



NHS South Tees Clinical Commissioning Group
Draft Mental Health Strategy 2015-2020

Executive Summary

1. Introduction

Emotional wellbeing and good mental health contributes to every aspect of a person's life regardless of age. It is important in helping to strengthen families, improve educational attainment, promote social inclusion, tackle anti-social and offending behaviour, expand opportunities and improve general health and wellbeing.

Our strategy focuses on mental health care delivered locally in primary care, in the community, and in adult and older people's inpatient facilities. Separate strategies are being developed within the CCG and with partners for Learning Disabilities and Dementia services.

2. Vision

Our vision for mental health and emotional wellbeing in South Tees is that we will **improve mental health together** by improving outcomes in line with the National Mental Health Strategy and by implementing **parity of esteem** in commissioning. This means giving equivalent levels of attention and scrutiny to services dealing with mental health as those that deal with physical health.

3. National and local context

Our strategy is influenced by the national context: the outcomes we are looking to improve are defined in the National Mental Health Strategy ['No Health without Mental Health'](#), while the means we will use to improve those outcomes are influenced by documents such as ['Future in Mind'](#), the NHS England ['Five Year Forward View'](#), and ['Closing The Gap'](#).

We have also analysed comparative data on the determinants of mental health, prevalence, and outcomes. This data shows that while there are areas of comparative strength (such as the performance of Early Intervention in Psychosis teams and waiting times for psychological therapies), in general our area has significant negative factors that result in poorer mental health for the population. These include high levels of admissions for self-harm among young people, high rates of looked after children, high rates of teenage pregnancy, high male suicide rates and high levels of antidepressant prescribing.

We asked local GPs using a survey to tell us what their priorities were for improving mental health services. Several of them told us the importance of recognising the social factors that affect mental health, such as housing, unemployment, family issues and finances. They also mentioned the need for good access to treatments other than drugs for common mental health problems. A third priority for GPs was to improve how mental health services communicate back to them about their patients' treatment. We have taken these on board and included them in our list of key principles for commissioning mental health services.

We also held events and ran a survey for members of the public, service users, carers and partner organisations to tell us what their priorities are. Some of the top priorities highlighted by these means of communication were:

- Rapid access to assessment and treatment
- Supporting and including carers and families
- Services for children and young people

Key principles for commissioning mental health services

These can be summarized in four areas: access to the right services at the right time, services that consider the whole person, services that empower people to act, and evidence-based commissioning.

Access to the right services at the right time

- Commission services to enable early detection and intervention
- Commission to enable access and reduce waiting times
- Commission to ensure access to vulnerable groups and tackle health inequalities
- Commission to support prevention and health promotion and less use of high cost crisis and inpatient care

Services that consider the whole person

- Commission for the whole person, integrating physical health and mental health pathways
- Commission ensure safe and smooth transitions across services
- Commission to support and involve families and carers
- Commission jointly across boundaries including those between health and social care, primary and secondary care, mental health and physical health services and those dealing with substance misuse and mental illness

Services that empower people to act

- Commission to enable personalisation and choice
- Commission services that empower people to become resilient in the face of challenges including family breakdown, isolation and deprivation
- Commission for recovery focussed services and evidence-based approaches, including non-pharmaceutical interventions

Evidence-based commissioning

- Commission for meaningful involvement and collaboration in service improvement with people who use services
- Commission intelligently using good outcome measures, local and national metrics

4. CCG Mental Health Strategy for 2015-2020

Children and Young People

By 2020, we want to improve the mental health of children and young people in the South Tees area in the following ways:

Firstly, by implementing priorities linked to the ongoing Tees-wide CAMHS Transformation programme:

- ensuring high quality of care through the implementation of the newly developed evidence based service specification for the CAMHS service and associated pathways
- reducing the rate of admissions of children and young people who self-harm and use alcohol, increase the access to community based talking services
- improving transition arrangements between CAMHS and adult mental health services to ensure that there is no risk of untreated illness at this critical time
- ensuring that local people get the best possible start in life, including mental health support for expectant and new mothers
- ensuring that children with complex needs including mental health issues are given full and equal access whilst being assessed under the new Children's Act responsibilities and, where appropriate, are able to take advantages of opportunities offered by personal health budgets including those children in special schools
- developing a pathway for children with sensory process disorder
- developing resilience in young carers
- developing a robust collaboration process for children young people and their families to influence the commissioning and review of commissioned services
- working towards holistic care for children and young people across physical and mental health
- ensuring compliance with the waiting time and access standards for mental health services, as well as supporting the national priorities to enhance Early Intervention in Psychosis services, and to develop talking therapies for children and young people at tier two.

We will commission with reference to the principles laid out in the Tees-wide children and young people's mental health strategy.

We have also identified several priorities from local intelligence and engagement:

- Preventing high-cost interventions in emergency and crisis services for mental health-related issues through prevention and early intervention
- The high number of children on child protection due to family dysfunction and high numbers of parents in drug or alcohol treatment indicate a priority for access to coordinated adult mental health services and substance misuse services and social care services where children are present.
- Young people vulnerable to developing mental health problems need to be identified and supported to access services. This is especially urgent for young people leaving care, young people in the criminal justice system, children in the care system and children who have been abused.
- There are a high number of young people living with a learning disability within the population who will need good access to integrated services.

Adults and Older People

We want to improve mental health together for adults and older people. The priorities we have identified in order to do this are:

- To increase access and early intervention
- To improve access to Psychological Therapies
- To ensure parity of esteem between physical health and mental health
- To improve Perinatal Services
- To encourage providers to adopt a Recovery approach
- Ensuring that people with mental health conditions known to secondary mental health services have their physical health needs actively addressed.
- Developing psychiatric liaison services to ensure people with long term conditions and people who access acute care have their mental health needs identified and addressed.
- Addressing the challenge of responding holistically for people with mental health and alcohol or substance misuse issues
- Ensuring quality and effectiveness in the core secondary mental health community and inpatient services
- To develop and implement a robust collaboration process to involve service users and carers in each stage of the commissioning cycle
- To develop stronger mental health commissioning capacity and knowledge within the CCG infrastructure
- To develop a Joint Local Implementation Plan for National Mental Health Strategy
- To support the Armed Forces covenant

Local joint commissioning priorities

To achieve our priorities, we will work collaboratively with our commissioning colleagues in public health, local authority, police and the third sector to ensure the mental health needs of people in the Middlesbrough and Redcar and Cleveland areas are identified and met:

- Developing a crisis care pathway, so that everyone experiencing crisis can access the most appropriate service in a timely and dignified way
- Developing services that work with maternity and primary care teams
- Child protection and safeguarding
- Changing systems to build resilience into young people in South Tees, allowing them to 'bounce back' from adversity
- Support for vulnerable people across criminal justice system, care leavers, families living with domestic violence and emotional abuse, families where English is not spoken well.
- Helping people with mental illnesses recover in terms of employment, housing and social integration

Equality and Diversity

We need to be mindful of equality and diversity when commissioning mental health services. There are marginalised groups in our communities that are at a higher risk of developing mental health problems, including people who are:

- young first-time mothers;
- living with long-term conditions
- living with disabilities, including learning disabilities;
- people who have experienced abuse or bullying;
- victims of crime;
- living as migrants;
- from minority backgrounds;
- from the Lesbian, Gay, Bisexual, and Transgender communities;
- in the justice system;
- looked after young people and people leaving care as adults;
- living with sight or hearing impairment;
- older and living alone or in isolation.

Our vision, **improving health together**, covers all members of our communities and we will take care to ensure that we understand the needs of people who are vulnerable to mental health problems and ensure equitable, non-discriminatory access to appropriate services.

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1. Introduction

Welcome to NHS South Tees Clinical Commissioning Group's Mental Health Strategy. This strategy sets out our long term mental health vision for improving the emotional and mental health and wellbeing of people of all ages who live in Middlesbrough and Redcar and Cleveland.

As a local GP, I frequently meet with people struggling with their mental health and see the impact this has on their whole life, including their physical health. This strategy outlines our determination to improve services so that our local communities can be confident that services are available to support them when they need it the most.

We recognise that this strategy cannot be delivered in isolation and are committed to working with partners in local government, NHS provider organisations, voluntary and community sector organisations and others. We also recognise the importance of talking and listening to service users and their carers, and will work closer with them.

We are determined to achieve the NHS Mandate for 'Parity of Esteem' (equally valuing mental health with physical health and vice versa) – both in the way that we commission services and in the way those services operate.



Dr Angel Carrasco

Clinical Lead for Mental Health

South Tees CCG

1.1 Importance of this strategy

Emotional wellbeing and good mental health contributes to every aspect of a person's life regardless of age. It is important in helping to strengthen families, improve educational attainment, promote social inclusion, tackle anti-social and offending behaviour, expand opportunities and improve general health and wellbeing.

1.1.1 Children and Young People

For children and young people, tackling mental health earlier not only reduces distress for the individual and their family but will also lead to reduced demand on higher cost mental health, education, social care and other services:

- Half of all lifetime cases of diagnosable mental illness begin by age 14, and three-quarters of lifetime mental illness arise by mid-twenties.ⁱ
- Yet 60 to 70% of children and adolescents who experience clinically significant mental health problems have not been offered evidence based interventions at the earliest opportunity.ⁱⁱ
- In the UK, mental illness during childhood and adolescence results in costs of £11,030 to £59,130 per person per year.ⁱⁱⁱ

There is now a wealth of evidence to show that interventions to improve emotional wellbeing and promote good mental health across the population, particularly with children and young people, will result in the following benefits for individuals, communities and populations^{iv};

- reduced mental illness and suicide
- improved physical health and life expectancy
- better educational achievement and attendance at school
- reduced health risk behaviour such as smoking, alcohol and drug use
- improved employment rates and productivity
- reduced antisocial behaviour and criminality
- higher levels of social interaction and participation

1.1.2 Adults and older people

Mental illness is a major issue, and one that touches on all aspects of life. Around one in four adults experience at least one mental disorder, and mental illness costs society around £105.2bn a year^v.

Mental illness – or, alternatively, poor mental health – can impact negatively on people's ability to work, their family life, their free time, and even their ability to cope with physical health problems.

- More than 350 million people suffer from depression worldwide^{vi}. Suicide is the leading cause of death for men between 20 and 34 in England and Wales, representing 24% of all deaths in 2013. The North-East region has the highest suicide rate in England.^{vii}
- Anxiety disorders account for the 6th highest Years of life lived with disability (YLD) in the years living with a disability in both high and middle-income countries.^{viii}

- Only 27% of working age adults in England with a mental illness are in employment, compared to 70% for the population as a whole.^{ix}
- Adults aged 18-73 with serious mental illness have a mortality rate three times higher than the general population.^x
- Evidence shows that where people have a physical long-term condition, diagnosis of mental health problems is more difficult.^{xi}
- About 40% of carers are thought to be at risk of depression or stress because of their caring role.^{xii}
- It is estimated that at least 50,000 young people are carers for a parent with a mental health problem.^{xiii}
- Social isolation and loneliness can contribute to mental health problems, including rarer conditions such as schizophrenia.^{xiv}

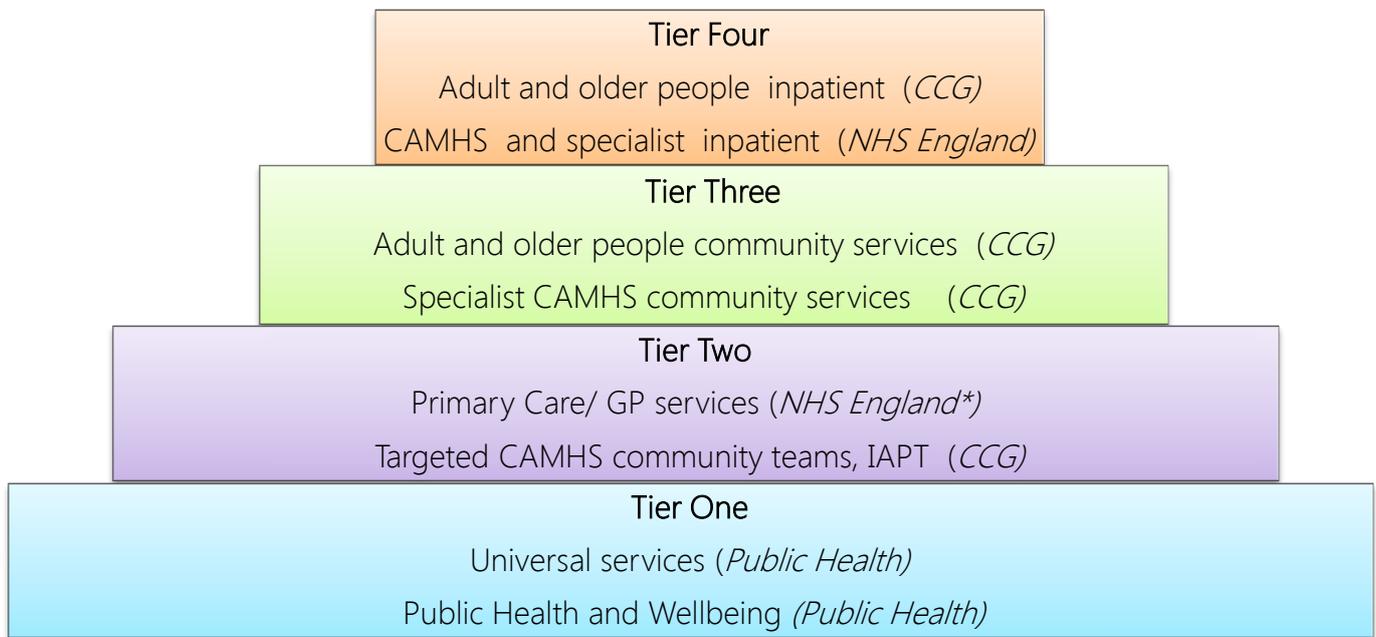
The importance of good mental health, early intervention for those living with mental health distress, and support for those who have longer-term needs and their careers and families, is clear. We are determined to commission appropriate services, which will meet the mental health and well-being needs of everyone in our communities and ensure that they are effective, safe and that the people using them and delivering them will be properly supported.

This strategy describes our vision, our commissioning intentions, the commissioning values, principles and drivers that have shaped our intentions and finally the work stream structure, which will enable us, work towards achieving our vision; enabling all people living in the South Tees area to have mental health services of which they can be proud.

1.2 Scope of this Strategy

The CCG has a specific role in commissioning health services that will help achieve our vision. Essentially, we commission health services to support people get early help when they become unwell, support people to recover and get their lives back on track, or help them to stay well in spite of their symptoms, and support people quickly when they become acutely distressed. It does not relate directly to Learning Disabilities or Dementia services, although there are clearly important links with these areas – strategies are being developed within the CCG for Learning Disabilities and Dementia services.

The diagram below illustrates a “stepped model” of need, and service delivery. Fewer people will need to access the more specialised services at the higher tiers, but those who do have more complex problems and need more intensive support. The italic text in brackets shows who leads the commissioning of each type of service.



*: South Tees CCG co-commissions some primary care services with NHS England

The CCG is responsible for commissioning some mental health services at each tier of provision except for universal Tier One services. However, the diagram does not show the entire picture, as people with mental health needs will also access physical health services and may have social care needs commissioned for by local authorities. As such, in order to achieve our desired outcomes for improving mental health, joint working and commissioning is required. Details of our priorities that relate to joint working or which fall mostly in the scope of a partner organisation are found on pages 16-17 of this strategy.

As such, the resources needed to achieve all 6 of the mental health outcomes do not sit within the CCG's commissioning remit. The CCG is committed to working alongside our Local Authority colleagues and Health and Wellbeing Boards and neighbouring CCG colleagues. We need to ensure all our commissioning strategies complement each other and coordinate services and resources across the whole mental health landscape: from tackling wider determinants, to improving factors which put mental health at risk, to contracting services which enable access and recovery to supporting community development which protects and maintains mental health. The priorities identified in this strategy that sit outside CCG commissioning responsibility will be recommended for inclusion in to Local Authority, and to the Area Teams for their health and wellbeing and public health strategies.

We will also contribute to joint strategies with our local authorities and co-ordinate with Health and Wellbeing Boards.

2. Vision

Our overarching vision is to **improve health together** across South Tees. The Clear and Credible Plan (2012-17) says that this means we want to reduce health inequalities, reduce variable access to health care, continuously improve wellbeing and drive up the quality of services we commission.

Our vision for mental health and emotional wellbeing in South Tees is that we will **improve mental health together** by improving outcomes in line with the National Mental Health Strategy and by implementing **parity of esteem** in commissioning. All of these priorities fit with the outcomes contained within the National Mental Health Strategy and its companion paper, *Closing the Gap: 25 essential priorities for mental health commissioning*^{xv}. The outcomes we want to improve are:

- **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, aging well
- **More people with mental health problems will recover:** More people who develop mental health problems will have a good quality of life
- **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.
- **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.
- **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.
- **Fewer people will experience stigma and discrimination:** Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

We are committed to establishing **parity of esteem** between physical and mental health. As a commissioner of secondary and community care services, our role in bringing about parity of esteem is twofold: firstly, to commission comprehensive services that will fulfil the mental health needs of our population with the same high quality and access as we expect from physical health services, and secondly, to ensure the levels of support, scrutiny, planning and analysis given to mental health by the organisation are equitable given the equal value we place on mental and physical health.

We acknowledge the need to **improve health together** by working closely with our communities, member practices, local authorities, provider organisations and the voluntary sector to achieve the aims set out above.

3. National and local context

3.1 Summary of sources

Our strategy is influenced by the national and local context. These influences can be split down to four categories: Patient experience factors, policy, local information and best practice.

The following table is a partial list of the policy drivers, key factors to consider, best practice principles, and aspects of local intelligence that inform the development of this strategy.

Best practice

- Commissioning for outcomes
- Value-based commissioning
- NICE clinical guidelines and quality statements
- Rebalancing the investment from inpatient to early accessible community care
- Improve data quality and outcomes to support intelligent commissioning
- Integrated joint commissioning
- Mental health currencies / payment by outcomes
- Choice, personalisation, health budgets and personal budgets
- Early intervention and recovery focus
- Reducing health inequalities
- Meaningful patient and public involvement
- IAPT
- Liaison Psychiatry

Policy

- “No health without mental health” national strategy
- “Closing the gap: 25 priorities for Mental Health commissioning”
- Future In Mind
- Mental Health Crisis Care Concordat
- Waiting time and access targets
- Maternal and child / perinatal mental health
- NHS Five Year Forward View – integrated commissioning
- Mental health currencies and payment
- NHS mandate: Parity of esteem
- Equality Duty 2010: Ensuring access effective design and delivery of services to groups who are vulnerable and seldom heard
- Health and Social Care Act 2010: Personal health budgets, increasing choice of provision, duty to involve patients and carers
- Mental Health Act and Mental Capacity Act
- Transforming Care (Winterbourne)

Patient experience factors

- Transitions across and within services
- Out of area placements/ young people admissions to acute inpatient services
- High under-75 mortality amongst people living with a mental health problem
- High Suicide rate amongst males
- Mental health problems in top four conditions for years living with a disability
- Crisis care and places of safety
- Carer experience increased mental health need
- Access to primary care /community based services
- Recovery focussed services
- Undetected Mental health of people living with long term conditions

Local information

- Local authority strategies for Carers and Mental Health strategies
- Health and Wellbeing Board strategies
- Mental health LIT strategies
- Public health strategies
- CCG strategies
- Tees-wide Children and Young People’s Mental Health Strategy
- South Tees CCG’s Clear and Credible Plan
- Public health outcome profiles data
- Information from public engagement
- Joint Strategic Needs Assessment

3.2 Mental health outcomes for children, young people adults and older people: a local picture

Whilst it is important to implement national policy and best practice, we need to understand how national policy relates to South Tees CCG. Data from the Public Health Outcomes Profiles were used to benchmark outcomes for Middlesbrough and Redcar and Cleveland against other local authority areas nationally. The text boxes in the below diagram and its equivalent for adult mental health list indicators for which either the CCG as a whole, or one of its constituent local authorities, is in the worst 25% of areas nationally. This should give us a clear indication of what to prioritise to improve outcomes.

3.2.1 Outcomes for children and young people

The local picture: adult and older people mental health Outcomes data where South Tees CCG area is in the worst or highest risk quintile nationally

Risk Factors

- Parents in drug treatment
- Young people providing considerable care
- Children under 20 in poverty
- Children under 16 in poverty
- Traveller children: % school children who are Gypsy/Roma
- % of households that have lone parents with dependent children
- % of households with dependent children where no adult is in employment
- % of households with dependent children where at least one person has a long term health problem or disability
- Domestic Abuse rate
- Parents in alcohol treatment

Prevalence and Service Use

- Estimated prevalence of any mental health disorder
- Estimated prevalence of emotional disorders
- Estimated prevalence of conduct disorders
- Estimated prevalence of hyperkinetic disorders
- Young people hospital admissions for self-harm
- Child hospital admissions due to alcohol specific conditions
- Young people hospital admissions due to substance misuse
- Child hospital admissions for unintentional and deliberate injuries
- Young people hospital admissions for unintentional and deliberate injuries

Social Care

- New cases of children in need
- Children in need
- New child protection cases
- First time entrants to the youth justice system
- All entered to the youth justice system
- Children in need due to abuse, neglect or family dysfunction
- Looked after children: Rate per 10,000
- Emotional well-being of looked after children
- Rate of children who were the subject of a child protection plan at the end of the year
- Repeat child protection cases
- Children leaving care: Rate per 10,000

Sexual Health

- Under-18s births rate per 1,000
- Under-16s conception rate per 1,000

Education

- Primary school pupil absence: % of half days missed 2012/13
- Secondary school pupil absence: % of half days missed
- Pupils with Learning Disability: % of school pupils with Learning Disability
- Pupils with behavioural, emotional and social support needs
- 16-18 year olds not in education, employment or training

It is clear that there are significant life challenges to children and young people living in the South Tees area. Many of the indicators and outcomes in the diagram suggest that children's and young people's mental health is at risk.

High numbers of young people in the criminal justice system could indicate high underdiagnosed conduct disorders, as well as an increased risk of depression and suicide within that population.

High numbers of young people leaving care and high numbers of young people not in education, employment or training (NEET) suggest increase risk of suicide, depression and anxiety. It is important that we ensure the services we commission are able to respond to the need of these groups to enable early detection and treatment.

High numbers of: parents with alcohol, drug and mental health problems, cases of domestic violence, children repeatedly in care, new cases of children subject to child protection, and children in need due to abuse, neglect or family dysfunction. Abuse and trauma are significantly associated with mental health problems both as young people and adults and unhappiness with family relationships are a significant risk factor for self-harm, depression, personality disorder and suicide, as well as increasing behaviours such as smoking, drinking alcohol and substance misuse.

High numbers of families where English is not spoken well and high numbers of migrant workers. These are known to be high risk groups for poor mental health and are known to find access problematic. We need to ensure that our services are culturally sensitive so people from these groups can access services early and easily.

High numbers in school of children with a learning disability and high numbers on school action plus and with a statement of need to emotional and behavioural difficulties: people living with learning disability are significantly more likely to present with mental health problems and are likely to develop long term physical health problems. A coordinated, easy access pathway is important to prevent poor outcomes in term of mortality and morbidity. Emotional and behavioural difficulties in school are good indicators of poor adult mental health. Unsupported/ diagnosed conduct disorder leads to poor outcomes and significant costs in adulthood. Good evidence exists to support early identification and treatment and support for schools

High numbers estimated to have mental health disorders and very high rates of hospital admissions for self-harm as well as alcohol and substance misuse; these outcomes and indicators could suggest a failure to identify emotional distress earlier and/or lack of services accessible in primary care.

Highest numbers of young first time mothers, first time motherhood brings significant risk of developing perinatal depression, (1 in 10 new mothers, and post-partum psychosis 1-2 in 1000 new mothers) and this rate is increased particularly for young single mothers.

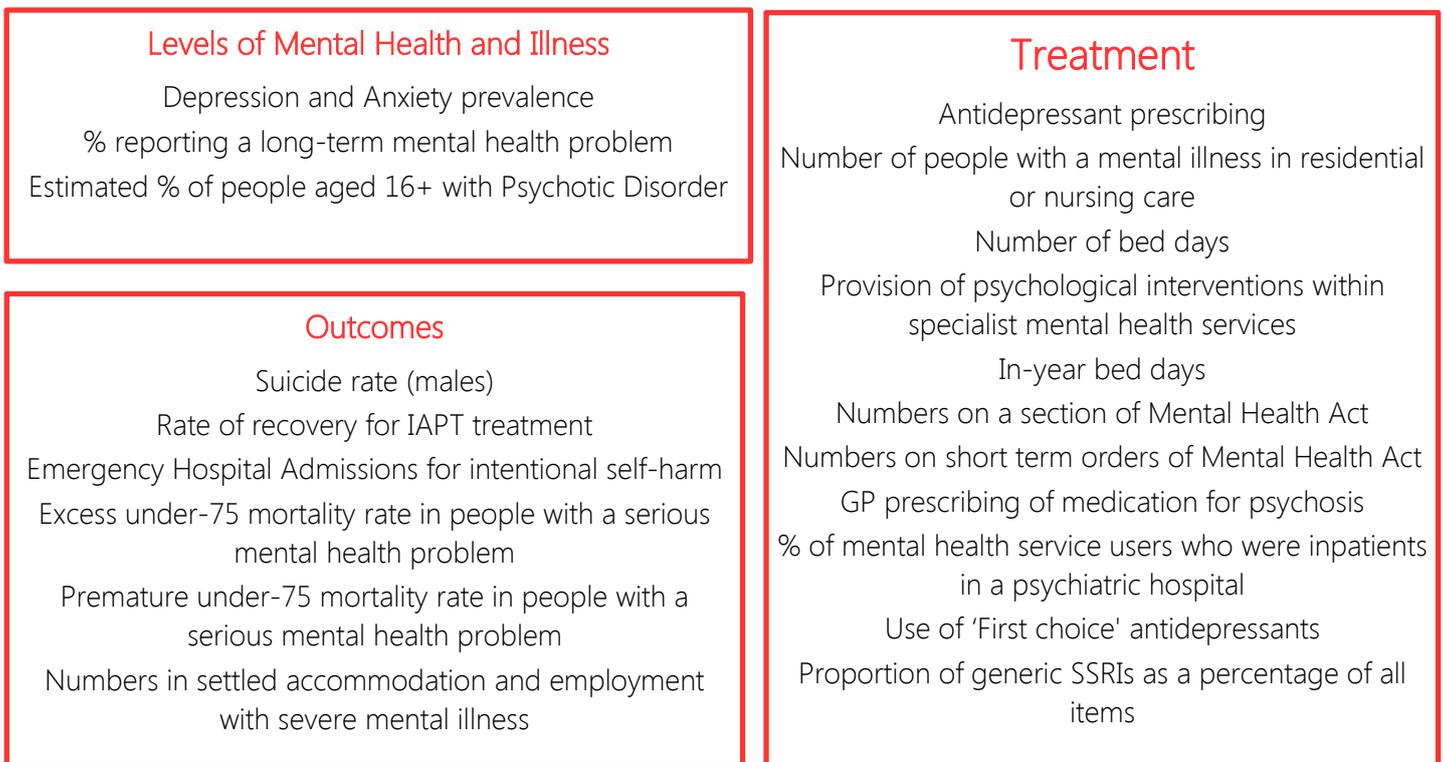
3.2.2 Current commissioned services and spend on Children and Young People’s services

The CCG currently commissions services at level three and some services at level two. Tees, Esk and Wear Valleys NHS FT is the main provider of commissioned services to meet this need.

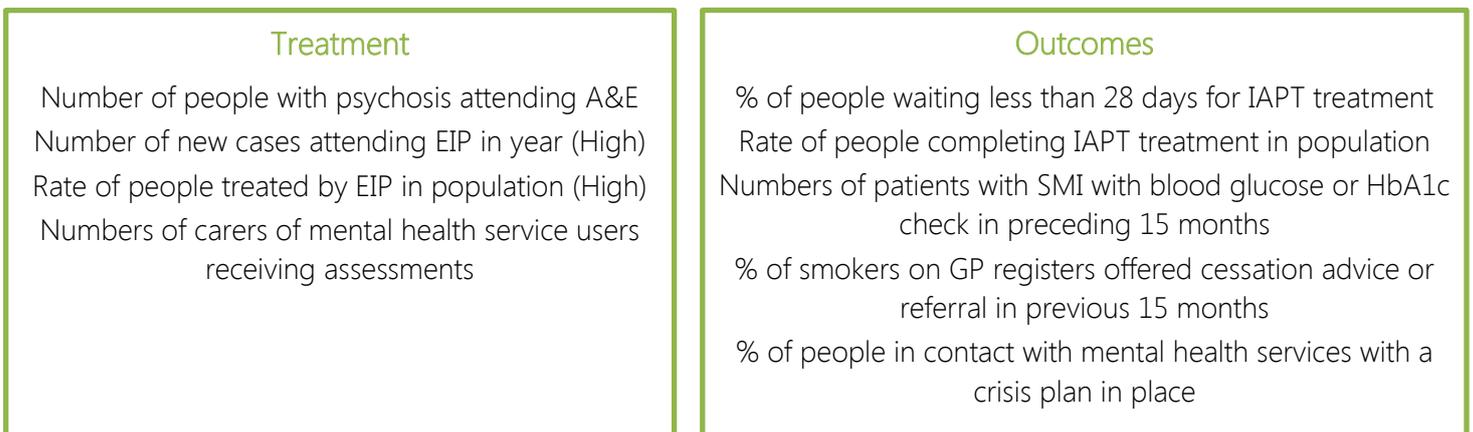
We have recently significantly invested in local CAMHS. The Clinical Commissioning Group remains committed to the transformation programme aligned to this investment and will align work with other children’s commissioning bodies to ensure best value and outcomes across the emotional and mental health system.

3.2.3 Outcomes for adults and older people

The local picture: adult and older people mental health Outcomes data where South Tees CCG area is in the worst or most high-risk quintile nationally^{xvi}



The local picture: adult and older people mental health Outcomes data where South Tees CCG area is in best quintile nationally^{xvii}



High prevalence of depression and anxiety, given the demographics (which indicate high risk and deprivation data) this would suggest high need for psychological therapy (IAPT) and Mental Health Service access.

High under 75 mortality, high suicide rate in males, high emergency admissions for self-harm, drug and alcohol: this suggests an issue with physical health care, health promotions and health screening. This is a key a priority for improvement. This use of emergency admissions for drug and alcohol suggests the need to provide more effective services in community and is a key area for improved outcomes and cost efficiency. The self-harm admissions are similarly high and suggest need to review crisis care and the use of liaison psychiatry.

The numbers of domestic violence and households with parents on drug /alcohol treatment: this suggests an unmet mental health need. The importance of addressing this outcome is well known in terms of prevention and over utilisation of emergency services

Higher utilisation of Inpatient services and high use of mental health act detentions and low numbers of secondary community care contacts when compared to comparators and high numbers of people utilising A&E and emergency admissions for drug and alcohol and self-harm: these outcomes suggest a priority for review of crisis care pathway and urgent care and also access to community mental health services. More people utilising high cost crisis services as opposed to planned community services. Similarly low numbers of community contacts.

Low provision of psychological interventions within specialist mental health services. This is an area for improvement given the emphasis on recovery and choice in mental health policy, and may link to the high crisis outcomes. **Low rate of recovery for IAPT treatment** would suggest that IAPT services need reviewing to their effectiveness against spend.

Low numbers of people in contact with mental health services when being assessed for alcohol treatment may also indicate a need to strengthen transition between mental health services and substance misuse services.

Low numbers of people in settled accommodation and low numbers of people with SMI in employment will be a barrier to recovery for people living with long term mental health problems and needs addressing as part of a recovery focus.

High numbers of carers assessed and high numbers of client with crisis plans would suggest good involvement of both carers and users in their care and support, however low emergency admissions due to mental health problems, and high use of detentions under the mental health act, for short term and long term orders, would suggest that crisis management needs to be understood better.

High numbers of families where English is not spoken well and high numbers of migrant workers: these groups are a known high risk group for poor mental health and are known to find access problematic.

We need to ensure that our services are culturally sensitive so people from these groups can access services early and easily.

3.3 Feedback from General Practice

Between December 2014 and February 2015, we carried out a survey of GP practices to find out what the main priorities were that GPs would like to see reflected in the strategy. Many issues were raised by respondents, and there was a broad spectrum of engagement with mental health services, some respondents only using psychological therapy services (IAPT) and others having patients in secondary services.

Here are some of the messages that came up from multiple respondents, and how these relate to the strategy.

Several respondents mentioned the need to recognise the social factors that have a significant impact on mental health: financial problems, housing issues, unemployment, family breakdown and chaotic lifestyles. This is recognised in the thirteenth commissioning principle: **Commission services that empower people to become resilient in the face of challenges including family breakdown, isolation and deprivation.**

Similarly, the need for good access to non-pharmaceutical solutions such as psychological therapies for common mental health problems was brought up. We aim to commission for recovery focussed services and evidence-based approaches, including non-pharmaceutical interventions.

Issues of communication were brought up, with varying reports on the quality and timeliness of communication from mental health services. As a CCG we recognise the need **for safe and smooth transitions across services, including good communication with GPs**, and have included this in our commissioning principles.

3.4 Patient and Public Involvement

We have a duty under the Health and Social Care Act 2012 to involve the public and people who access services in the full commissioning cycle and in the delivery of services. Many of the national drivers and policies have been developed with significant collaboration with the public and people who live with mental health problems.

We have ensured that we have developed our strategy with a broad engagement and involvement of local people, people who live with mental health problems and a wide range of stakeholders: GPs, local authority colleagues, Public Health, NHS and voluntary and community sector providers. This was done through:

- Two public events, one in Middlesbrough and one in Redcar
- Consultation work in partnership with a local children's charity
- Publishing our draft strategy online and inviting comment through an open online survey

- Direct email feedback to CCG staff from partner organisations
- Sharing the draft strategy through the Middlesbrough Local Implementation Team (LIT) forum
- Direct email to stakeholders including managers at Tees, Esk and Wear Valleys NHS FT

The two public events focused on asking what our priorities should be, and asking attendees to highlight those they felt were most important. Some of the priorities that were highlighted were not within the scope of this document, but all feedback is recorded in Appendix 1.

The priorities that were highlighted as being most important and which fit within the strategy's scope were:

- The need for whole person care – not a system where people fall between diagnostic criteria and are therefore not eligible for any service
- The need for advocacy and support for carers
- The need for person-centred care, and seeking outcome data from clients and family/carers
- Patient education
- Awareness of mental health problems among older people (not only dementia)
- Availability and accessibility of services including counselling and support in the community
- Prevention and early intervention
- Clear communication from services
- The need for greater GP awareness of mental health
- Longer-term solutions for specialist conditions, focusing on recovery
- Joint commissioning and joint working
- Importance of the family
- Engaging with subgroups of the population
- Access to the Crisis Assessment Suite

Respondents to our open online survey particularly highlighted the following priority areas:

- Children and young people
- Rapid access to assessment and treatment
- Support for carers, including young carers

The consultation with children and young people found that their top five priorities, from on a selection of statements based on the priorities we had identified, were:

1. Offer young people emotional and mental health services we know will help them
2. Less children and young people will self-harm and use alcohol
3. Young people who get help from children's mental health services will be helped by adult mental health services so they can continue to receive the help they need
4. Support pregnant women and new parents so they can give their baby the best start in life
5. Ensure those with complicated needs including mental health are given access to funding to support their needs through personal health budgets

3.5 Key Principles for Mental Health commissioning

Drawing on the national and local information described above, we have identified a set of key principles for Mental Health commissioning. These summarize the messages from current national guidance and local priorities, and help us ensure our priorities and intentions are grounded in best practice and what works, as well as clear national directions of travel.

These can be summarized in four areas: access to the right services at the right time, services that consider the whole person, services that empower people to act, and evidence-based commissioning.

Access to the right services at the right time

- Commission services to enable early detection and intervention
- Commission to enable access and reduce waiting times
- Commission to ensure access to vulnerable groups and tackle health inequalities
- Commission to support prevention and health promotion and less use of high cost crisis and inpatient care

Services that consider the whole person

- Commission for the whole person, integrating physical health and mental health pathways
- Commission ensure safe and smooth transitions across services
- Commission to support and involve families and carers
- Commission jointly across boundaries including those between health and social care, primary and secondary care, mental health and physical health services and those dealing with substance misuse and mental illness

Services that empower people to act

- Commission to enable personalisation and choice
- Commission services that empower people to become resilient in the face of challenges including family breakdown, isolation and deprivation
- Commission for recovery focussed services and evidence-based approaches, including non-pharmaceutical interventions

Evidence-based commissioning

- Commission for meaningful involvement and collaboration in service improvement with people who use services
- Commission intelligently using good outcome measures, local and national metrics

4. CCG Mental Health Strategy for 2015-2020

In order to realize our vision across all the 6 mental health policy objectives, we have reviewed all the drivers and influences at national, regional and, local level and recommended a set of priorities that will focus our commissioning strategy over the next five years.

These will be divided in to children and young people and adult and older people.

4.1 Children and Young People

By 2020, we want to improve the mental health of children and young people in the South Tees area in the following ways.

Firstly, by implementing priorities linked to the ongoing Tees-wide CAMHS Transformation programme:

- ensuring high quality of care through the implementation of the newly developed evidence based service specification for the CAMHS service and associated pathways
- reducing the rate of admissions of children and young people who self-harm and use alcohol, increase the access to community based talking services
- improving transition arrangements between CAMHS and adult mental health services to ensure that there is no risk of untreated illness at this critical time
- ensuring that local people get the best possible start in life, including mental health support for expectant and new mothers – the CCG will review current arrangements for perinatal mental health to ensure timely and appropriate access to the correct level of specialist mental health treatment and support in line with best practice
- ensuring that children with complex needs including mental health issues are given full and equal access whilst being assessed under the new Children’s Act responsibilities and where appropriate are able to take advantages of opportunities offered by personal health budgets including those children in special schools
- developing a pathway for children with sensory process disorder
- developing resilience in young carers
- developing a robust collaboration process for children young people and their families to influence the commissioning and review of commissioned services
- working towards holistic care for children and young people across physical and mental health
- ensuring compliance with the waiting time and access standards for mental health services, as well as supporting the national priorities to enhance Early Intervention in Psychosis services, and to develop talking therapies for children and young people at tier two.

We will commission with reference to the principles laid out in the Tees-wide children and young people’s mental health strategy (Partnership, Prevention, Earlier Intervention, Access and Joint Pathways, and Continue to transform specialist services).

We are committed to working jointly to deliver the ambitions of Future in Mind^{xviii}: tackling stigma and improving attitudes to mental illness; introducing more access and waiting time standards for services; establishing 'one stop shop' support services in the community and improving access for children and young people who are particularly vulnerable.

The report also calls for a step change in the way care is delivered moving away from a tiered model towards one build around the needs of children, young people and their families.

The aim is whole system improvement through partnership; planning and joint aligned commissioning resulting in integrated and timely services from prevention through to acute care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address. All local areas will be required to develop a Transformation Plan for local services.

We have also identified several priorities from local intelligence and engagement:

- Preventing high-cost interventions in emergency and crisis services for mental health-related issues through prevention and early intervention
- Local groups have highlighted the increased risk and levels of need for young LGBT (Lesbian, Gay, Bisexual and Trans) people, ensuring adequate access and awareness among young people and reviewing service provision.
- The high number of children on child protection due to family dysfunction and high numbers of parents in drug or alcohol treatment indicate a priority for access to coordinated adult mental health services and substance misuse services and social care services where children are present.
- Young people vulnerable to developing mental health problems need to be identified and supported to access services. This is especially urgent for young people leaving care, young people in the criminal justice system, children in the care system and children who have been abused.
- There are a high number of young people living with a learning disability within the population who will need good access to integrated services.

4.2 Adults and Older People

By 2020, we want our services for adults and older people to better reflect the priorities listed in our "Key Principles": access to the right services at the right time, services that consider the whole person, services that empower people to act, and evidence-based commissioning.

- To increase access and early intervention - The continuing focus for future development is for increased access and early intervention for people experiencing mental health problems and a recovery approach for people with long term conditions to maximise potential and allow people to live fulfilling and rewarding lives.
- To build on GPs' existing training and skills in responding to social and psychological need, recognising the importance of primary care in mental health provision

- To improve access to Psychological Therapies - We will continue to focus on improving access and choice to psychological therapies and measure improved access to psychological services (IAPT) for people with depression and/or anxiety disorders:
- To ensure parity of esteem between physical health and mental health
- To improve Perinatal Services - In light of NICE Guidance we will consider current arrangements for perinatal mental health with the potential for developing a specialist perinatal community service. To review and commission and review psychiatric liaison services
- To encourage providers to adopt a Recovery Approach - We will continue to ensure providers implement a recovery approach for children and adults with long term mental health conditions to maximise their potential and improve quality of life.
- Ensuring that people with mental health conditions known to secondary mental health services have their physical health needs actively addressed.
- Addressing health inequalities as they relate to mental health services, particularly in relation to people at higher risk of mental illness as identified in section 4.4
- Developing psychiatric liaison services to ensure people with long term conditions and people who access acute care have their mental health needs identified and addressed.
- Addressing the challenge of responding holistically for people with mental health and alcohol or substance misuse issues
- Ensuring quality and effectiveness in the core secondary mental health community and inpatient services
- To develop and implement a robust collaboration process to involve service users and carers in each stage of the commissioning cycle
- To develop stronger mental health commissioning capacity and knowledge within the CCG infrastructure
- To develop a Joint Local Implementation Plan for National Mental Health Strategy - We will develop a joint implementation plan for the National Mental Health Strategy with both Local Authorities
- To support the Armed Forces covenant - We continue to be actively involved in the Tees Armed Forces local network group to ensure the principles of the Armed Forces Network Covenant are met for the armed forces and that the NHS plays an active part in this locally

4.3 Local joint commissioning priorities

For the priorities below, we need to work collaboratively with our commissioning colleagues in public health, local authority, police and the third sector to ensure the mental health needs are identified and met:

We recognise the importance of the Joint Strategic Needs Assessment and the need for agencies to work together to measure and understand levels of need in South Tees.

- Developing a crisis care pathway, so that everyone experiencing crisis can access the most appropriate service in a timely and dignified way

- Developing services that work with maternity and primary care teams
- Child protection and safeguarding
- Changing systems to build resilience into young people in South Tees, allowing them to 'bounce back' from adversity
- Support for vulnerable people across criminal justice system, care leavers, families living with domestic violence and emotional abuse, families where English isn't spoken well.
- Helping people with mental illnesses recover in terms of employment, housing and social integration

4.4 Equality and Diversity

We need to be mindful of equality and diversity when commissioning mental health services. There are marginalised groups in our communities that are at a higher risk of developing mental health problems, including people who are:

young first-time mothers;
living with long-term conditions
living with disabilities, including learning disabilities;
people who have experienced abuse or bullying;
victims of crime;
living as migrants;
from minority backgrounds;
from the Lesbian, Gay, Bisexual, and Transgender communities;
in the justice system;
looked after young people and people leaving care as adults;
living with sight or hearing impairment;
older and living alone or in isolation.

In our engagement work, several of these groups were raised individually, including the LGBT community, mothers and isolated older people. The vision of the CCG, **improving health together**, covers all members of our communities and we will take care to ensure that we understand the needs of those vulnerable to mental health problems and ensure equitable, non-discriminatory access to appropriate services.

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