

Appendix 1: An Update from the Teesside Suicide Prevention Task Force

Factors that lead to suicide are complex but nonetheless preventable. Preventing suicides requires multi-agency action as well as efforts at an individual, family, community and local authority level.

The current Tees Suicide Prevention Plan has six key areas for action:

- Reduce the risk of suicide in high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

The Tees suicide prevention taskforce have been working to deliver on these key action areas, the group provided a brief overview of some of the work that is on-going to take these actions forward:

- Development of job description for a joint Tees wide post to collate and translate real time data on suicide. Recruitment planned for June/July.
- Mental Health Tees Training Hub has been re-procured and is now run by Redcar & Cleveland MIND. The variety of courses offered has expanded to include 'Well for Work', 'Connect 5' and 'Life Worth Living'
- Middlesbrough is piloting a Child Bereavement Service – we will learn from the first 6 months of this at the Taskforce meeting next month.
- Links have been established with the Crisis Care Concordat to ensure a joined-up approach to work across North and South Tees CCGs
- A spot check of suicide 'near misses' from across Tees services is planned. We will learn from individuals who we have been able to support.
- Links have been established locally with the Illegal Money Lending project and the Infinity (Financial Inclusion) project to ensure awareness of the vulnerability of individuals with financial challenges.

APPENDIX 2: STRATEGIC PLAN – WORKSTREAM BREAKDOWN - STOCKTON

Hartlepool and Stockton-on-Tees CCG have aligned the priorities from the Mental Health Five Year Forward View to the following work streams:

WORKSTREAM	DETAIL	COMMENCE	UPDATE
<p>MENTAL HEALTH COMMUNITY SERVICES</p>	<p>Early Intervention Psychosis – undertake assessment of pathway/current staffing levels/issues and develop plan to ensure service is compliant with NICE Guidance, make recommendations and implement outcomes</p>	<p>Apr 17</p>	<p>Project plan in place for 2017-18. Review of current pathway against NICE guidance ongoing. Stakeholder event held and document shared with TEWV Predictive modelling undertaken following likely increase in assessments (14+). Review ongoing. TEWV reconfiguration ongoing Performance review ongoing Reviewing Family Therapy Intervention and Employment & Training. Physical Health element being reviewed by TEWV</p>
	<p>Undertake baseline assessment of Crisis Referral & Intensive Home Treatment Team service to ensure it is compliant with mental health access and waiting time standards, propose recommendations and implement outcomes</p>	<p>Apr 17</p>	<p>Baseline assessment commenced April 2017. CAS use and results of assessment, impact on admission and IHTT processes</p>
	<p>OATS – undertake review of current packages of care to see if any can be repatriated to current commissioned services, analyse this review and implement any changes as a result</p>	<p>Apr 17</p>	<p>ACP programme to include OOA review. Childrens review also ongoing</p>
	<p>Undertake assessment of local providers and their ability to offer appropriate placements based on current population need and test the market to see if an increase in provider base is required to reduce OATS occurring – provide recommendations and act on appropriate outcomes</p>		<p>No start date for mental health or autism but commenced for Learning Disabilities.</p>

	Undertake review of current IAPT service with a view to making improvements to the pathway/threshold levels/how/where service is delivered – propose recommendations and implement outcomes	Apr 17	Paper to Executive for decision on recommissioning.
	Develop plans to ensure we are able to benefit from the investment of mental health therapists in primary care to support localities to expand the Improving Access to Psychological Therapies (IAPT) programme [average of 1wte therapist for every 2-3 typical sized GP practices] by 2020	Oct 17	Working with NMC project (as per agreed timescales to develop pathways and appropriately utilise investment to ensure that MH PC therapists and their role is included within the NMC work/part of the project plan.
	Develop primary care model for MH delivery in line with the Gateway review which was carried out in Stockton to improve the PC provision of MH at a lower threshold.	Apr 17	Primary Care model assessed in line with NMC project.
	Carry out gap analysis of MH Liaison Services against 'core 24' standards and propose action plan to ensure service meets all required standards and changes are implemented	Oct 17	Joint review undertaken in TEWV. Linked with delirium pathway work (within BCF work) Information to be obtained to support Wave 2 bid (Autumn 2018).
MH PHYSICAL HEALTH IMPROVEMENT	Review current commissioned screening and physical health intervention pathways for patients with a severe mental illness with a view to improving pathways where required. Review recommendations and act upon relevant outcomes	Apr 17	Primary care review ongoing to ensure health assessments are completed and verify TEWV feed back processes to GP's for any medical needs. PCI to complete report to cross-reference physical health registers to mental health to identify gaps in physical health checks Link to diabetes, respiratory pathways. Meetings attended in both CCG areas. Pilot for MH nursing in police control rooms under consideration for June/July 2017 start.

ENABLERS

WORKSTREAM	DETAIL	UPDATE
Development of Accountable Care Partnership	Review provision of 117/ individual packages of care to scope wider/ more routine service provision pathways, make recommendations and implement outcomes	Linked with ACP work – to commence April 2018.
	Review and develop current Mental Health strategy to ensure it is fit for purpose and meets the requirements of all relevant guidance. Work closely with LA/PH and develop joint strategy where possible	Stockton complete 2016-17. Next steps considered at Health & Wellbeing Board (May 17).
	Undertake comprehensive data analysis review, utilising all available information and working with relevant stakeholders to develop appropriate needs analysis/cohort analysis at STP and LA level to inform all future decision making	Process commenced to gather all appropriate, relevant information to support review. Analysis of this information and action on findings to continue through 2017-18.
	Ensure mapping includes mapping veterans and numbers of children to enable better transition to adult services	Mapping to include veterans, vulnerable groups and numbers of children to enable better transition to adult services.
FINANCE	Increase the use of Personal Health Budgets to enable people to have more choice and control over their lives and the services they purchase.	Some actions in ACP case reviews – PHB project finding from 2016 under review.
MENTAL HEALTH	Continue to be an active member of the crisis care concordat groups and engage with the different strands of work	Meetings attended in both CCG areas. Pilot for MH nursing in police control rooms under consideration for June/July 2017 start.
	Become actively involved in the multi-agency suicide action plan process, attend meetings/input into the plan more proactively	Tees has well established Task Group. To be replicated in Darlington. £30k allocated to suicide audits in 2017-18.
	Link with Adults workstreams to input into any LTC review regarding people with MH conditions and reasonable adjustments	To link to broader adult workstream and mapping across different work packages. Programme of work/review within Adults work programme to be completed and agree LTC pathways to be reviewed.
	MUPS – better understand the people/population/need – link with pain service review, then design and implement a Medically Unexplained Symptoms pathway	Plans for Q12017-18 to finalise the MUPs pathway and share for agreement on the costings of the pilot and the length of the pilot as part of this piece of work. Implementation plan to be agreed for new pathway - HAN & Clinical Network. Contract management processes to monitor mobilisation and gain regular reports regarding the progress / outcomes of the service to be agreed.
To develop a cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis, including the evaluation of the SRG funded MH conveyance scheme.	Funding being sought to continue the conveyance scheme and a regional contract will be sought for 2018 and beyond bringing the service into the region from its current base in Newcastle.	

Glossary:

ACP	Accountable Care Partnership
BCF	Better Care Fund
CAS	Crisis Assessment Suite (based at Roseberry Park Hospital, Middlesbrough and West Park Hospital, Darlington)
Core 24	Towards 24 hour provision for liaison psychiatry services
HAN	Health Action Network
IAPT	Improved Access to Psychological Therapies service
IHTT	Intensive Home Treatment Teams www.tewv.nhs.uk/site/servicelist/Care-&-Treatment
LTC	Long Term Condition
MUPS	Medically Unexplained Physical Symptoms
MH	Mental Health
NICE	National Institute for Health and Care Excellence www.nice.org.uk
NMC	New Models of Care
OATS	Out of Area Treatment Services (OOA – Out Of Area)
PC	Primary Care
PCI	Primary Care Informatics Services
SRG	System Resilience Group (Now Accident & Emergency Delivery Board)
TEWV	Tees, Esk & Wear Valley NHS Trust www.tewv.nhs.uk