

Health Overview and Scrutiny Committee

Paper: North Yorkshire Mental Health Strategy 2015-20, 'Hope, Control and Choice.'

1. Background:

Health and social care commissioners led on the production of a Mental Health Strategy for North Yorkshire which was informed through the ongoing engagement with people with mental health problems, carers and with the wider community and voluntary sector. The Care and Independence Overview and Scrutiny Committee reviewed and commented on the Draft Strategy in July 2015, offering their support for the strategy and the principles and objectives within it.

The North Yorkshire Mental Health Strategy 2015-2020 'Hope, Control and Choice' was formally approved by the Health and Wellbeing Board on the 30th September 2015.

Following sign-off of the strategy, work has been undertaken on formalising the strategy governance structure and developing plans for the implementation of the strategy. These arrangements and plans received approval from Health and Wellbeing Board on the 6th of May 2016. Delivery of some of the initial priorities for action have already been achieved and others are well under way.

2. Governance arrangements:

In order to support the strategic implementation of the mental health strategy, a Programme Board has been established to provide assurance and overseeing of the implementation of the strategy. The Programme Board is all age and is jointly chaired by senior managers from the Council and Partnership Commissioning Unit (PCU). Lead commissioners, from health, social care, children and young people and public health report to the Programme Board on progress in terms of implementation.

Mental Health Strategy Implementation Group has been established to support the Programme Board in order to effectively deliver the key messages outlined in the delivery plan 2015/16. The strategy group, is committed and working towards having people with lived experience of mental health, carers of mental health and representation from providers on the group. Strategy governance structure is attached in Annex 1.

3. 'Hope, Control and Choice' Mental Health Strategy Delivery Plan 2015/16

The delivery plan for 2015/16 has been structured around the three high level priorities, initial 12 committed actions and 18 outcomes outlined within the strategy. A baseline assessment was completed to inform what actions and outcomes are prioritised for 2015/16. A one page summary of the Strategy is attached in Annex 2.

In addition, to ensure ongoing engagement with service users takes place through the lifetime of this strategy, engagement and co-production work stream has been established. Furthermore, in order to track and measure the impact of this strategy, a work stream has been established around the development of a North Yorkshire Performance Framework.

The scope of actions within the delivery plan are wide ranging and cover each component of the mental health system. For example, improving and strengthening our offer at all levels; universal and public mental health, primary care, secondary care and tertiary services. Delivery Plan is attached in Annex 3.

4. Craven Locality:

Airedale, Wharfedale and Craven (AWC) Clinical Commissioning Group (CCGs) is currently working in partnership with the two Bradford Clinical Commissioning Groups and Bradford Council to develop a Joint Mental Health Strategy. Commissioners, from North Yorkshire, the Bradford and Airedale, Wharfedale and Craven (AWC) CCGs have agreed to develop a shared implementation plan for Craven, which will be linked and informed by both strategies. This will ensure that there is a consistent and joined up commissioning approach in Craven. This will enable the distinct needs of Craven, particularly around rurality and smaller numbers in terms of population to be addressed in the implementation plan.

Recently, communications and relationships between commissioners from NYCC and AWC and Bradford CCGs have been established and work will commence on the development of a joint locality plan in early November 2016. Bradford and AWC CCG commissioners plan to have their strategy approved by the end of October 2016.

5.0: 'Hope, Control and Choice' – Strategy on a Page (Annex 2)

5.0: Progress update – Delivery Plan 2015/16

This section provides some updates on the progress made regarding the commitments within the strategy, in particular, actions relating 1 – 5 from the strategy.

5.1: Public Mental Health:

Work on public mental health has focused on embedding mental health and wellbeing within public health programmes. For example both the public health financed Living Well Service and Stronger communities programmes all have a remit to improve mental health and wellbeing.

A series of small grants were awarded to a number of organisations across the county to build capacity to deliver two internationally evidence based programmes i.e. mental health first aid and ASIST. A total of £70,602 has been awarded to a total

of eleven organisations. This will support the achievement of an instructor licence for ten MHFA instructors and ten ASIST trainers. The funding will support a maximum of 770 participants, with the organisations encouraged to income generate following the grant period.

As one of the largest employers in North Yorkshire County Council has identified mental health as one of its priorities for action and recently signed the national Mindful Employer charter.

Mental health has also been included as one of the five priorities in the Making Every Contact County programme. This programme equips people with the confidence and skills to give brief opportunistic advice and signposting on mental health and wellbeing. This launched in NYCC last year and since September 982 NYCC staff have received face to face training and 663 NYCC staff have completed eLearning. Work has commenced on stage two of this project which will look at equipping the wider public health workforce (beyond NYCC) with this information and skills.

The North Yorkshire suicide audit has now been completed and a surveillance system is in place to ensure that information on deaths by suicide is received in a timely way, and any emerging trends or clusters may be identified as soon as possible.

5.2: Future in Mind:

In March 2015 the publication of Future in Mind announced 49 recommendations for improvement and a commitment to additional investment. These announcements led to the development of local CAMHS transformation plans for each CCG area to demonstrate how they would implement the recommendations by 2020. These plans were signed off by NYCC HWBB and assured by NHS England in October 2015.

NYCC worked closely with the PCU to develop plans for the 4 CCG's they cover. Working with AWC CCG proved more challenging though links have been developed and NYCC will be appropriately represented on relevant working groups.

In September a local North Yorkshire Social and Emotional, Mental Health (SEMH) strategy group will be launched to deliver Future in Mind and the SEMH SEND agenda across North Yorkshire. This group will provide delivery assurance to the Children's Trust and the HCC programme board.

The 4 CCG areas represented by the PCU identified the following common priority areas:

- Community Eating Disorder service – this service on track for full establishment by March 2017
- CYP IAPT – all of North Yorkshire is included in local CYP IAPT partnerships
- Peri-natal mental health – a task and finish group is to be launched September 2016

- Dedicated mental health/wellbeing workers in schools and GP link worker – new service will be launched January 2017
- Single point of access to multi-disciplinary hubs – expansion pilot with North Yorkshire screening and referral team underway.
- Online support to access self help and advice – development area for 2017
- Academic resilience – school tool to be launched September 2016
- Life coach model for vulnerable children – currently on hold
- Working together better – establishment of a local North Yorkshire SEMH group
- Ensuring transparency and accountability – refresh of plans currently underway

The AWC CCG plan includes the following:

- To establish a Commissioning Model for Children’s mental health services
- To develop a single point of access– the resource has secured the dedicated PHMW for Craven as a mainstream post.
- To develop Crisis Care Concordat and First Response Service to meet the needs of children and young people – this is currently live and recruiting CAMHS specialists
- To establish separate community based Eating Disorders Service - established
- To enhance Intensive Home Treatment Service to meet the needs of children and young people – this will develop throughout 17/18
- To develop Schools Link project with access to Specialist Workers for all schools – as described above PMHW model Craven has a named worker and runs a consultation session.
- To design One Stop Shop or Drop in facility to enable access for young people who cannot access or are put off statutory provision – this will be Bradford based.
- To embed Specialist Workers with services for vulnerable children and young people (Looked after Children, Youth Offending Teams,) – need to establish NYCC link to planning group.
- Extend training opportunities for the workforce and incorporate more people into the CYPIAPT training programme – Craven VCS will be engaged.

5.3: Social Care Commissioning:

To comply with procurement regulations a number of housing related support services and community based mental health support services have recently been retendered. The timetable for re- procurement, determined by new EU regulations, meant that a full commissioning review was not possible ahead of the re-tender process.

These services have high take up and are highly valued by people experiencing mental health problems, but they have not significantly changed for many years.

With the new Mental Health Strategy now approved the plan is to work with service users and other stakeholders over the next two years to ensure that these community support services are aligned to the new Mental Health Strategy. Case studies attached in Annex 4 and 4.1.

5.4: 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.

The Concordat 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

In 2014 a local Gold, Silver and Bronze governance hierarchy was implemented to oversee the development of the Crisis Care Concordat multi-agency declaration, which was made in November 2014. In addition, an action plan was produced and uploaded onto the national website in March 2015.

The above governance has key representation from statutory services such as Police, Health Commissioning, Social Care, and Mental Health Foundation Trust. There is also good representation from people with lived experience of mental health and voluntary community sector.

In response to their commitment to the operating principles and aspirations of the national Mental Health Crisis Care Concordat, TEWV undertook a five day 'superflow' event. Working alongside external partners, they have developed an all age mental health acute crisis response across North Yorkshire; from acute crisis presentation to resolution. Key outcomes will be reflected in an updated urgent care specification for services to be piloted across Scarborough and Ryedale.

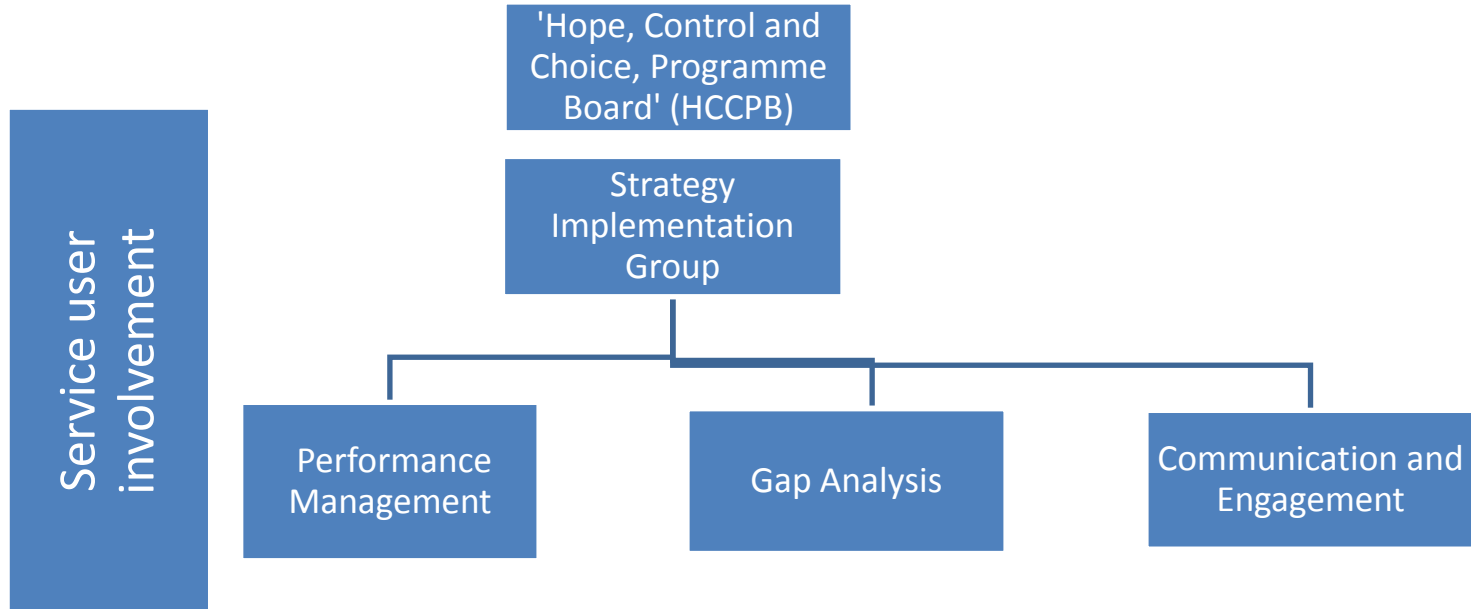
The Crisis Care Concordat action plan has been refreshed and was approved by the strategy board on 15 July 2016.

Priorities include the development of 'safe havens' in Scarborough and York. A Safe Haven will offer an alternative to hospital for some people in crisis, for example by providing a safe space in the evenings and weekends, with access to support and professional help. These include ideas for a mental health café and recovery support

service, with the potential to link in with other crisis services such as street triage, liaison psychiatry and A&E.

Strategy Implementation Governance Structure

Annex 1



A Short Summary of the Strategy

Inspired by the over-arching vision in North Yorkshire's *Health and Wellbeing Strategy*:

"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 the best possible mental health, and to live their lives to their full potential, whatever their age and background, supported by effective, integrated and accessible services across all sectors, 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*:

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| <p>1. Appreciating the whole person - focusing on all aspects of people's wellbeing and wider circumstances</p> <p>2. Recognising the wider community - we all have an interest, and a part to play</p> <p>3. Participation - seeing people who use our services as equal partners in designing and improving their care</p> | <p>4. Accessibility - services delivered in places and at times to suit people's needs</p> <p>5. Early Intervention - promoting wellbeing from an early age and dealing with problems swiftly</p> <p>6. Optimism - helping people to get well or to achieve stability if this is possible, and always staying positive</p> | <p>7. Integration - joining support services up to make life simple and offer a seamless experience</p> <p>8. Cost-effectiveness - spending money wisely</p> <p>9. Respect - tackling stigma, eliminating discrimination and treating people with dignity</p> <p>10. Safety - recognising the fundamental importance of safeguarding</p> |
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...we will 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 *12 initial joint commitments*, which will be accompanied by *Action Plans*:

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| <p>1. New programmes to help children and young people to stay strong.</p> <p>2. Work with North Yorkshire employers to promote good mental health in the workplace.</p> <p>3. A range of local initiatives to sustain wellbeing.</p> <p>4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.</p> | <p>5. A faster and better response to anyone experiencing a mental health crisis.</p> <p>6. Actions to improve access to "talking therapies" in North Yorkshire.</p> <p>7. Pilot and roll out new personal health budgets and individual care plans.</p> <p>8. Improvements in dementia diagnosis and promotion of "dementia-friendly" communities.</p> | <p>9. Work in new ways to take into account the full range of people's needs, including physical health.</p> <p>10. Review the impact of new technology, positive and negative.</p> <p>11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.</p> <p>12. North Yorkshire Mental Health Champions brought together annually.</p> |
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...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

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

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

More volunteering and other activities to promote wellbeing

Safeguarding fully embedded in all partners' practices

Annex 3 - Mental Health Strategy Delivery Plan 2016-17 29.6.16						
Priority: Resilience: individuals, families and communities with the right skills, respect and support						
Joint initial actions						
Action	2016-17 activity	NY strategy outcomes	Measures/targets	Lead	Update	RAG
1. New programmes to help children and young people to stay strong	<ul style="list-style-type: none"> ●Commission through a procurement route and implement a support service to schools /GP surgeries for prevention and early intervention ●Targets will be developed in line with the service specification for the support service to schools ● The eating disorders service will be enhanced and improved to meet the new access and waiting time standards, and this is being developed by the current CAMHS ●Work with partner agencies and the voluntary sector to promote online websites to provide information and support to children and young people 	1.3 Greater investment in prevention and early intervention for children and adults. 3.5 Safeguarding fully embedded in all partners practices	<ul style="list-style-type: none"> ● Increase in percentage of children and young people with a high measure of resilience to 34% at Key stage 2 and 26% at key stage 4 ● Urgent cases seen within 1 week; standard within 4 weeks 	LF - PCU	<ul style="list-style-type: none"> ●Procurement group has been established and launch date has been revised to January 2017 ●The procurement plan for the schools project for North Yorkshire is underway – the ITT will be advertised in August. Implementation of the project is planned for January 2017 ●PCU, with the Harrogate Children & Young People's Emotional Health & Well-Being Partnership have promoted and rolled out the use of apps for young people regarding self-harm ●CAMHS are implementing the hub and spoke model across North Yorkshire and York for enhanced eating disorders team, and staff recruitment is underway. ●An updated position of all transformation plans will be shared in October <p>Eating disorder enhanced service on track to be fully implemented by April 2017. Work has taken place to add promotion of digital technology as part of the stronger communities CYP Public Health Grant criteria.</p>	


<p>2. Work with North Yorkshire employers to promote good mental health in the workplace</p>	<ul style="list-style-type: none"> ●Roll out of national workplace wellbeing charter. ●Encourage organisations to sign up to Mindful Employer charter ●Work with NYCC to develop a workforce plan for school staff to develop resilience and improve emotional well-being 	<p>1.2 Better public understanding and acceptance of mental health issues. 1.3. Greater investment in prevention and early intervention for children and adults</p>	<p>Every aspect of the standard has been met or exceeded.</p>	<p>VW - PH</p>	<p>NYCC & TEVV are signed up to Mindful Employer charter Ongoing work to raise awareness and encourage sign-up</p> <p>Agreement to develop NY CYP SEMH implementation group- to be launched September. The Group will lead on delivery of a co-ordinated workforce development plan.</p> <p>NYCC has identified promoting mental health and wellbeing as a priority has a mental health and wellbeing subgroup of the NYCC healthy workplace group which is planning and monitoring activity . A programme of activities and personal challenges (which may include mental health) are planned as part of the One You workplace campaign . A health needs assessment is being conducted. The Director of Public Health Annual report for 2016-17 focuses on working age adults and as such includes a section on mental health/ Mindful Employer and why this is important.</p>	
<p>3. A range of local initiatives to sustain wellbeing.</p>	<ul style="list-style-type: none"> ●Launch a strategic review of NYCC Health and Adult Services community support mental health contracts ●Explore opportunities to develop a model of social prescribing within north Yorkshire ●Mapping of relevant initiatives supported by agencies (including NYP, Stronger Communities, TEVV) 	<p>1.1 Support for family, friends and carers embedded in all services. 1.3. Greater investment in prevention and early intervention for children and adults 1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors 3.4 More volunteering and other activities to promote wellbeing</p>	<ul style="list-style-type: none"> ● PHOF outcome 1 - more people have better mental health ● PHOF outcome 2 - more people with mental health problems will recover ●PHOF outcome 4 - ensuring a better experience of care ●PHO4 6 Reducing stigma and discrimination 	<p>CT/KA- NYCC VW - PH</p>	<ul style="list-style-type: none"> ●Review of NYCC Health and Adult Services community support mental health contracts due to commence towards the end of 2016 (dates TBC), once procurement to secure current provision is complete. Need to agree priorities to develop this action further. 	

<p>4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.</p>	<ul style="list-style-type: none"> •Frontline workers, across the full range of services, to be trained to understand mental health and the principles of recovery. •More individuals and organisations signed up to the Time to Change campaign. • All organisations challenge poor reporting, and praise good reporting, of mental health issues in the media 	<p>1.2 Better public understanding and acceptance of mental health issues</p>	<ul style="list-style-type: none"> •National Attitudes to Mental Health survey •Press cuttings and broadcast media analysis of stigma • Discrimination experienced by people with MH problems 	<p>VW - PH BA - PCU LF - PCU</p>	<ul style="list-style-type: none"> • Public Health Communication campaign developed and will focus on improving mental health and wellbeing •Alzheimer Society dementia champions to deliver training to staff in CCGs •Communications plan is being developed to promote national messages around children and young people's mental health •PCU as part of FiM and in partnership with NYCCare currently procuring wellbeing workers to work with targeted groups in schools <p>Scoping study on stigma completed. One You national campaign is planned for North Yorkshire . Business case for public health twitter account has been approved which will provide an additional forum for promotion of mental health</p>	
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Actions	2016-17 Action	NY Strategy outcomes	Measures/targets	Lead:	Update	RAG
<p>5. A faster and better response to anyone experiencing a mental health crisis.</p>	<ul style="list-style-type: none"> ●To develop an all age mental health acute crisis response across the North Yorkshire localities ●Develop a single point of access ●Develop new urgent care commissioning specification for 2016/17 with standard response times, referral processes and quality standards to mental health crises ● Implementation of EIP access standards ●Scope models of safe havens and alternative community based places of safety 	<p>2.2 Better services for those experiencing a mental health crisis</p> <p>2.3 Greater access to talking therapies</p> <p>2.4 Better transitions between services, e.g. children to adults</p> <p>2.5 Better services for vulnerable groups, e.g. students, military families, veterans, those detained under the Act etc.</p> <p>2.6 Better services for those with mental health and substance misuse needs</p> <p>2.7 Better Advocacy Services</p>	<ul style="list-style-type: none"> • Same response regardless of age or condition • Standard work & response timescales across services • Quality user experience • Safe continuation of care delivery • Service efficiency <p>EIP >50% receive NICE approved care package within two weeks following first episode, Apr 16</p>	<p>SF - PCU</p>	<p>Superflow' crisis care planning event led by TEWV took place 14-18 March 2016. A concise action plan has been developed with the following initial actions:</p> <ol style="list-style-type: none"> 1. Identify which locality will pilot the new model 2. Address variation within all three localities by implementing the agreed standard work 3. Agree standard operating procedures <ul style="list-style-type: none"> •TEWV are utilising HEE training for family intervention and CBT to ensure appropriate level of skill mix in workforce required to deliver full NICE concordant care package. TEWV to provide action plan to PCU on delivery by end of May • 'Urgent Response' pledge for an all age 24 hour, seven day week service, to be called the North Yorkshire Mental Health Crisis Service •Existing points of access into crisis teams will be streamlined into one single point of access for all ages and all diagnosis including CAMHS and older age. Currently approximately 500 people per year present in crisis and 5% are CAMHS • There will be a single crisis telephone & triage service for patients & professionals based within the Force Control Room (North Yorkshire Police) but with a separate telephone number • The role of a bed manager is to be developed; on average there are 800 in-patient beds per annum, bed management process will reduce bed wait times and will be linked into the PARIS system to show availability of beds across TEWV • One system for care records making sharing of information of those in crisis more seamless • There will be 5 steps to crisis response available at the point of a call •AMHP ambition for co-location and increase in provision •Work ongoing to remodel workforce based on Bradford model •Pilot to test the standard work planned for Scarborough Q3 	
<p>6.Greatly improved access to "talking therapies" in North Yorkshire.</p>	<ul style="list-style-type: none"> ●To scope the increase of IAPT services for targeted groups including veterans, over 65s and long term physical conditions ● Ensure a seamless pathway between services supporting transition for older children to adulthood ●Expansion of the CYP IAPT principles, training will be rolled out the voluntary and community sector in North Yorkshire 	<p>2.3 Greater access to talking therapies</p>	<ul style="list-style-type: none"> • 15% access • 50% recovery • 95% <18 wk wait • 75% <6 wk wait 	<p>RD -PCU</p>	<ul style="list-style-type: none"> • Continue monthly monitoring • Targeted work to address recovery rates at risk of not meeting targets in partnership with NHSE and IAPT team •PCU working with Business Intelligence to provide profiling data on new patient groups; establish incidence of anxiety and depression for each group •The PCU have developed a CYPIAPT group that will look to ensure the local partnerships are delivering for the North Yorkshire and York area. The Harrogate CYP emotional wellbeing partnership are also supporting discussions with the VCS to extend CYPIAPT training to the sector. • PCU to research and scope: anxiety and depression in age 65+, long term physical conditions, medically unexplained symptoms, young people 	

<p>7. Pilot and roll out new personal health budgets & individual care plans.</p>	<ul style="list-style-type: none"> • Significant expansion of Personal Health Budgets • Extend to people with a learning disability/mental health condition who have had a psychiatric hospital admission and who are eligible for Section 117 Aftercare. 	<p>1.1 Support for families, friends and carers embedded in all services 1.4 More services and activities led by communities themselves</p>	<ul style="list-style-type: none"> • National target 1-2 people in 1000 population 	<p>BA</p>	<ul style="list-style-type: none"> • Developing the market to ensure increased choice for people on CHC funded care plan • Currently 30 people in receipt of PHB and further demand for take-up • PCU reviewing current care coordination arrangements to ensure capacity for person-centred planning is flexible to support increasing demand • Local offer now published on CCG websites • Market engagement event planned for July • 38 people now in receipt of PHB and further roll-out planned to accommodate personalised support planning within continuing healthcare, Section 117 funded patients and the SEND agenda • New support planning arrangements have been set up on a trial basis with Salvere, a local social enterprise, and Bespoke, a domiciliary care agency specialising in complex care • PCU presented at a regional event on PHB following completion of a development programme "Getting Started" and have run two sessions on mental health and PHB in conjunction with People Hub and St John's University <p>PCU have shared information on PHB pilots in mental health with Crisis Care Concordat- some positive outcomes for patients following presentation at acute Psychiatric Liaison services in reducing crisis</p>	
<p>8. Timely dementia diagnosis and "dementia-friendly" communities.</p>	<ul style="list-style-type: none"> • Review post-diagnostic support for people with dementia, and continue to support Primary Care colleagues to improve dementia diagnosis rates. • Development of accessible support for patients with dementia at all stages of illness; providing project management support to develop new ways of working with local partners. Ensuring comorbidity factors are recognised and that care and support is effectively coordinated. • Reviewing jointly commissioned dementia support service with NYCC. 	<p>2.1 Timely diagnoses for all conditions, especially dementia</p>	<p>Support primary care colleagues to achieve 68% national dementia diagnosis rate 95% - 18 weeks 75% - 6 weeks</p>	<p>BA</p>	<ul style="list-style-type: none"> • PCU held a workshop with NYCC and CYC in early May to assess current dementia support pathway, including the role of the dementia care navigator provided by Making Space. The workshop will inform future joint commissioning of local services. • NY dementia strategy currently in development and due to be finalised Dec 16. PCU are working with NYCC and CYC to develop a shared vision for Dementia based on the national Dementia Strategy and Prime Minister's Challenge. This will inform local authority policy and strategic planning. A series of engagement activities around questionnaires are planned with Dementia Forward and Making Space to capture the views of local people with dementia throughout May -June 2016. • PCU are working alongside VoY and HaRD CCGs, Dementia Forward and TEVV to implement new projects testing shared care approaches to dementia, in partnership with local GP practices. This will enable a continued focus on increasing diagnosis rates • One year pilot of primary care based support has been established in Harrogate- supporting patients pre and post diagnosis to signpost and direct patients to local support and help patients enquire further about the process 	

Priority: Reaching out: recognising the full extent of people's needs						
Actions	2016-17 Actions	NY Strategy outcomes	Measures/targets	Lead:	Update	RAG
9. Work in new ways to take into account the full range of people's needs, including physical health.	<ul style="list-style-type: none"> Development of liaison psychiatry and crisis care pathway to ensure parity of esteem for patients accessing support with physical health Explore further commissioning opportunities around integrating physical and mental health services for all ages including young people and improving parity of esteem Embed parity in policies, specifications and contracts 'Better Births 2016' initiative to provide multi-professional working for improved personalised, seamless and safer postnatal and perinatal mental health services. Ensuring that relationship between mental health and dementia is recognised and addressed by services. 	<ul style="list-style-type: none"> 1.6 Better partnership working especially with the voluntary and independent sectors 3.1 Better understanding of the links with physical health, leading to dual diagnoses 	<p>National CQUIN target for assessing the physical health of in-patients with psychosis and community patients in early intervention psychosis teams</p> <ul style="list-style-type: none"> To be developed 	PCU	<ul style="list-style-type: none"> Implementation of 'Making Every Contact Count' across TEWV services Health promotion resource available on In touch for staff to signpost/provide support or information to patients TEWV led Expert by Experience training programme in which 35 people with lived experience of mental health supporting service development and working with staff to change their practices/culture to one of recovery Of those accessing the Expert by Experience Programme 6 of these have taken up paid lived experience jobs within TEWV and 3 have obtained promotions within work roles. Delivery group to consider the Five Year Forward View, mental health implementation plan which aims to deliver improved access to high quality care, more integrated services and earlier interventions. (I suggest this is a cross-cutting update across much of the plan) 	
10. Review the impact of new technology, positive and negative.	Action to be developed following determination on the scope of this review	<ul style="list-style-type: none"> 2.1 Timely diagnosis 2.2 Better services for those experiencing crisis 2.6 Better services for those with mental health and substance misuse needs 1.3 Greater investment in prevention and early intervention for children and adults 	To be developed	NYCC	Scoping report to identify studies for inclusion in the review be drafted and submitted to the programme board by Q2 . Some initial research to inform scoping report undertaken so far.	
11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.	<ul style="list-style-type: none"> Develop a coherent approach that enables partners to embed wellbeing and prevention in mainstream policies, strategies and specification Develop a Social Value charter for NY and embed this into the commissioning cycle Young in Yorkshire refresh will include CYP EMH and give full recognition to the FiM Transformation plans 	<ul style="list-style-type: none"> 1.6 Better partnership working especially with the voluntary and independent sectors 3.1 Better understanding of the links with physical health, leading to dual diagnoses 3.4 More volunteering and other activities to promote well-being 	<ul style="list-style-type: none"> The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) Increase in people who have good mental health Increase in recovery rates 	KA VW PCU	<ul style="list-style-type: none"> Need to discuss further in MHSIG key activity/outcomes Consultation events planned to support the development of the Dementia Strategy Performance framework for recovery to be developed, with service user involvement, to include improved quality of experience, enhanced perceptions of hope and control, and the achievement of personally relevant life goals such as stable and secure housing, employment and networks of support Wellbeing/mental health to be considered during NYCC prevention contracts review (due to commence Aug/Sept 16) 	

<p>12 North Yorkshire Mental Health Champions brought together at least once a year</p>	<ul style="list-style-type: none"> ●Identify mental health champions in the scope of this strategy ●Employers sign up to Time to Change and undertake training 	<p>1.4 More services and activities led by communities themselves 1.6 Better partnership working especially with the voluntary and independent sectors</p>	<p>To be developed</p> <p>Number of mental health champions across partner agencies</p>	<p>KA VW PCU</p>	<ul style="list-style-type: none"> ●Work ongoing to agree the definition of mental health champions in the scope of this strategy ● During engagement and coproduction meeting July 16 proposed to develop proposal for MH Champions for MH Strategy Programme Board - to include cost/required commitment for retaining MH Champions. To be discussed further at MHSIG 3rd Aug. 	
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Mental health housing related support service – Colin case study

Looking back, Colin says he was a teenager when he began to have mental health issues.

After leaving school he moved to York and lived in student digs to study Leisure and Tourism, this is where his depression seemed to get worse.

After Colin completed his course at college he moved into his own accommodation, looking back Colin said this only made matters worse because he found living by himself made him even more stressful and his sleep patterns became erratic.

He started to have visual and auditory hallucinations and ‘out of body’ experiences and eventually his mum intervened and brought Colin back to Catterick where she lived, matters only seemed to get worse with delusional thoughts and his perception of reality splitting. Colin was admitted to a mental health hospital.

After leaving hospital he moved into his dads with support from both his dad and his partner Jordan his life settled down for a while but the hallucinations returned and he was in need of further support.

He moved to Northallerton and was referred to Broadacres’ mental health supported accommodation service. An assessment identified a number of issues that needed to be addressed, one of the main ones being trying to provide Colin with a stable environment.

He was allocated a support worker called Simon and whilst it initially took time for Colin to accept Simon, eventually they reached an understanding and slowly but surely, improvements started to be seen in Colin’s health.

The structure that Colin craved was put in place and he was given help organising his life, including bills and shopping – things that many people take for granted but with which he had previously struggled.

Earlier this year, Colin successfully moved into a brand new Broadacres property in Northallerton and is enjoying life in his home.

He has a job and has just completed the first year of an Open University degree in law. He has also delivered a number of training sessions on mental health to staff at Broadacres and a local charity, and admits he enjoys public speaking.

Diagnosed as bi-polar, Colin understands it is something he will always have, but he has chosen to positively embrace his condition.

He credits Broadacres with giving him the support he needed to gain stability in his life, and he is looking to the future with lots of optimism.

Case study: Claro Enterprise – supported employment workshop

"What did Claro Enterprises did to me"

I had major breakdown and afterwards I was clinic depressant with suicidal thoughts and many attempts to take my own life. Been in and out of hospital so many times that I have lost count. I have been section and been chased by the police a few times.

Feeling very negative in life and myself. As I was regular seeing my psychiatrist nurse, she suggests me to do volunteering work for Claro Enterprises. Well that was it.

I started doing 3 days per week and started to feel a lot happier and positive in my myself and so much so, I went on to do 5 days per week.

Well now you look at me, I never felt so positive happy in myself, not just myself has notice is everyone around me and people keep on telling me that they haven't see me smiling and laughing. Now I have just got another big lift in myself, now I am acting temporary supervisor for 3 months. I wouldn't of thought of it in the million of years.

I own literally my life to Claro Enterprises and the staff who help me and I would like thank you to them all because without them I don't think I will be here to tell the story.