

Mental Health Strategy Delivery Plan 2016-17 6.9.16					
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
<b>1. New programmes to help children and young people to stay strong</b>	<ul style="list-style-type: none"> <li>●Commission through a procurement route and implement a support service to schools /GP surgeries for prevention and early intervention</li> <li>●Targets will be developed in line with the service specification for the support service to schools</li> <li>● 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</li> <li>●Work with partner agencies and the voluntary sector to promote online websites to provide information and support to children and young people</li> </ul>	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"> <li>● 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</li> <li>● Urgent cases seen within 1 week; standard within 4 weeks</li> </ul>	LF - PCU	<ul style="list-style-type: none"> <li>●Procurement group has been established and launch date has been revised to January 2017</li> <li>●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</li> <li>●PCU, with the Harrogate Children &amp; Young People's Emotional Health &amp; Well-Being Partnership have promoted and rolled out the use of apps for young people regarding self-harm</li> <li>●CAMHS are implementing the hub and spoke model across North Yorkshire and York for enhanced eating disorders team, and staff recruitment is underway.</li> <li>●An updated position of all transformation plans will be shared in October</li> </ul> <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><b>2. Work with North Yorkshire employers to promote good mental health in the workplace</b></p>	<ul style="list-style-type: none"> <li>•Roll out of national workplace wellbeing charter.</li> <li>•Encourage organisations to sign up to Mindful Employer charter</li> <li>•Work with NYCC to develop a workforce plan for school staff to develop resilience and improve emotional well-being</li> </ul>	<p>1.2 Better public understanding and acceptance of mental health issues.</p> <p>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 &amp; TEWV 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><b>3. A range of local initiatives to sustain wellbeing.</b></p>	<ul style="list-style-type: none"> <li>•Launch a strategic review of NYCC Health and Adult Services community support mental health contracts</li> <li>•Explore opportunities to develop a model of social prescribing within north Yorkshire</li> <li>•Mapping of relevant initiatives supported by agencies (including NYP, Stronger Communities, TEWV)</li> </ul>	<p>1.1 Support for family, friends and carers embedded in all services.</p> <p>1.3. Greater investment in prevention and early intervention for children and adults</p> <p>1.4 More services and activities led by communities themselves</p> <p>1.6 Better partnership working especially with the voluntary and independent sectors</p> <p>3.4 More volunteering and other activities to promote wellbeing</p>	<ul style="list-style-type: none"> <li>• PHOF outcome 1 - more people have better mental health</li> <li>• PHOF outcome 2 - more people with mental health problems will recover</li> <li>•PHOF outcome 4 - ensuring a better experience of care</li> <li>•PHO4 6 Reducing stigma and discrimination</li> </ul>	<p>CT/KA- NYCC</p> <p>VW - PH</p>	<ul style="list-style-type: none"> <li>•Review of NYCC Health and Adult Services community support mental health contracts due to commence towards the end of 2016 (dates TBC). Need to agree priorities to develop this action further.</li> </ul>

<p><b>4. Campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive.</b></p>	<ul style="list-style-type: none"> <li>•Frontline workers, across the full range of services, to be trained to understand mental health and the principles of recovery.</li> <li>•More individuals and organisations signed up to the Time to Change campaign.</li> <li>• All organisations challenge poor reporting, and praise good reporting, of mental health issues in the media</li> </ul>	<p>1.2 Better public understanding and acceptance of mental health issues</p>	<ul style="list-style-type: none"> <li>•National Attitudes to Mental Health survey</li> <li>•Press cuttings and broadcast media analysis of stigma</li> <li>• Discrimination experienced by people with MH problems</li> </ul>	<p>VW - PH BA - PCU LF - PCU</p>	<ul style="list-style-type: none"> <li>• Public Health Communication campaign developed and will focus on improving mental health and wellbeing</li> <li>•Alzheimer Society dementia champions to deliver training to staff in CCGs</li> <li>•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</li> </ul> <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
<p><b>5. A faster and better response to anyone experiencing a mental health crisis.</b></p>	<ul style="list-style-type: none"> <li>●To develop an all age mental health acute crisis response across the North Yorkshire localities</li> <li>●Develop a single point of access</li> <li>●Develop new urgent care commissioning specification for 2016/17 with standard response times, referral processes and quality standards to mental health crises</li> <li>● Implementation of EIP access standards</li> <li>●Scope models of safe havens and alternative community based places of safety</li> </ul>	<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"> <li>• Same response regardless of age or condition</li> <li>• Standard work &amp; response timescales across services</li> <li>• Quality user experience</li> <li>• Safe continuation of care delivery</li> <li>• Service efficiency</li> </ul> <p>EIP &gt;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"> <li>1. Identify which locality will pilot the new model</li> <li>2. Address variation within all three localities by implementing the agreed standard work</li> <li>3. Agree standard operating procedures</li> </ol> <ul style="list-style-type: none"> <li>•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</li> <li>• 'Urgent Response' pledge for an all age 24 hour, seven day week service, to be called the North Yorkshire Mental Health Crisis Service</li> <li>•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</li> <li>• There will be a single crisis telephone &amp; triage service for patients &amp; professionals based within the Force Control Room (North Yorkshire Police) but with a separate telephone number</li> <li>• 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</li> <li>• One system for care records making sharing of information of those in crisis more seamless</li> <li>• There will be 5 steps to crisis response available at the point of a call</li> <li>•AMHP ambition for co-location and increase in provision</li> </ul>

<p><b>6. Greatly improved access to "talking therapies" in North Yorkshire.</b></p>	<ul style="list-style-type: none"> <li>• To scope the increase of IAPT services for targeted groups including veterans, over 65s and long term physical conditions</li> <li>• Ensure a seamless pathway between services supporting transition for older children to adulthood</li> <li>• Expansion of the CYP IAPT principles, training will be rolled out the voluntary and community sector in North Yorkshire</li> </ul>	<p>2.3 Greater access to talking therapies</p>	<ul style="list-style-type: none"> <li>• 15% access</li> <li>• 50% recovery</li> <li>• 95% &lt;18 wk wait</li> <li>• 75% &lt;6 wk wait</li> </ul>	<p>RD -PCU</p>	<ul style="list-style-type: none"> <li>• Continue monthly monitoring</li> <li>• Targeted work to address recovery rates at risk of not meeting targets in partnership with NHSE and IAPT team</li> <li>• PCU working with Business Intelligence to provide profiling data on new patient groups; establish incidence of anxiety and depression for each group</li> <li>• 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.</li> <li>• PCU to research and scope: anxiety and depression in age 65+, long term physical conditions, medically unexplained symptoms, young people</li> </ul>
<p><b>7. Pilot and roll out new personal health budgets &amp; individual care plans.</b></p>	<ul style="list-style-type: none"> <li>• Significant expansion of Personal Health Budgets</li> <li>• 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.</li> </ul>	<p>1.1 Support for families, friends and carers embedded in all services</p> <p>1.4 More services and activities led by communities themselves</p>	<ul style="list-style-type: none"> <li>• National target 1-2 people in 1000 population</li> </ul>	<p>BA</p>	<ul style="list-style-type: none"> <li>• Developing the market to ensure increased choice for people on CHC funded care plan</li> <li>• Currently 30 people in receipt of PHB and further demand for take-up</li> <li>• PCU reviewing current care coordination arrangements to ensure capacity for person-centred planning is flexible to support increasing demand</li> <li>• Local offer now published on CCG websites</li> <li>• Market engagement event planned for July</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>

<p><b>8. Timely dementia diagnosis and “dementia-friendly” communities.</b></p>	<ul style="list-style-type: none"> <li>• Review post-diagnostic support for people with dementia, and continue to support Primary Care colleagues to improve dementia diagnosis rates.</li> <li>• 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.</li> <li>• Reviewing jointly commissioned dementia support service with NYCC.</li> </ul>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• PCU are working alongside VoY and HaRD CCGs, Dementia Forward and TEWV 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</li> <li>• 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</li> </ul>
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Priority: Reaching out: recognising the full extent of people's needs					
Actions	2016-17 Actions	NY Strategy outcomes	Measures/targets	Lead:	Update
<b>9. Work in new ways to take into account the full range of people's needs, including physical health.</b>	<ul style="list-style-type: none"> <li>Development of liaison psychiatry and crisis care pathway to ensure parity of esteem for patients accessing support with physical health</li> <li>Explore further commissioning opportunities around integrating physical and mental health services for all ages including young people and improving parity of esteem</li> <li>Embed parity in policies, specifications and contracts</li> <li>'Better Births 2016' initiative to provide multi-professional working for improved personalised, seamless and safer postnatal and perinatal mental health services.</li> <li>Ensuring that relationship between mental health and dementia is recognised and addressed by services.</li> </ul>	<ul style="list-style-type: none"> <li>1.6 Better partnership working especially with the voluntary and independent sectors</li> <li>3.1 Better understanding of the links with physical health, leading to dual diagnoses</li> </ul>	<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"> <li>To be developed</li> </ul>	PCU	<ul style="list-style-type: none"> <li>Implementation of 'Making Every Contact Count' across TEVV services</li> <li>Health promotion resource available on In touch for staff to signpost/provide support or information to patients <ul style="list-style-type: none"> <li>TEVV 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</li> <li>Of those accessing the Expert by Experience Programme 6 of these have taken up paid lived experience jobs within TEVV and 3 have obtained promotions within work roles.</li> <li>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)</li> </ul> </li> </ul>
<b>10. Review the impact of new technology, positive and negative.</b>	Action to be developed following determination on the scope of this review	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.

<p><b>11. Work with partners to ensure that mental health and wellbeing is embedded in all strategies and plans.</b></p>	<ul style="list-style-type: none"> <li>•Develop a coherent approach that enables partners to embed wellbeing and prevention in mainstream policies, strategies and specification</li> <li>•Develop a Social Value charter for NY and embed this into the commissioning cycle</li> <li>•Young in Yorkshire refresh will include CYP EMH and give full recognition to the FIM Transformation plans</li> </ul>	<p>1.6 Better partnership working especially with the voluntary and independent sectors</p> <p>3.1 Better understanding of the links with physical health, leading to dual diagnoses</p> <p>3.4 More volunteering and other activities to promote well-being</p>	<ul style="list-style-type: none"> <li>•The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF)</li> <li>•Increase in people who have good mental health</li> <li>•Increase in recovery rates</li> </ul>	<p>KA VW PCU</p>	<ul style="list-style-type: none"> <li>•Need to discuss further in MHSIG key activity/outcomes</li> <li>•Consultation events planned to support the development of the Dementia Strategy</li> <li>• 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</li> <li>•Wellbeing/mental health to be considered during NYCC prevention contracts review (due to commence Aug/Sept 16)</li> </ul>
<p><b>12 North Yorkshire Mental Health Champions brought together at least once a</b></p>	<ul style="list-style-type: none"> <li>•Identify mental health champions in the scope of this strategy</li> <li>•Employers sign up to Time to Change and undertake training</li> </ul>	<p>1.4 More services and activities led by communities themselves</p> <p>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"> <li>•Work ongoing to agree the definition of mental health champions in the scope of this strategy and methods of engagement/involvement in strategy</li> </ul>