

North East Mental Health Development Unit

End of Year Report 2009-10 And Summary of Activity 2010-11



Supporting better mental health

Foreword

2009-10, the North East Mental Health Development Unit's first year, was one of challenge, determination and success.

The Development Unit was established *"to bring together organisations and communities to deliver their strategic objectives, to improve the mental health and social wellbeing of the people in the North East"*. The team's commitment to achieving this ambitious vision is reflected in the work described in this report, which builds on the Mid Year Report published in December 2009.

Moving into 2010-11, we have implemented changes to the way we work in response to the changing financial and political environment. The public sector is facing major financial challenges over the coming years, reinforcing the need for both preventative and responsive healthcare services to be as effective and efficient as possible. NEMHDU plays a key role in assisting the mental health community to focus on Quality, Innovation, Productivity and Prevention (QIPP).

Our newly established 'activity clusters' better reflect the connectivity across our work and the links to our strategic objectives, which in turn are responding to regionally identified and prioritised needs.

Building on the success of our first year – and becoming established as THE mental health development resource for the North East – we are committed to improving the experiences and participation of service users, their carers and families through delivery of this ambitious and exciting plan for 2010-11 and beyond.



Brian Key

North East Director of Commissioning;
Mental Health, Learning Disabilities
and Offender Health



Dave Belshaw

Head of the North East
Mental Health Development
Unit

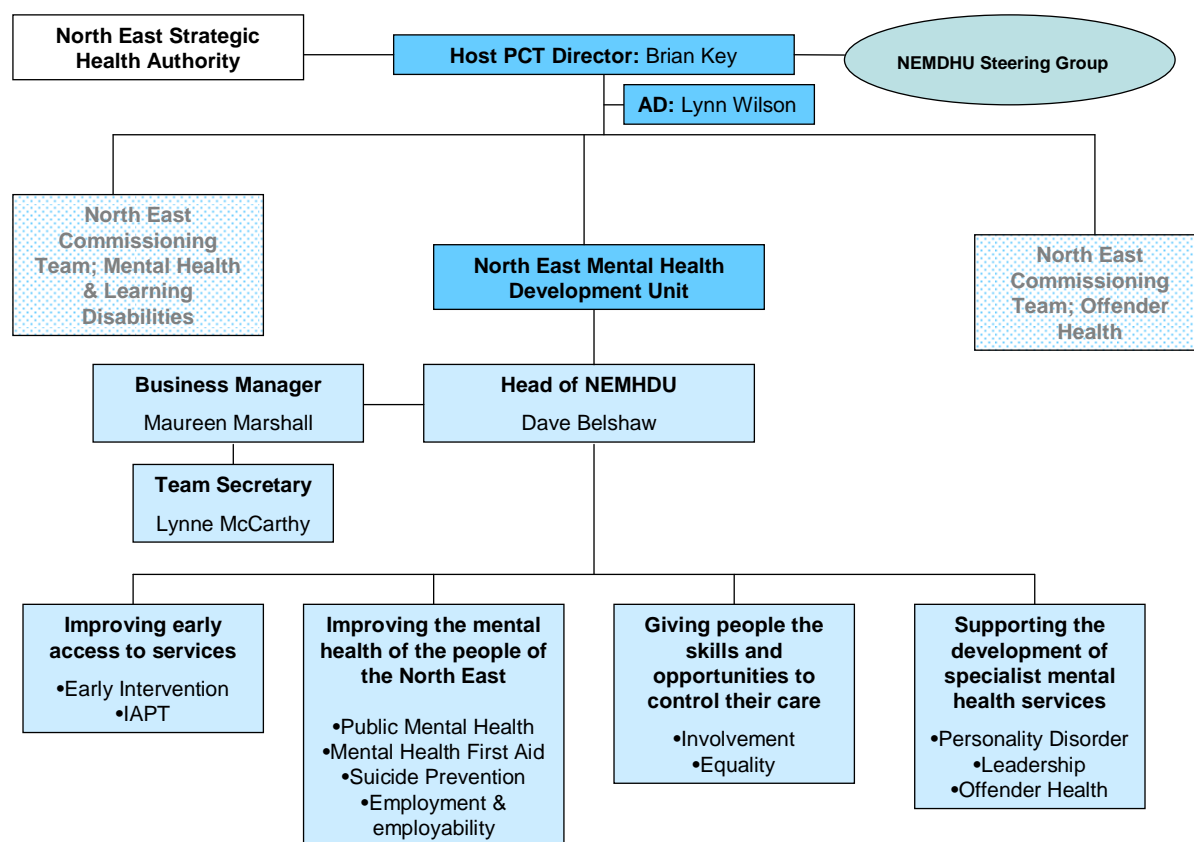
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1.0 Structure and Accountability

The Development Unit is hosted by NHS County Durham and is accountable to NHS North East through Brian Key, North East Director of Commissioning; Mental Health, Learning Disabilities and Offender Health.

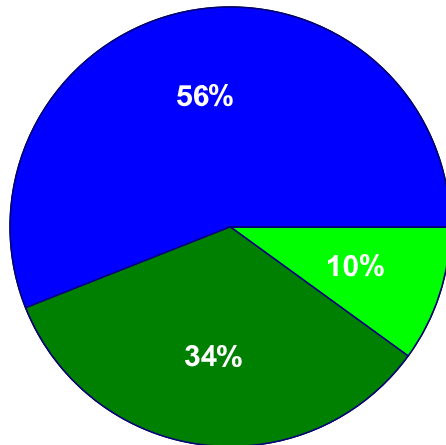
The development and delivery of our business plan is overseen by a multi-agency steering group, with representatives from the two Mental Health Foundation Trusts in the North East, the Association of Directors of Adult Social Services, NHS North East, the regional Service User and Carer Network, the third sector, a Director of Commissioning and the Deputy Regional Director for Social Care. The group is chaired by Brian Key.



2.0 Resources

2.1 2009-10

In 2009-10 the Development Unit had a total budget of £1.3 million, made up of an NHS Bundle allocation of £1.184m, £20,000 national programme funding and a brought-forward under-spend of £109,000.



56% non-pay spend on programme activity

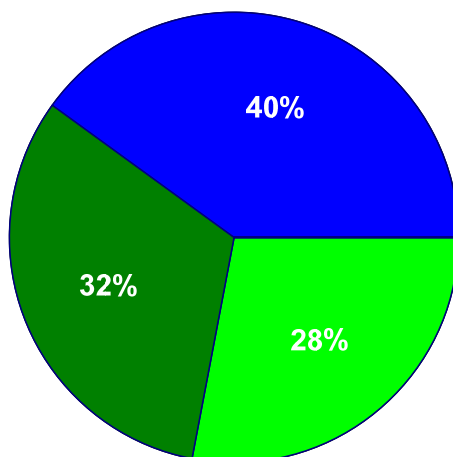
34% staff costs for activity delivery, management costs and business support

10% under-spend

(Figures correct subject to approval of accounts by Audit)

2.2 2010-11

For 2010-11, NEMH DU received an NHS bundle allocation of £1.22 million. It is proposed that resources will be distributed as shown below:



40% staff costs for activity delivery, management costs and business support

32% non-pay spend on programme activity

28% emerging priorities

It should be noted that the costs of the Improving Access to Psychological Therapies (IAPT) initiatives are not included in these calculations. Funding for the IAPT programme is held separately by the Strategic Health Authority.

3.0 Activity Review 2009-10

This section provides an overview of some of the key achievements from 2009-10, building on those described in our Mid-Year Review.

Early Intervention

Towards the end of the year, our Early Intervention in Psychosis (EIP) programme lead started to look at how the EIP methodology could be applied to other areas. The case study below explains how this work has helped to inform regional discussions about Early Intervention.

Case Study: Extending the use of Early Intervention in Psychosis Methodology
Objective: To support discussions at the regional Clinical Innovation Team for Mental Health Accelerated Solutions Environment event in March 2010 by providing access to relevant evidence.
Actions: <ol style="list-style-type: none">1. A workshop was held on 2nd March 2010 with Professor Max Birchwood, who wrote the Policy Implementation Guidance for Early Intervention in Psychosis (EIP). This workshop reviewed the evidence for the success of EIP, the elements which may have been important in delivering these outcomes and the next steps. Professor Birchwood now leads the Youthspace development in Birmingham.2. A literature review of the benefits of Early Intervention and how the thinking could be spread to other areas was carried out. This focused on:<ul style="list-style-type: none">• memory clinics• long term conditions• children and young people
Outcomes: The Accelerated Solutions event was informed by best practice and up to date evidence from the field. Feedback from this event is now informing our business plan for 2010-11 and beyond.

Equalities

Leadership development programme for Community Development Workers

A three day leadership development programme (30 credit University Certificate of Professional Development (UCPD) from Teesside University Business School) was commissioned by NEMH DU to support a range of learning outcomes that will help Community Development Workers (CDWs) to harness the strengths, capabilities, knowledge and support of the community in its widest sense to help ensure people from BME communities both engage with and receive a better level of mental health services across health and social care. CDWs have a strategic role rather than being a support or link worker whose focus is concentrated on the individual service user. Essentially, the success of the role is dependent on good leadership qualities

and skills. Our Equalities Lead provided leadership and support to the region's Community Development Workers throughout the year.

Case Study: Community Development Workers Self Assessment Framework
Objective: To develop a self assessment outcome indicators framework that collects regional evidence on achievements and activities of CDWs.
Actions: CDW managers developed the framework through partnership working in the regional CDW managers meeting. The framework was completed by the Managers with CDWs in Jan 2010 and an overall regional picture was presented back to the DRE partnership group (North). The local results of the framework were then taken forward by CDWs for further development and action with their own locality commissioners.
Outcomes: <ul style="list-style-type: none"> • A common set of agreed indicators that assess performance and activity of CDWs within the region. The indicators would be set within the context of the four roles as within the DH CDW Guidance. • Evidence on the impacts of actions from CDWs in supporting changes and development work within mental health service delivery to achieve race equality. • A framework for peer assessment review of performance indicators to monitor progress.

Women and Mental Health Regional Conference

This very successful conference was held on 2 December 2009 at the Marriott Hotel, Gateshead, in partnership between the North East Mental Health Development Unit, Mental Health North East, Tyneside Women's Health, and the Delivering Race Equality Team in Sunderland. The event focussed on women's mental health, with the aim of identifying actions to improve the mental wellbeing of women, as part of the equalities programme. The delegates attending were from a wide range of organisations from both statutory and voluntary sectors, with an interest in developing further the support services available to women.

Case Study: Achieving Women's and Mental Health and Well-being Regional Event
Objective: To identify the necessary actions to help improve and support the mental wellbeing of women.
Actions: Co-ordinated the organisation of a full-day regional event, with workshops, regional and national keynote speakers delivering key messages and information, and short theatre and performance productions to engage 'hearts and minds' and create shared solutions to problems and issues that are a reality for women suffering from mental health problems.
Outcomes: <ul style="list-style-type: none"> • 165 people came together from across the region to share perceptions and discuss experiences of issues to do with women and mental health.

- The activities, groups and individuals involved in women and mental health research and action were identified and contacts and networks in this area were developed.
- Delegates developed awareness and understanding of issues, especially on a human level, through 'stepping in to the shoes' of others through the use of drama and re-enactment.
- Evaluated and constructed practical and meaningful action that underpins and/or helps to identify positive outcomes for a regional partnership strategy.

Delegate comments:

*Found the event very informative and feel there should be definitely be a follow up (future steps). Would like further information on reports discussed.
Denise Ewart - Sunderland*

Extremely well organised and very informative, excellent venue and it was clear a great deal of thought and planning had gone into the day. The theatre pieces were fantastic and very moving, lots of great ideas e.g. putting packs in boxes on tables. So much to do and it was a friendly atmosphere which encouraged participation. Very well done, a real success.

Race Equality and Cultural Awareness Programme (RECAP) delivery with the North East

RECAP provides an opportunity to raise awareness about values and beliefs that influence our perceptions and assists participants to appreciate the variety and complexity of culture.

- Two North East Regional Courses were delivered in Oct 2009 and later in 2010 to 19 participants in total.
- A North East training network has now been set up to support the region's trainers and provide a collaborative approach to sharing and learning about good practice. These trainers now have the mandate to deliver the modules to their respective organisations and networks.

Some comments from course delegates:

"Very insightful course, clear aims and objectives which have been fully met"

"Excellent course"

"A very good course which provided useful models for understanding discrimination; I will need to think carefully how I implement some of this in practice"

Working with Interpreters Training

NEMH DU commissioned the Newcastle Interpreting service to deliver training on working with interpreters in February 2010. This was delivered to 15 mental health workers in Northumberland. The Newcastle interpreting service provides high quality interpreting services to help with communications between professionals (doctors, nurses and other health professionals) and patients, families and carers who are unable to communicate using English.

Some comments from participants:

"The whole day has been a very valuable experience. Delivery of training was clear and interesting"

"The whole afternoon was very informative. The course has motivated me to take my interest in this area further. Role plays were very useful – seeing it in action gave a real flavour and insight into the work"

Involvement

Third sector Leadership and development

Seventeen third sector senior managers completed the leadership development course which ran from Sept 09 to March 2010. Feedback questionnaires demonstrated that most delegates very quickly applied learning into their practice. An informal support network has been established between course delegates.

"I'm writing for no other reason than to say that the 3rd sector leadership programme is excellent! I find I often don't feel the benefit of something until it is at an end, but I can say that with this programme, I have had a chance to reflect and try to improve as a leader as I move through the year"

Kate Mukungu, Tyneside Women's Health

Mental Health North East development and team building

We were requested by Mental Health North East to give some input and support on development on their future plans and vision. We facilitated two team building and development days, one day focusing on development of the staff team and volunteers; and the second day focusing on building on the strong relationships between the Board, the staff team and the volunteers. These events have assisted Mental Health North East to further develop their individual skills and strengths and a vision for the future, and supported their move to full independence.

Recovery: Wellness, Recovery, Action Plans (WRAP)

Following publication of the third edition of the Little Book of WRAP, around 9,000 copies were distributed. A presentation on WRAP and involvement was delivered to the Mental Health and Spirituality regional network and the use of WRAP has been enhanced within Mental Health First Aid Training.

Carers

Case study: Carers support funding bid
Objective: To submit a successful bid to the Department of Health to bring over £200,000 carers support funding to the North East region.
Actions: National carers support funding became available and bids needed to be submitted to the Department of Health by Deputy Regional Directors for Social Care. The NEMH DU Involvement Lead used his extensive networks and relationships to pull together a group of Carers Leads at very short notice to develop a detailed and robust regional coalition bid on behalf of the Deputy Regional Director.
Outcomes: £220,000 was secured for the North East to support training of staff on awareness of carers' needs and the Carers' Strategy to support them at a regional and local level. The work is being taken forward under the guidance of a multi-agency carers' steering group. A working partnership with Carers UK and the North East Department for Work and Pensions has been established to deliver the training to carers.

Local Involvement Networks (LINKs)

On behalf of the Deputy Regional Director for Social Care, we continued to provide regional support to LINKs and LINK host organisations. A number of successful LINKs events were supported, including:

- Regional LINKs event in July 2009 with over 120 delegates
- LINKs and Care Quality Commission joint event held in January 2010
- LINKs media training event held in February 2010
- Regional LINKs and Commissioning event in May 2010

Funding for a full time regional LINKs Co-ordinator was secured and this post has now been appointed to.

Service User and Carer regional network and Commissioning sub-group

We have continued to support the monthly network meetings and allocated funding for a regional event held in April 2010. There is an identified need to increase capacity and this is being picked up in our 2010-11 business plan through the development and funding of a service user and carer specific leadership programme. Working relationships have been developed between the service user and carer network and the Care Quality Commission (CQC) resulting in the CQC Involvement Lead receiving network support to access individual and focus group meetings with carers and service users.

Mental Health First Aid

Mental Health First Aid (MHFA) is the help given to someone experiencing a mental health problem before professional help is obtained.

The aims of Mental Health First Aid are:

- to preserve life where a person may be a danger to themselves or others
- to provide help to prevent the mental health problems developing into a more serious state
- to promote the recovery of good mental health
- to provide comfort to a person experiencing a mental health problem
- to raise awareness of mental health issues in the community
- to reduce stigma and discrimination

Towards the end of the year we commissioned Mental Health First Aid England to carry out a tendering process for a Mental Health First Aid trainer (or trainers) to deliver a minimum of 250 free MHFA places across the North East, for specific target audiences, including service users and carers and hard to reach community groups who would not normally access the training. The tender process is now complete and courses are being booked up.

We also commissioned Mental Health First Aid England to arrange and deliver 2 network events for North East Mental Health First Aid Instructors, to provide a peer support and development network for Mental Health First Aid trainers. These events will take place in July and December 2010.

Mental Health Legislation

Our Mental Health Legislation lead post came to an end on 30 August 2009, with responsibility and accountability for Deprivation of Liberty Safeguards and the Mental Capacity Act transferring to the Deputy Regional Director for Social Care. Since that time, we have undertaken two remaining pieces of legislation work:

Stock-take of Independent Mental Health Advocacy (IMHA) Services

Action for Advocacy was commissioned to carry out a stock-take of IMHA services in the region to identify:

- what type of issues IMHAs are facing/type of activity they are involved in and the quality of service provision
- what support and development is needed for IMHA services

This work is well underway and due to report back early 2010-11. Further actions will then be agreed as necessary.

Review of Mental Health Act Assessments

In response to issues that emerged in relation to the governance and funding of these functions within the region, a review of the financial, funding and payment governance structures and processes within each Primary Care Trust for Mental Health Act Section 12(2) assessments in line with the Section

12(2) management structure and processes has been carried out. The completed report has been submitted to the Strategic Health Authority, who requested the review.

Personalisation and Payment By Results

We commissioned Mental Health North East to explore the issues and questions which arise from implementing personalisation in adult social care whilst at the same time developing a 'payment by results' system for mental health. The project report was submitted to the NEMH DU Steering Group on 31st March and following that a multi-agency group is being established to take forward the recommendations.

Personality Disorder

We continued to support the regional Personality Disorder Strategy Group whose focus was to review all aspects of Personality Disorder (PD) development work and support the production of a regional PD strategy and implementation plan. During the time the strategy group was running all members of the group were participating in PD development work within their own organisations.

Following a successful bid for national monies by the training and development work stream meeting, the Development Unit now holds £64,000 for the roll out of the Knowledge and Understanding Framework. In preparation for this, the Train the Trainers programme was held with 44 people attending in order to begin the roll out of basic level awareness training across the region, which will continue during 2010-11.

Further examples of work being taken forward across the region include:

- 2 Personality Disorder development posts are being developed within Northumberland, Tyne and Wear Foundation Trust, to co-ordinate PD service development.
- Tees, Esk and Wear Valleys Foundation Trust has held a rapid pathway development process and is now preparing to pilot a PD care pathway once workforce training and development has taken place.
- PD in MIND, a Gateshead Service User group is officially launching as a group to support service users and contribute to PD development work.
- Meetings have taken place regarding a larger service user development project across the region to bring together PD service user initiatives across the region. This is part of the NEMH DU business plan for 2010-2011.
- NEMH DU organised a NICE guideline event in July 2009 to inform people of the NICE requirement of the care pathway and the Bradley Review.
- The DH Regional Team has appointed an offender health training officer who will work with the NEMH DU PD lead to roll out the Knowledge and Understanding Framework across the offender health system.

Public Mental Health

General

A series of interviews were undertaken with senior staff representing the children's health agenda in order to inform the Regional Advisory Group for Mental Health's work on early intervention for children, young people and their families. This work is now being taken forward jointly between the Mental Health and Early Life Regional Advisory Groups and will focus on three areas: promoting attachment between parent and child, alleviating the impact of child poverty and reducing child neglect

A paper outlining the implications of *New Horizons* was presented to a meeting of Strategic Health Authority and Regional Public Health staff. This has been shared further to ensure that the agendas of other regional working groups reflect the evidence-base outlined by New Horizons.

Anti-stigma campaign

A regional version of the *Time to Change* anti-stigma campaign has been agreed between NEMH DU, the Strategic Health Authority and the regional Service User and Carer Network. The campaign was launched in August 2010 and will run until October 2010.

Physical Activity and Mental Wellbeing

We developed a training package to highlight the benefits of physical activity to mental wellbeing. At present, 80 tutors are being trained to deliver the training. A regional steering group has been established to ensure the sustainability of the programme.

Suicide Prevention

A final draft of a regional suicide prevention strategy has been completed following a period of consultation during May/June 2010. This will be launched in September 2010. The priorities for year 1 (September 2010 to March 2011) have been identified as follows:

- To ensure that multi-agency suicide prevention groups, where they exist in our region, are fully supported by the regional steering group, are representative of core agencies and community groups and are able to inform the regional agenda
- To improve the sharing of information between organisations on people at risk of suicide. This will include the development of multi-agency information-sharing protocols
- To put systems in place to prevent 'clusters' of suicide emerging in any one particular area as occurred recently in South Wales

- To develop a training model to improve access across the region to training on mental health awareness and suicide prevention
- To apply the Northern Ireland model to quantify the economic cost of suicide within the North East
- To work with the Strategic Health Authority to begin the development of a Self-Harm Pathway so that individuals who self-harm receive the best care and are supported following discharge from care
- To work with those prescribing medication to raise awareness of the impact that certain medicines have on rates of self-harm and suicide and reduce their availability, where appropriate
- To develop a 'Gold Standard' pathway between health and criminal justice agencies, such as the police and probation service, to ensure that people in crisis are supported effectively during and after their contact with those services

Case study: Reducing 'copycat' suicides
Objective: To reduce media reporting of unusual methods of suicide to avoid the possibility of 'copycat' suicides
Action: Two separate letters were sent by the NEMH DU Public Mental Health Lead, on behalf of the Regional Director of Public Health, to all HM Coroners in the region. The letters advised them that, if such methods were used in future, Coroners should brief media professionals present at inquests to report such cases responsibly.
Outcome: None of the subsequent cases of suicide, where these methods were used, have since been reported by any of the regional media thus avoiding any copycat cases.

Self-harm

A Process Redesign Workshop on Self Harm was held in February with representatives from acute and mental health care. This focused on reducing coding errors and analysing the patient's journey through the self-harm pathway. A paper has been shared with Governance leads across the region with local audits being established to assess whether improvements are taking place.

Case study title: Improving services for people who self-harm
Objectives: <ul style="list-style-type: none"> To improve the coding of self-harm in acute care settings (Accident & Emergency departments, Emergency Care Units etc.) and ensure that people receive a psychological assessment before discharge.
Actions: <ul style="list-style-type: none"> Data from the local audits were shared with the regional Directors of Performance by the NEMHDU Public Mental Health Lead An audit of coding was undertaken by North Tees and Hartlepool Foundation Trust An Accelerated Learning Workshop was held at the Strategic Health Authority with representatives from the acute care sector
Outcomes: <ul style="list-style-type: none"> The patient information system at North Tees and Hartlepool Foundation Trust was found to be deficient. Patients admitted to the Emergency Care Unit as a result of self-harm and then subsequently referred to the Liaison Psychiatry team were recorded as 'not referred' irrespective of the referral having taken place. Additionally, Self Harm shared the same code with Post Operative Wounds. These findings have led to a review of the appropriateness of the Patient Information System with referral to Liaison Psychiatry becoming a mandatory field. The regional workshop led to some suggested improvements in the coding process. Clinical Governance leads from across the region are in the process of assessing the impact of these changes.

Social Inclusion

In partnership with the Deputy Regional Director for Social Care, the Strategic Health Authority, the Regional Improvement and Efficiency Partnership and the North East Commissioning Team for Mental Health and Learning Disability, NEMHDU contributed to the development of a regional plan for socially excluded adults. Criteria for an Innovation Fund to support this area of work were developed and a series of projects funded to improve the employment and accommodation outcomes of people with a Learning Disability and/or Severe and Enduring Mental Health problem.

We commissioned UK Online to undertake a project to increase the number of users of mental health services who are 'digitally included', that is, able to take advantage of digital technology. This project will run from August to September 2010 and seek to establish a number of 'flagship', digital inclusion centres across the region, based primarily around existing 3rd sector organisations

Employment and Mental Health

New Mental Health and Employability Strategies

We continued to raise awareness of the three Government employment related strategies published in December 2009 and the objective of building closer links between Health, Social Care and Employment Services. We were instrumental in the creation of the County Durham Mental Health Employment and Training Strategy. This brings together the key players in developing this (a major goal in all of the Mental Health strategies) and in the implementation of the supporting action plan, ensuring its fit with national and regional strategies. We will continue to support the implementation and delivery of this as well as encouraging other areas to take this forward as good practice.

Case study: Developing partnership into action

Objectives:

Develop and implement a sub regional mental health employability strategy that can be transferred to the rest of the region. This will support partnership working to deliver appropriate employability/vocational interventions to service users. Also supporting the new employment policies from central government on joint working in mental health.

Actions:

NEMDHU arranged for the National Mental Health Development Unit to host a session for interested employability stakeholders. This led to an action plan through rapid consensus exercise, leading to a group being formed to develop an employability strategy for mental health in County Durham to achieve the joined up working needed for Working our Way to better Mental Health, making interventions more cost effective and robust

Outcomes:

A strategy has been developed with action plans for the Primary Care Trust, the Mental Health Trust, Jobcentre Plus, the Local authority, learning providers, and the third sector. These are now being signed off by appropriate senior managers.

The continuing work with the Individual Placement Support (IPS) scheme in Wearside has led to 6 entries into employment already; work is now ongoing to support further IPS programmes to be developed.



Following NEMDHU's work with Jobcentre Plus in the region - getting them to take a lead and committing to Mindful Employer, this has directly influenced the Department for Work and Pensions (DWP) to sign up nationally. DWP is one of the biggest public sector employers in the region with well over 5000 staff. Jonathon Shaw, then Minister for Disabled People and the South East, signed the Mindful Employer Charter in London, on behalf of the DWP, on 30 March 2010.

Third Sector Engagement and Involvement

The Mental Health Information Learning Employment and Skills group (MHILES) has been reinvigorated as a more robust and effective “critical friend” and partner to regional policies and strategies.

Case study: Creating a Third Sector Voice for Employability
Objective: Create a robust Third Sector Voice for Employability policies and programmes in the North East to enable service user voices to input to regional policies.
Actions: NEMDHU made recommendations to Mental Health North East to reinvigorate the Mental Health, Information Learning, Employment and Skills (MHILES) group to be the interface between the Third Sector and regional groups. NEMDHU facilitated two workshops in the region with stakeholders to develop the proposals and reform the group with Terms of Reference and objectives. Delegate comments: <i>“The days were both very successful and initial evaluation has been very positive with a clear indication that those who attended were decidedly keen to see this work developed further to support learning, skills, employment, and employability partnership work between voluntary and statutory sectors in the North East region.”</i>
Outcomes: MHILES has been reformed with a stronger membership focussed on employability with closer links to Public Sector policy makers. It is now drawing up an action plan to develop capacity and support the national employability policies launched in December 2009.

Engaging and Raising Awareness of Mental Health and Employability

In January 2010, we delivered the first Bringing Mental Health and Employability Services Face to Face event. This was attended by around 70 delegates in the City of Sunderland area engaged in employability/training activities for people with mental health conditions. The event

- Provided identified key stakeholders with the opportunity to inform and advise delegates on the services they provide and their access criteria.
- Provided delegates with the opportunity to network
- Highlighted and challenged the barriers that exist that prevent people with mental health needs access to employment and vocational opportunities.

The event feedback showed that.

- 83% thought the event was very good or better with the format and information provided.
- Of the presentations the most relevant were those related to employment services especially for the Health and Social Care delegates
- More of these events are needed to ensure that “silo” mentality is eroded and better services are provided to people with mental health conditions

- This event raised awareness massively in the Health and Social Care sector of employment services they could access for their clients
- Health and Social Care professionals can and should be encouraging people to engage with the journey to employment supporting statutory employment agencies

Actions from this are being taken forward in our 2010/11 business plan. Similar events were run in County Durham with feedback being the same.

Following a request from the North of Tyne and Newcastle Community Mental Health Occupational Therapy team, our Employment Lead brokered a formal link to Jobcentre Plus to enable progression to employability through recovery and to look at issues with the Employment and Support Allowance (ESA).

We supported and delivered training sessions to a new service user group (supported by Northumberland, Tyne and Wear NHS Foundation Trust) - Voices Empowered, who are focussing on input of service users opinions to employment and training strategies and policies.

We are working with Connecting for Change and Equality North East to ensure that support for mental health conditions is a part of the service they provide for small and medium sized enterprise (SME) employers on behalf of the regional development agency One North East.

We supported Jobcentre Plus in the region with the introduction of their Mental Health Co-ordinators and briefed them and linked them to key players in Health and Social Care and emerging strategies. We also supported the IAPT Employment Support Co-ordinators within Primary Care Trusts to understand the support that is available and provide them with the tools available.

Case study title: Employment Support Co-ordinators
Objectives: <ul style="list-style-type: none"> • To facilitate closer working between Jobcentre Plus (JCP) and Improving Access to Psychological Therapies (IAPT) teams • For the placement of a JCP worker within North Tyneside IAPT expansion site to facilitate employer engagement and open doors for Employment Support Workers
Actions: <ul style="list-style-type: none"> • Proposal submitted to regional IAPT Implementation Board by the Public Mental Health Lead and Regional Employment Lead • Additionally, the Regional IAPT Programme Manager brought the paper to the attention of the national team
Outcomes: <ul style="list-style-type: none"> • The proposal influenced the release of £13 million nationally to support the expansion of IAPT during the economic downturn. This equated to an investment of £654,000 in the North East

4.0 Summary of Activity 2010-11

In order to deliver our vision of **“Bringing together organisations and communities to deliver their strategic objectives, to improve the mental health and social wellbeing of the people in the North East”**, we are focussing our activities around **four strategic objectives**:

1. Improving early access to services
2. Improving the mental health of the public in the North East
3. Giving people the skills and opportunities to control their care
4. Supporting the development of specialist mental health services

By delivering these objectives we will be ensuring that people with mental health problems, their families and carers, receive better care and support, through more efficient and informed planning, commissioning and delivery of services. In turn, that will have a positive impact on efficiency savings across the North East. Examples of impact, in terms of quality, innovation, productivity and prevention (QIPP) are given at the end of each section.

Strategic Objective 1: Improving early access to services

Being able to access services and support at the onset or in the early stages of mental health problems gives people the best possible chance of reducing the impact of their illness and making a full recovery.

This strategic objective includes the final year of regional delivery of the national Improving Access to Psychological Therapies (IAPT) programme. It also includes approaches to build on the learning from the Early Intervention in Psychosis (EIP) model.

“The Improving Access to Psychological Therapies (IAPT) programme plays a critical role in relieving distress and transforming the lives of people with depression and anxiety disorders.”

(Sir David Nicholson – NHS Chief Executive 2010)

Mental health affects everyone and everything. It governs our quality of life, our relationships and our aspirations for the future. By tackling the unmet need for treating depression and anxiety disorders, IAPT services are starting to play a central role in supporting more people than ever before to realise their true potential.

IAPT aims to relieve distress and transform lives by offering NICE-approved interventions and treatment choice to people with depression and anxiety disorders and by improving the collection, recording and measurement of patients' health outcomes, producing the evidence to support the completion of the national roll-out of services.

The North East has already made excellent progress in beginning the roll out of IAPT services over the past two years. As we move into 2010/11, 6 services, within two-thirds of our PCTs, have been established, and a further four PCTs will select providers to deliver IAPT services to the remainder of our regional population by the end of 2010.

“It is proposed that EIP services can provide a higher recovery rate at one third of the cost of standard care for those suffering from first episode psychosis and that this outcome is sustained over the long term, suggesting value for money.”

(Mihalopoulos et al, 2009)

We are now looking at how the Early Intervention in Psychosis methodology could be applied to other areas. Early work focuses on clearly identifying the issues faced by people who use mental health services as they move from adolescent to adult services, and the identification of a screening tool for use in primary care.

Improving early access to services – examples of impact

Quality

- The Early Intervention programme will map regional issues in the transition from child and adolescent to adult mental health services and scope the best service model for people in this age group. This will prevent people ‘falling through the net’ as they move from child and adolescent services into adult services, at what can be a crucial time in terms of needing continuous mental health support.

Innovation

- Our Early Intervention work will result in the recommendation of a screening tool for use in primary care for people who have long term health conditions – a major risk factor for developing anxiety and depression.

Productivity

- The IAPT programme will see 1400 people per year move back into work from sick pay and benefits, helping not only those individuals but also helping the local economy through reduced benefit payments and increased social and financial contributions.

Prevention

- The IAPT programme is all about making sure people can access ‘talking therapies’ early, which will mean that people can often be supported to recover without the need for medication, or be cared for within primary care services and without the need to be referred to hospital.

Strategic Objective 2: Improving the mental health of the public in the North East

The NEMH DU Public Mental Health Lead is also the Theme Lead for the Regional Advisory Group (RAG) for Mental Health, Happiness and Wellbeing. This is one of ten Advisory Groups set up to deliver the commitments within the region’s 25 year public health strategy. Our initiatives include the roll out of WEMWBS (Warwick Edinburgh Mental Wellbeing Behaviour Scale), tackling stigma and discrimination through a regional Time to Change campaign, ensuring that those with a severe mental illness receive an annual physical health check, ensuring routine screening for anxiety, depression and memory loss for those with long term physical conditions, and working to reduce the number of suicides in the region.

“Over 90% of people trained as Mental Health First Aiders say they came across someone with a mental health problem and used their skills within 6 weeks of attending the course.”

Dave Belshaw, former Programme Lead for Mental Health First Aid

Raising awareness of mental health issues and giving people the skills and knowledge to identify problems early helps to tackle the stigma surrounding mental ill health and ensure people get the support they need as early as possible. We will be making sure that free Mental Health First Aid training is made available to people who would not normally be able to access it – including service users and carers and people in hard to reach communities, as well as introducing Mental Health First Aid into prisons.

We will see more than 600 Mental Health First Aiders within hard to reach communities, including prisons, in year one.

43% of people claiming incapacity benefit and therefore engage with NHS services have a mental health condition as the primary reason for being on the benefit.

44% of all sickness absence from work is because of a mental health condition

Employability is high on both regional and national agendas and there is a clear role for the Development Unit in bringing together the many regional programmes and initiatives to support people with mental health problems to gain or retain employment.

We will establish 6 more Individual Placement and Support (IPS) schemes, distribute the Take Ten toolkit to over 800 advisors, as well as establish up to 20 public sector internships for those experiencing mental health difficulties in the next 2 years.

Improving the mental health of the public in the North East – examples of impact

Quality

- As part of our suicide prevention work the regional suicide prevention steering group will be developing multi-agency information sharing protocols regarding suicide and self-harm risk as well as working with primary care colleagues to develop co-ordinated medicines waste management strategies.

Innovation

- NEMH DU will lead the development of Individual Placement and Support schemes, securing 20 placements into employment by March 2011 and 40 placements by March 2012. Not only do these employment opportunities contribute towards the local economy, they will also have a positive impact on the individuals' mental and physical health leading to a potentially reduced demand on services.

Productivity

- Our initiatives to develop mental health screening for people with long term physical conditions and routine physical health checks for people with mental health problems will enable people in these two groups to have an improved quality of life and contribute more economically and socially, in turn leading to a potential reduction in medical expenditure.

Prevention

- Working with partners in the region, we will reduce the regional suicide rate to that of the national average.
The Northern Ireland Suicide Prevention Strategy 2007 quantified the cost of suicide and suggests a cost of £1.4million for each successful suicide (cost based on post mortem, loss of earnings and human cost). Behind hanging, self poisoning is the second most common method of suicide and we will help to tackle this by working to introduce better monitoring systems for the prescribing of anti-depressants and pain killers.

Strategic Objective 3: Giving people the skills and opportunities to control their care

“We will put patients at the heart of the NHS, through an information revolution and greater choice and control”

(Equity and excellence: Liberating the NHS, 2010)

When people are involved in the care that they, or a friend or relative are receiving, there is strong evidence that the care is more effective. The importance of service user engagement and empowerment is reinforced throughout emerging national policy.

Through supporting the service user and carer networks in the region we will strengthen the role of service users within the commissioning process as well as supporting involvement in quality assurance systems. In the next year we aim to increase the number of people involved in these networks by 30%.

Our accredited leadership development programme will continue to increase the capacity and capability of the third sector in the region to ensure they are supported and able to meet the challenges of the Government’s agenda for personalised services.

“... the third sector leadership programme is excellent. I find I often don’t feel the benefit of something until it is at an end, but I can say that with this programme, I have had a chance to reflect and try to improve as a leader as I move through the year.”

(Kate Mukungu, Tyneside Women’s Health)

The Equality Bill and emerging mental health policy are important steps by the Government to tackle discrimination but, unless services are commissioned, configured and developed locally to better meet the needs of people from all diverse communities, more opportunities will be lost and discrimination will continue. We will be working with partner organisations to ensure equality is embedded within mainstream planning, commissioning and provision of services.

Organisations have a legal duty to understand, respect and meet the needs of their population, this means recognising and addressing inequalities in mental health, and working proactively with communities and the third sector to make sure that services are personalised. The financial consequences from claims of unlawful discrimination can be devastating to an organisation.

People from some black and minority ethnic groups are three times more likely than average to be admitted to mental health hospitals. Rates of compulsory admission are markedly higher for black and minority ethnic groups in comparison to whites. The significant differences in the use of the Mental Health Act between ethnic groups are present at all ages

(National Ethnicity Census, 2009)

When we plan and deliver services we are required to show that we work with our partners and local people, and that we will offer the best possible service.

“We understand a lot of staff feel anxious asking BME patients’ questions for fear of being seen to be ‘ignorant’ or in case they offend. This needs to be addressed through open dialogue, training and support from line-managers and the local BME community.”

(Community Development Worker)

Inequalities in health between different ethnic groups and between men and women are well documented and long-standing. Listed public authorities (all NHS trusts are listed, as are the Department of Health and all government departments, Strategic Health Authorities, and other regulatory bodies) are required not to discriminate in the delivery of their services or in employment on grounds of race, disability and gender.

Age equality plays an important part in the equalities programme and we will be supporting the regional implementation of the National Dementia Strategy, as well as supporting a reduction in the use of anti-psychotics for people with dementia.

Our equalities programme will support service developments to ensure the delivery of services all of us need, want and deserve as well as helping to further equality of opportunity and improve race relations.

Giving people the skills and opportunities to control their care – examples of impact

Quality

- We will deliver an event for care home staff to support diagnosis of dementia, depression and delirium as part of implementation of the National Dementia Strategy; which will include NICE best practice guidelines for prescribing antipsychotic drugs for dementia within care homes. Sharing best practice through initiatives such as these will help to improve the care of some of the 700,000 people in the UK who have dementia.

Innovation

- Capacity and capability in the region will be increased through the delivery of the leadership development programme, which we commission from Tees, Esk and Wear Valleys NHS Foundation Trust.

Productivity

- We will enable a 30% increase in membership of the regional and sub-regional service user and carer networks.

Prevention

- NEMH DU will lead the development of a benchmarking tool to measure service user and carer involvement with organisations providing mental health services.

Strategic Objective 4: Supporting the development of specialist mental health services

We will develop and deliver a leadership programme for 14 people responsible for the delivery of personality disorder services. Each of these will deliver an improvement initiative within their service with demonstrable outcomes. This year we will also increase awareness and understanding of personality disorder through the regional roll-out of a nationally-developed training programme, reaching a minimum of 180 people in key 'helping' positions.

This year, in response to a specific request, we will deliver a leadership programme within one of our mental health foundation trusts, working specifically with up to 20 assistant and associate medical directors, thus developing capacity and clarifying role expectations.

We are also working with colleagues in the regional Offender Health Commissioning Team to develop a multi-agency pathway of care for people with a mental health problem and/or learning disability within the criminal justice system.

Supporting the development of specialist mental health services – examples of impact

Quality

- We are leading the roll-out of the national Knowledge and Understanding Framework to drive up the quality of care given to people with personality disorder. We will ensure that 180 people receive the basic level awareness training by March 2011.

Innovation

- NEMH DU is supporting the development of a multi-disciplinary pathway of care to identify and appropriately refer people with a mental health and /or learning disability from the criminal justice system into required services. The economic impact of diversion from custody will be established as part of this work.

Productivity

- We are delivering a leadership programme for associate and assistant medical directors within Northumberland, Tyne and Wear NHS Foundation Trust in support of increasing the effectiveness of clinical leaders. 20 Medical Managers and 4 Lead Pharmacists will undertake this training.

Prevention

- With colleagues in the regional Offender Health Commissioning Unit we are leading the development and/or implementation of a screening tool for use in custody suites. We expect to see a 25% increase in the number of people identified with mental health problems or learning disabilities, who can then be referred on to appropriate services rather than detained in custody with unmet healthcare needs.

5.0 Team Contact Details

The Development Unit staff form a team of expert change leaders in mental health, who:

- Source and transfer best practice
- Create partnerships and connections
- Provide access to a wide range of expertise
- Develop bespoke solutions to regional and organisational challenges
- Deliver national initiatives regionally
- Attract investment and expertise into the region

All team members have a range of transferable skills and work across our strategic objectives, however for ease of listing they are identified below using their key specialist area.

Central Support Function		
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Giving People the Skills and Opportunities to Control their Care		
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Deborah Goodchild Equalities Lead	Deborah.goodchild@nhs.net 07799 342769	
Supporting the Development of Specialist Mental Health Services		
Judi Egerton Personality Disorder Lead	judiegerton@nhs.net 07799 412712	



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