a key theme, with a request to use mental *health and wellbeing* in its widest interpretation with the rationale that wording should be selected to promote acceptance and not to assign labels or draw attention to "difference"

The above point reinforces the dominant opinion of the working title, *'One in Four'* which found little acceptance among the respondents. This was primarily due to the potential for this title to encourage and perpetuate perceptions of stigma, difference and social exclusion. The title was interpreted as contrary to the approach taken in the strategy which was to promote positivity, optimism and a shared ownership of mental health and wellbeing.

As a consequence there has been a proposed change to the working title of the strategy which was 'One in Four'. The new proposal is 'Hope, Control and Choice' which is taken from one a quote from a carer as part of the engagement and consultation, and expresses the principles they believe should underpin our understanding of recovery. In this context 'control' refers to enabling people to take and regain control over their own lives.

4.2.7 Implementation

It is acknowledged that the strategy is an aspirational document and the implementation and associated commissioning priorities was universally seen as an important next step. There was recognition of the need to review and improve the engagement mechanisms to ensure that people with mental health needs and their carers can work with professionals and the voluntary sector.

The service user and carer forums were keen to have a role in this implementation.

As a result of this feedback some reordering of the principles has been made, although they remain unchanged. The feedback above has also guided the development of commitments now set out in the strategy as the twelve initial actions.

5. Implementation and Delivery

5.1 There is no doubt that the strategy has challenging aims. With resources tight and an acknowledged historically low level of investment in mental health services there is a commitment within the strategy to protect the funding for mental health as far as possible. There may be opportunities, for example through the Better Care Fund or new care models, to shift resources where it can be shown that to do so will deliver savings in other parts of the health and social care system.

5.2 The twelve initial joint actions are intended to be realistic and achievable within current resources. They have been identified as key actions which will underpin future work and which will begin to impact on the outcomes to be delivered over the lifetime of the strategy. Detailed plans for delivery will be drawn up through the governance structures set out overleaf.

	Joint Action	Lead	Governance
1	New programmes for Children and Young People	CYPS and PCU	Childrens Trust
2	Promote good mental health in workplaces	Public Health	Joint Commissioning Group
3	New local initiatives to sustain well being	Stronger Communities and Targeted Prevention	Joint Commissioning Group
4	Mental Health Campaigns	Public health	Joint Commissioning Group
5	Improved response to mental health crises	PCU	Crisis Concordat command
6	Improved access to Talking Therapies	PCU and Mental Health providers	Crisis Concordat
7	Personal budgets and individual care plans	PCU and HAS	Joint Commissioning Group
8	Dementia diagnosis and dementia friendly communities	PCU and HAS	Joint Commissioning Group
9	New care models which link mental and physical health	CCGs, Acute Trusts and MH Trusts	Joint Commissioning Group
10	Technology review - opportunities and risks particularly for young people	CYPS	Children's Trust
11	Mental health in all strategies	All	Joint Commissioning Group
12	At least annual meetings for Mental Health champions	PCU and NYCC	Joint Commissioning Group

5.3 A shared performance dashboard will is developed within the next six months, based on the eighteen outcomes identified in the strategy

5.4Overall progress on the delivery will be monitored by the North Yorkshire Delivery Board, with an annual refresh of the actions to identify new joint areas for action.

6. Recommendations

Health and Wellbeing Board partners are asked to:

6.1 Approve the Strategy

6.2 Agree that information about the strategy is developed to coincide with World Mental Health Day (10th October)

6.3 Agree the monitoring arrangements for delivery, set out in paragraph 5.2, which will then report to the Delivery Group of the Health and Wellbeing Board

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Annex 1 Short Summary
Annex 2 Hope, Control and Choice – North Yorkshire's Mental Health and Wellbeing Strategy 2015-2020
Annex 3 Equality Impact Assessment

Annex 1 A Short Summary of the Strategy

*Inspired by the over-arching Vision of North Yorkshire's **Health and Wellbeing Board**:*

"People in all communities in North Yorkshire have equal opportunities to live long healthy lives"

*...we have agreed a new **Vision for Mental Health and Wellbeing...***

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, and to live their lives to their full potential, whatever their age and background, supported by effective, integrated and accessible services, designed in genuine partnership with the people who need to make use of them and those who care for them."

...as well as ***ten core principles*** we will adopt in ***everything*** we do, as part of a new ***Mental Health Charter***:

1. Appreciating the whole person - *focusing on **all** aspects of people's wellbeing and wider circumstances*

2. Recognising the wider community – *we all have an interest, and a part to play*

3. Participation – *seeing people who use our services as equal partners in designing and improving their care*

4. Accessibility – *services delivered in places and at times to suit people's needs*

5. Early Intervention – *promoting wellbeing from an early age and dealing with problems swiftly*

6. Optimism - *helping people to get well or to achieve stability if this is possible, and always staying positive*

7. Integration - *joining support services up to make life simple and offer a seamless experience*

8. Cost-effectiveness - *spending money wisely*

9. Respect - *tackling stigma, eliminating discrimination and treating people with dignity*

10. Safety – *recognising the fundamental importance of safeguarding*

... we will particularly concentrate our efforts in ***three priority areas:***

Resilience:
individuals, families and communities supported to help themselves

Responsiveness:
better services designed in partnership with those who use them

Reaching out:
recognising the full extent of people's needs

...with twelve initial ***joint actions*** to which we are committed:

1. New programmes to help children and young people to stay strong.
2. Work with North Yorkshire employers to promote good mental health in the workplace.
3. A range of local initiatives to sustain wellbeing.
4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.

5. A faster and better response to anyone experiencing a mental health crisis.
6. Greatly improved access to "talking therapies" in North Yorkshire.
7. Pilot and roll out new personal health budgets & individual care plans.
8. Timely dementia diagnosis and “dementia-friendly” communities.

9. Work in new ways to take into account the full range of people’s needs, including physical health.
10. Review the impact of new technology, positive and negative.
11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.
12. North Yorkshire Mental Health Champions brought together at least

...and 18 ***strategic outcomes*** we want to see over the lifetime of this strategy:

Support for family, friends and carers embedded in all services

Better public understanding & acceptance of mental health

Greater Investment in prevention and early intervention

More services and activities led by communities themselves

Reduced impact of rural isolation on mental health

Better partnership working

Timely diagnoses for all conditions, especially dementia

Better services for those with a mental health crisis

Greater access to talking therapies

Better transitions between services, eg children to adults

Better services for vulnerable groups, eg students, military families and veterans

Better services for those with mental health and substance misuse needs

Better Advocacy Services

Better understanding of the links with physical health, leading to dual diagnoses

Improved support to enable more people with mental health needs to gain/maintain employment

Improved support people with mental health needs to gain/maintain housing

More volunteering and other activities to promote wellbeing

Safeguarding fully embedded in all partners’