Wellbeing in Mind

Note: Working Title pending possible suggestion
from someone who uses our services.

**North Yorkshire's Mental Health and
Wellbeing Strategy 2015-18**

North Yorkshire Mental Health and Wellbeing Strategy 2015-18

Contents

The Scope and Purpose of this Strategy

This document sets out the over-arching strategy for our approach to mental health in North Yorkshire from 2015-2018. [Note - or perhaps 2016-19/20?]It covers our assessment of the prevalence of mental health issues within our community, our work to promote wellbeing and to prevent problems from escalating, and the delivery of services to those who need them.

It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of North Yorkshire residents: particularly for the one in four of us who will experience mental health issues at some point in our lives and who may need to access mental health services, and for those who care for them. Their voices have been the most important influence on the content of this strategy.

The document is intended for all those who commission or deliver mental health services in the County or who have an interest in improving these services: North Yorkshire County Council, District Councils, the Clinical Commissioning Groups who cover this area, other NHS suppliers [update after contract award], and a wide range of voluntary and independent organisations. References to "we" in the text of the strategy are intended to include all of these bodies, working together and in partnership with those who use our services and those who care for them.

The Strategy describes a Vision to which we all aspire and the principles we share. It sets out three high level priority outcomes we want to achieve over the next three years, together with a range of supporting ones. Detailed decision-making and action-planning will continue to take place at a local level, including through local Mental Health Forums, and specialist services will be described in more detail in a range of subsidiary strategies and plans, as set out in Chapter 8 of this document.

[Note: the final document will be broken up with a series of case studies, quotations, artwork and poetry from those who use our services.]

1. Joint Foreword

Welcome to the new Mental Health and Wellbeing Strategy for North Yorkshire. This is the first time we have written such a comprehensive strategy, covering all age ranges and all service providers. It is also the first time we have come together to produce a joint strategy – working across the NHS, Local Authority, Police and Voluntary sectors, and in close partnership with those who use our services and those who care for them.

One in four of us will experience poor mental health in our lifetime. Within North Yorkshire, that is more than the combined population of Harrogate and Scarborough, or equivalent to the entire population of Craven, Richmond and Ryedale. Each of us who is a signatory to this Strategy has experienced mental illness either directly or indirectly at one time or another.

We are determined to work together to make a real difference for the people of North Yorkshire: to improve our services and the outcomes for people who use them; to promote wellbeing and resilience in our communities; and to tackle head on the issue of the stigma that still too often surrounds mental illness. The most important aspect of this Strategy is the extent to which it has been shaped by the needs and wishes of those who use our services, and those who care for them. These conversations will continue as we move towards Action Plans, implementation and monitoring. Your voices are the most important ones, because you are the real experts.

This Strategy reflects best national practice, with its emphasis on preventative work and on recovery, rather than simply "managing" mental illness. It recognises the value of "talking therapies" as a route towards better mental health. And it takes into account the particular features of the County of North Yorkshire, with its large rural areas, its significant urban pockets, and the UK's largest garrison.

It commits us to a series of joint initiatives - including :

- investment in preventative work in our communities, with new Prevention Officers;
- full roll-out of our new Mental Health Crisis Concordat;
- rapidly reaching national standards for timely and comprehensive diagnoses;
- greatly improved access to talking therapies;
- developing the role of psychiatric liaison support in physical health care settings;
- rolling out more personal budgets using both NHS and social care funding;
- innovative approaches to severe and enduring mental health conditions;
- targeted work with vulnerable groups.

Mental health and wellbeing should be everybody's business. We hope this Strategy will ensure that, in North Yorkshire, this really is the case.

To be jointly signed by:

Cllr Clare Wood (as Chairman of the H&WB), R Flinton, CCG chiefs, HWB partners, Richard Webb, Pete Dwyer, Lincoln Sargeant

2. North Yorkshire's Mental Health and Wellbeing Strategy in a page

"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, 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."

The *ten core principles* we will adopt in everything we do:

1. **Whole Person** - *focusing* on *all* aspects of people's health as well as their wider circumstances
2. **Resilience** - *building partnerships that enable people and communities to help themselves*
3. **Participation** - *enabling people with mental health needs to make a positive contribution to the design of services and the support they receive*
4. **Community** - *recognising that mental health is everybody's business and that different communities have different needs*
5. **Accessibility** – *services delivered in places and at times to suit people's needs*
6. **Early Intervention** - *tackling issues early*
7. **Recovery** - *a model based on helping people to get well and to stay well wherever this is possible*
8. **Integration** - *joining things up to make life simple*
9. **Cost-effectiveness** - *spending money wisely*
10. **Respect** - *keeping people safe, tackling stigma and eliminating discrimination*

Our *three priorities* and *the supporting outcomes:*

(1) Resilience: *individuals, families and communities with the right skills, respect and support*

- Support for family, friends and carers embedded in all services
- Better public understanding and acceptance of mental health issues
- Effective campaigns to promote good mental health and wellbeing for all ages and all places
- Investment in prevention and early intervention for children and adults
- Targeted work with communities and settings, including employers
- Dementia friendly communities across North Yorkshire
- Strategies to combat the impact of rural isolation on mental health
- Better partnership working, especially with the voluntary and independent sectors

(2) Responsiveness: *better services designed in partnership with those who use them*

- Timely diagnoses for all conditions, especially dementia
- Better services for those experiencing a mental health crisis
- Evidence-based and personalised interventions including personal budgets
- Greater access to talking therapies
- Better transitions between services, eg children to adults
- Better outcomes for those detained under the Act
- Better services for vulnerable groups, eg veterans
- Better services for those with mental health and substance misuse needs
- Better Advocacy Services
- Services delivered at times and in places that suit people's needs

(3) Reaching out: *recognising the full extent of people's needs*

- Better understanding of the wider cultural aspects of mental health
- Better understanding of the links with physical health, leading to dual diagnoses
- Combating the particular pressures on young people, eg from social media
- Support for people with mental health needs to gain/maintain employment
- Support for people with mental health needs to gain/maintain housing
- More volunteering and other activities to promote wellbeing
- Mental health featuring in a wide range of partners' strategies
- Action to ensure that all our staff understand the importance of Safeguarding

(Maybe a suitably inspiring - or challenging - quotation from a service user)

3. What's the Picture?

Introduction

3.1   Mental health affects us all, even though we sometimes find it hard to talk about. National statistics suggest that at any one time, at least one person in six is experiencing a mental health condition and over a lifetime one in four will experience poor mental health. Depression and anxiety affect about half of the adult population at some time in their lives.

3.2   Even if we are lucky enough to enjoy good mental health ourselves, we are very likely to have encountered its impact on others, whether it be an adolescent with an eating disorder or an elderly relative with dementia. There can be no doubt at all about the devastating human impact that mental illness can bring, both for individuals and their carers, quite apart from its economic cost. Yet few of us could with hand on heart say that we are yet delivering the services and the support to which we should be aspiring.

3.3   This chapter sets out what we know about mental illness nationally and in North Yorkshire. It describes the nature of the county and how this affects the picture. It offers a snapshot of the current pattern of services, spending and the workforce. Further information can be found by following the links in the footnotes and in the Annexes.

Background Facts and Figures

3.4   The graphics show some recent facts and figures about the prevalence and impact of mental illness in England.

Note: we can turn some or all of these facts into graphics

Personal cost
- 1 in 10 children between the ages of 5-16 has a mental health problem
- over half of those with mental health problems experience symptoms before the age of 14
- People with severe mental illnesses die on average 20 years earlier than the general population
- People with mental health problems often:
    - have fewer qualifications
    - find it harder to obtain and stay in work
    - have lower incomes
    - are more likely to be homeless or live in unsecured housing
    - are more likely to develop chronic diseases such as cardiovascular and respiratory diseases
    - have poor health due to risk taking behaviours, eg smoking, alcohol and substance misuse
- Mental health conditions account for 23% of the burden of disease in England (compared to 16% for cancer and 16% for heart disease) but comprise just 13% of NHS spending
- Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression.

Economic cost

- Nearly 11% of England's annual secondary care health budget is spent on mental health
- Mental health problems are estimated to cost the economy £105 billion
- Mental illnesses can be as fatal as physical ones. Suicide caused over eleven times more deaths than homicide in 2013
- Treatment costs are expected to double in the next 20 years
- Not everybody with a mental illness needs expensive drugs, hospital care, or even direct access to highly trained psychiatrists. Carers or family members can be trained and supported to provide brief, effective psychotherapies.
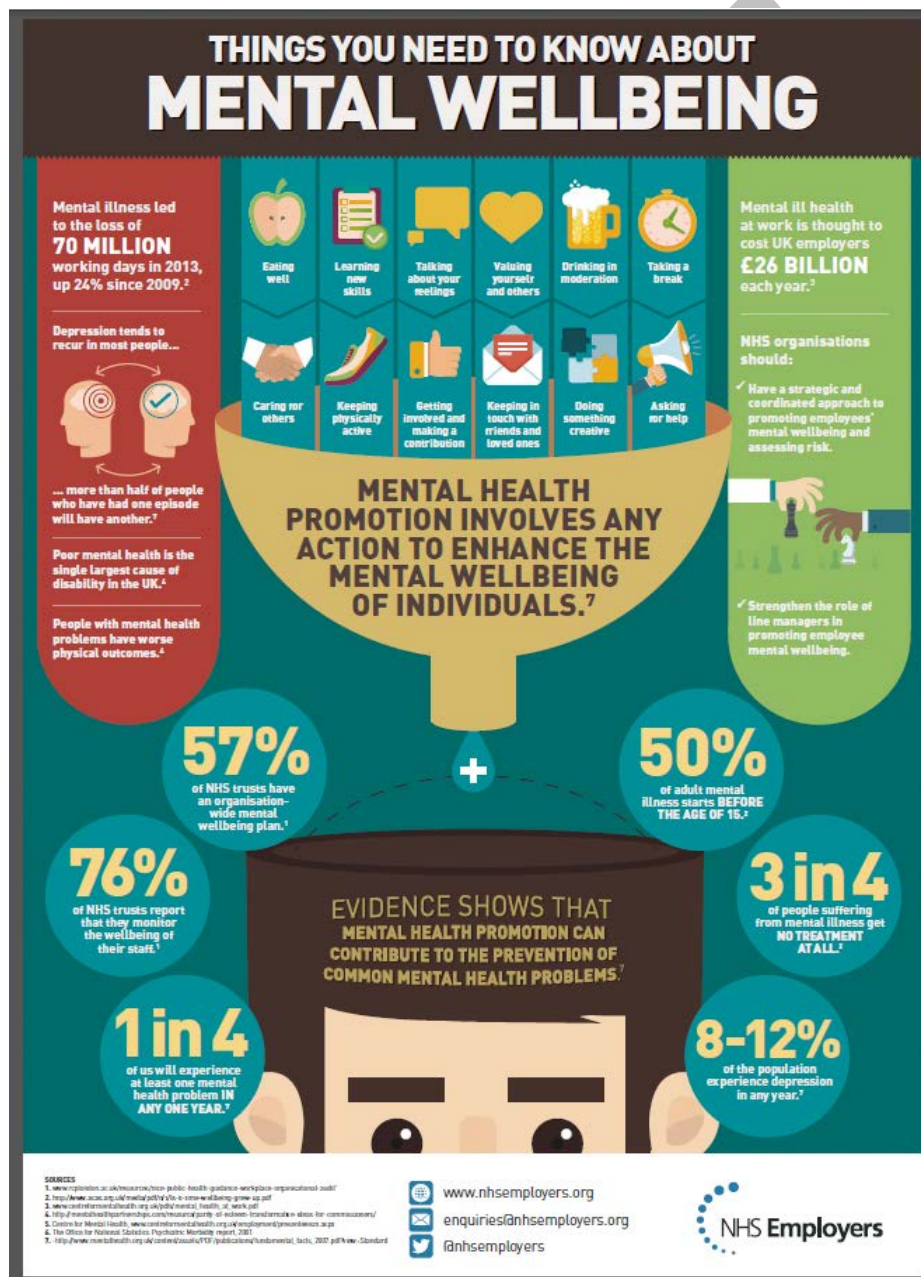
Note: this infographic is available at www.nhsemployers.org/case-studies-and-resources/2015/03/things-you-need-to-know-about-mental-wellbeing-infographic

We also know that the evidence suggests that even a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish. This issue has been extensively researched, not least in the report *Mental Capital and Wellbeing*, produced by the New Economics Foundation (NEF) on behalf of Foresight, which set out five actions to improve personal wellbeing:

- Connect
- Be Active
- Take Notice
- Keep Learning
- Give
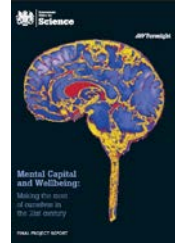
www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century

We are beginning to develop new ways to measure the impact of a more holistic approach to wellbeing, for example through the idea of a Happiness Index promoted by Lord Richard Layard which has now been taken up by central Government.

www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html

---

There are good economic reasons for investing in public mental health and there is good evidence that public mental health interventions deliver large economic savings and benefits. Improved mental health leads to both direct and indirect savings in NHS costs – for example reduced use of GP and mental health services, improved physical health and reduced use of alcohol and smoking consumption. Improved mental health also leads to savings in other areas: reduced sickness absence due to mental ill health, reduced costs to individuals and families, and to reduced spending in education, welfare and criminal justice, as well as increasing the overall economic benefits of wellbeing for individuals and families.

In 2011 the Department of Health published a report which outlined significant savings which can be made from public mental health interventions. Some examples were summarised showing that for every £1 invested in public mental health interventions, the net savings were:

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

www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/Knapp_et_al__MHPP_The_Economic_Case.pdf

3.5   North Yorkshire is England's largest county, covering over 3000 square miles. It ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. The current population is around 600,000.

3.6   Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the county that are ranked within the 10% most deprived areas in England. The mental illness issues associated with the urban centres are typical of any such community in the country, including problems connected to unemployment or drug and alcohol misuse. In North Yorkshire during the period October 2012 – September 2013, 4.7% of the population were classed as unemployed; of these, 15.6% were on long term sickness benefits.

3.7   Outside of urban centres and market towns, North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as "super sparse" (fewer than 50 persons/km). The issues of rurality and access are not only apparent to commissioners and providers, but are frequently raised with us by those who use our services and those who care for them. We need to do more work to understand the impact of rurality on mental health, both in terms of its prevalence and on the provision of services.

3.8   The county is also home to a significant military presence, including the UK Army's largest garrison at Catterick. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow in coming years.

3.9   The 2011 census recorded 132,358 children aged 0-19 across North Yorkshire. Projections indicate that the proportion of children aged under-11 will grow by around 5% by 2018.

3.10   The North Yorkshire population is, on average, older than the English population and the population is ageing at a quicker pace, with a predicted increase in people aged over 65 from 133,000 in 2013 to 211,000 by 2037, and in people aged over 85 from 17,500 to 47,000.

3.11   The BME community in North Yorkshire, though small, has doubled between the 2001 and 2011 Census to more than 50,000 across North Yorkshire and York. 25 of the 195 Wards have a BME population that is 10% or higher. In the most diverse ward in the county, the BME population exceeds 35%.

Prevalence of Mental Illness

[Some of these figures could be shown as graphics.]

3.11   Detailed information comparing the prevalence of mental health problems in North Yorkshire with the national average is available in the form of a Community Mental Health Profile at www.nepho.org.uk/cmhp/index.php?pdf=E10000023.

3.12   Across North Yorkshire it is estimated that at least **8,000** *children* aged between 5 and 16 have a mental health disorder. Conduct disorders (e.g. anti-social behaviours, aggression etc.) are estimated to be most common, with around 1,800 children aged 5 to 10 years old and 2770 children aged 11 to 16 estimated to suffer from conduct disorders.

3.13   In terms of the ***adult population***, in 2013, the providers of secondary mental health services in North Yorkshire dealt with **35,803** individuals. Public Health England estimates that approximately **78,000** residents in North Yorkshire suffer with depression. This table shows the number of North Yorkshire residents aged 18-64 predicted to have mental health disorders in 2016:

A common mental disorder	55,266
A borderline personality disorder	1,544
An antisocial personality disorder	1,203
A Psychotic disorder	1,373
Two or more psychiatric disorders	24,723

3.14   [Note - the final version will include additional data from the CCGs in the form of graphs and tables, and from NYCC Social Care]

3.15   In terms of the ***elderly***, the number of people aged 75 and over with dementia in North Yorkshire is forecast to nearly double, from **7,633** in 2011 to **15,021** in 2030, a 97% increase. In the group aged 85 and over, the number is forecast to more than double from **4,128** in 2011 to **9,048** in 2030, a 119% increase. The largest forecast increase is in Richmondshire, the smallest is in Scarborough. The table below gives more detail:

Numbers with Dementia in North Yorkshire			
	Male	**Female**	**Total**
2010	5,624	3,103	8,727
2015	6,233	3,721	9,954
2020	7,030	4,454	11,484
2025	8,240	5,333	13,573

There is a great deal more about dementia in North Yorkshire at www.northyorks.gov.uk/CHttpHandler.ashx?id=18860&p=0

[Note: final version will include more on mental health and autism]

3.16   We have the following additional information about three other groups:

Service Personnel
We have **17,000** serving service personnel in the County.   Evidence shows that:

- The majority of serving and ex-Service personnel have relatively good mental health; however, there is evidence to suggest that they may find such issues hard to talk about;
- Early Service Leavers show high rates of heavy drinking, report suicidal thoughts or have self-harmed in the past compared to longer serving ex-Service personnel
- Alcohol misuse in UK military personnel represents a significant and well-known health concern.

We need to do more work to understand better the particular needs of service personnel and veterans in North Yorkshire.

Homeless People

824 homeless people in North Yorkshire received a housing-related support service in 2010/11. Of these:

- 33% had a support need relating to physical health, 32% a mental health need, and 26% had substance misuse issues.
- Over 45% of people using our homelessness services – such as hostels and day-centres - feel that they require more support in coping with their mental health needs, according to our research.

Carers

In North Yorkshire during 2009/10 over **6,000** carers were assessed or reviewed, with just under 4,000 receiving services.
- Of those carers, 62% felt their own general health was good, while fewer than one in ten (8%) felt their health was bad. In comparison with the Health Survey for England 2008, North Yorkshire carers were considerably less likely to describe their general health as good (62% compared to 76%), though this reflects, in part, the older age profile of carers in the County.

4. What's Most Important?

4.1   The most important part of preparing this Strategy has been talking to those who use mental health services and those who care for them. Quotations from some of the contributors, as well as case studies and artwork, are scattered throughout this document.

4.2   We have benefited from talking to a number of established *mental health forums* in the County. These provide an opportunity for providers (both statutory and voluntary, as well as service users and carers) to work together to improve the range and quality of mental health services in their areas. These are variously supported by the local authority and local infrastructure organisations and include, amongst others:

- Craven Mental Health Forum
- Harrogate Mental Health Forum
- Hambleton and Richmond Mental Health Forum

Service User and Carer forums are primarily organised by the lead providers, Tees Esk and Wear Valley in North Yorkshire and [Leeds York Partnership Foundation Trust] in the Vale of York.

4.3   We have also listened to the *North Yorkshire Service User and Carer Information Group (SUCIG).* The main aim of this group is to be a service user and carer involvement resource for North Yorkshire County Council, Mental Health Services, and partner provider organisations, so as to ensure service user and carer involvement in improving service development and delivery. Currently Tees Esk and Wear Valley hold dedicated Service User Forums in Scarborough (where there is no equivalent mental health forum) Northallerton and Harrogate. We recognise that there is a lack of consistency in approach across the county, with no forum being in place e.g. Easingwold/Selby - and will seek to address this during the lifetime of this strategy.

4.4   As well as the established forums, our preparations have been greatly enhanced by two additional consultation projects - both of which are still continuing. Starting in 2012, York Mind were commissioned to set up a project called *No Decision About Us Without Us.* The remit of this project was to promote and coordinate the provision of high quality service user involvement for people with Mental Health problems living in North Yorkshire and York. It has generated a rich source of evidence about the issues of most concern to those who use our services and those who care for them - some of which is summarised in the box below.

No Decision About Us Without Us - comments from service users and carers

Easy things to do:

- Give us more information on services
- Ensure GPs have all the information they require
- Show us evidence that you have listened and made changes
- Review all activities and make sure there is something for everyone
- Involve us in proper consultation
- Make sure GPs work with carers as well as service users

4.5   In addition, NHS colleagues have set up the **_Discover_** programme, a unique engagement tool to support the commissioning of mental health services in North Yorkshire and York. The programme is based on a technique known as "appreciative enquiry" to find out what really matters to service users and carers and what works well. Uniquely, staff were also involved in the exercise in order to support a culture change and engender a more collaborative, sense making mind-set. Powerful messages quickly emerged about the involvement of service users and their families in decision-making, and how community-based services are even more important than traditional mental health services. Some of the other emerging themes from the exercise are summarised in the box below.

> **_Themes emerging from the Discover programme_**
>
> - More Joined-up Services (across the health and welfare systems, including follow-up)
> - Person-Centred Care
> - Removing the Stigma of Mental Illness
> - Culture
> - Communication, Engagement and Information
> - Building Local Communities
> - Support for Carers
> - Single Point of Access For All
> - Out of Hours Provision
> - Early Intervention
> - Lower Waiting Times
> - Focus on Innovation & Creativity
> - Continuity of Care

4.6   In short summary, taking the comments and feedback from all sources, these are the main points that **_users of our services_** have told us:

- There is a need for increased capacity in the community to support early intervention and prevention;
- They want improved information about services;

- Improving the GP gateway - with GPs better educated to understand mental illnesses, especially at the early stages - should be a priority;
- Importance of housing and employment on people's mental health - there is a need for a holistic approach that looks at all aspects of the individual's life;
- Importance of safe spaces and group activities especially during the day - the availability of some form of day time occupation is as an essential ingredient in any future model;
- A need to review crisis care/accident and emergency services for people with mental health issues, and adequate inpatient facilities to avoid out of area placements;
- Better involvement of service users in all aspects of their care - in particular, "recovery" needs to be individually defined and not a time-limiting factor. Many people hope that we can change the system to one where 'helping people to recover' is the accepted approach from day one and that they as individuals are both challenged and assisted to achieve this;
- Many people feel they do not have enough information in the medication they are being prescribed and have insufficient say in what is being prescribed;
- There is a strongly held view that many of our mental health hospitals are outdated in style, giving little sense of safety and security;
- Service users say that many professional people and many in society do not yet see people who suffer from a mental illness as individual people but as 'a condition to be managed';
- Importance of access to good quality advocacy services;
- Review of where services are delivered, so as to address transport issues;
- Early identification and support for carers; and better links between carers and medical professionals;
- The importance of having some form of useful occupation, or gaining a greater sense of self-worth through further education;
- Some felt that issues around identity and their sexuality, around managing stress and pressures could be managed more effectively in schools during early adolescent years.
- Stigma and discrimination affect a significant number of people.

4.7   This is a summary of what *carers* have told us:
- There is great frustration for carers in trying to get the care system to accept and understand that their loved one might need urgent professional assistance when the first signs of problems are emerging;
- Carers benefit from peer group support but not all commissioners invest in this area;
- Some carers spoke of their anger that their child had to come into a mental health system when the proper diagnosis might have been autism or Asperger's Syndrome;
- Much could be done to improve sign-posting and information giving;
- On average it takes 5 years to identify a carer - carers and their own needs should be picked up at the earliest point of diagnosis;
- Lack of support for carers will lead directly to increased costs in secondary care;
- Users are often not able to communicate their problems but carers can - but this is no use if professionals won't listen. Some service users won't speak to anyone except their partner.

4.8   This is a summary of what ***professionals working in the field*** have told us:

- Social Care staff in mental health services often do not feel they are part of mainstream social care culture or support;
- Social Care staff feel NHS partners do not fully understand social care statutory requirements in mental health;
- Lines of accountability and case load management are not as robust as some Social Care staff would wish for - many see caseloads as too high;
- There are calls for the on-going training and development of staff working in mental health services;
- There needs to be a shift in culture away from success measured by numbers of people in a service to one of numbers of people helped *out* of the service or to a lower level of support;
- Mental health budgets are seen as insufficient to support direct payments and personal budgets in social care;
- There is frustration at the duplication of effort required to service separate IT systems which do not interconnect;
- There are concerns about the number of and the age profile of approved mental health professionals (AMHPS) in North Yorkshire;
- There is a perceived shortage in psychiatrist and psychology skills to allow nursing staff and out-reach support staff take a much more assertive approach towards a recovery model;
- Some would wish to see a greater separation of intensive mental health accommodation-based support and substance misuse accommodation based support;
- There is a desire for access to recovery beds and specialist accommodation and support for those with high-end needs within North Yorkshire;
- Some staff want the development of Crisis Beds, i.e. a facility linked to respite where people can access a bed at short notice for a few days to prevent an acute admission;
- There is a particular need to:
  - o   address issues around common and shared assessments in mental health services;
  - o   move quickly to a situation where the assessment belongs to the person who uses services and not any one organisation or professional group;
  - o   address the issue of inter-connectivity of IT systems and shared information flows.

4.9   This is a summary of what a number of ***voluntary organisations*** have told us:

- The profile of the population is changing and levels of need are increasing;
- Agencies are now being asked to support people without a commensurate investment in their skill base;
- Many would wish to see a new partnership and care-planning approach between voluntary organisations and providers meeting acute need: there is a sense that we are missing an opportunity to develop more "whole system" step up – step down approaches;
- Some voluntary organisations have, or are developing, working partnerships with local colleges, housing and employment services in recognition of the fact that their customers need a range of opportunities and not just traditional day care.

5. What Else do we Know?

5.1   This chapter contains a brief overview of recent national and local strategies that we have taken into account when preparing this document. There is also a description of the current provision of mental health services in North Yorkshire, and an outline of some workforce and financial issues.

National Strategies

5.2   There is a wealth of national advice and guidance available to commissioners of mental health services. Seven key documents are:

- *No Health Without Mental Health[1]*
    - And also the *Guide for Directors of Public Health[2]*
- *Closing the Gap – Priorities for Essential Change in Mental Health[3]*
- *Joint Commissioning Panel for Mental Health – Guidance for Commissioning Public Mental Health Services[4]*
- *Talking Therapies – A Four Year Plan of Action[5]*
    - And the accompanying *Quality Standards[6]*
- *Achieving Better Access to Mental Health Services by 2020[7]*
- *The Mental Health Crisis Care Concordat[8]*
- *Future in Mind - Promoting, protecting and improving our children and young people's mental health and wellbeing[9]*
- *Working our way to better mental health: a framework for action[10]*
- *Living well with dementia: A National Dementia Strategy[11]*

5.3   The first of these documents - *No Health Without Mental Health* - established six over-arching objectives for the development of mental health services in England, which have been prominent in our thinking in developing this strategy:

---

[1] www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
[2] www.mind.org.uk/media/343126/No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf
[3] www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-17_Feb_2014.pdf
[4] www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf
[5] www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf
[6] www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf
[7] www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf
[8] www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf
[9] www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
[10] www.gov.uk/government/uploads/system/uploads/attachment_data/file/228874/7756.pdf
[11] www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

(i) ***More people will have good mental health*** - More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(ii) ***More people with mental health problems will recover*** - More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii*) **More people with mental health problems will have good physical health*** - Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

(iv) ***More people will have a positive experience of care and support*** - Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(v) ***Fewer people will suffer avoidable harm*** - People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) ***Fewer people will experience stigma and discrimination*** - Public understanding of mental health will improve and, as a result, negative attitudes and behaviours towards people with mental health problems will decrease.

5.4   We have noted the following words in the *Manifesto[12]* of the Conservative Government elected in May 2015:

> *We will continue to take your mental health as seriously as your physical health. We have legislated to ensure that mental and physical health conditions are given equal priority. We will now go further, ensuring that there are therapists in every part of the country providing treatment for those who need it. We are increasing funding for mental health care. We will enforce the new access and waiting time standards for people experiencing mental ill-health, including children and young people. Building on our success in training thousands of nurses and midwives to become health visitors, we will ensure that women have access to mental health support during and after pregnancy, while strengthening the health visiting programme for new mothers.*

5.5   It is likely that the national drive to improve mental health services for children and young people will be maintained under the new Government. The recommendations included within 'Future in Mind' will impact on local delivery and it is likely that there will be additional funding available for improving services. Accessing this resource will be dependent on areas producing local transformation plans and in North Yorkshire this process is being led by the Partnership Commissioning Unit with plans being established for each CCG area.

---

[12] https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf

5.6   We will also be keeping in close touch with the new *National Mental Health Taskforce*[13] which will explore the variation in access to and quality of mental health services across England; look at outcomes for people who are and aren't able to access services and also consider ways to tackle the prevention of mental health problems. As recommendations emerge from the Taskforce we will consider the need to update our Action Plans.

Local Strategies

5.7   Within North Yorkshire, we have had regard to the *North Yorkshire Community Plan 2014-17*[14] and, in particular, the second and third of its key priorities:

- Supporting and enabling North Yorkshire communities to have greater capacity to shape and deliver the services they need and to enhance their resilience in a changing world;
- Reducing health inequalities across North Yorkshire.

5.8   As the owners of the *North Yorkshire Joint Health and Wellbeing Strategy 2013-2018*[15] we have also ensured consistency with that document, especially its particular focus on emotional health and wellbeing. Our core principles reflect the principles in that document. The *Joint Strategic Needs Assessment* which was produced as part of the preparation of the *Health and Wellbeing Strategy* has also informed this document.

5.9   A key local strategy is the Children and Young People's Emotional and Mental Health (CYPEMH) Strategy 2014-17[16] and it will contribute significantly to attaining the outcomes of this overarching Mental Health strategy. The CYPS EMH strategy's vision is for all children in North Yorkshire to enjoy good emotional wellbeing and mental health. This will be achieved through the delivery of integrated support and targeted services, which are delivered at the earliest opportunity, in a way that is accessible and achieves positive and sustainable outcomes.

[Note – key messages from CCG Strategic Plans will be included in the final document]

5.10   *2020 North Yorkshire*[17] sets out the County Council's corporate vision and its vision for Health and Adult Services in the 2020. The overall objective is for people to live longer, healthier, independent lives. The Council is committed to

- Investing in locally based services and activities that mean people can continue to live independently in their communities, close to family and friends
- Offer advice information and support tohelp people resolve concerns at an early stage
- People having more choice and control over the support to meet their social care needs
- Developing services with providers to improve the support available to people.

---

[13] www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf
[14] www.northyorks.gov.uk/media/28323/North-Yorkshire-community-plan-2014-17/pdf/North_Yorkshire_Community_Plan_2014_17.pdf
[15] www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0
[16] http://m.northyorks.gov.uk/CHttpHandler.ashx?id=30162&p=0
[17] http://www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/has_vision.pdf
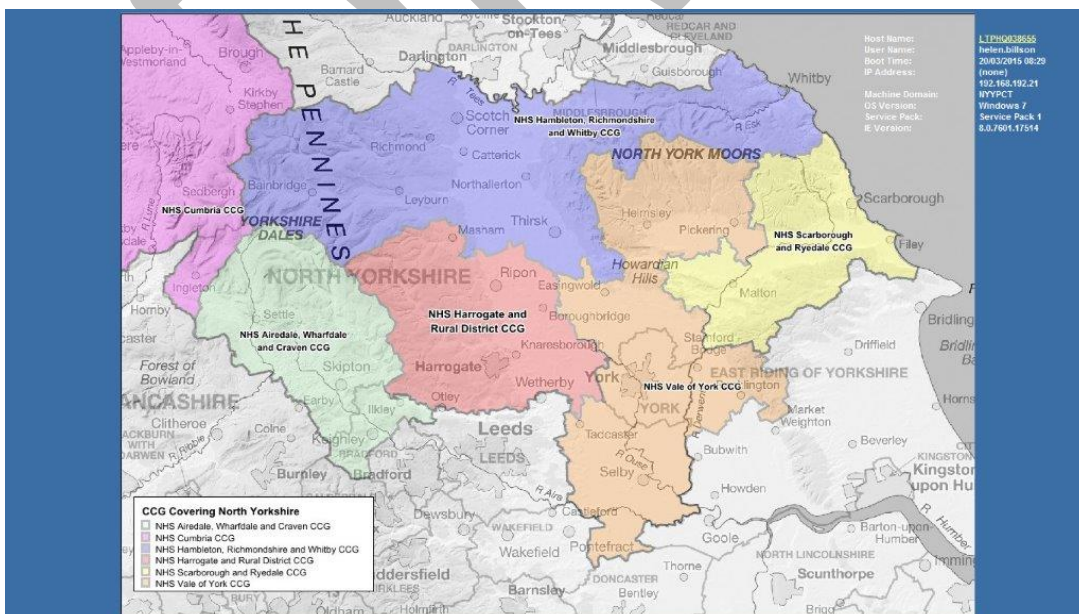
5.11   The distinctive public health agenda for North Yorkshire includes shifting priorities and spending to issues most relevant to North Yorkshire people, including mental health. Public health funding is supporting both the County's Stronger Communities programme and a Targeted prevention service which will help communities and individuals build resilience and find local support. A review of social care mental health services will help to improve the support available so that more people can recover and remain independent.

5.12   *The Care and Support where I live Strategy*[18] sets out our plans to explore different models of accommodation for people with support needs, including those with mental health and complex needs.

How Services are currently organised in North Yorkshire

5.13 [This section needs to be constructed to convey the roles of:

- NYCC Social Care staff (HAS)
- AMHP role (care and support needs assessments, supporting planning and personal budgets)
- NYCC Public Health Staff
- CYPS staff
- CCG staff
- Primary MH Services
- Secondary (contracted) services
- Voluntary organisations
- District Councils (employment and housing)]

---

[18] www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/care_and_support_strategy.pdf

5.14   North Yorkshire benefits from a widespread and diverse group of voluntary sector organisations that deliver support across the whole county. These groups play an invaluable role in providing services both to those already in receipt of secondary mental health services and also the lead role in early intervention and prevention. For many people suffering from mental ill health the only support available is through voluntary sector organisations. These can include

- Peer Support Groups
- Befriending
- Talking Therapies
- Self Help Groups
- Drop Ins
- Advocacy
- Vocational Educational groups
- Outreach

5.15   Mental distress has a significant impact upon other agencies within North Yorkshire, including the police. For example:

- It is estimated that between 20 - 40% of policing activity involves engaging with people (either as victims, witnesses, offenders or other contacts) who have a degree of mental vulnerability;

- Suicide is the single greatest cause of death in men under 50;

- Over half of deaths following police contact involve people with a mental health issue;

- Up to 80% of people who go missing from home are experiencing a mental health crisis at the time they go missing;

- People with mental health problems are up to ten times more likely to become victims of crime than the general population.

Outside of normal working hours, the police are often the first point of contact for people experiencing a mental health crisis. Through the local Mental Health Crisis Care Concordat Action Plan (see Chapter 8), we are working with partners in health, the police and other services to enhance the way we work together to help vulnerable people in times of greatest need.

Workforce

5.16   [More content will be provided in the final version]

Approved Mental Health Professionals
In 2013 NYCC invested heavily in a further nine AMHPs whose number now compares well with similar Shire Counties. There remains a national shortage of AMHPs and posts remain difficult to recruit to. This has been mitigated by applying a market supplement payment. Succession planning

will need to focus upon Social Care Assessors who would also bring expertise in the deficit area for present AMHPs, namely to work with older people and the dementia spectrum. The provision of sufficient AMHPs remains a statutory duty for NYCC and a priority to ensure that there is the resource available to respond to the need for Mental Health Act assessments.

Finances

5.17   [Note - the following tables will be presented in the form of graphics. e.g. pie charts, in the final version, and will include data relating to children's mental health and public health. We may also attempt a separate estimate of *indirect* costs of mental health for all partners, including the Police.]

NYCC Spend on Adult Mental Health Social Care 2014-15

Spend on:- Mental Health by Expenditure Type	Gross Spend £	% Share
Pay	3,685,646	46%
Transport	162,000	2%
Premises	14,353	0%
Supplies and Services	695,181	9%
Agency Payments	3,431,430	43%
Recharges	603	0%
Gross	7,989,214	100%
Income (see below)	-1,343,442	
TOTAL (Net of Income)	6,645,771	

Spend on:- Mental Health by Area	Gross Spend £	Income £	Net Spend £	Share %
	819,778	-28,522	791,257	12%
Hambleton,Richmond & Selby	1,774,333	-264,892	1,509,441	23%
Harrogate/Craven	2,557,251	-391,019	2,166,232	33%
Scarborough/Whitby/Ryedale	2,837,851	-659,010	2,178,841	33%
TOTAL	7,989,214	- 1,343,442	6,645,771	100%

It is estimated that 40% of primary mental health expenditure is related to mental health, which would give the following figures for North Yorkshire:

	Primary care spend	40%
HRW	19,654,372	7996806
HaRD	19,992,016	7996806
SR	16,580,437	6632175
VoY	40,220,938	16088375
Total	96,447,763	38714163

Total spend on mental health in specialist services: rate per 100,000 population, 2012/13
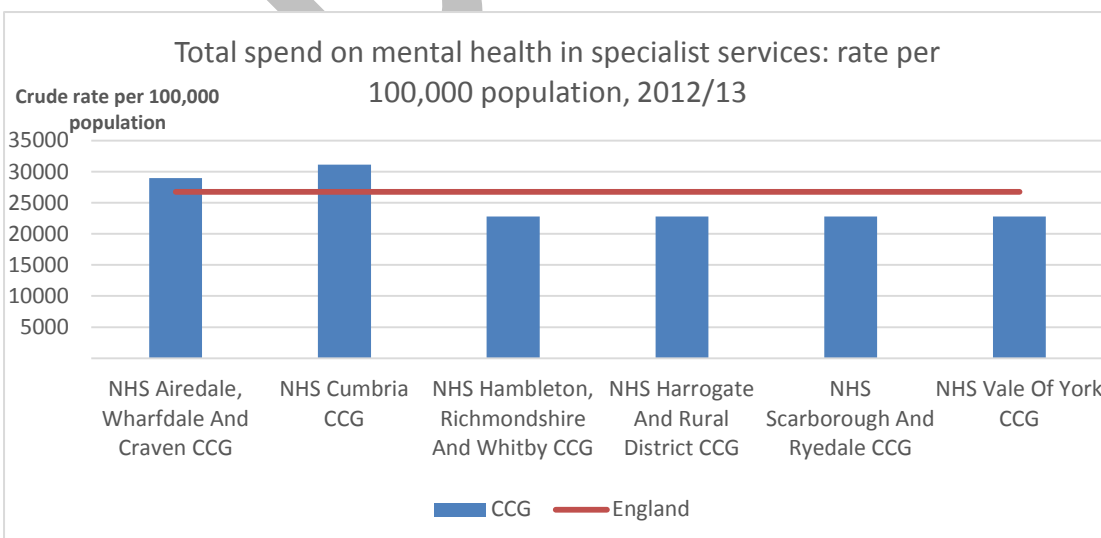
6. Our Vision and Core Principles

Vision

6.1   In preparing this Strategy, and having listened to the views of those who use our services and those who care for them, we felt it important to refresh our shared *vision* for mental health services for people of all ages in North Yorkshire. Our vision is as follows:

> ***"We will work together to ensure the people of North Yorkshire have the resilience to enjoy excellent mental health, 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."***

Core Principles

6.2   We also thought we should draw up a set of *core principles* that will underpin all of our work to develop mental health services in the County. These principles express the things that remain important in *everything* we do as professionals, all of the time, in promoting good mental health and supporting those who need help and those who care for them.

6.3   There are ten such core principles, as set out below. Where there is a direct match with one of the core principles in the draft Health and Wellbeing Strategy, this is illustrated in [red].

1.   *Whole person*

- Our services will address physical health needs as well as mental health needs, in partnership with specialists and primary care;
- We will take into account all of the factors that may be relevant to a person's mental health - including employment, accommodation, benefits, as well as the cultural dimension.

2.   *Resilience*

- We will help people to develop the personal resilience to sustain good mental health;
- We will work to reduce risk factors for poor mental health and increase protective factors;
- Our services will be designed to help *all* of North Yorkshire's localities to develop their own community resilience;
- We will develop North Yorkshire's social and emotional capital through a workforce of prevention officers and community social capital and asset based approaches.

3.   Participation *{Making a Positive Contribution}*

- We already consult people who use our services, and their carers, through a variety of mechanisms. We need to ensure that this translates into regarding them as active partners in the commissioning, design, improvement and evaluation of our services, and that we truly listen to their views and feedback;
- Individuals who use our service should truly feel that they "own" all aspects of their care, including their care plans, because we recognise that they are the real "experts";
- We will promote and support networks that are led by the people who use our services;
- We will ensure that support is offered in a personalised way, and we will "co-produce" new support models.

4.   Community *{Recognise where things are different}*

- Mental health is everybody's business - it's in all our interests to promote mental wellbeing ;
- Our services need to be designed and delivered alongside existing community assets;
- We respect and celebrate the contribution of the voluntary and independent sectors in providing support and services for people with mental health needs;
- We recognise and celebrate the active involvement of carers, family and friends, and will ensure they have the appropriate education, information, support and advice;
- We will strive to increase social inclusion and minimise the effects of rural isolation.

5.   Accessibility

- Maintaining and improving existing supports and networks will be our first priority;
- We recognise that community services should be provided in neighbourhoods and - wherever possible - directly to people's homes;
- Hospital admissions will be minimised and should be focussed, purposeful and brief;
- Services will be available 365 days a year, at the right times of the day and night to respond to people's needs and to fit in with people's lives.

6.   Early Intervention *{Tackle issues early}*

- We subscribe to the principle of helping people to prevent becoming ill by promoting ways to improve their mental health and wellbeing;
- We will champion good mental health for all, across the course of life, from childhood to old age;
- We will intervene at the first sign of problems, whether this be recognising the signs of autism in a teenager, or dementia in an older member of the population.

7. Recovery

- We will focus our services on people recovering and their strengths and abilities, rather than emphasising illness and disability;
- We will help people to manage their own path to recovery;
- We will be positive and optimistic even when facing setbacks;
- Where full recovery is not possible - for example for severe and enduring mental illness, or progressive conditions - we will nevertheless make full use of modern best practice to ensure people can still enjoy the maximum quality of life, without pre-judging their capabilities;
- We incorporate techniques such as "mindfulness" into our approach.

8. Integration *{Join things up to make life simple}*

- We will work across organisational boundaries with those who use our services to identify their individual needs and the resources to meet them;
- We will ensure single points of access to our services, with no internal 'referrals';
- An 'integrated experience' for the people who use our services is more important than organisational integration;
- We will plan ahead effectively (eg for discharge from the point of admission) with the assistance of a consistent care coordinator;
- We will develop a no blame culture , where issues are discussed open and transparently and lessons learnt from previous experience;
- Where necessary, we will share information, jointly commission, and pool budgets;
- We will explore innovative approaches to delivering services and interventions.

9. Cost-effectiveness *{Spend money wisely}*

- We have responsibilities to the taxpayer as well as to those who use our services - efficiency and cost effectiveness will be at the forefront of our minds;
- When resources are constrained, it is especially important to be able to demonstrate the effectiveness of our interventions. This is not always a straightforward task when multiple agencies may be involved, but we will nevertheless strive to develop ever-better ways to assess our impact.
- We will seek to improve continuously, actively seeking out best national and international practice.

10. Respect *{Keep people safe}*

- We will ensure equal access for all, including BME communities, travelling and transient communities, recognising the need for cultural awareness and specialised support as required;
- All health and social care services, not just specialist mental health services, will ensure that people with mental health problems or learning disabilities are treated with respect and taken seriously;
- All of our staff will be aware of the fundamental need to observe safeguarding procedures;
- Specialist mental health services will play a key role in public awareness and reducing stigma;
- Our services will be defined by inclusion not exclusion;
- We will try always to understand things from the perspective of those who use our services and those who care for them;
- Above all, we will respect those who use our services, and those who care for them, as individual human beings.

7. Our Priorities for 2015-18

7.1   When it comes to deciding our *priorities* for the duration of this Strategy, we have taken very careful note of all of the feedback from people who use our services, and practitioners who deliver them as set out in Chapter 4, as well as the objective evidence in Chapter 5. This leads us to identify three particular priorities for 2015-18:

Priorities for 2015-2018

(1) Resilience*: individuals, families and communities with the right skills, respect and support*

(2) Responsiveness*: better services designed in partnership with the people who use them*

(3) Reaching out*: recognising the full extent of people's needs*

7.2   In selecting these priorities, we are mindful that they will not necessarily cover all areas of our work. This is why we devised the guiding principles set out in the previous chapter, which will apply across *all* of our activities. The three priorities that we have selected represent the key areas where the evidence suggests we need to improve outcomes and concentrate our collective resources at a time of sustained reductions in public expenditure. The following pages describe these priorities in more detail.

7.3   It is important to state at the outset that we believe all three priorities, and all of the supporting outcomes, are relevant to all of the partners listed at the beginning of this strategy. Words such as "health" or "social care" should not be taken to imply that only one set of professionals need take heed of the section in question: we all have a part to play in delivering these shared priorities.

7.4   The specific **actions** to which we are immediately committing our services are set out in Chapter 8.

Priority 1: Resilience

Priority Outcome	Supporting Outcomes	Delivery Mechanisms	Selected Performance Measures
Individuals, families and communities with the right skills, respect and support	1.1 Support for family, friends and carers embedded in all services 1.2 Better public understanding and acceptance of mental health issues 1.3 Effective campaigns to promote good mental health and wellbeing for all ages and all places 1.4 Investment in prevention and early intervention for children and adults 1.5 Targeted work with communities and settings, including employers 1.6 Dementia friendly communities across North Yorkshire 1.7 Strategies to combat the impact of rural isolation on mental health 1.8 Better partnership working, especially with the voluntary and independent sectors		

Priority 2: Responsiveness

Priority Outcome	Supporting Outcomes	Delivery Mechanisms	Selected Performance Measures
Better services designed in partnership with the people who use them	2.1 Timely diagnoses for all conditions, especially dementia 2.2 Better services for those experiencing a mental health crisis 2.3 Evidence-based and personalised interventions including personal budgets 2.4 Greater access to talking therapies 2.5 Better transitions between services, eg children to adults 2.6 Better outcomes for those detained under the Act 2.7 Better services for vulnerable groups, eg veterans 2.8 Better services for those with mental health and substance misuse needs 2.9 Better Advocacy Services 2.10 Services delivered at times and in places that suit people's needs		

Priority 3: Reaching Out

Priority Outcome	Supporting Outcomes	Delivery Mechanisms	Selected Performance Measures
Recognising the full extent of people's needs	3.1 Better understanding of the wider cultural aspects of mental health 3.2 Better understanding of the links with physical health, leading to dual diagnoses 3.3 Combating the particular pressures on young people, eg from social media 3.4 Support for people with mental health needs to gain/maintain employment 3.5 Support for people with mental health needs to gain/maintain housing 3.6 More volunteering and other activities to promote wellbeing 3.7 Mental health featuring in a wide range of partners' strategies 3.8 Action to ensure that all our staff understand the importance of Safeguarding		

[Note: Chapters 8 (Turning Words into Action) and 9 (Keeping it Real) will be drafted after the feedback from the Health and Wellbeing Board.]