

AGENDA ITEM

**REPORT TO HEALTH AND
WELLBEING BOARD**

May 2023

**REPORT OF DIRECTOR OF
PUBLIC HEALTH**

MENTAL HEALTH update

SUMMARY

This report updates the board on progress of the *Integrated Mental Health Steering Group* for Stockton-on-Tees which is a subgroup of the Health and Wellbeing Board.

RECOMMENDATION

The report recommends for the Board to:

1. Receive an update on mental health transformation programme for mental health services for adults in Stockton-on-Tees.
2. Note progress of the Integrated Mental Health Steering Group.
3. Support the prevention concordat consensus statement and progress to become a signatory

DETAIL

1. Concerns about poor mental health and wellbeing in individuals and communities across all age groups have increased as a result of the pandemic and the cost of living crisis, in Stockton-on-Tees and at regional and national level.
2. Mental health services provided by Tees, Esk and Wear Valley Foundation Trust (TEWV) continue to see high demand for services. On average over the last 12-month period, 202 referrals were received per month into the Stockton Access service.
3. Community Mental Health Transformation collaborative working continues to evolve within Stockton. Progress includes:
 - Multi agency virtual huddles continue to run weekly, which offer a holistic cohesive approach across sectors to meeting patient need. This avoids clients having to repeating explaining their individual needs, reduces waiting times and avoids clients falling between service criteria gaps. It also promotes

communication between services where there are multiple presenting patient need.

- Services are beginning to scope joint referral pathways and paperwork.
 - Information sharing agreements are in place.
 - Options have been shortlisted for co-location of the following services, TEWV, IMPACT, Social Care and CGL as well as VCSE services. A decision is expected to be made by June 2023.
 - Transformation funding is now live for the VCSE to apply to. The newly formed Lived Experience Forum have supported writing the service specification and will play a role in decision making of awards. Awards will be made week beginning the 5th June.
 - The Lived Experience Forum continues to meet, led by Starfish, Red Balloons and TEWV and is focusing their next meeting upon crisis services.
 - TEWV Adult Mental Health services have restructured into one team which replaces access, psychosis and affective team structure. This is to ensure seamless pathways for referrals into secondary care across functions and is effective from May 2023. A new skill mix has further been implemented into the new structure. Community Navigators' role is to ensure patients access the right services and are warm transferred into appropriate support. Examples of work have been extensive and include navigation either into or around, social inclusion, gambling, drug and alcohol, autism, travel, gender dysphoria and welfare.
4. TEWV Teesside Crisis services have also undertaken significant transformation led by Lived Experience representatives since 2020. Peer support is a skill mix now fully integrated into the Teesside Crisis teams led by Humankind Voluntary Care Sector. A further contract has been awarded to Mental Health Concern to meet patients whose main needs are social, and require support around housing, welfare, relationships and social isolation.
 5. The Integrated Mental Health Steering Group supports the Health and Wellbeing Board, providing strategic coordination and oversight to promote good mental health and wellbeing, prevent mental ill health and to reduce health inequalities. The group is committed to listening to the voice of those with lived experience and use a public health approach to understand local need and identify gaps in current services and support at local level.
 6. Since the last update in October 22 the steering group has focused on understanding mental health information and data, in particular in relation to suicide and self-harm and has been informed by the mental health forum and lived experience forum.
 7. The most recent data on patients with depression seen in primary care shows that in 2021/22 over 17% of the adult population was diagnosed with depression compared to 12.7% nationally.

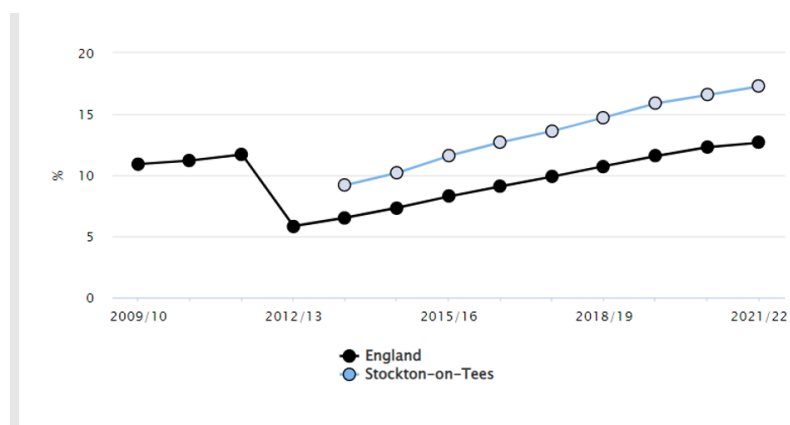


Figure 1 Depression prevalence (18+ yrs), from primary quality outcomes framework data, Fingertips, OHID 2023

8. The number of adults living with depression in Stockton-on-Tees is high with almost 28,000 people recorded by their GP as being depressed. Primary care, mental health and community services and the VCSE offer a wide range of interventions in response to patient need, including social prescribing, Talking Therapies (Impact), primary care, community mental health and crisis services.
9. Promoting good mental health is crucial to prevent mental ill health. VCSE and statutory services offer information, advise, projects and interventions to improve mental health and wellbeing and to reduce loneliness and inequalities through promoting mental health campaigns, the Mental Health Training Hub, bereavement services and more targeted support for carers, young people or following a bereavement.
10. The most recent data on suicide for 2019-21 shows that the suicide rate for Stockton-on-Tees (10.2/100 000) has decreased slightly from 2018-20 and remained similar to the national average of 10.4/100 000). Suicide rates in the North East are significantly higher than the national average.

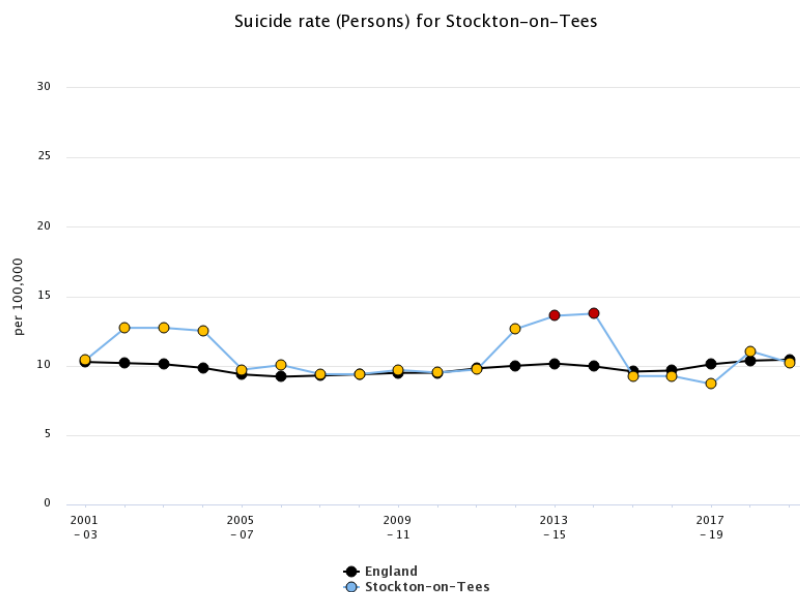


Figure 2 Suicide rates (persons) for Stockton on Tees

11. Suicide prevention is a key priority of the Integrated Care Board (ICB) strategy for the North East and North Cumbria. The integrated mental health steering group aims to help deliver on this priority at local level.
12. Local authorities, TEWV and wider system partners have joined up to prevent suicides in Teesside. The local authority based Tees suicide prevention coordinator and TEWV suicide lead review cases, data and information and work in collaboration with the Tees coroner, drug related death prevention coordinator and safeguarding boards. The coordinator recommends local interventions to prevent further suicides e.g. to secure the Tees Bridge in Stockton.
13. The Steering group has mapped existing mental health groups and networks to understand coordination and decision making at local and regional level. The mapping reflects the current transformation process and highlights the need for further multiagency coordination at strategic and operational level.
14. The Steering Group is working closely with the Tees Mental Health Alliance to explore the adoption of the Prevention Concordat for Better Mental Health in Stockton-on-Tees as a framework to take a prevention focused approach to improve the public's mental health, reduce health inequalities and work across the system to create a healthier, fairer and more equitable place. (see appendix)
15. The aim of the Prevention Concordat is to prevent mental health problems and promote good mental health through local and national action which strengthen protective factors and reduce risk factors.
16. The first Prevention Concordat for Better Mental Health was co-produced by the Association of Directors of Public Health, Association of Mental Health Providers, Centre for Mental Health, Children and Young People's Mental Health Coalition, Department of Health and Social Care (DHSC), Faculty of Public Health, Local Government Association, NHS Confederation Mental Health Network, Mental Health

Foundation, National Survivor User Network, NHS England, Public Health England (now OHID). The statement was revised in 2022 following the pandemic.

17. The Concordat asks signatories to commit to a plan to address the prevention and promotion of better mental health and to join a community of practice to
18. Nationally, over 60 local authorities and a wide range of national bodies and VCSE organisations have signed the Concordat. In the North East seven local authorities have already signed this with a further two local authorities in the process to do so. Local authorities, Health and Wellbeing Board, ICS and other health partnerships are invited to sign up.
19. The sign up process is led by the Office for Health Improvement and Disparities (OHID) and involves the development of an Prevention Concordat Commitment action plan which will be reviewed by a Prevention Concordat Assessment Panel.
20. The Board is asked to support signing up to the Prevention Concordat. The Mental Health Steering group is already using the content of the Prevention Concordat as a framework to plan our work across the five domains of
 - understanding local needs and assets,
 - working together,
 - taking action for prevention and promotion, including reducing inequalities,
 - defining success and measuring outcomes
 - leadership and direction

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Prevention Concordat Consensus Statement

The Prevention Concordat consensus statement was updated in 2022 following consultation with stakeholders. It describes the shared commitment of signatories to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

Prevention Concordat signatories agree the following:

“Strengthening protective factors and reducing risk factors sit at the heart of our commitment to promoting good mental health. COVID-19 has highlighted long-standing social and economic inequalities. There is evidence that protective and risk factors for mental health are unequally distributed across the country, in our communities and for those with existing mental health conditions.

“We are committed to reducing mental health inequalities by taking action to address the following factors:

- **protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion
- **risk factors** – poverty, discrimination, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination

“This is an opportunity to build back better to create a fairer society, working with our voluntary and community partners, the health and social care sector, emergency services, local and national stakeholders. Signing the concordat means becoming part of a community of practice committed to taking evidence based preventive and promotional action to support the mental health of the whole

population, those at greater risk of poor mental health, and those receiving treatment.

“Keeping people mentally well is as important as providing early help, and many interventions will also result in social and economic benefits, even in the short term.

“As signatories, we will work as a whole system and across organisational boundaries. We commit to supporting place-based population mental health through co-ordination of partnerships at ICS, local authority and neighbourhood levels. We will do this using needs assessment in partnership with local stakeholders, communities, people with lived experience and carers, all of whom know what matters most. As system leaders, we will also use employment and procurement levers to improve population mental health and wellbeing.

“We believe that the transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the mental health system and support recovery. The inter-relationship between good mental and physical health should also inform the delivery of physical health improvement.

“We will encourage local and national stakeholders to invest in promoting mental wellbeing, preventing mental health conditions and preventing suicide. This will reduce demand for services and create savings not just for the NHS and social care, but also for employers, education providers, emergency services and justice systems.

“We will lead by example, taking action based on the best evidence. Where there is promising evidence, we are committed to building on this and to evaluating its efficacy. We will share our good practice and promote learning. We will regularly review and refresh our prevention approach and our action plan, giving an annual account of progress.