



Hope, Control and Choice



North Yorkshire's
Mental Health Strategy
2015-20

Signatories to the North Yorkshire Mental Health and Wellbeing Strategy are



NHS
Airedale, Wharfedale and Craven
Clinical Commissioning Group



NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group



NHS
Harrogate and Rural District
Clinical Commissioning Group



NHS
Scarborough and Ryedale
Clinical Commissioning Group



NHS
Vale of York
Clinical Commissioning Group



The organisations that are signatories to this strategy have made a commitment to work together to support local systems to achieve continuous health and wellbeing improvements for the population of North Yorkshire.

The Scope and Purpose of this Strategy

This document sets out North Yorkshire's over-arching strategy for developing mental health services and promoting wellbeing from 2015-2020. It has been produced by the Health and Wellbeing Board for North Yorkshire, working on behalf of local residents.

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; Tees, Esk and Wear Valley Foundation Trust; Bradford and District Care Trust 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.

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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. The remainder of us will almost certainly know someone with mental health issues: each of us who is a signatory to this Strategy has experienced mental illness either directly or indirectly at one time or another. We all have a personal interest in maintaining good mental wellbeing.

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. We want to offer Hope, Control and Choice to people who are affected by mental health issues.

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. Our title is taken from a quotation from a person who uses our services, describing what matters most to them. These conversations will continue as we move towards Action Plans, implementation and monitoring.

We recognise that people want services that are close to where they live, and we will try to preserve these, or to deliver them in new ways, despite the financial pressures upon us. Indeed, we hope to build on the investments of recent years. We have also heard that people want more emphasis on “wellbeing”: on approaches that help them to avoid becoming ill in the first place. We will reflect this in our plans.

This Strategy reflects best national practice. 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 new vision, new priorities, and twelve initial shared actions. Now is the right time for a fresh start for mental health and wellbeing services in North Yorkshire: this Strategy is the first step.

Cllr Clare Wood
(Chairman of the H&WB)



Richard Flinton Chief Executive



Simon Cox (Chief officer)
Scarborough and Ryedale CCG



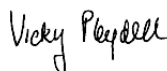
Phil Pue (Chief officer)
Airedale, Wharfedale and Craven CCG



Amanda Bloor
(Vice Chair of the H&WB)
Harrogate and Rural District CCG



Vicky Pleydell (Chief officer) Hambleton,
Richmondshire and Whitby CCG



Mark Hayes (Chief officer)
Vale of York CCG



Richard Webb
Corporate Director of Health
and Adult Services, NYCC



Pete Dwyer Corporate Director
of Children and Young People's
Services, NYCC



Lincoln Sargeant
Director of Public Health



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*:

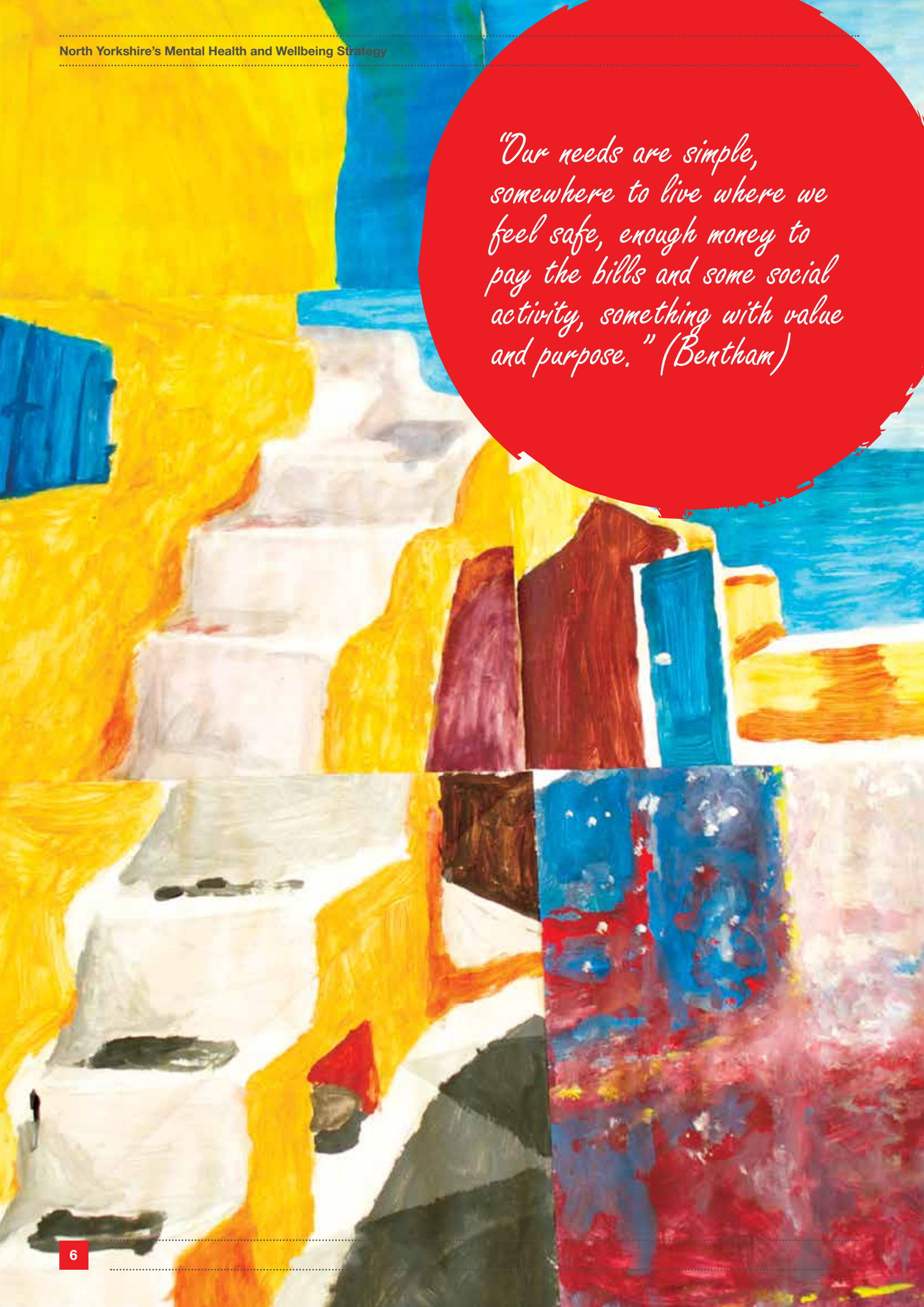
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| <p>Resilience:
individuals, families and communities supported to help themselves</p> | <p>Responsiveness:
better services designed in partnership with those who use them</p> | <p>Reaching out:
recognising the full extent of people's needs</p> |
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...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:

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| <p>Support for family, friends and carers embedded in all services</p> <p>Better public understanding & acceptance of mental health</p> <p>Greater investment in prevention and early intervention</p> <p>More services and activities led by communities themselves</p> <p>Reduced impact of rural isolation on mental health</p> <p>Better partnership working</p> | <p>Timely diagnoses for all conditions, especially dementia</p> <p>Better services for those with a mental health crisis</p> <p>Greater access to talking therapies</p> <p>Better transitions between services, eg children to adults</p> <p>Better services for vulnerable groups, eg students, military families and veterans</p> <p>Better services for those with mental health and substance misuse needs</p> <p>Better Advocacy Services</p> | <p>Better understanding of the links with physical health</p> <p>Improved support for people with mental health needs to gain/maintain employment</p> <p>Improved support for people with mental health needs to gain/maintain housing</p> <p>More volunteering and other activities to promote wellbeing</p> <p>Safeguarding fully embedded in all partners' practices</p> |
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*"Our needs are simple,
somewhere to live where we
feel safe, enough money to
pay the bills and some social
activity, something with value
and purpose." (Bentham)*

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 also covers how services are organised and funded. Further information can be found by following the links in the footnotes and in the Annexes.

Background Facts and Figures: the national picture

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

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



23%

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



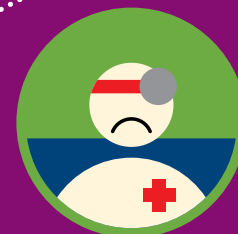
People with severe mental illnesses die on average 20 years earlier than the general population



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 develop chronic diseases such as cardiovascular and respiratory diseases
- are more likely to be homeless or live in unsecured housing
- have poor health due to risk taking behaviours, eg smoking, alcohol and substance misuse, or poor diets leading to obesity

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

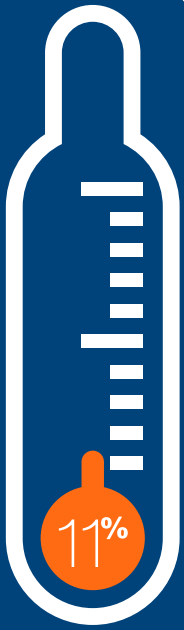


Treatment costs are expected to **double** in the next 20 years

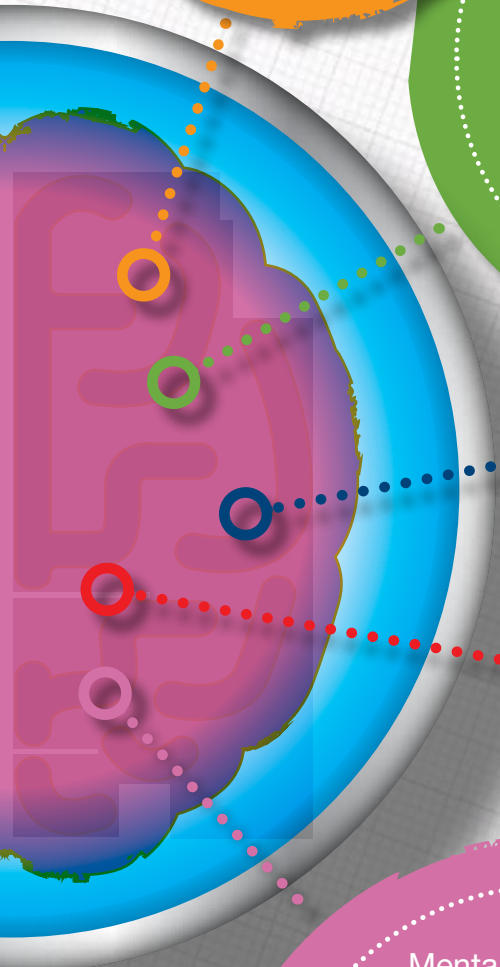


£105 billion

Mental health problems are estimated to cost the economy **£105 billion**



Nearly **11%** of England's annual secondary care health budget is spent on mental health




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. Even a small improvement in wellbeing can help to decrease some mental health problems



Mental illnesses can be as fatal as physical ones.

10X

Suicide causes **ten times** as many deaths as homicide in the UK

Background Facts and Figures: the North Yorkshire picture

General information

- 3.5 North Yorkshire is England's largest County, covering over 3,000 square miles. It ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban areas such as Harrogate and Scarborough. **The current population is around 600,000.**
- 3.6 Whilst North Yorkshire is more affluent than many places, there are nevertheless areas of significant deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England. Deprivation can take the form of economic and social status and/or living in a very remote place, with poor access to amenities, services and infrastructure. 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 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. For example, we know that there are issues of rural poverty which may in turn impact on mental health. We also know that social inclusion is of fundamental importance to those who may experience mental ill health; and that lack of social contact is an issue both for the very young and for the older population.
- 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%**.

17,000
MOD personnel



The current
population is around

600,000

Prevalence of Mental Illness and other conditions

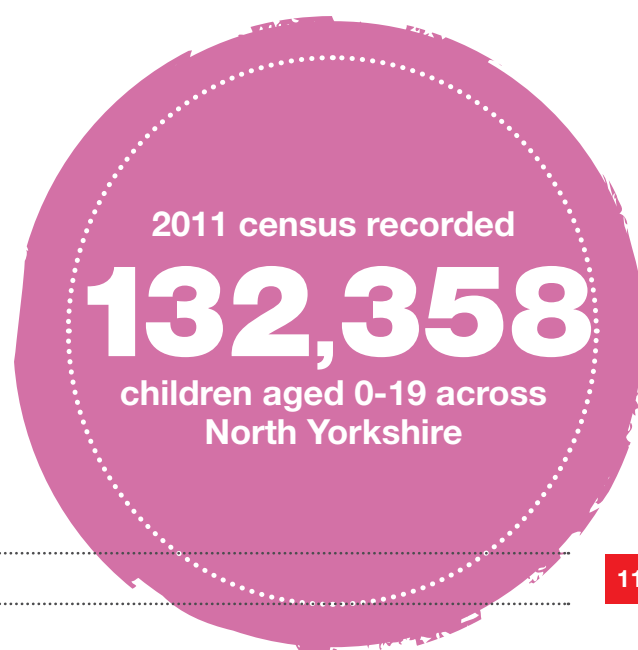
- 3.11 Detailed information comparing the prevalence of mental health problems in North Yorkshire with the national average is available in the form of a Community Mental Health Profile¹. There is additional information in **Annex B**.
- 3.12 Across North Yorkshire it is estimated that at least **8,000 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 have such disorders. A national prevalence for autism of about one in 100 suggests that we would expect around **837** children and young people in the County to have a diagnosis of **autism**².
- 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 experience 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

Personality Disorders are very deep-rooted, so hard to treat, but people can be helped to manage their difficulties. There are no accurate figures, but an estimated 10% of the general population have some kind of personality disorder. The risk of suicide in someone with a personality disorder is about three times higher than average.

- 3.14 In 2011, an estimated 3,587 adults aged 18-64 had autistic spectrum disorders in North Yorkshire, whilst there was an average of **477** people per 100,000 population who had **Learning Disabilities**. Values for individual districts range from 470 – 480 per 100,000 with the exception of Selby which has a rate of 494³.
- 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 detail⁴:

Numbers with Dementia in North Yorkshire			
Date	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



1 <http://www.nepho.org.uk/cmhp/index.php?pdf=E1000023>

2 There is more information about the prevalence of autism at <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=18925&p=0>

3 There is more information about Learning Disabilities at <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=19174&p=0>

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

3.16 In North Yorkshire during 2013/14, over **5,000 carers** were assessed or reviewed, with just over 4,000 receiving services. Of those carers, only 62% felt their own general health was “good” (less than the national average, perhaps reflecting the older age range of North Yorkshire carers), but fewer than one in ten (8%) felt their health was “bad”.

3.17 We have the following additional information about two 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;
- the impact on children and young people of parents serving in war zones can include disruptions to the process of building relationships in early years, and also through changes to school education. General anxiety and stress can also become part of daily life for children and young people living in the Garrison during the deployment of staff into active service. This can also impact on teenagers;
- 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;
- there are disproportionately high rates of homelessness amongst 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, veterans and their families in North Yorkshire – and, if necessary, to provide them with targeted support.

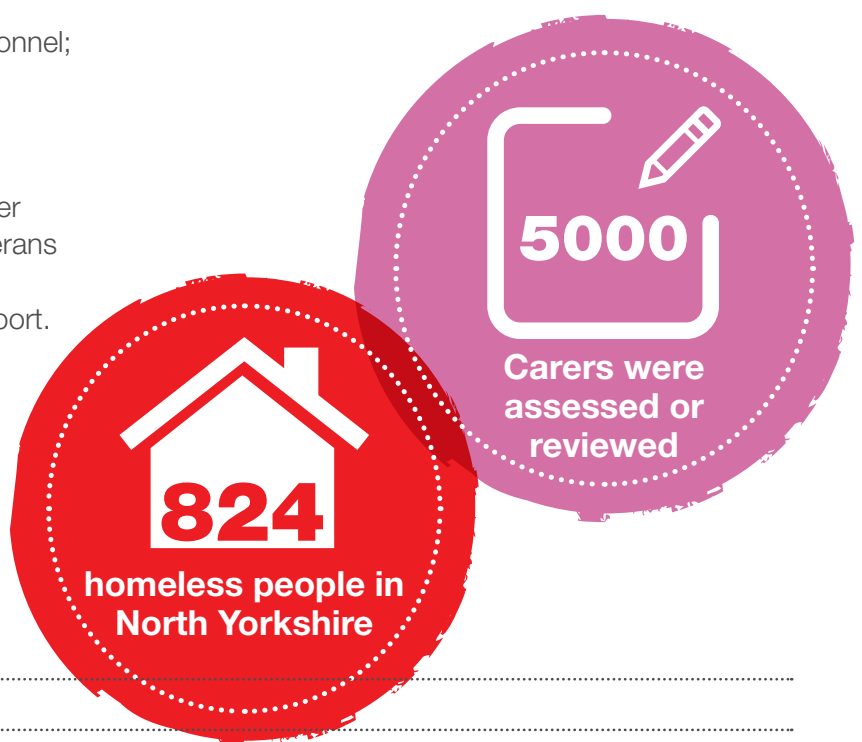
Homeless People

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.

How Services are currently organised in North Yorkshire

3.18 Support to people with mental health needs is provided through a range of different services in North Yorkshire. Traditionally, we think of mental health services as those that are provided by statutory agencies such as NHS Mental Health Trusts. However, for many people their most frequent contacts are with Primary Care, the voluntary sector and a broad range of other public services, including for example District Councils (in relation to housing or leisure services), the Police and the Department for Work and Pensions. Many people experiencing mental distress or ill health will also be in contact with services around their physical health needs. These services are trying to work better together.



3.19 The tables below set out a summary of the key mental health services that are currently commissioned or directly provided by North Yorkshire County Council or by NHS Organisations. The map shows the geographic boundaries of the six Clinical Commissioning Groups (CCGs) that are responsible for commissioning the greater part of the statutory services.

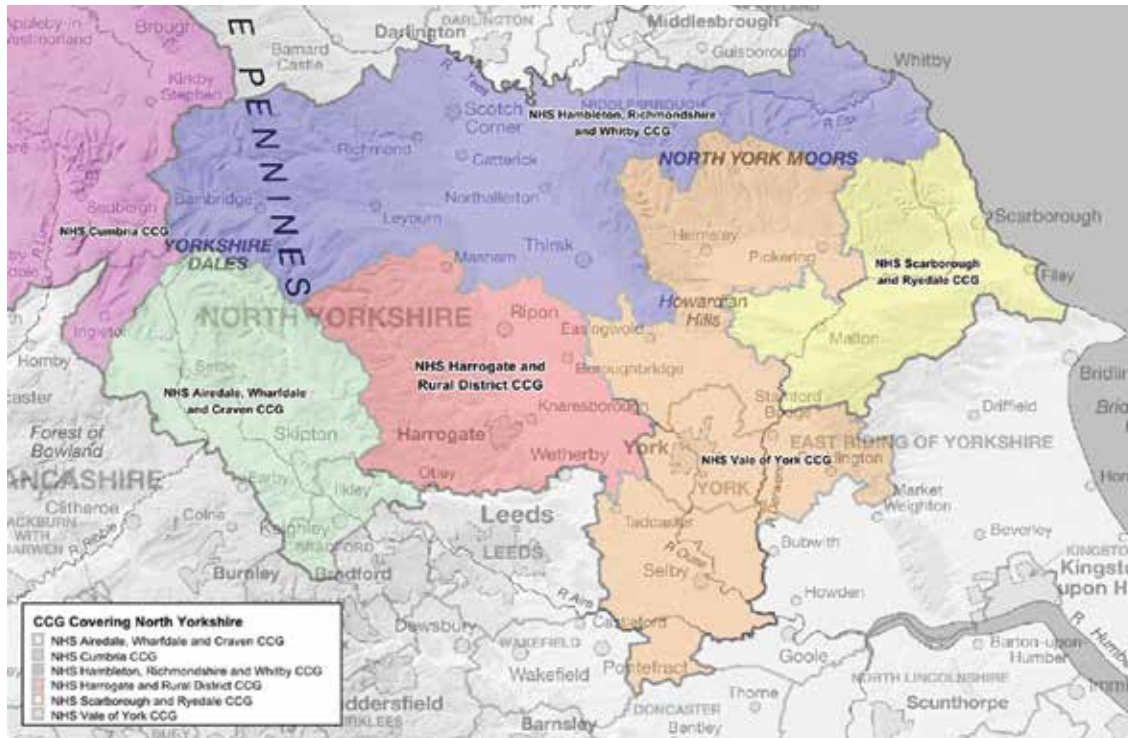
Providers of Mental Health Services in North Yorkshire from October 2015

Services provided by North Yorkshire County Council

Team	Service
Adult Social Care	<ul style="list-style-type: none"> Commissioning, funding and contracts for social care support such as day time activities, support groups Approved Mental Health Practitioners, and Mental Health Act assessments and reports Care Act Assessments and personal budgets Short term Recovery Workers Community Support Officers Supported Employment service
Children and Young People's Services	<ul style="list-style-type: none"> Commissioning, planning and service provision for children and young people's education and support Early years support Education services, Looked after children, Support for disabled children and their families, Youth justice
Public Health	<ul style="list-style-type: none"> Surveillance and assessment of the population's health and wellbeing Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services Policy and strategy development and implementation Strategic leadership and collaborative working for health Public Health Intelligence Commissioning, funding and contracts for Health Improvement services – including public mental health, suicide prevention, stop smoking; drugs and alcohol; lifestyle and weight management

Services provided by NHS Organisations

Organisation	Service
Clinical Commissioning Groups (see map): <ul style="list-style-type: none"> Hambleton, Richmondshire and Whitby Harrogate and Rural District Scarborough and Ryedale Vale of York Airedale, Wharfedale and Craven Cumbria 	<ul style="list-style-type: none"> Commissioning community and secondary mental and physical health services Provision of primary health services
Community and secondary Mental health services: <ul style="list-style-type: none"> Tees Esk Wear Valley NHS Trust (for Hambleton Richmondshire and Whitby, Harrogate and Rural District, Scarborough and Ryedale and Vale of York) Bradford District Care Trust for Craven 	<ul style="list-style-type: none"> Talking therapies, early intervention, crisis intervention, community health teams, in-patient beds for all ages Child and Adolescent Mental Health Services Psychiatric liaison in-reach to acute hospitals
Acute And Community Health Trusts: <ul style="list-style-type: none"> South Tees York and Scarborough Harrogate Airedale 	<ul style="list-style-type: none"> Acute health services
NHS England	Specialised services including: <ul style="list-style-type: none"> Secure and forensic series Tier 4 services for Child and Adolescent Mental health and Personality Disorders Gender Identity Services for those with serious perinatal problems; Eating disorders Services for the deaf



3.20 As indicated **above**, however, there are many other services that play a vital role – particularly in the voluntary sector, whose support is often essential to those experiencing mental ill health. Voluntary organisations provide support through a range of services including:

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

We know that some voluntary groups are vulnerable in terms of long term funding and that users of their services are particularly concerned about how they remain sustainable. We will look to learn from innovations in the voluntary sector and North Yorkshire's Stronger Communities programme will continue work to strengthen community capacity. The programme has, as one of its four areas of work, been focusing on supporting adults who might otherwise need social care support. This has already led to work with new groups of people with mental health needs.

3.21 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 population⁵.

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.

5 See for example www.victimsupport.org.uk/sites/default/files/At%20risk%20full.pdf

Expenditure on Mental Health Services

3.22 It is acknowledged at a national level that mental health services have historically been under-funded – and North Yorkshire is no different. This applies to both Children’s and Adult’s services. There have, however, been some welcome improvements in recent years, including new investments by our Clinical Commissioning Groups in:

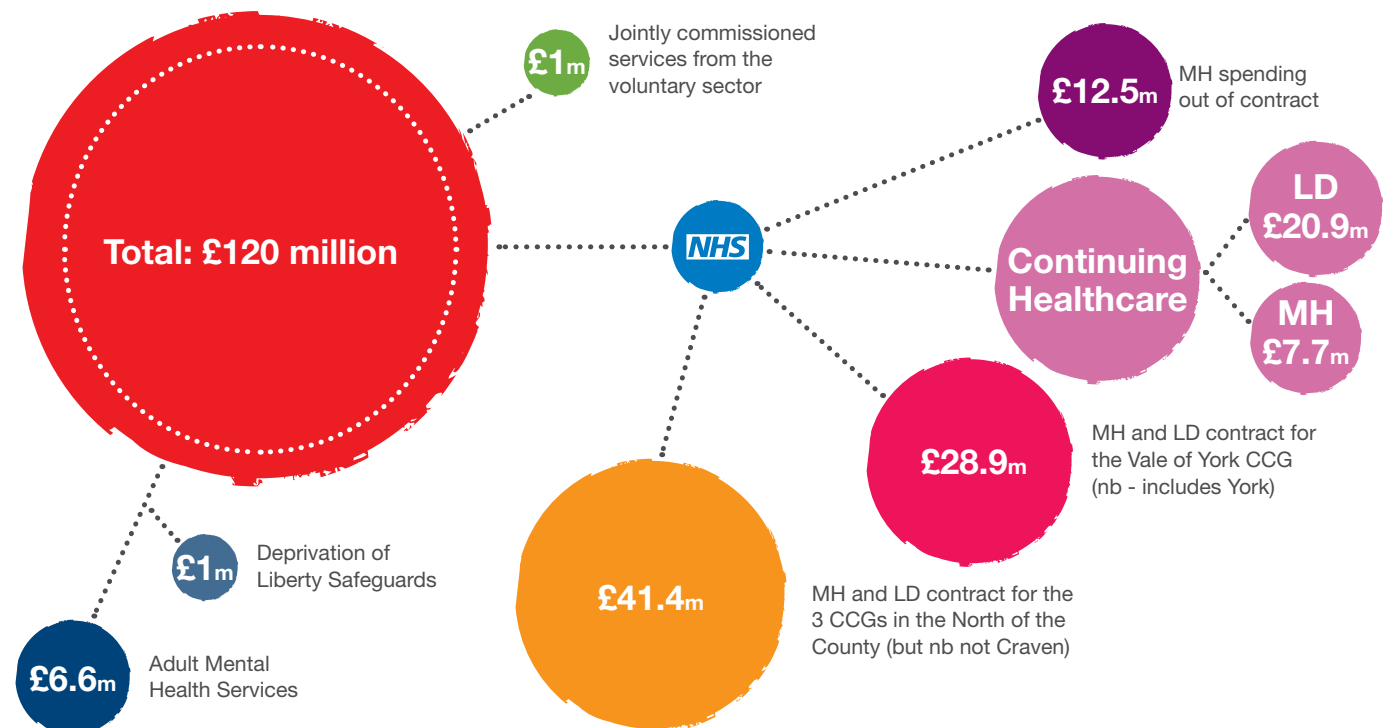
- the development of “Section 136” suites for people in crisis who come to the attention of the police;
- Child and Adolescent mental health services;
- dementia diagnosis; and
- psychiatric liaison in acute hospitals.

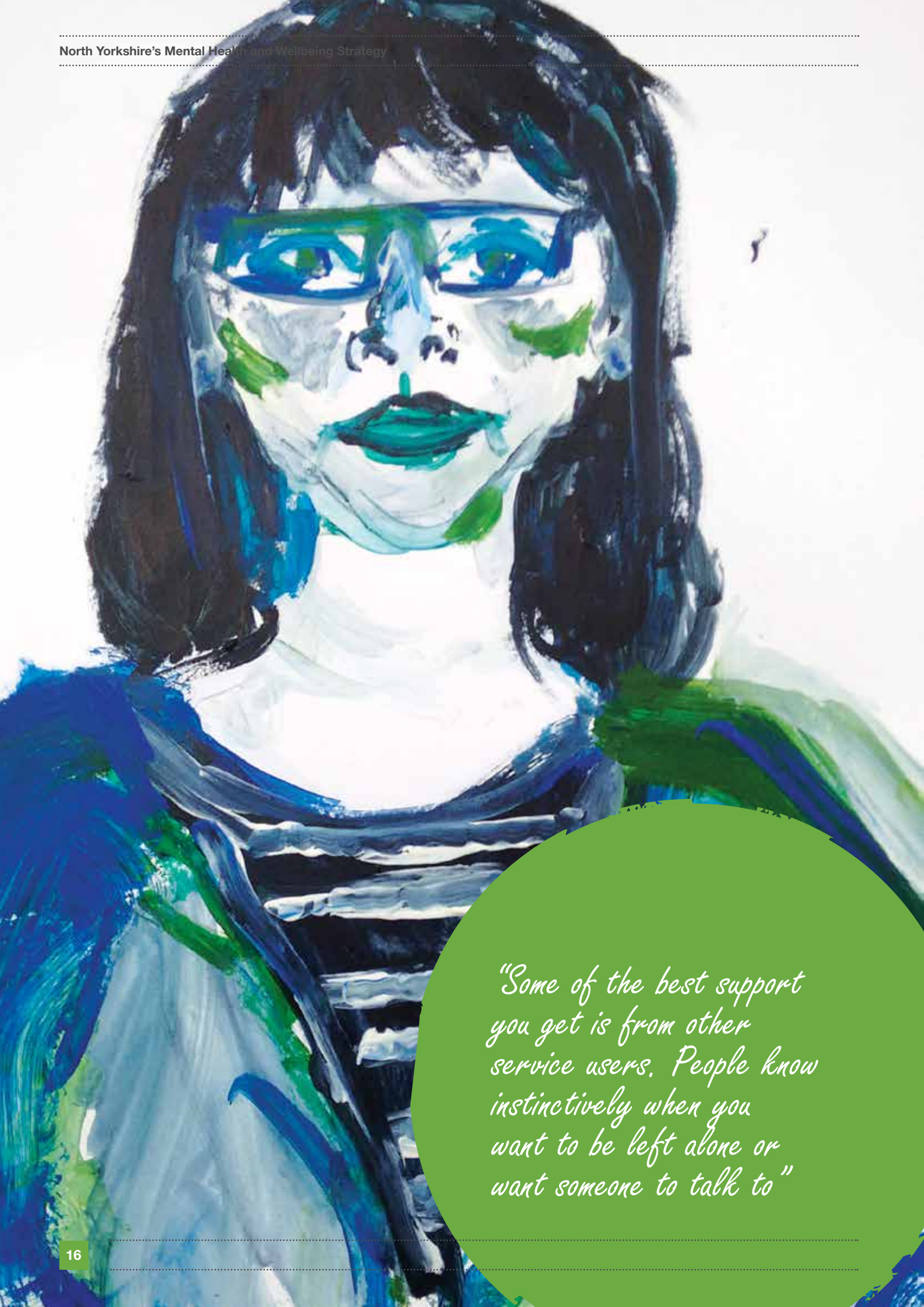
We have seen some progress locally in clarifying the support to children who are Looked After by the Local Authority, and some reinvestment through the No Wrong Door innovation programme and the recommissioning of the Healthy Child Programme. Adult Social Care has been able to give relative protection to Mental Health Budgets in spite of having to make significant savings over the last few years.

3.23 The illustration [below] shows the current level of direct expenditure on mental health services in North Yorkshire. It is subject to a number of caveats; in particular, the figures for the CCG contracts include the Vale of York, which in turn includes services provided within the city of York. However, we were not able to include figures for the Craven area of North Yorkshire. Similarly, the figure for services jointly commissioned from the voluntary sector is a broad estimate, as in practice the majority of schemes will benefit wider groups of people, with only a small number directly targeted at people with mental health issues. This particular figure should be taken to include locally-funded NHS schemes, which may vary year on year.

3.24 Despite the caveats, the picture is a useful indication of the scale of current expenditure. We have not attempted to calculate the indirect costs of mental health in the County, including costs that fall on Acute Services, on the Criminal Justice System, on Welfare Benefits and on Housing. It is likely that such indirect costs will dwarf the direct expenditure.

Direct Expenditure on Mental Health Services in North Yorkshire 2014-15





"Some of the best support you get is from other service users. People know instinctively when you want to be left alone or want someone to talk to"

What's Most Important?

4.1 The most important part of preparing this Strategy has been talking to people who use mental health services and those who care for them. We have also spoken to professionals working in this area, including representatives from the voluntary sector. In all, we received over a thousand comments: a rich source of inspiration and challenge. They ranged from praise or criticism for existing services, through to observations about the future direction of mental health policy, to highly personal accounts of people's individual journeys. We have read them all, and taken them into account wherever possible in drawing up this document. Quotations from some of the contributors, as well as case studies and artwork, are showcased throughout this document.

4.2 We have benefited in particular from talking to a number of established **mental health forums** in the County. These provide an opportunity for providers, as well as those who may be using mental health services and their Carers, to work together to improve the range and quality of mental health services. They are variously supported by the local authority and by local infrastructure organisations and include, amongst others:

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

We recognise that there is a lack of consistency in the coverage, with no forum being in place in (for example) Easingwold/Selby, and a new one recently established in Scarborough and Ryedale: we will seek to address this during the lifetime of this Strategy. Equally, we recognise that not all users of our services feel comfortable articulating their concerns through such forums, and we have therefore taken great care to ensure that we have a variety of complementary mechanisms for listening to people's views.

4.3 Our preparations have been greatly enhanced by two additional consultation projects - both of which are still continuing. Starting in 2012, York Mind have been running **No Decision About Us Without Us**, a project designed to promote and coordinate a high level of interactive 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. In addition, NHS colleagues have set up the **Discover** programme, an innovative engagement tool to support the commissioning of local mental health services. 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 change in culture.

4.4 Whilst any succinct summary may not do full justice to the range and depth of people's comments, certain **key themes** did emerge. These are summarised below, while the boxes on page 20-21 highlight the particular messages from the Mind and NHS Discover events. A fuller account of the comments from all sources is at **Annex C**.

Key themes from the consultation

Comments about existing services

- Many people were deeply appreciative of the care they had received. However, there were also many criticisms about services for those experiencing a crisis, especially out of hours, about in-patient facilities, and about the capacity of A&E Departments to deal properly with someone experiencing mental ill health;
- There was also a concern about long waiting times for initial diagnosis, particularly for conditions such as dementia or autism, coupled with a view that some GPs were insufficiently familiar with the range of potential mental health problems;
- Many people were concerned about limited capacity for treatments such as talking therapies;
- There was also a feeling that many treatments put insufficient emphasis on the need to help people to maintain good mental health after an initial crisis has passed – and that secondary services need to take responsibility for the quality of the services (and the pathway) to which people are discharged.

The value of community-based activities

- A great many people expressed strong support for the value of community-based activities, including group work and one-to-one “befriending” services, normally provided by the voluntary sector;
- People also stressed the need to have a physical “safe place” to go;
- There was, however, criticism about the uneven spread of such services across North Yorkshire, and concern that public spending pressures might lead to some existing activities being withdrawn;
- Some were also critical that a number of the activities on offer seemed to be determined by the providers, or aimed at a narrow age-range;
- People pointed out that the gap between secondary mental health services and the community is a cliff – “this needs to become a slope and made accessible”.

The case for a more modern approach

- People welcomed the fact that this Strategy is about wellbeing as well as mental illness – and have encouraged us to promote good mental health from the earliest age onwards;
- There is a desire to ensure we are aware of modern best practice, both nationally and internationally;
- Many people suggested we need to move away from a “medical” model of approaches to mental illness – and to recognise that for some people, simply having someone to talk to at the right point (peer support) might be every bit as effective (and cost-effective);
- People also stressed the need for a positive, long-term approach, rather than just treating people’s immediate symptoms.

Treating people as individuals

- This was a key theme for many – with a suggestion that the present system treats people as cases to be managed, not as individual human beings;
- There was also a widely-expressed view that in assessing someone’s mental health, and their capacity to recover or to achieve stability, a wide range of factors need to be taken into account including their physical health, employment, housing, and support networks;
- People want us to develop personalised care plans that are attuned to each individual’s particular circumstances and the nature of their condition, and shared across all services;
- We should be wary of judging people according to pre-conceptions or narrow criteria such as sexuality or gender;
- We need, however, to be sensitive to cultural differences;
- Above all, people suggested that we should recognise – and celebrate – people’s diversity, and treat everyone with dignity, compassion and respect...
- ...And we should challenge stigma head-on.

A desire for genuine involvement

- Allied to the preceding points, people welcomed the chance to comment, but some were sceptical as to the extent to which their views were genuinely listened to – consultation should not be a “tick-box” exercise, nor just a matter of listening to those who shout the loudest;
- There was particular criticism about the patchiness of information about services, options and medication;
- People were insistent that they should be involved and properly consulted before any changes to existing services, whether small scale or large;
- Clear, concise and accessible communication is seen as integral to any service;
- Some put it in terms of a change in the “balance of power” between the professionals and those who need support.

Particular issues in rural areas

- It is clear that the rural nature of our County is a particular issue for many, with people anxious that policy-makers recognise the great difficulty in accessing services and activities in the absence of regular public transport;
- Others spoke about the impact of rural isolation on mental health, pointing out that social inclusion is of fundamental importance;
- There were also comments about rural poverty, and about the trend for young people to move away to urban centres, which in turn has implications for the mental health of those remaining.

Specific comments relating to Carers

- A great many people highlighted that carers are an under-valued resource;
- Carers themselves wanted better links with GPs, pointing out that they are often better placed to communicate with, and on behalf of, their loved ones;
- People feel it takes far too long for carers to be formally recognised, and that there is insufficient support for them (including occasional respite);
- Carers should have a role in assessing the safety and quality of services offered to their loved ones.

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**

Things that will take longer

- **Find a cheaper way to run activities - use the voluntary sector**
- **All current services must be kept - there is very little already**
- **Provide more advocacy support**
- **Look at what happens in A&E**
- **Find ways to provide more 1-1 support**
- **Instead of group activities, could befriending provide support?**
- **More funding for groups in the community so people don't become unwell and need expensive care**
- **Look at whether services can be done nearer to us so we don't need to travel**



Themes emerging from the NHS Discover programme

- **More joined-up services (across the health and welfare systems, including follow-up) – ie, systems integration**
- **Person-centred care, including the ability to make choices**
- **Removing the stigma of Mental Illness**
- **Raising awareness and cultural change**
- **Communication, engagement and involvement**
- **Building local communities**
- **Support for, and involvement of, carers and family members**
- **Single point of access For all**
- **Out of hours provision, including weekends**
- **Early intervention**
- **Lower waiting times**
- **Focus on innovation and creativity**
- **Continuity of care – and better transitions, eg from children's to adults' services**



NHS

Comments on this Strategy itself

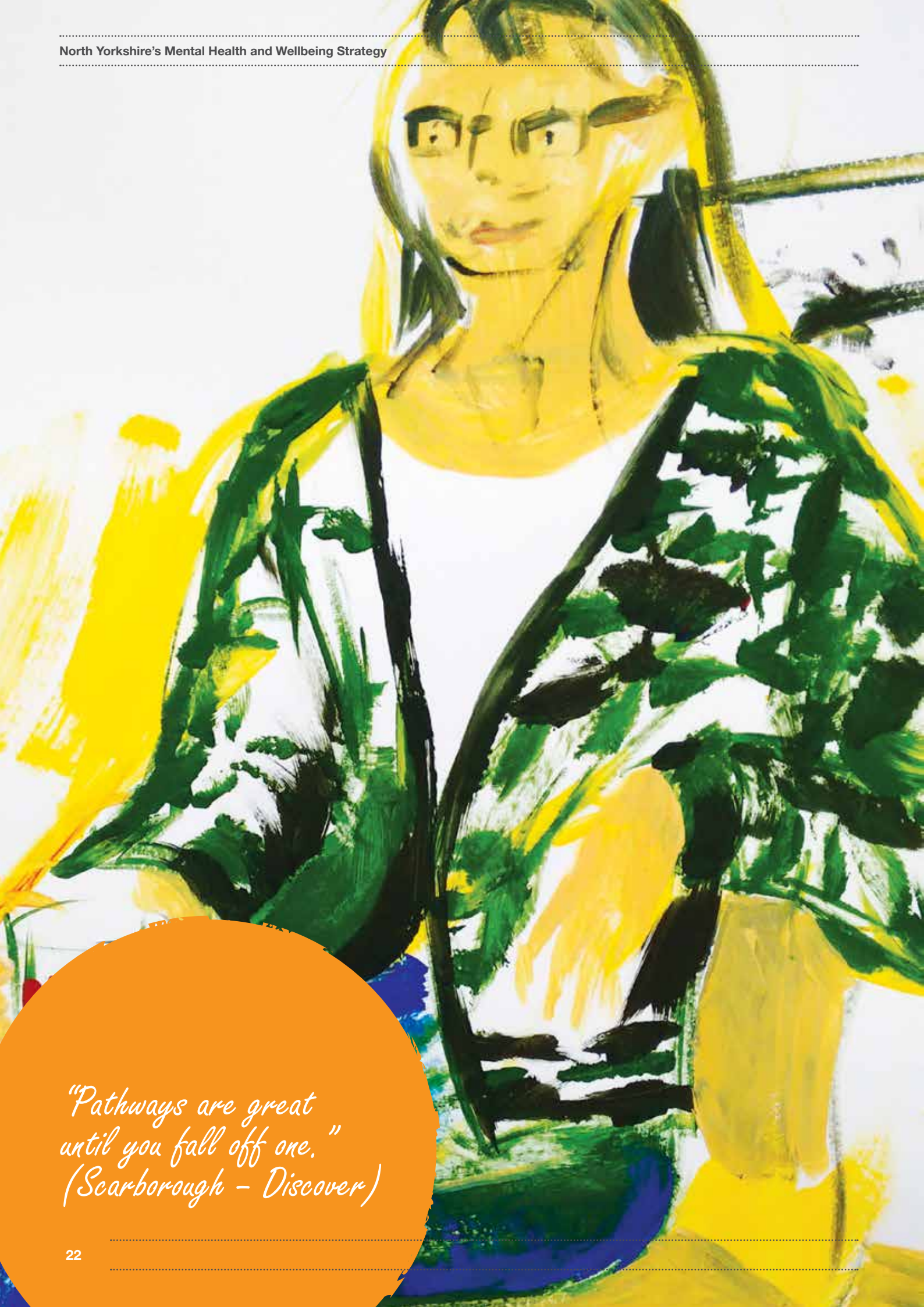
4.5 In addition, early drafts of this Strategy were circulated to a number of groups, and numerous changes were made both to the substance and the language of the document. For example, as a result of the consultation we have eliminated the rather cold term “service user” from our terminology. We also changed the title of the Strategy to incorporate words directly conveyed to us by an individual who uses our services. We are genuinely grateful for the constructive energy with which people have engaged with the exercise, and we undertake to build on this in designing and delivering future services.

National Consultation

4.6 Finally, as we were putting together this Strategy, consultation has been taking place at a national level led by the new Mental Health Taskforce⁶. We have taken note of the national messages, particularly the emerging themes which focus on four main areas: prevention, access, integration and attitudes; as well as the emphasis on being treated with hope, dignity and respect⁷.

⁶ <http://www.england.nhs.uk/mentalhealth/taskforce/>

⁷ <http://www.england.nhs.uk/2015/06/04/paul-farmer-2/>



*"Pathways are great
until you fall off one."
(Scarborough - Discover)*

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.

National Strategies

5.2 There is a wealth of national advice and guidance available to commissioners of mental health services. Some key documents that have influenced our thinking are:

- No Health Without Mental Health⁸
- o And also the Guide for Directors of Public Health⁹
- Closing the Gap – Priorities for Essential Change in Mental Health¹⁰
- Joint Commissioning Panel for Mental Health – Guidance for Commissioning Public Mental Health Services¹¹
- Talking Therapies – A Four Year Plan of Action¹²
- o And the accompanying Quality Standards¹³
- Achieving Better Access to Mental Health Services by 2020¹⁴
- The Mental Health Crisis Care Concordat¹⁵
- Right Here, Right Now (a CQC report on people’s experiences during a mental health crisis)¹⁶
- Future in Mind - Promoting, protecting and improving our children and young people’s mental health and wellbeing¹⁷
- Working our way to better mental health: a framework for action¹⁸
- Living well with dementia: A National Dementia Strategy¹⁹
- The Care Act 2014 and the associated Statutory Guidance²⁰

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:

- (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.

8 www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

9 www.mind.org.uk/media/343126/No_Health_Without_Mental_Health_Directors_of_Public_Health.pdf

10 www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

11 www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf

12 www.iapt.nhs.uk/silo/files/talking-therapies-a-four-year-plan-of-action.pdf

13 www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf

14 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

15 http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

16 http://www.cqc.org.uk/sites/default/files/20150611_righthere_mhcrisicare_summary_3.pdf

17 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

18 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228874/7756.pdf

19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

20 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- (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 It is likely that the national drive to improve mental health will be maintained under the Conservative Government elected in May 2015. We expect, given the focus on mental health in their Manifesto²¹, that there will be opportunities for extra investment and for innovation. When it comes to children and young people, in particular, 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 primarily by the NHS Partnership Commissioning Unit, which coordinates the plans of four of the CCGs who cover the County.
- 5.5 We will also be keeping in close touch with the new **National Mental Health Taskforce**²², mentioned in the previous chapter, 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.

Local Strategies

- 5.6 Within North Yorkshire, we have had regard to the **North Yorkshire Community Plan 2014-17**²³ 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.
- 5.7 **2020 North Yorkshire**²⁴ sets out the County Council's corporate vision and its plan for Health and Adult Services, with an overall objective 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 to help 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.
- 5.8 As the owners of the **North Yorkshire Joint Health and Wellbeing Strategy 2013-2018**²⁵ we have also ensured consistency with that document, especially its focus on emotional health and wellbeing. Our core principles reflect the principles in that document, including the 2015 update to the Strategy²⁶. The **Joint Strategic Needs Assessment** which was produced as part of the preparation of the Health and Wellbeing Strategy has also informed this document. The refreshed strategy is explicit in its commitment to the importance of emotional health and wellbeing for all residents, within an overarching ambition to ensure that people in all communities in North Yorkshire have equal opportunities to live full and active lives from childhood to later years. With four themes of: Connected Communities; Start well; Live well; and Age well the strategy sets out ambitions for:

21 <https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf>

22 <http://www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf>

23 www.northyorks.gov.uk/media/28323/North-Yorkshire-community-plan-2014-17/pdf/North_Yorkshire_Community_Plan_2014_17.pdf

24 http://www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/has_vision.pdf

25 www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0

26 See <http://democracy.northyorks.gov.uk/committees.aspx?commid=27&meetid=3243> Paper 6

- Vibrant and self-reliant communities in all parts of North Yorkshire, with local people and organisations working together to develop community libraries, community transport services and activities for all age groups;
- Dementia friendly communities;
- An increase in the level of mental wellbeing amongst children and young people;
- Fewer people saying that they feel socially isolated in their local communities;
- More people receiving personal budgets for their care, to give them choice and control over their lives;
- Improved employment opportunities, including in rural areas and particularly for young people and those people who often face most barriers in the labour market (for example, people with mental health issues, people with autism and people with disabilities).

5.9 The Clinical Commissioning Groups who cover North Yorkshire have signed up to a range of new national standards set out in the documents in the previous section, including targets for the timely diagnosis of dementia, and improved referral times for those needing access to talking therapies, or more complex care plans. The national aims for improved access include:

- Anyone with an emerging psychosis and their families and key supporters can have timely access to specialist early intervention services which provide interventions suited to age and phase of illness;
- Consistent access to a range of evidence-based biological, psychological and social interventions as recommended by the NICE guidelines for psychosis and schizophrenia;
- NICE-approved, evidence based psychological therapies for people with depression and anxiety disorders;
- Equitable access to services and treatments for people experiencing depression and anxiety from all communities within the local population;
- Increased health and wellbeing with at least 50% of those completing treatment moving to recovery and most experiencing a meaningful improvement in their condition.

5.10 In addition, local strategic objectives for the CCGs include:

- Transforming Care for People with Learning Disabilities, and continuing to work in partnership to support children and young people with special educational needs and disabilities and their families and carers;
- Achieving Parity of Esteem for people with mental health issues;
- Putting those who use our services at the centre of their care;
- Co-ordinating Crisis Response and Care;
- Focusing on Children and Young People's Mental Health to ensure best current practice is reflected in service specifications, that transitions are planned for, and that autism is recognised and diagnosed in a timely manner.

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. As this Strategy was being prepared, discussions have been starting on a new North Yorkshire approach to Integration, Prevention; and New Models of Care²⁷. This will be built around common approaches to:

- Prevention, self-care and community resilience;
- Re-designing the space between services;
- Building the foundations for new models of prevention and care.

This new approach will help communities and individuals build resilience and find local support. At the same time, a complementary 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 A joint all-age autism strategy is currently being developed and will provide more detail on specific plans for improving support for people with autism. A Substance Misuse Strategy and a Dementia Strategy are also in developmental stages and will also support more detailed actions for these areas which have a strong cross-over to mental health issues.

²⁷ See <http://democracy.northyorks.gov.uk/committees.aspx?commid=23&meetid=3227> Paper 7

*"We need to feel like
we matter to society"*

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 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.”

Our Mental Health Charter: Core Principles

6.2 We have also drawn up a set of core principles that will underpin 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. There are ten such core principles²⁸:

1. Appreciating the whole person

- Our services will address physical health needs as well as mental health needs, in partnership with specialists, primary care, and voluntary and community services;
- We will take into account as appropriate all of the factors that may be relevant to a person’s mental health - including employment, accommodation, education, benefits, as well as the social and cultural dimensions;
- We understand that those without family support networks may need more help;
- We will strive to build on the strengths people have and their capabilities before becoming ill;
- We recognise that everyone is different and has different needs – our care must be truly “person-centred”.

2. Recognising the wider community

- 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 and will help localities to develop their own community resilience, in partnership with the voluntary sector;
- 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 greatly value the contribution of the voluntary and independent sectors in providing support and services for people with mental health needs;
- We will strive to increase social inclusion and minimise the effects of rural isolation, for example helping young and old to meet together.

²⁸ We have been careful to ensure that these principles are consistent with the principles underpinning the County’s over-arching Health and Wellbeing Strategy, which is being refreshed on a similar timescale.

3. Participation

- We will continue to consult people who use our services, and their carers, through a variety of means and will value them as active partners in the commissioning, design, improvement and evaluation of our services;
- Individuals who use our services 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 ensure that support is offered in a personalised way, and we will “co-produce” new support models, with providers and recipients working as equal partners;
- We will also take into account the views of those with an interest in mental health issues but who may not currently be using our services;
- Our aim should be to help people to be who they want to be.

4. Accessibility

- 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.

5. Early Intervention

- We will help people to develop the personal resilience to sustain good mental health;
- We will champion good mental health for all, across the course of life, from childhood to old age, including work in schools;
- We recognise the need to offer help, if possible, during the period from when a person first starts to experience mental ill health to when it has been formally diagnosed.

6. Optimism

- We will focus on people recovering, and on their strengths and abilities, where this is possible, rather than emphasising illness and disability;
- For others the goal will be about achieving stability, enjoying dignity and quality of life, and living to their full potential ;
- We will help people to manage their own path, and to develop coping strategies;
- We will be positive and optimistic even when facing setbacks – an approach built on “hope”;
- We recognise that maintaining wellbeing is as important as dealing with an immediate problem.

7. Integration

- We will work across organisational boundaries with those who use our services;
- We will ensure seamless access to support;
- 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 ensure issues are discussed open and transparently and that lessons are learnt from previous experience – singing from the same hymn sheet;
- Where desirable, we will share information, jointly commission, and pool budgets – whilst still being sensitive to confidentiality and privacy concerns.

8. Cost-effectiveness

- We are accountable to those who use our services and those who care for them;
- We also have responsibility to ensure efficiency, cost effectiveness and social value;
- When resources are constrained, it is especially important to be able to demonstrate the effectiveness of our interventions. We will strive to develop ever-better ways to assess our impact, including quality of outcomes ;
- We will also ensure that the cost-benefits of early intervention are recognised in commissioning;
- We will seek to improve continuously, actively seeking out best local, regional, national and international practice, whilst continuing to invest in what is proven to be effective.

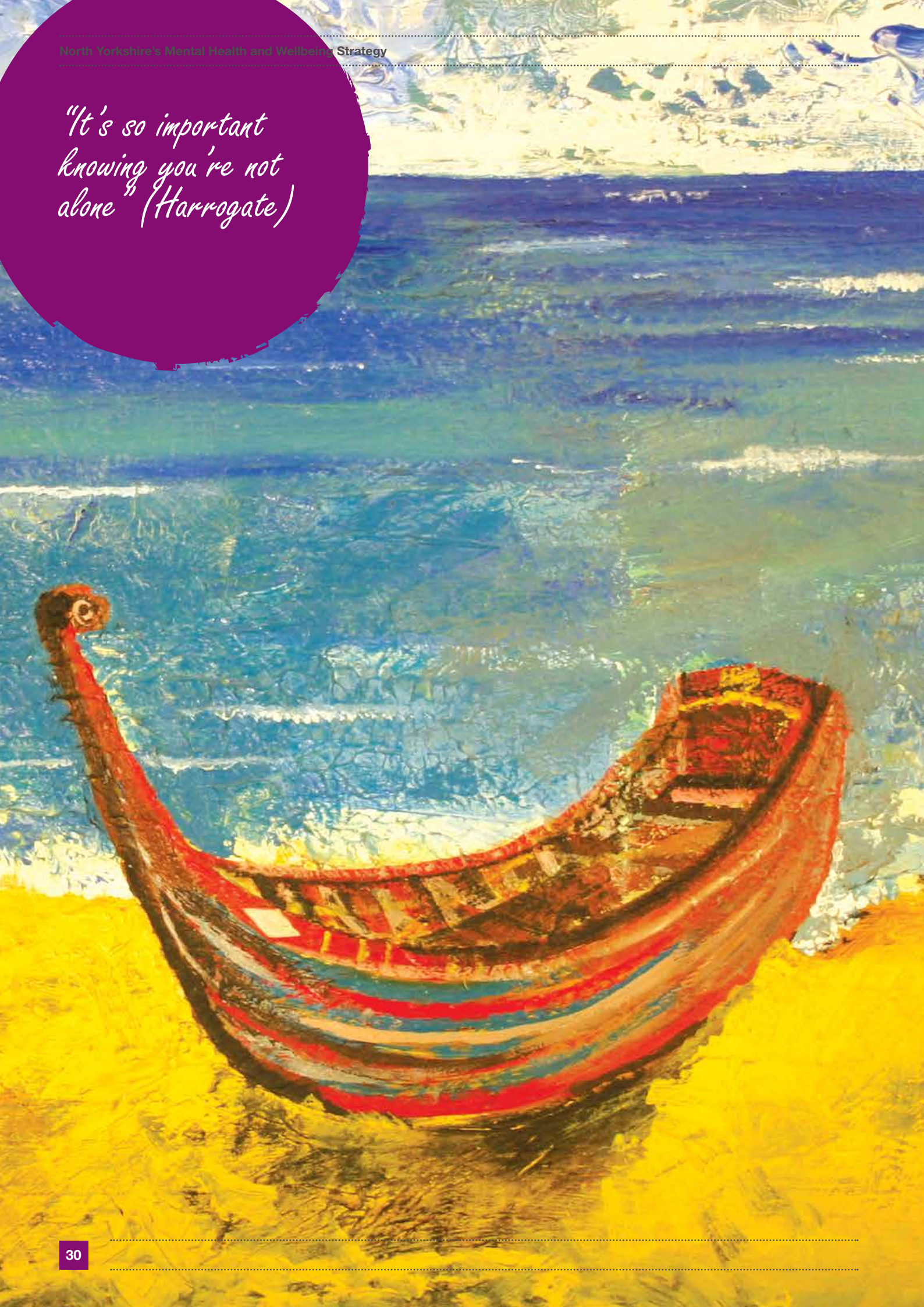
9. Respect

- We will ensure equal access for all, recognising the need for cultural awareness and specialised support as required;
- New policies and strategies will have a full Equality Impact Assessment;
- We will promote acceptance: differences are to be celebrated;
- At the same time, people’s culture or characteristics (including their sexuality) are not the only thing that defines them, and we should recognise this;
- All mental health services, both statutory and voluntary, have a role to play in raising public awareness and reducing stigma;
- Our services will be defined by inclusion not exclusion across all sectors and disciplines – especially for groups that might otherwise feel marginalised, including (for example) Asylum Seekers, or those undergoing gender reassignment;
- We will seek to understand better any particular barriers that may prevent people from accessing services;
- 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 individuals, treating them with dignity and compassion.

10. Safety

- All of our staff will be aware of the fundamental need to observe safeguarding procedures at all times;
- This includes staff working across the full range of statutory and voluntary services;
- Where it is appropriate to do so, we will make links to the Government’s “Prevent” agenda and the new duties required under the Counter Terrorism and Security Act 2015 – recognising the potential links and risks for vulnerable individuals;
- We welcome independent scrutiny of our services, including from carers, to check on quality and safety.

*"It's so important
knowing you're not
alone" (Harrogate)*



Our Priorities for 2015-20

7.1 When it comes to deciding our priorities for the duration of this Strategy, we have taken very careful note of the feedback from the people who use our services and the practitioners who deliver them as set out in Chapter 4, as well as the objective evidence in Chapter 3 and the related national and local strategies in Chapter 5. This has led us to identify three particular priority areas for action in the period covered by this Strategy:

7.2 These 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. We expect all commissioners, across all of the partners who have helped to draw up this Strategy, to take them into account whenever they are making decisions about designing and delivering mental health services in North Yorkshire.

7.3 The next chapter sets out how we will turn these priorities into detailed actions through a range of supporting strategies and plans. However, in order to inject fresh energy into the process, and to ensure that our collective momentum continues, we are making **twelve initial commitments**. These are set out on page 32 under the three priority areas. It should be emphasised that this is not intended as a comprehensive list of every necessary action, more as a spur to others to embark on a similar process. We do, though, expect these twelve commitments to be turned into detailed Action Plans, which we will review and refresh annually.

Priority Areas for 2015-2020

- (1) **Resilience: individuals, families and communities supported to help themselves**
- (2) **Responsiveness: better services designed in partnership with the people who use them**
- (3) **Reaching out: recognising the full extent of people's needs**

The partners who are signatories to this strategy commit to the following twelve initial collective actions as a first step towards its adoption and implementation:

Resilience

- 1) We will promote good mental health from birth onwards, with new programmes to help children and young people to stay strong.
- 2) We will work with North Yorkshire employers to introduce new programmes to promote good mental health in the workplace.
- 3) We will work with local groups, with support from the Stronger Communities programme, to introduce a range of local initiatives to sustain wellbeing.
- 4) Our public health team will run campaigns to raise awareness, to tackle stigma and discrimination, and to celebrate the positive in mental health.


Responsiveness

- 5) Building on the Crisis Care Concordat, we will ensure a faster and better response to anyone experiencing a mental health crisis, backed by comprehensive mental health first aid programmes.
- 6) We will greatly improve access to “talking therapies” in North Yorkshire.
- 7) We will work with the national Moving Forwards programme and pilot and roll out new personal health budgets for people who need support, alongside individual care plans.
- 8) Our new Dementia Strategy will include commitments to timely diagnosis and the introduction of “dementia-friendly” communities across North Yorkshire.



Reaching out

- 9) We will work in new ways in both health and social care to ensure that we take into account the full range of people's needs, including their physical health.
- 10) We will review the impact of new technology so that it can be put to best use for people with mental health issues, but also so that we are aware of any possible negative impacts on young or vulnerable people.
- 11) We will work with partners in Hospital Services, District Councils, Housing Services, Employment Services, National Parks and the Police to ensure that mental health and wellbeing is properly embedded in their strategies and plans.
- 12) We will bring together, at least annually, North Yorkshire Mental Health Champions from a wide range of organisations to share best practice and offer supportive challenge.



*Keep being asked 'how do you feel on a scale of 1-10' really unhelpful. Makes people with depression feel worse. "I've created my own measure. I always watch Countdown and I know if I'm only getting three letter words I know I'm not well."
(Person Centred
- Harrogate)*

Turning words into Actions

How decisions will be made

- 8.1 The twelve initial commitments, which will be accompanied by Action Plans, are just the start. In order to make a real difference for those who use mental health services in North Yorkshire, or those who care for them, or those who simply want to stay well, we will need to take action at many different levels. The most important actions, and those that will make most difference to those who use our services, will be between those who need our services, those who care for them, and the professionals who support them. Over the lifetime of this Strategy we expect to see a step-change in the dynamics of these relationships, with the final say on all aspects of people's care planning, including budgets, resting with the individuals themselves, wherever they are able to take such decisions.
- 8.2 At the same time, those whom we have consulted on this Strategy have told us that they value its emphasis on "wellbeing" as well as on support for those experiencing problems. This is something that all planners and commissioners need to take into account, as up until recently, the main focus has been on how to deal with problems once they have arisen.
- 8.3 Planning mental health services in North Yorkshire will also take account of the collective voice of people who use our services and those who care for them, including professional staff. We will use a range of mechanisms, including the Mental Health Forums, to ensure that all decisions, especially those that may involve changes to existing services, proceed only after listening to the views of those who may be affected.
- 8.4 Many actions will take place as **commissioners** across our organisations take detailed decisions about the provision of services. We expect them to take account of this Strategy as they do so. Increasingly, they will be planning services jointly with their professional colleagues in other organisations, in accordance with national guidelines²⁹. We recognise that many decisions will have to be reviewed and adapted in the light of experience, and as the detailed budgetary position becomes clear each year. However, we expect the vision, principles, and priority areas set out in this Strategy to endure throughout its lifetime.

²⁹ See for example this NHS England document on Collaborative Commissioning for specialised services:

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-guid.pdf>
as well as <http://www.nhscc.org/wp-content/uploads/2015/07/20153006-Final-crisis-recovery.pdf>

Supporting Strategies and Plans

8.5 Actions will also emerge through a range of supporting strategies and plans. Just as Chapter 5 set out some of the national and local drivers that have influenced this document, Hope, Control and Choice will also help to shape a number of subsidiary strategies as they are reviewed or turned into action plans. Some of the most important of these are described below.

For people experiencing a mental health crisis

8.6 The **North Yorkshire and York Crisis Concordat**³⁰ declaration was signed in November 2014 by health, policing, social care, housing, local government and the third sector. Our Action Plan was agreed in March 2015. It describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs. It focuses on four main areas:

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

On a practical level, we have agreed funding for Psychiatric Liaison Services; we are ensuring the new Living Well Co-ordinators funded by Public Health will have Mental First Aid training; and we are reviewing the learning from the “Street Triage” service delivered in Scarborough during 2014-15, to help shape our crisis response services across the County.

For Children and Young People

8.7 The **Children and Young People's Emotional and Mental Health (CYPEMH) Strategy 2014-17**³¹ will contribute significantly to attaining the outcomes of Hope, Control and Choice 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, taking account of the work of the Future in Mind Commission³².

8.8 We do, though, recognise that there are new pressures on children and young people arising from social media and other aspects of modern life. We will explore these issues further in the lifetime of this Strategy, and will work with schools, colleges and universities to ensure we have fully addressed all aspects of students' mental health. Because vulnerable young people can be particularly susceptible to exploitation, we will make appropriate linkages to strategies to tackle sexual exploitation, and to the PREVENT programme which aims to combat violent extremism.

8.9 Other actions in this area will include:

- responding to the early signs of ill health as quickly as possible to ensure a rapid referral to specialist services. We know that 70% of mental illnesses start in childhood and adolescence and that building in protective factors will help children move on to positive and fulfilled lives. We are bringing together frontline workers from a range of services to provide more effective early interventions;
- integrated support pathways for self-harm, eating disorders and anxiety-related problems;
- a new Strategy to address substance misuse amongst young people which recognises that this type of behaviour might well be linked with emotional and mental ill health;
- better transitions between services for older children as they move into adulthood. We intend to identify and address the current difficulties created by the different cut-off ages.

30 <http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/North-Yorkshire-and-York-Declaration.pdf>

31 <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=30162&p=0>

32 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

For older people

- 8.10 We have already started to develop a County-wide **Dementia Strategy**. With an ageing population we know that the number of people who will live with, and be affected by, dementia is set to grow significantly. As well as the immediate impact, many people living with dementia will also experience depression, anxiety and isolation. There are particular issues for those experiencing early onset dementia.
- 8.11 Work has already started in a number of areas, including:
- communications training for staff who may encounter people with dementia, for example in hospitals;
 - new Dementia Support Services across the County;
 - A Dementia Friendly Communities programme focusing on improving inclusion and quality of life for people living with dementia.

We recognise that there is much more to do in order to expand this programme, and to improve the speed with which dementia is diagnosed and support provided.

For Carers

- 8.12 We fully understand that family and friends, whether or not they see themselves as 'Carers', provide most of the support and bear much of the anxiety when someone is mentally unwell. We will be refreshing our **Carers Strategy** during 2015 -16. The Care Act 2014 has already enhanced carers' rights to support, placing the emphasis on the needs of the carer rather than the services available. We now have specialist carers' assessment support workers who have knowledge of mental health issues. We will monitor the take-up of support by such carers through our network of Carers' Resource services.

For Other Groups

- 8.13 A range of other strategies and plans exist, or are in production, including:
- a refreshed **All Age Autism Strategy**, produced in partnership between health and local authority staff;
 - a new Strategy for those with **Learning Disabilities**, undertaking a programme of engagement with those who use our services, their Carers and Providers. We will develop our green light tool kit to ensure that people who have a learning disability, their Carers, and all of the relevant professionals have a clear picture of what can be achieved locally and how to take new ideas forward. We will also ensure we challenge admission to hospital for people with Learning Disabilities, and check there is no more suitable alternative available;
 - a **Suicide Prevention Plan** to improve the County's performance in this area by preventing needless deaths;
 - programmes of work with **military families** and their children;
 - a review of perinatal services for **new mothers** to minimise the risks and impact of post-natal depression;
 - work with other vulnerable groups, including **Asylum Seekers, those who are detained under the Act, offenders,** and those who have **chaotic lifestyles**.
- 8.14 We will also review our **Advocacy Services** to ensure that as a minimum we are properly discharging our statutory responsibilities, but also to ensure there is a "protective layer" for people who are not known to our services but who may have issues relating to housing, welfare, employment and similar services, and yet may not necessarily feel able to address these on their own.

Actions beyond Mental Health Services

8.15 As well as actions for those providing mental health services, we expect Hope, Control and Choice to have a much wider impact. For example, we know that mental ill health has a major impact on **acute care**. If unidentified and untreated, patients present more often to accident and emergency departments, are admitted unnecessarily to acute wards and care homes, and attend outpatient clinics repeatedly. This is why we are determined to ensure that we build on the Crisis Concordat to ensure people's mental health needs are recognised from the outset and that they receive integrated physical and psychological treatments. We will continue to work with frontline staff and will explore best practice around dual diagnosis. We will also ensure that health commissioners, when designing pathways for people with long term conditions, have a strong focus on providing better access to a range of psychological interventions and support.

8.16 We will continue to work with **GPs and other primary healthcare providers** to improve understanding of mental health issues, knowledge of the options available, and access for people with severe and enduring mental health problems. We will also ensure that people with mental health problems don't miss out on other routine health checks or programmes to stop smoking and promote healthy eating. We will greatly improve access to "**talking therapies**" in accordance with national guidelines; we will incorporate techniques such as "mindfulness" into our approach; and we will help people to maintain good mental health by developing coping strategies. We believe that primary health services can make an extraordinary contribution to the improvement of people's mental health³³.

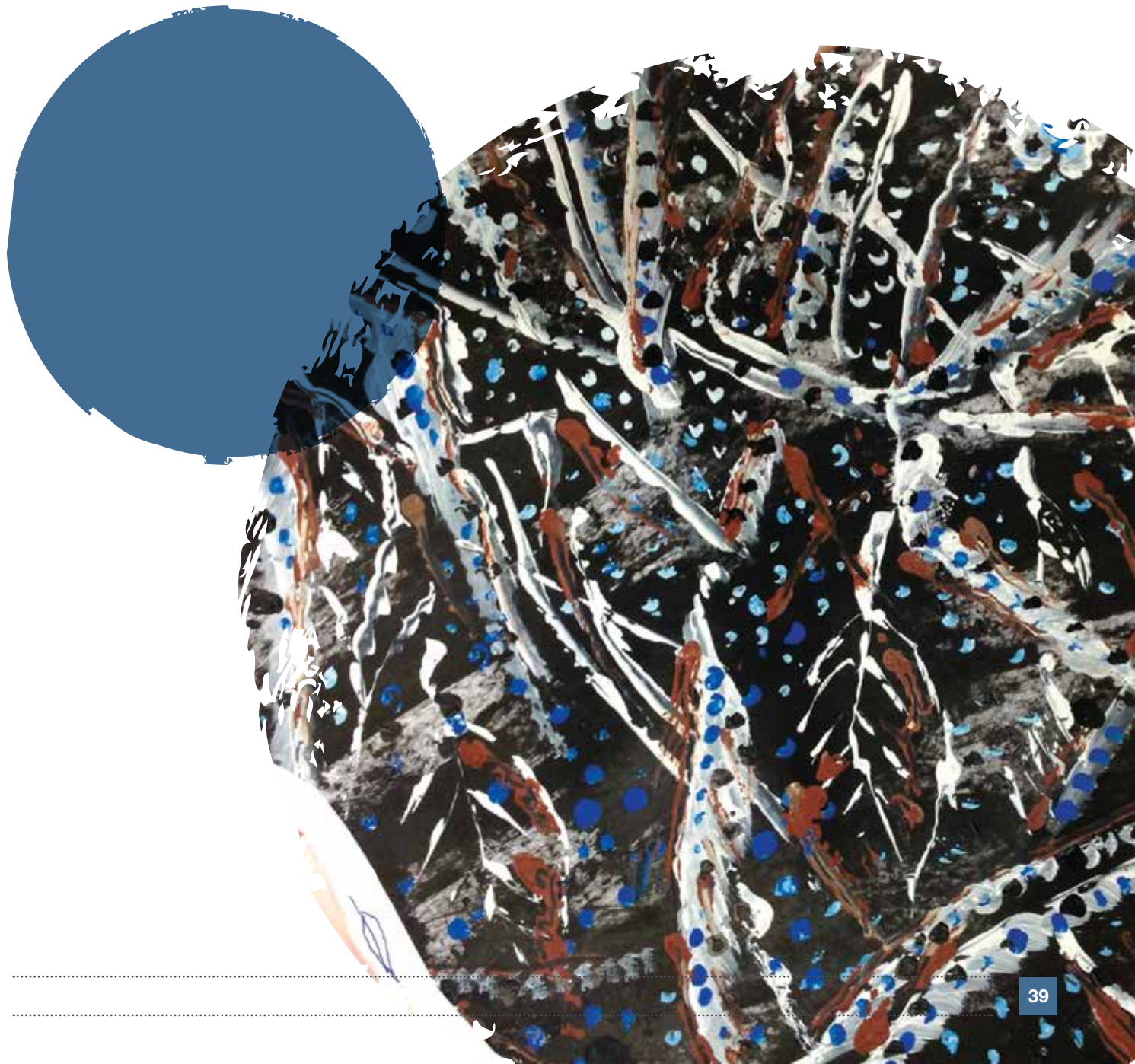
8.17 We will work with colleagues in **housing and employment** services to ensure people's mental health needs are recognised in their work, building on the specialist officers who have already been introduced into their frontline teams. Where possible we will help people who are recovering from an episode of mental ill health to access the training needed to get them back into employment. We are strengthening the focus of our social care staff working with Community Mental Health Teams to deliver the personalised and holistic assessments required under the Care Act. **The Care and Support Where I Live Strategy**³⁴ sets out our plans to explore different models of accommodation for people with support needs, including those with mental health and complex needs. We will also support the work of the Local Enterprise Partnership and Your Consortium, a Knaresborough based Social Enterprise, to reduce and remove labour market barriers for people with mental health needs

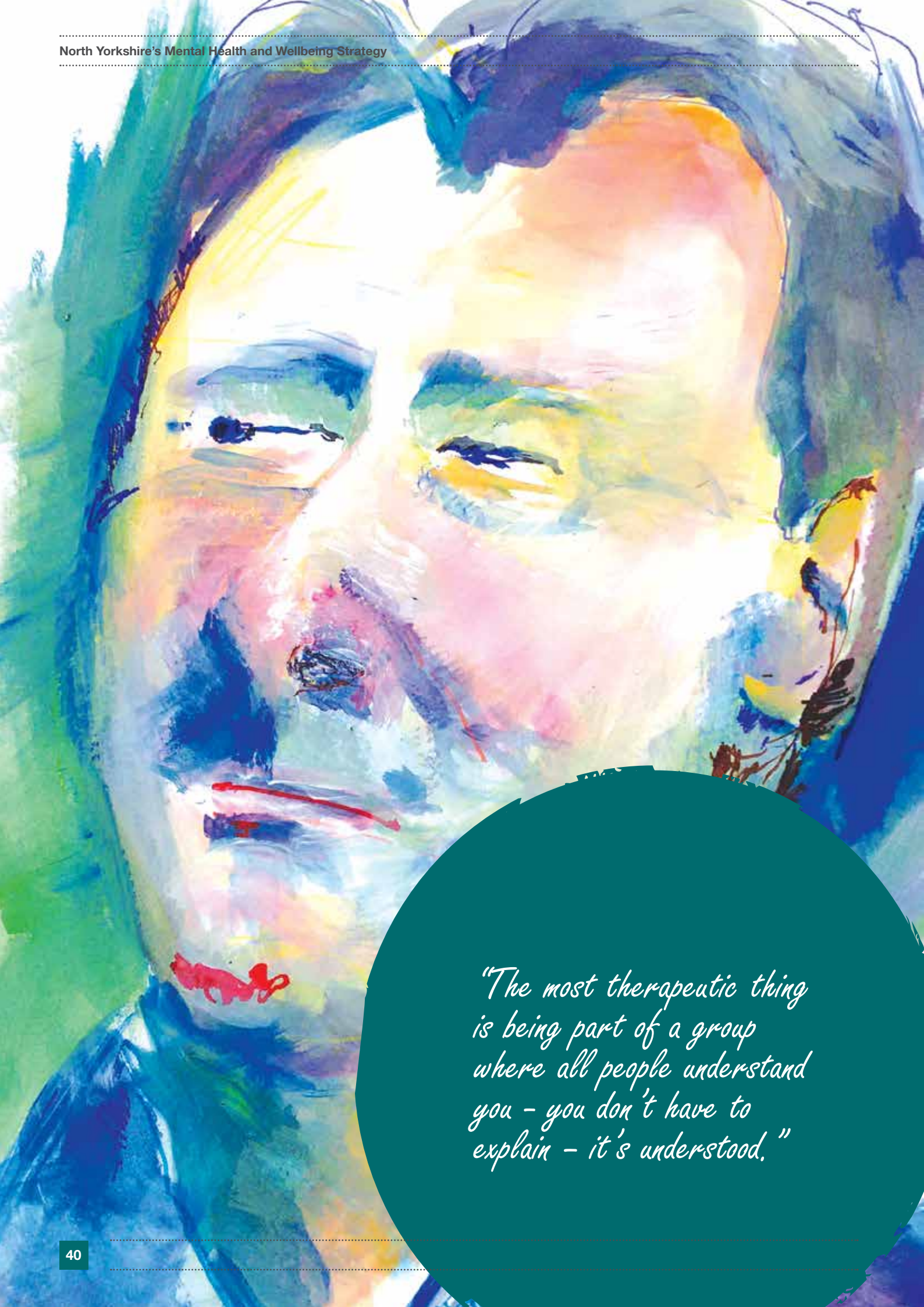
8.18 Similarly, we will continue to work closely with **North Yorkshire Police**, whose officers face the challenges of people with mental health issues on a daily basis, to ensure that frontline staff have appropriate training and that they are properly supported by other professional colleagues. We will build on the successful pilot of a "Street Triage" service in Scarborough, and we will collectively commit to having a zero tolerance in North Yorkshire for any person with mental health problems being held in custody if there is no criminal justice reason for doing so, recognising that poor mental health may underlie more visible problems such as antisocial behaviour or substance misuse.

³³ See this article for more details: <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Mental%20Health%20-%202014/RCGP-The-Extraordinary-Potential-of-Primary-Care-to-Improve-Mental-Health-June-2014.ashx>

³⁴ www.northyorks.gov.uk/recruitment/has_assistant_director_commissioning/docs/care_and_support_strategy.pdf

- 8.19 We will initiate a major new programme of work with North Yorkshire **employers** to promote better mental health in the workplace, potentially saving them millions of pounds in lost productivity. We recognise our own responsibility as employers in this respect.
- 8.20 Finally, we will ensure that the philosophy underpinning Hope, Control and Choice has influence over a wide range of other strategies and policies that impact on people's mental health, including: domestic violence, bullying, worklessness, alcohol and substance misuse, criminal justice, poverty, homelessness, and bereavement support.





"The most therapeutic thing is being part of a group where all people understand you - you don't have to explain - it's understood."

Keeping on Track

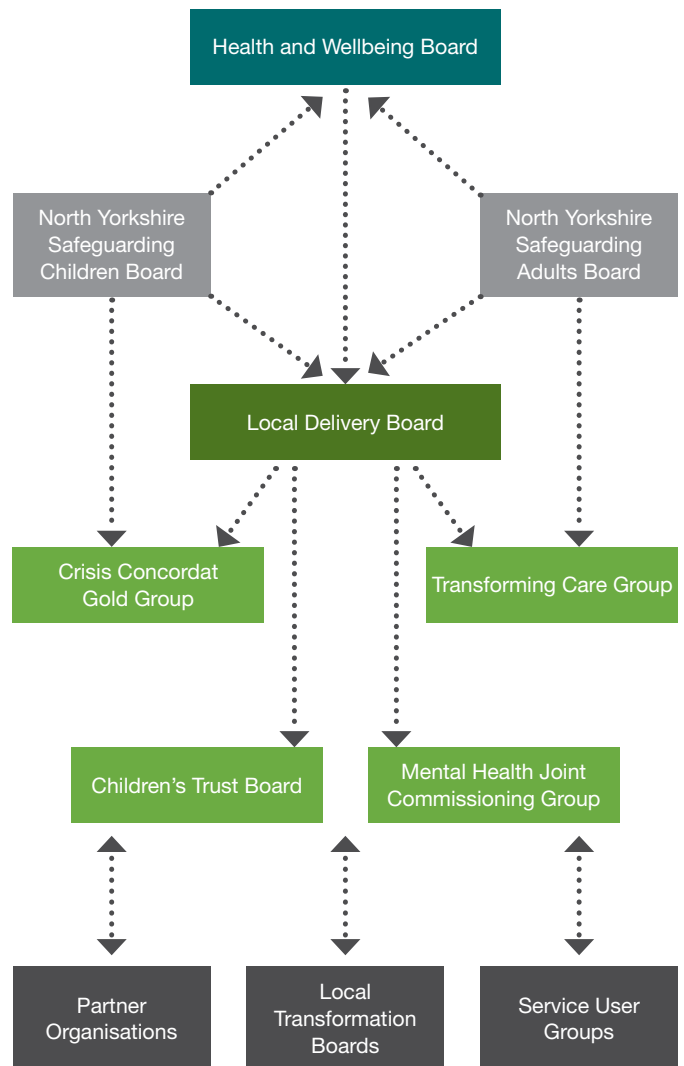
9.1 This final Chapter briefly describes how we will keep track of Hope, Control and Choice in the years ahead: how we will monitor the actions that will flow from it, set meaningful targets, and achieve our longer term outcomes. It sets out our approach to financing the Strategy, with our best estimate as to the future resources that we will have available. It also touches on some other issues such as workforce development and IT.

Leadership and Governance

9.2 This overarching Strategy was commissioned and approved by the North Yorkshire Health and Wellbeing Board. Leadership at a “system” level will continue to be owned by this Board. However, responsibility for devising, delivering and monitoring the detailed actions that will flow from it will be delegated to the most effective level. For example, those aspects that are relevant to children’s mental health will be overseen by the Children and Young People’s Emotional Wellbeing and Mental Health Commissioning Group, who will in turn be accountable to the North Yorkshire Children’s Trust. Similarly, there are specialist Boards for Transforming Care, and for overseeing the new Crisis Concordat.

9.3 This diagram illustrates the shared governance framework for overseeing the implementation of the component parts of this Strategy.

Delivery arrangements for Hope, Control and Choice



A new performance framework

9.4 The groups described in the previous section will need to draw up action plans which contain meaningful and measurable targets: in the first instance, there will need to be plans for each of the 12 initial joint commitments in Chapter 7. We will also task them all with contributing to a comprehensive performance framework for the development of mental health services in North Yorkshire. This will enable us to put together a shared “performance scorecard” with clear baselines and regular updates which we will publish on the Health and Wellbeing Board Website. We accept that this is something that is underdeveloped at the moment, and where we need to do more in order to demonstrate proper accountability to those who use our services and those who care for them, as well as to tax-payers.

9.5 In order to assist this process we are setting out [opposite] eighteen strategic long term outputs that we want to achieve over the lifetime of this Strategy. These will need to be turned into shorter term, measurable targets. For example, we will commit immediately to the following national targets:

- We will adopt the new national minimum standards for greater access to talking therapies³⁵: we will aim to achieve a 15% access rate and 50% recovery rate;
- We will support Primary Care colleagues to achieve the 66.8% national dementia diagnosis rate. Our current performance is some way short of this, varying from 54.2% to 63.8% across the four North Yorkshire CCGs (at March 2015);

- We will also ensure dementia patients are seen in line with new national access targets (95% within 18 weeks and 75% within 6 weeks);
- We will aim to achieve the national “CQUIN³⁶” target for assessing the physical health of in-patients with psychoses and community patients in early intervention psychosis teams: the threshold is for 90% of inpatients and 80% of community patients to have been assessed by end of Q4 2015/16;
- We will reduce the rate of children and young people admitted to hospital as a result of self-harm, to 290.1 in every 100,000 in 2015/16 and 280.85 in 2016/17;
- We will increase the percentage of children and young people with a high measure of resilience to 34% at Key Stage 2 and 26% at Key Stage 4 by 2016.

Other targets will be developed along with the Performance Scorecard.

35 <http://www.iapt.nhs.uk/silo/files/iapt-for-adults-minimum-quality-standards.pdf>

36 The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. See the Department for Health website for more details.



The outcomes we want to see within the three priority areas

(1) Resilience:
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 Greater Investment in prevention and early intervention for children and adults
- 1.4 More services and activities led by communities themselves
- 1.5 Reduced impact of rural isolation on mental health
- 1.6 Better partnership working, especially with the voluntary and independent sectors

(2) Responsiveness:
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 Greater access to talking therapies
- 2.4 Better transitions between services, eg children to adults
- 2.5 Better services for vulnerable groups, eg students, military families, veterans, those detained under the Act etc
- 2.6 Better services for those with mental health and substance misuse needs
- 2.7 Better Advocacy Services

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

- 3.1 Better understanding of the links with physical health, leading to dual diagnoses
- 3.2 Improved support for people with mental health needs to gain/maintain employment
- 3.3 Improved support for people with mental health needs to gain/maintain housing
- 3.4 More volunteering and other activities to promote wellbeing
- 3.5 Safeguarding fully embedded in all partners' practices



Future financial arrangements

- 9.6 We set out in Chapter 5 our best estimate of current direct expenditure on mental health services in North Yorkshire, taking account of recent additional investments. It is much harder to predict future levels of expenditure covering the lifetime of this Strategy, not least because as we were writing it, the Government elected in May 2015 announced a new Comprehensive Spending Review which may include significant reductions in public expenditure. Although NHS spending will be protected, this will not apply to most Local Authority budgets.
- 9.7 Because of this uncertainty, we unfortunately cannot guarantee that overall expenditure on mental health in North Yorkshire will necessarily continue to grow. We realise that this will be disappointing for many who use our services, and for certain voluntary organisations that rely on grants or contracts from the public sector. Nevertheless, it is our firm intention, so far as is possible, at the very least to protect spending on mental health services in North Yorkshire, including the recent significant additional investments. Where it is possible to more, we will do so – for example, the Local Authority is working closely with the Clinical Commissioning Groups to develop transformation plans in order to implement locally some of the recommendations of the Future in Mind Report about mental health for children and young people. That report suggests national funding of £250 million per annum is necessary, but confirms that at both national and local level, decisions will need to be taken on whether to deliver early intervention through an ‘invest to save’ approach and/or targeted reprioritisation. North Yorkshire will play an enthusiastic part in these debates. The Better Care Fund provides opportunities to use money across the health and care system in an integrated way and is already being used to support investment in mental health services which will reduce pressure on other areas in the health system.
- 9.8 Indeed, across the full range of mental health services for both children and adults, and regardless of the overall sums available from central government, we would expect during the next five years to see a significant (albeit gradual) redistribution of expenditure away from intensive or residential treatments, towards more preventative interventions. We acknowledge that the current “tiered” model of provision has simply created new methods for controlling demand, and protecting hard-pressed acute services through tight eligibility criteria. We will be working across the partnership to start breaking down these artificial tiers.
- 9.9 There a national trend to move away from direct public provision of certain services towards support for the development of capacity within the community. We will need to consider the extent to which this may apply in North Yorkshire, especially if it is the best way to preserve or provide the local support services that are so important to so many of those whom we have consulted.
- 9.10 Where it is necessary for whatever reason to contemplate disinvestment in a current service, we will only proceed after consultation with interested parties, especially those who may be using the services at present. We recognise that it hasn't always been easy for people who use our services to influence such decisions, especially where those services have been jointly commissioned by more than one organisation. We will seek to rectify this, and to ensure that all changes to current provision are made in a spirit of transparency and accountability.

- 9.11 Perhaps the most important step for us to take, at a time of continuing downward pressure on public expenditure, is to ensure that every pound is spent wisely and efficiently. We will also need to develop further our ability to conduct so-called intelligent commissioning. This is partly about developing clear processes based around the outcomes we want to achieve. We will also need to consider the further scope for joint or co-commissioning of services, something that has already started in relation to certain specialist services. Further alignment of our budgets, or even formally pooling them in certain circumstances, may give us more flexibility and economies of scale. In all such matters we will be guided by what will deliver the best outcomes for those who use our services.
- 9.12 In addition, as indicated in other places in this Strategy, we will be introducing personal health budgets in North Yorkshire under the “Moving Forwards” programme which is being run by NHS England Strategic Clinical Network for Yorkshire and Humber. Four of the North Yorkshire CCGs are working collaboratively with NYCC and other stakeholders to develop a local offer. We do recognise that some people who are experiencing mental ill health may not feel up to taking budgetary decisions, and we will continue to offer support in such cases.

Workforce and IT

9.13 We acknowledge that there is much further work to do during the lifetime of this strategy to continue to develop the skills, knowledge and resilience of the **mental health workforce** across North Yorkshire. The reasons are complex and include:

- A history of poor workforce planning in the NHS;
- A reduction in the hours worked and a desire for a better work-life balance by the clinical workforce over the last 15 years;
- Preference for newly qualified professionals to work in larger towns and cities, making it hard to attract them into rural areas;
- Preference for younger professionals to live and work in the south;
- Relatively expensive housing costs in North Yorkshire when compared to surrounding areas (Co Durham, West Yorkshire etc.) and a perceived lack of local services in a deeply rural County ;
- Very localised labour markets, with significant differences in supply and demand, for example between Filey, Scarborough and Whitby;
- Competition for those undertaking caring roles which are relatively poorly remunerated compared with the retail sector etc.

The North Yorkshire Delivery Board has already started to look at these issues on behalf of the Health and Wellbeing Board and will report back in due course.

9.14 To deliver new models of care we will also need to develop new roles: physician's assistants, GP hospitalists, primary care emergency practitioners and generic care workers. The individuals filling those roles cannot simply be taken from those who at present fulfil other roles locally as that only creates another pressure, so we will need to make North Yorkshire a beacon of NHS and Social Care innovation, attracting people into the area for the first time, or encouraging those originally from the County to return home to work in an energetic and forward thinking environment. Hosting joint education and skills development opportunities, which bring together health and social care teams, will be an essential component. This is one of the ways in which we will support the integration of health and social care staff working in mental health services.

9.15 We recognise the challenges that our staff face, the rewards that these roles bring and, and as caring employers, we are committed to all aspects of staff wellbeing. As such we will consider their work-life balance, and the impact of any changes we may make on their physical and mental health.

- 9.16 It is also important that our staff have the tools to do the job. This may need further investment in training to ensure they are equipped to enable them to apply modern best practices. We will also invest judiciously in the further development of our **IT systems**, which we know are sometimes a source of frustration for our staff and can have a negative impact on capacity within mental health teams. We will place particular emphasis on improvements in the “behind-the-scenes” infrastructure which will help us better to support the provision of mental health services and share information and practices, where appropriate, between agencies and with local communities.
- 9.17 We will only succeed with the ambitious vision and priorities outlined in this Strategy if we all start to work in new ways, putting those who use our services and their carers genuinely at the centre of everything we do, and eliminating any element of organisational silos. At the same time, we need to recognise that maintaining good mental wellbeing for everyone is as important as responding to an individual’s specific needs. As partners, we are united in our resolve to embark on this journey.





Annex A

More National evidence about the impact of Mental Health

- A1. There are good economic reasons for investing in public mental health and ample 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 reduced spending in education, welfare and criminal justice - as well as increasing the overall economic benefits of wellbeing for individuals and families.
- A2. In 2011 the Department of Health published a report³⁷ 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
- A3. 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*³⁸, produced by the New Economics Foundation (NEF) on behalf of Foresight, which set out five actions to improve mental wellbeing:
- Connect
 - Be Active
 - Take Notice
 - Keep Learning
 - Give
- There is similar advice on the NHS website about Five Steps to Mental Wellbeing³⁹.
- A4. In a similar vein, 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 Government⁴⁰.

³⁷ www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/Knapp_et_al_MHPP_The_Economic_Case.pdf

³⁸ <https://www.gov.uk/government/publications/mental-capital-and-wellbeing-making-the-most-of-ourselves-in-the-21st-century>

³⁹ <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx>

⁴⁰ <http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html>

Annex B

Further data on the prevalence of mental illness in North Yorkshire and neighbouring areas

B1. We have a great deal of further information about the prevalence of mental illness, and related conditions, in North Yorkshire. The following charts derive from the “Community Profiles” that were referenced in Chapter 3. The circles represent North Yorkshire and are coloured red where they represent a figure that is significantly worse than the national average. The diamonds represent the regional (ie Yorkshire and Humber) averages.

Levels of Mental Health and Illness

At any one time, roughly one in six of us is experiencing a mental health problem. mental health problems are also estimated to cost the economy £105 billion per year It's important to monitor and investigate the levels of mental health in order to target and improve mental health services at a local level.

	Local value	Eng. value	Eng. worst*	England Range	Eng. best*
11 Percentage of adults (18+) with dementia, 2011/12	0.66	0.53	0.95		0.21
12 Ratio of recorded to expected prevalence of dementia, 2010/11	0.42	0.42	0.27		0.69
13 Percentage of adults (18+) with depression, 2011/12	13.71	11.68	20.29		4.75
14 Percentage of adults (18+) with learning disabilities, 2011/12	0.45	0.45	0.21		0.77

Treatment

Treatment and early intervention can help to minimise the impact of mental illness and improve overall wellbeing. A high number of people in contact with mental health services may indicate a particularly high prevalence in your geography, but it may also reflect good recognition and diagnosis of conditions and availability of appropriate treatment services. Therefore some of the indicators in this domain show high or low significance (using blue lines) rather than best and worst judgements (using red and green lines).

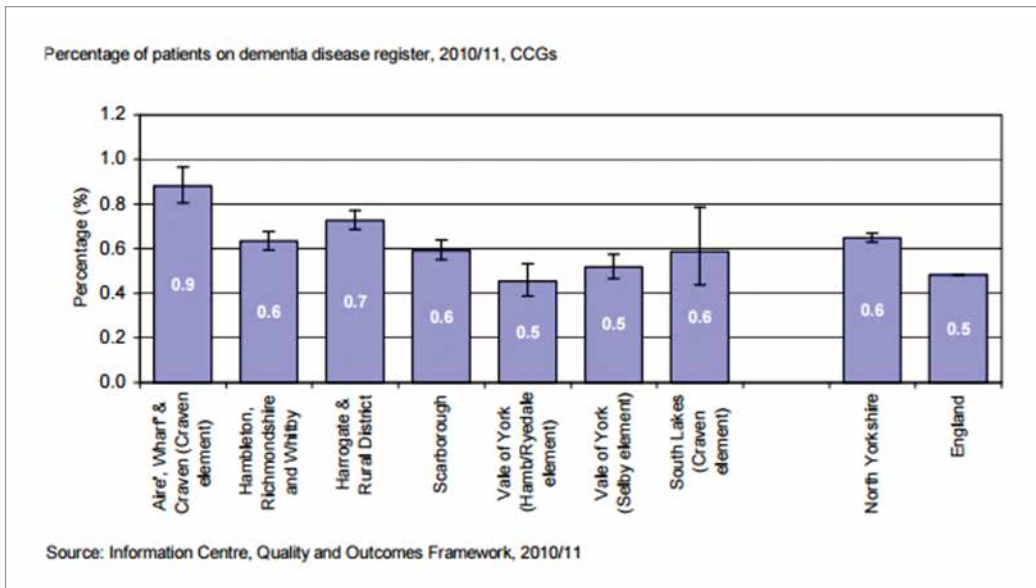
Treatment	Local value	Eng. value	Eng. worst*	England Range	Eng. best*
15 Directly standardised rate for hospital admissions for mental health, 2009/10 to 2011/12	162	243	1,257		99
16 Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12	21.9	32.1	84.8		4.7
17 Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12	99	80	226		5
18 Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12	36	57	233		5
19 Allocated average spend for mental health per head, 2011/12	164	183	147		257
20 Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11	3.1	2.5	0.0		9.6
21 Percentage of referrals entering treatment from Improving Access to Psychological Therapies, 2011/12	54.0	60.1	28.9		99.7
22 Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11	5.6	6.4	0.3		17.1
23 In-year bed days for mental health, rate per 1,000 population, 2010/11	204	193	72		489
24 Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11	108	169	3		584
25 Number of total contacts with mental health services, rate per 1,000 population, 2010/11	201	313	31		823

Outcomes

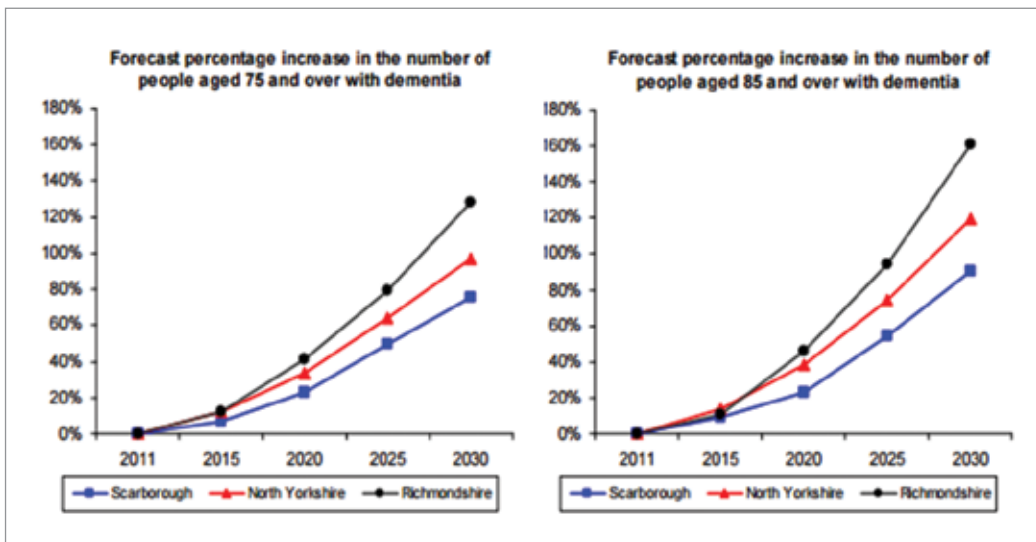
Improving patient outcomes is the aim of all mental health services. There is little data available about patients following their use of mental health services, but an indicator on recovery rates following use of Improving Access to Psychological Therapies is included here for the first time."

Outcomes	Local value	Eng. value	Eng. worst*	England Range	Eng. best*
26 People with mental illness and or disability in settled accommodation, 2011/12	43.9	66.8	1.3		92.8
27 Directly standardised rate for emergency hospital admissions for self harm, 2011/12	166	207	543		52
28 Indirectly standardised mortality rate for suicide and undetermined injury, 2010/11	112	100	174		29
29 Hospital admissions caused by unintentional and deliberate injuries in <18s, 2009/10	155	123	217		68
30 Improving Access to Psychological Therapies - Recovery Rate, 2011/12	65.3	43.8	9.9		65.3
31 Excess under 75 mortality rate in adults with serious mental illness, 2010/11	1,160	921	1,863		210

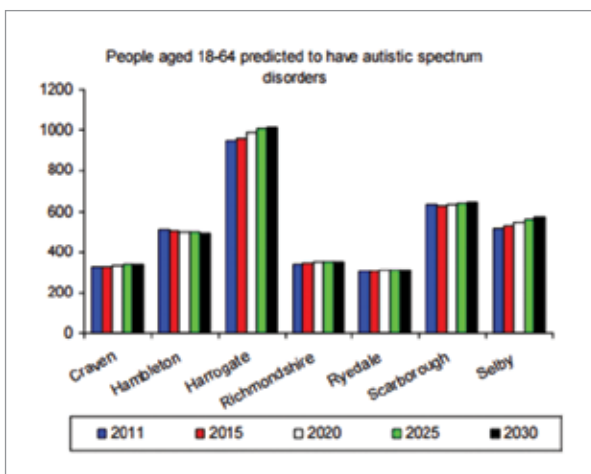
B2. The following chart shows **dementia** prevalence in North Yorkshire by CCG area:



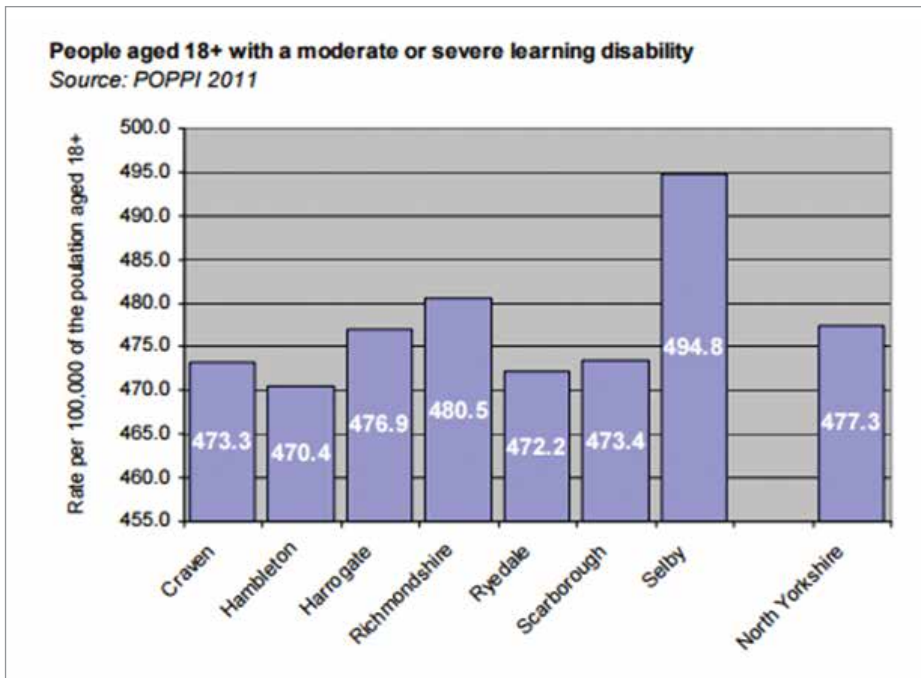
B3. The following graphs show the predicted increases in numbers with **dementia**:



B4. The following graphs show current and predicted numbers of adults with **autism**:

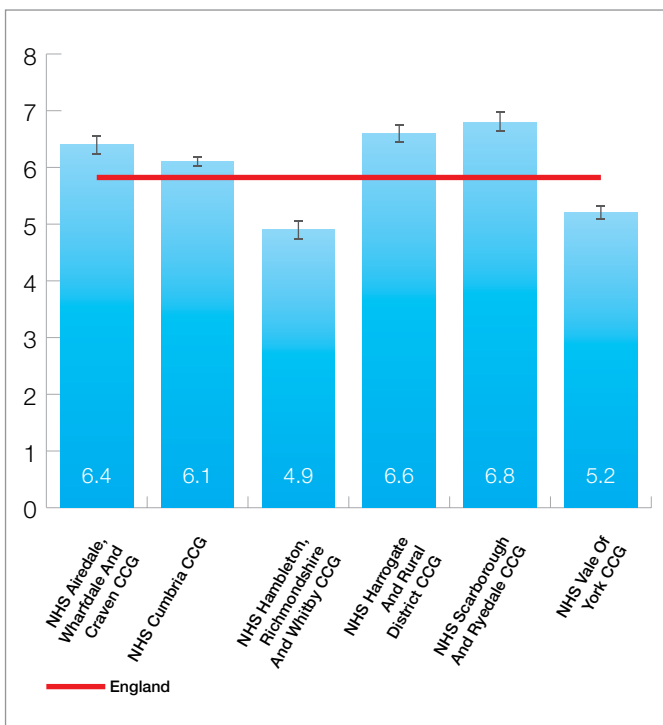


B5. The following chart shows the number of adults with a **moderate or severe learning disability**:

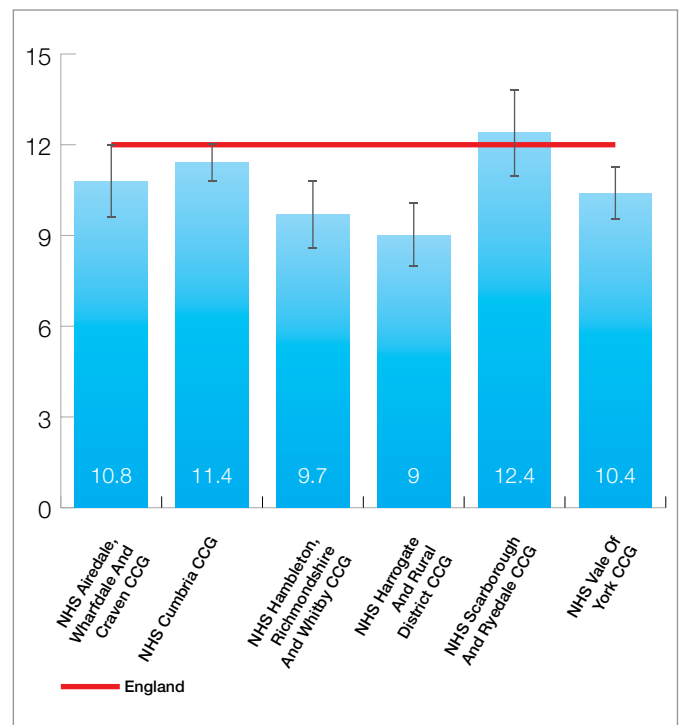


B6. Finally, the following graphs show a range of data from NHS sources about the prevalence and distribution of mental illness in the County, with the red line indicating the England average:

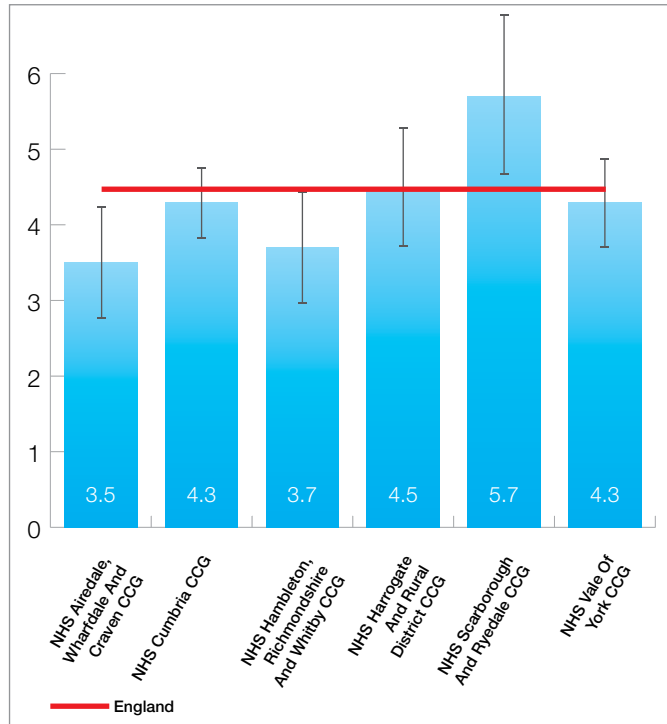
The percentage of patients aged 18 and over with depression, as recorded on practice disease registers (QOF 2012/13)



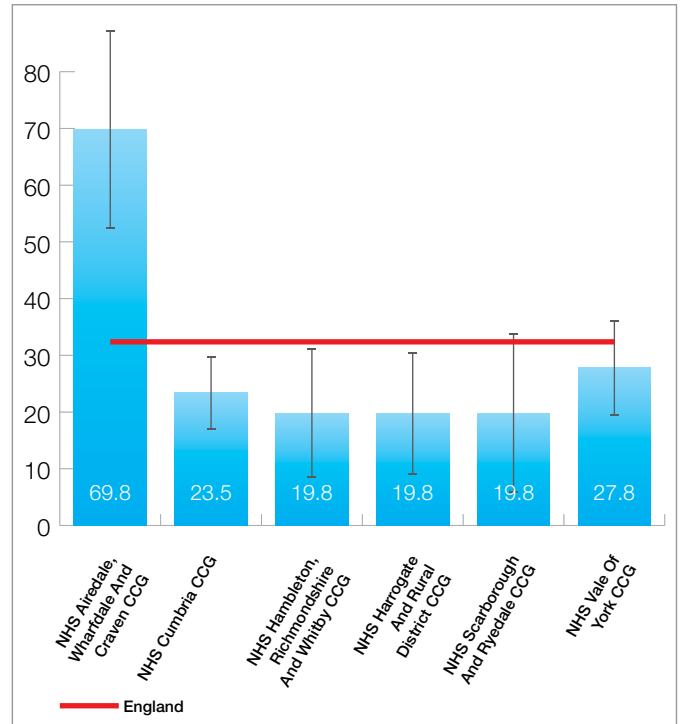
The percentage of respondents stating they feel moderately/severely/extremely anxious or depressed in their GP survey (2012/13)



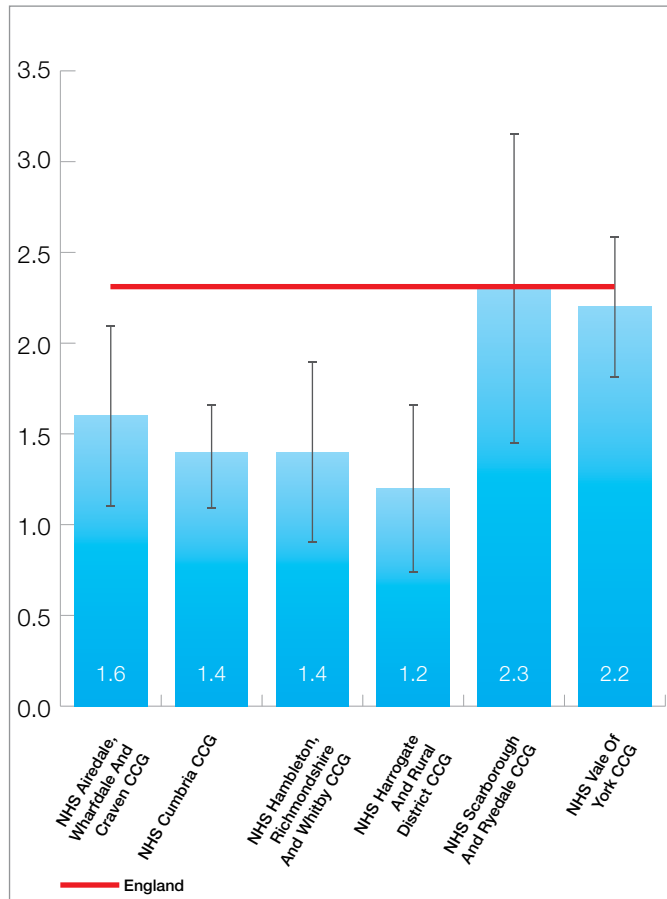
The percentage of all respondents who stated they have a long-term mental health problem in their GP survey (2012/13)



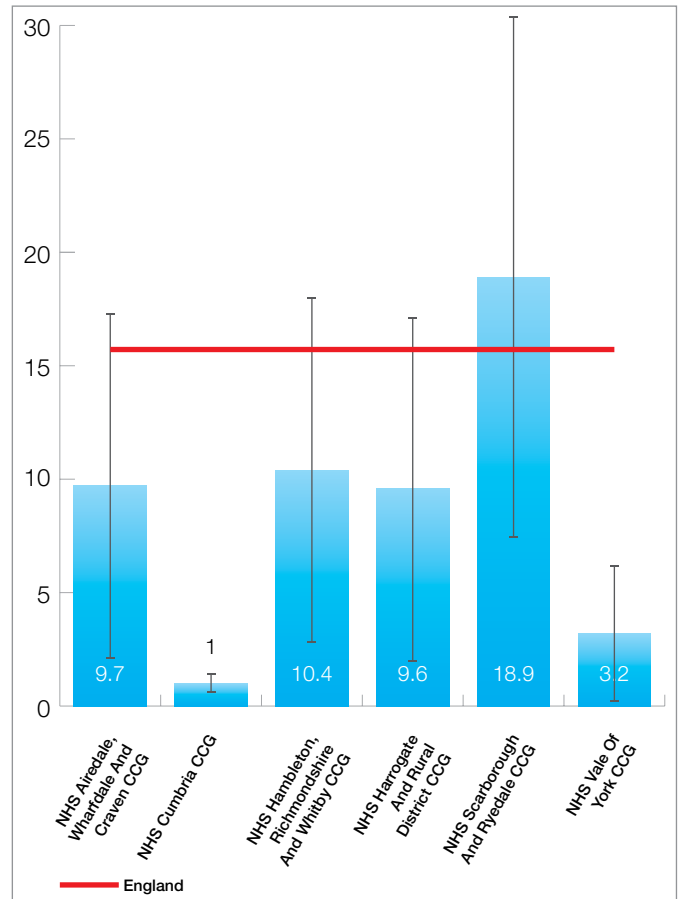
People aged 18-64 with a mental illness in residential or nursing care



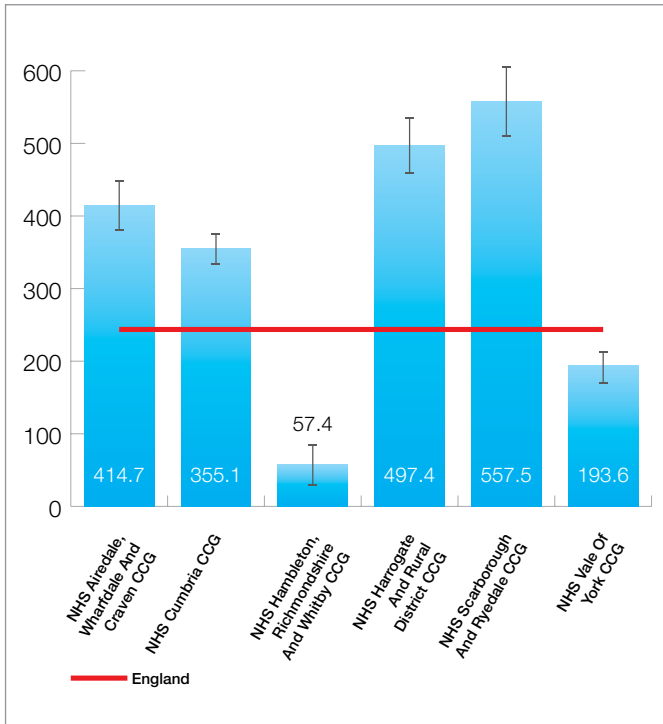
The percentage of people using mental health services who were inpatients in a psychiatric hospital, MHMSD 2013/14 Q3



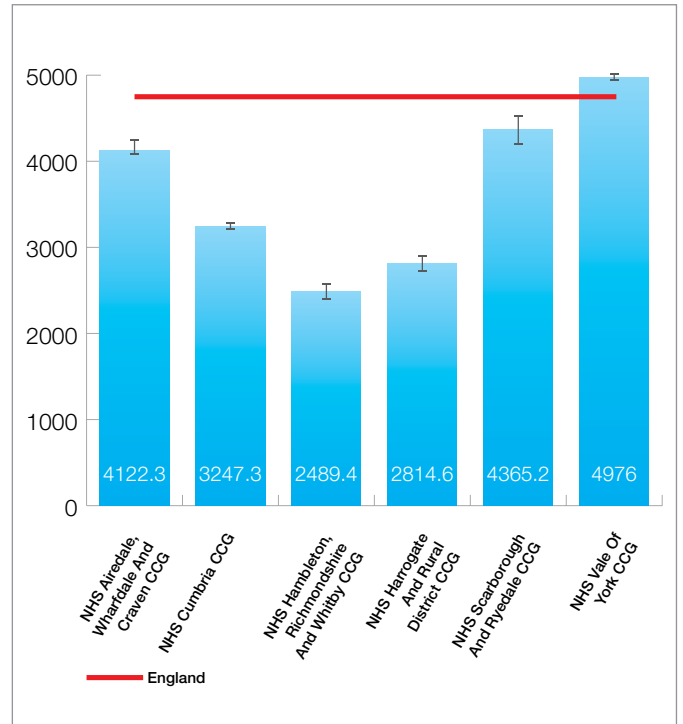
Detentions under the Mental Health Act, 2013/14 Q1



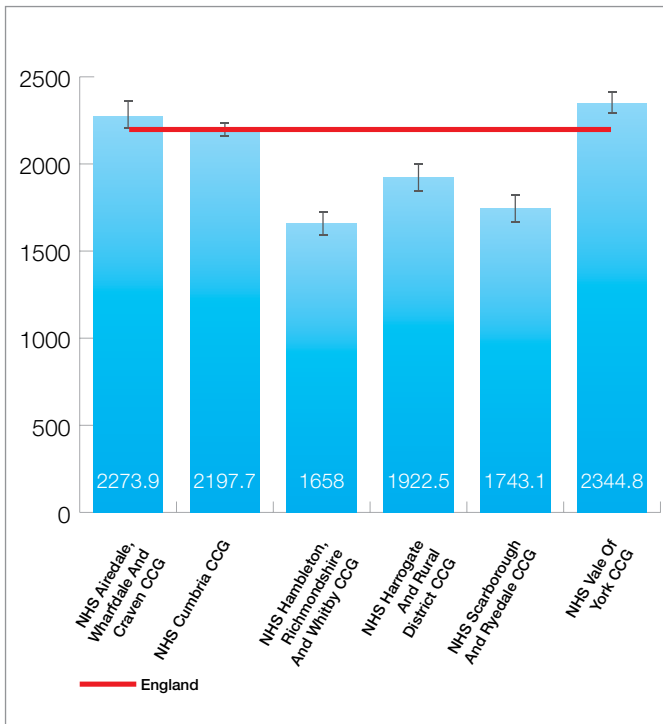
Attendances at A&E for a psychiatric disorder, 2013/14



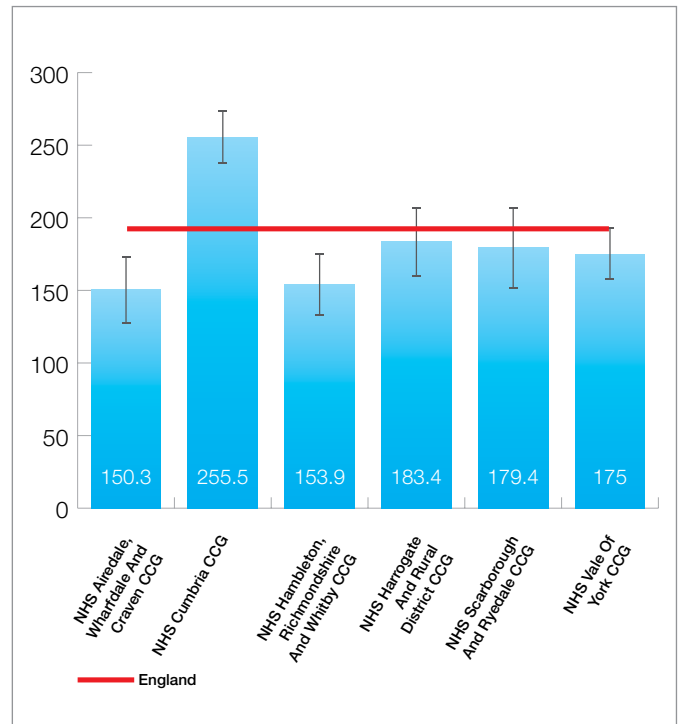
Number of bed days in secondary mental health care hospitals, 2013/14



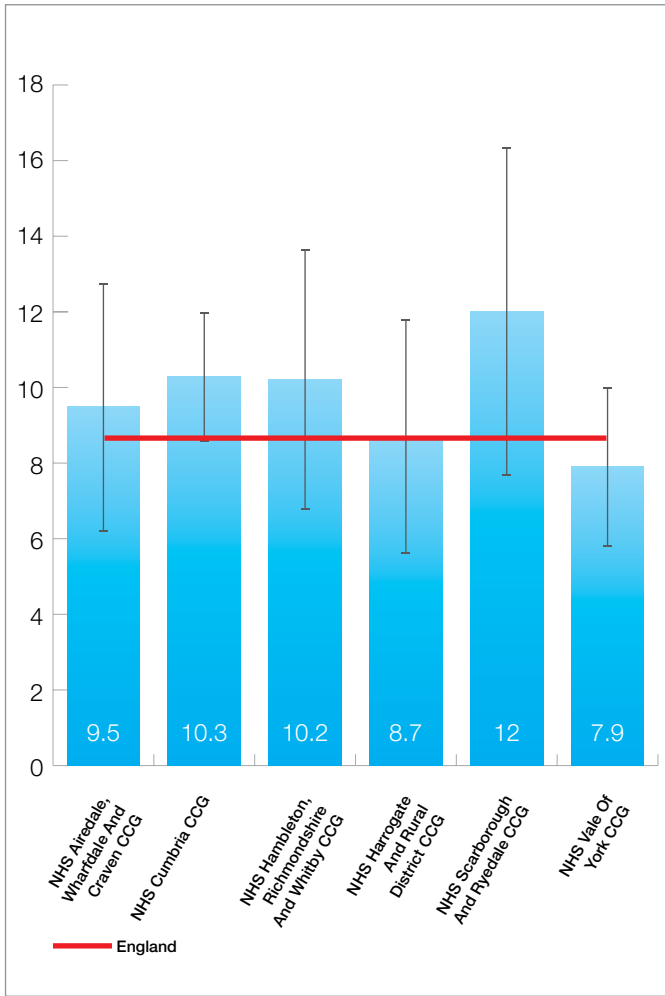
People with an open Adult Mental Health Care Spell in NHS funded adult specialist mental health services, 2013/14 Q1



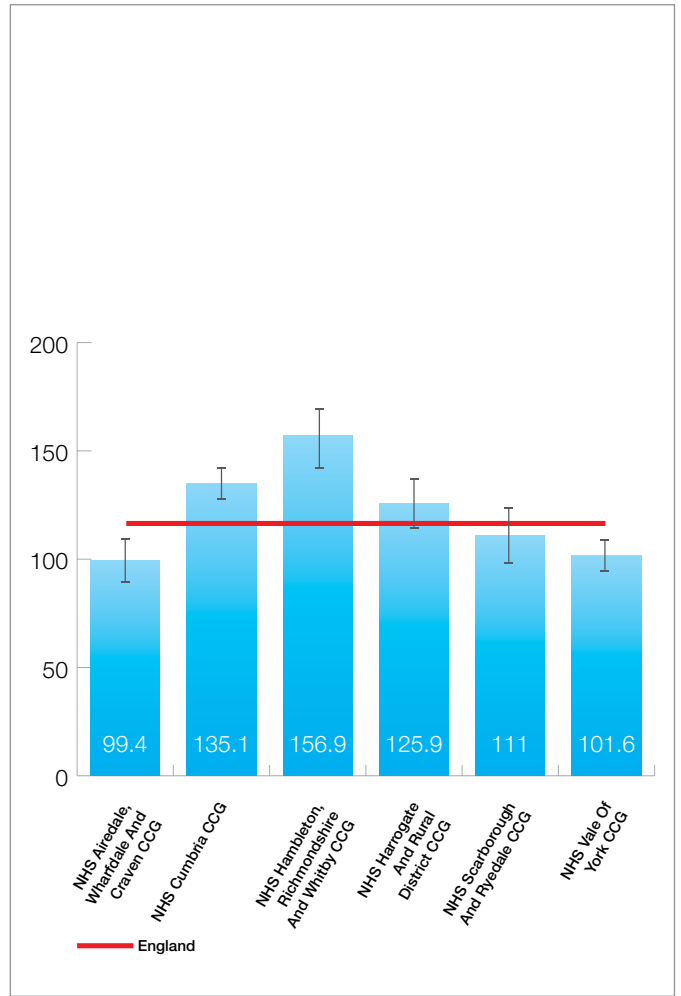
Emergency admissions for self harm per 100,000 population, 2012/13



Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-12



Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population, 2012/13



Annex C

More detailed feedback from those we consulted

C1. This Annex contains more detailed feedback from those we consulted in drawing up this Strategy, divided into the various categories of people to whom we spoke.

Users of our services told us:

- There is a need for increased capacity in the community to support early intervention and prevention – people want services close to where they live;
- There is a call to review the distribution of community services, so as to address transport issues, and to map current provision;
- Importance of safe spaces and group activities especially during the day - the availability of some form of day time occupation is seen as an essential ingredient in any future model;
- However, activities should be based on what people want to do, not what providers think they should offer – and there is a case for more activity that brings people of different ages together;
- People want improved information about services;
- 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;
- Consultation needs to be meaningful, not lip-service – and is particularly crucial if changes are proposed to any 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;
- Integration of services is seen as key – not just health and social care, but also with the voluntary sector and other services;
- Safer pathways after people have been discharged from services: statutory services need to be aware of the quality of service they are signposting/referring service users on to;
- People need to be assessed to see if they have family support networks – if not, they will almost certainly need a higher level of support;
- Peer Support is a valuable concept that often gets overlooked - “Having the opportunity to meet and share experiences with other likewise people inspires me and helps with my esteem”;
- 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 – from commenting on in-patient menus through to wholesale service planning;
- “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, where this is possible; and that they as individuals are both challenged and assisted to achieve this;

- The principles behind a person's recovery need to be hope, control and choice;
- Fluctuating conditions require flexible, understanding and specialist approaches to assessment;
- Equally, though, other people felt that we shouldn't over-emphasise the concept of "recovery", given the number of conditions for which it is not relevant – instead, we should be talking about a positive and optimistic approach. For some, the goal will be "stability";
- Early intervention is key – not just getting people the right services at the earliest point of contact, but also early diagnosis, and preventative work to promote wellbeing from school onwards;
- There is perceived to be a "gaping hole" when children turn 18 and leave the care of CAMHS (particularly for those with the "invisible disease" of autism) – some feel this is "ageist";
- There is a strongly held view that many of our mental health hospitals are out-dated 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 experience a mental illness as individual people but as 'a condition to be managed';
- People stress the importance of access to good quality advocacy services;
- People want parity of esteem – and of expenditure - with other health conditions;
- The importance of having some form of useful occupation, or gaining a greater sense of self-worth through further education;
- Personalisation is crucial – one size doesn't fit all – "mental illness" is a generic term but the treatment for schizophrenia, say, should be very different to that for general depression;
- We should be more accepting of differences and diversity;
- There should be better services for groups that might be marginalised, such as Asylum Seekers or Refugees;
- Services should be helping people to "be who you want to be";
- Desire for a single point of access and trained staff to deal with service user and carer needs;
- A call for one care plan, co-designed with the individual, shared across all services;
- A degree of choice is essential – however, some people were worried that not everyone who is experiencing poor mental health will necessarily be able to cope with decisions about personal budgets;
- 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 – and this is particularly an issue in rural communities where everybody knows everybody else;
- Some people feel that certain characteristics – such as their sexuality – are too often seen as the only thing that defines them, rather than a proper appreciation of them as people;
- Services need to be knowledgeable, accessible and readily available for transgender people;
- Social inclusion is as important as anything else – and is a particular issue in isolated rural communities;
- A call for investment in workforce development across services – appropriate training for mental health staff – and greater value placed on staff and their experiences.

Carers 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 - their 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.

Professionals working in the field 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;
- 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;
- There is a perceived shortage in psychiatrist and psychology skills to allow nursing staff and out-reach support staff to take a more assertive approach towards a recovery model;
- 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.

A number of voluntary organisations told us:

- People need local access to treatment and support;
- The voluntary sector itself needs to be nurtured and sustained:
- 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.

Contact us

You can tell us what you think about the strategy by emailing your views to jsna@northyorks.gov.uk or writing to:

JSNA, North Yorkshire House, Scalby Road, Scarborough YO12 6EE

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: customer.services@northyorks.gov.uk