Health & Wellbeing Board

North Tyneside Council
13 June 2018

A meeting of the Health & Wellbeing Board will be held:-

on **Thursday 21 June 2018**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, NE27 0BY**

at **2.00pm**

Agenda Item **Page(s)**

1. Chair's Announcements

1. **Apologies for Absence**

To receive apologies for absence from the meeting.

2. **Appointment of Substitute Members**

To receive a report on the appointment of Substitute Members.

Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer named below must be notified prior to the commencement of the meeting.

Continued overleaf

Members of the public are welcome to attend this meeting and receive information about it.

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For further information please ring (0191 643 5359)

Item		Page(s)
3.	**To Receive any Declarations of Interest and Dispensations** Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda. Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest. Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.	
4.	**Minutes** To confirm the minutes of the meeting held on 15 March 2018.	4
5.	**Healthwatch North Tyneside 6 Month Activity Report** To receive a report on the work of Healthwatch North Tyneside covering the period from October 2017 to March 2018 and the trends in feedback received over this period.	9
	Items 6 to 9 below relate to delivery of the Strategic Objectives contained in the Board's work plan 2018/2020. For reference purposes the work plan is attached.	35
6.	**Report on the Board's Strategic Objective No. 4 "To improve the mental health and emotional resilience of the North Tyneside population".**	39
7.	**Report on the Board's Strategic Objective No. 5 "An integrated approach to identifying and meeting carer health and wellbeing needs (of all ages)".**	To follow
8.	**Report on the Board's Strategic Objective No. 8 "Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing".**	111
9.	**Report on the Board's Strategic Objective No. 9 "To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen".**	To follow

Members of the Health and Wellbeing Board:-
Councillor Margaret Hall (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Gary Bell
Councillor Tommy Mulvenna
Councillor Karen Clark
Wendy Burke, Director of Public Health
Jacqui Old, Head of Health, Education, Care and Safeguarding
Richard Scott, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Iain Kitt, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Vacancy, NHS England
Louise Robson, Newcastle Hospitals NHS Foundation Trust
Claire Riley, Northumbria Healthcare NHS Foundation Trust
Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust
Hugo Minney, TyneHealth
Craig Armstrong, North East Ambulance Service
John Pratt, Tyne & Wear Fire & Rescue Service
Alma Caldwell, Age UK
Andy Watson, North Tyne Pharmaceutical Committee
Richard Burrows, North Tyneside Safeguarding Children Board
Dean Titterton, Voluntary and Community Sector Chief Officer Group

Health and Wellbeing Board

15 March 2018

Present: Councillor M Hall (Chair)
Councillors G Bell, M A Green, T Mulvenna and L Spillard
W Burke, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
C Riley, Northumbria Healthcare NHS Trust
J Jollands, Northumberland, Tyne & Wear NHS Trust
T Creighton, Newcastle Hospitals NHS Trust
H Minney, TyneHealth
J Pratt, Tyne & Wear Fire & Rescue Service
R Burrows, Safeguarding Children Board
A Watson, North of Tyne Pharmaceutical Committee
D Titterton, Voluntary & Community Sector

Also Present
H Hudson, J Thompson, C Jordan, H Douglas and
M Robson, North Tyneside Council
J Stonebridge, Northumbria Healthcare NHS Trust

HW34/03/18 Chair's Announcements

Jenny McAteer, the Director of Healthwatch North Tyneside, and John Matthews, the Chair of North Tyneside Clinical Commissioning Group, were both attending their final meetings of the Board before leaving their current positions. The Chair thanked both for their contributions to the work of the Board and wished them well for the future.

The Chair also reported that the Care Quality Commission (CQC) had carried out an inspection of the 0-19 Children's Public Health Service on 6 and 7 March 2018. The inspection had followed the transfer of health visitors and school nurses to the Council in 2017 and had covered all aspects of the service and how it was managed and delivered to residents. The CQC had been satisfied with the safe service provided, they had found no significant risks and the inspectors had provided positive feedback regarding the dedicated and passionate workforce and the leadership of the service. The Chair congratulated and thanked all those involved in the inspection and smooth transition of the service to the Council.

HW35/03/18 Apologies

Apologies for absence were received from Councillor K Clark (North Tyneside Council), L Young Murphy, M Adams and S Rundle (North Tyneside CCG), D Evans (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust) and A Caldwell (Age UK North Tyneside).

HW36/03/18 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:
Councillor L Spillard for Councillor K Clark
J Jollands for G O'Hare (Northumberland, Tyne & Wear NHS Trust)
T Creighton for L Robson (Newcastle Hospitals NHS Trust)
C Riley for D Evans (Northumbria Healthcare NHS Trust)

HW37/03/18 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW38/03/18 Minutes

Resolved that the minutes of the meeting held on 11 January 2018 be confirmed and signed by the Chair.

HW39/03/18 Pharmaceutical Needs Assessment 2018/21 (Previous Minute HW25/11/17)

The Board was responsible for the preparation and publication of a Pharmaceutical Needs Assessment (PNA) and to review it every three years. The purpose of the PNA was twofold, to determine if there were enough community pharmacies to meet the needs of the population of North Tyneside and to act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

The existing PNA had been published prior to 1 April 2015 and this had now been reviewed, updated and a refreshed draft had been produced. The review process had been overseen by a steering group led by the Council and the Clinical Commissioning Group and had included representatives from NHS North of England Commissioning Support, NHS England, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside and councillors. The draft revised PNA had been submitted to the Board at its meeting on 16 November 2017 for consideration.

A 60 day consultation period with stakeholders and members of the public had been carried out in line with statutory guidance between 20 November 2017 and 18 January 2018. Following the consultation a final draft of the PNA had been prepared which took into account the feedback received. The final draft PNA was presented to the Board for approval and publication by 1st April 2018.

The Board acknowledged the value of the PNA (and the Joint Strategic Needs Assessment) in identifying opportunities for partners to collaborate and contribute towards meeting the health and wellbeing needs of the population.

The Board considered how the commissioning of community pharmacies would deal with any sudden changes in the market. It was stated that NHS England were the body responsible for the commissioning of services to meet the needs identified in the PNA and as such they would be required to stimulate the market. Should significant pharmaceutical needs or gaps become apparent during the lifetime of the assessment, supplementary statements could be prepared.

The Board noted that the quality of services provided by community pharmacies was monitored and assessed by the commissioners of the services including NHS England, the Clinical Commissioning Group and the Director of Public Health through contract management processes. Healthwatch North Tyneside had raised issues regarding the quality of pharmacy services with NHS England but had yet to receive a response.

The Board acknowledged and thanked those involved in the preparation of the revised PNA. The process was complemented for the extent to which Healthwatch and patient experiences had helped shape the revised assessment.

Resolved that the final draft version of the Pharmaceutical Needs Assessment 2018/21 be approved and published by 1 April 2018.

(Reason for decision: To fulfil the Board's obligations under the Health & Social Care Act 2012 and because the draft final PNA presented to the Board had been prepared and informed by extensive consultation with key stakeholders, the Board was satisfied that the PNA accurately reflected the needs of the population of North Tyneside.)

HW40/03/18 Special Educational Needs and Disabilities (SEND) Support Services for North Tyneside

John Thompson, the Council's Senior Manager of Special Educational Needs and Disabilities (SEND) Support Services, gave a presentation to the Board in relation to the outcomes of a recent peer review of the service and its governance arrangements.

The peer review had been undertaken in preparation for an Ofsted Inspection. The peer review had been a very positive experience and the review team had been highly complementary about SEND in North Tyneside. The Board were presented with those aspects of the service which had complemented and those areas which had been subject to a series of recommendations for action, including leadership and management, governance, capacity and resources, the local offer and co-production. The peer review had confirmed much of what had emerged from a self-assessment and the peer's recommendations would be incorporated into an action plan for SEND.

The peer review had recommended that the governance arrangements could be strengthened by the Board having a greater focus on SEND outcomes. It was therefore suggested that the Board receive integrated performance reports twice per year.

Resolved that (1) the governance arrangements of Special Educational Needs and Disabilities (SEND) support services be noted;
(2) the Board receive integrated performance summary in relation to SEND outcomes twice per year; and
(3) the Board receive any other reports by exception from the Children and Young People Partnership Board in relation to Special Educational Needs and Disabilities (SEND) support services.

HW41/03/18 Director of Public Health Annual Report 2016/17

The Director of Public Health, Wendy Burke, gave a presentation to the Board in which she outlined details of her annual report 2016/17. The theme of her report was Thriving and Surviving: Mental Health and Wellbeing in North Tyneside. The Director defined good mental health, she explained why good mental health was so important and she

described mental wellbeing in terms of people who were thriving and those who were surviving. She commented on the relationship between mental health and mental wellbeing and outlined what could be done to promote the protective factors and reduce the risk factors to increase the proportion of the population who are thriving. Particular reference was made to the importance of people and places to good mental wellbeing, the need to take a life course perspective, to use an evidence base to improve mental health and to promote understanding of the vast community resources and assets that were available.

In response to questions it was reported that work was ongoing with the Department for Work and Pensions to develop support systems for people with mental health needs who may be claiming benefits.

The Board acknowledged the important role for the community and voluntary sector as a rich source of assets and resources. At a time of financial pressures and increasing, and more complex, demands on services there was an opportunity to make better use of the sector by developing an improved and co-ordinated approach to working with it which in turn could prevent increases in demand for statutory services.

Resolved that the Annual Report of the Director of Public Health be noted.

HW42/03/18 Director of Public Health Assurance Report 2016/17

The Board received an overview of the health protection system and outcomes in North Tyneside as part of the Director of Public Health's responsibility to provide assurance that the current arrangements were robust and equipped to meet the needs of the population.

The Director of Public Health was responsible for the Council's contribution to health protection matters and exercised its functions in planning for, and responding to, emergencies that present a risk to public health. The Director was also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the area. The Director therefore presented a Health Protection Assurance report to the Board for this purpose.

The report concluded that North Tyneside had robust systems in place in the management of existing and emerging health protection issues. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality had highlighted that there were areas that required improvement. These areas would form priorities for next year 2018/19. These included:

- variations in the uptake of cancer screening programmes and a decline in uptake of the cervical screening programme.
- a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination.
- a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination.
- the uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff required improvement.
- the formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland to provide strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.
- assurance that guidance in relation to antimicrobial stewardship was being fully implemented in North Tyneside.

- the creation of a local air quality improvement plan to improving and monitoring air quality in North Tyneside.

The Board examined in more detail the factors leading to variations in the uptake of cancer screening programmes across different general practices and the action being taken to maximise uptake and minimise variations. The Board considered options to address the issue including the possible referral of under performance to the Care Quality Commission, the responsibility on NHS England, as commissioners, to ensure everyone has access to screening programmes and further investigation of the scale and reasons for the variations by the joint local screening and immunisation oversight group.

The Board considered whether the health protection system was robust and equipped to meet the needs of the population. In doing so the Board examined the adequacy of available resources to deliver the protections and the complexity of the system in terms of so many separate organisations contributing towards its delivery.

Resolved that (1) the health protection system and outcomes in North Tyneside be noted;
(2) the Board is assured that the local health protection arrangements are robust and work well; and
(3) the areas highlighted in the Director of Public Health's reports as requiring improvement be endorsed.

HW43/03/18 Health & Wellbeing Board Work Plan 2018/19 (Previous Minute HW32/1/18)

At its previous meeting the Board had approved the outcomes of a review of the Joint Health and Wellbeing Strategy 2013/23 (JHWS) and had agreed a work plan for 2018/20 based on nine objectives to support delivery of the strategy's revised goals. It had also been agreed that as the delivery of these objectives would be a priority for integrated working the Board would proportionately and routinely monitor the progress made in delivering them.

The Chair of the Board had written to the chair or lead officer of each accountable body responsible for the delivery of each objective to seek confirmation from each body that it was responsible for the objective assigned to it and to ask that the body submit progress reports to the Board. The Board were presented with a provisional forward plan showing the dates on which each body would report to the Board on progress towards the objectives.

Resolved that the action taken following the Board meeting in January in relation to delivery of its work plan be noted.

North Tyneside
Health & Wellbeing Board Report
Date: 21st June 2018

ITEM 5

Title: Healthwatch North Tyneside – 6 month Activity Report

Report from: **Healthwatch North Tyneside**

Report Author: **Joanne Brown, Research Officer** **01912635321**

1. Purpose:

The purpose of this report is to give a progress update on the work of Healthwatch North Tyneside (HWNT), covering the period from October 2017 to March 2018. It draws upon the work HWNT has undertaken and illustrates the feedback we have received from residents over this period.

2. Recommendation(s):

The Board is recommended to: -

a) Discuss the concerns gathered from residents of North Tyneside; and
b) Agree that members share and discuss this report within their organisations.

3. Policy Framework

This item relates to Objective 4 of the Joint Health and Wellbeing Strategy 2013-2023: "To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed".

4. The report:

The Trends Report that is attached as an appendix to this covering note sets out various aspects of the work of HWNT for the period from October 2017 to March 2018.

As requested by the Health and Wellbeing Board previously, Part B of the report sets out the trends in feedback we have received from local people about health and social care services. We have seen a decrease in amount of feedback we received during this period which is explained by a reduction in our engagement activities whilst our organisation restructured following the re-tendering process. Some highlights from the feedback we received are:

GPs

- Access to appointments continues to be mentioned as an issue with the majority of feedback on this issue relating to poor experience of accessing appointments.

- The closure of Earsdon Park Surgery accounted for 25% of the feedback we received, with people expressing their concern or requesting support to move practice.

Mental health services

- During this period we conducted detailed research into mental health crisis support, this report will be available by September 2018. We are working with North Tyneside Clinical Commissioning Group to feed users' views into the mental health pathway review.
- A greater number of voluntary sector organisations are actively using our online feedback centre as a way to gather user feedback. This has resulted in an increase in positive feedback about specific service providers.
- We have seen an increase in feedback about poor quality care and treatment and issues around support in crisis.

Hospitals

- Feedback indicates people continue to be satisfied with the quality and standard of care received. We continue to see a decline in feedback from people feeling dissatisfied with the quality of their treatment.
- We have seen an increase in staff being complimented for their understanding and empathy. Where people reported a poor experience with staff, this mainly related to the way patients were spoken to by staff.
- Transport to Northumbria Hospital continues to be reported as a concern for some people.

Community Services

- Feedback about Care Plus has been very positive
- Support for carers made up 52% of the feedback in this area and we are continuing to work with partners to address the Health and Wellbeing Board's Objective 5.

Further details about the feedback we have received on the above and other services during this period can be found in the full report.

The Trends Report also highlights other key activities of HWNT including providing a update on significant changes within the organisation in Part C and an update on our current thematic priorities in Part D. We are currently reviewing our future priorities and ways of working so we can best respond to the feedback we receive and will present our workplan at a future Health and Wellbeing Board meeting.

5. Decision options:

Decision options:

i) To agree the recommendations as identified in paragraph 2.

ii) Not to agree the recommendations as identified in paragraph 2.

Option 1 is the preferred option.

6. Appendices:

The full 6 month Trends Report is attached to this covering note.

7. Contact officers:

Iain Kitt, Joint Interim Chair, HWNT
Sokhjinder Morgan, Joint Interim Chair, HWNT
Paul Jones, Director, HWNT
Joanne Brown, Research Officer, HWNT

8. Background Information:

The following background documents have been used in the compilation of this report and are available from the author.

HWNT uses information gathered from general and specific engagement events and the data from its Feedback Centre as the basis for this Trends Report.

Healthwatch writes reports in relation to specific themes of work which are then shared with providers and commissioners for comment. The Healthwatch Board also receives regular reports including summaries of issues we heard from residents of North Tyneside. All finalised reports are made public on our website www.healthwatchnorthtyneside.co.uk

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications identified.

11 Legal

Healthwatch North Tyneside operates under the terms of Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to, among a range of duties, promote and support the involvement of people in the commissioning, provision and scrutiny of local care services.

12 Consultation/community engagement

Community engagement is at the core of Heathwatch North Tyneside. Feedback from North Tyneside residents is received as part of our day to day function and comes to us via, email, telephone, post or face to face. Local people can provide feedback about specific services through our Feedback Centre by either reviewing the service online, completing a form or talking to us. We also carry out regular engagement activities where residents can talk to us about their experiences. HWNT receive comments which include, concerns, points of view, compliments or complaints. When a resident wishes to complain about a service a member of the HWNT team directs the resident to the most appropriate support. This report represents a record of findings from of our community engagement and feedback during the period.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

A risk assessment has not taken place.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

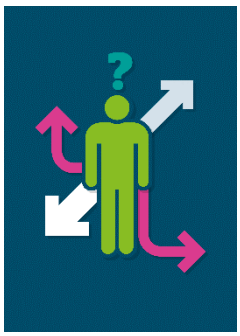
healthwatch North Tyneside

Trends Report

October 2017 to March 2018

The Highlights

- We received 633 pieces of feedback about services from local people



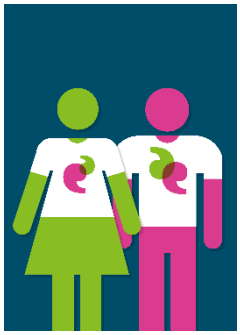
- We signposted 180 people to services from more than 32 organisations

We published reports on:

- GP Practices

We carried out projects on:

- Mental Health Crisis
- Local Voices Fund



- We carried out 43 outreach and engagement activities around North Tyneside
- Through this we talked to 604 people
- We held our 'Your Future, Your Care' conference which was attended by 80 people

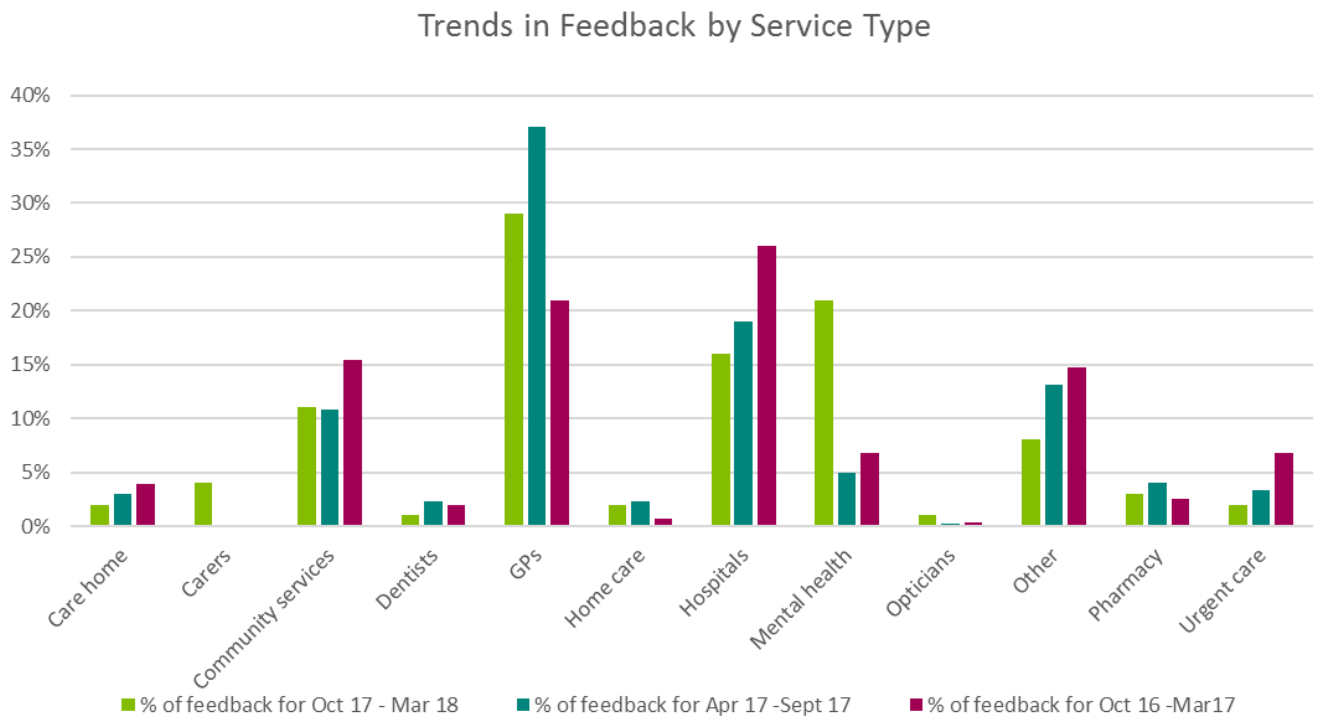
A. Introduction

This report sets out the trends in the feedback gathered from residents of North Tyneside during the period October 2017 to March 2018.

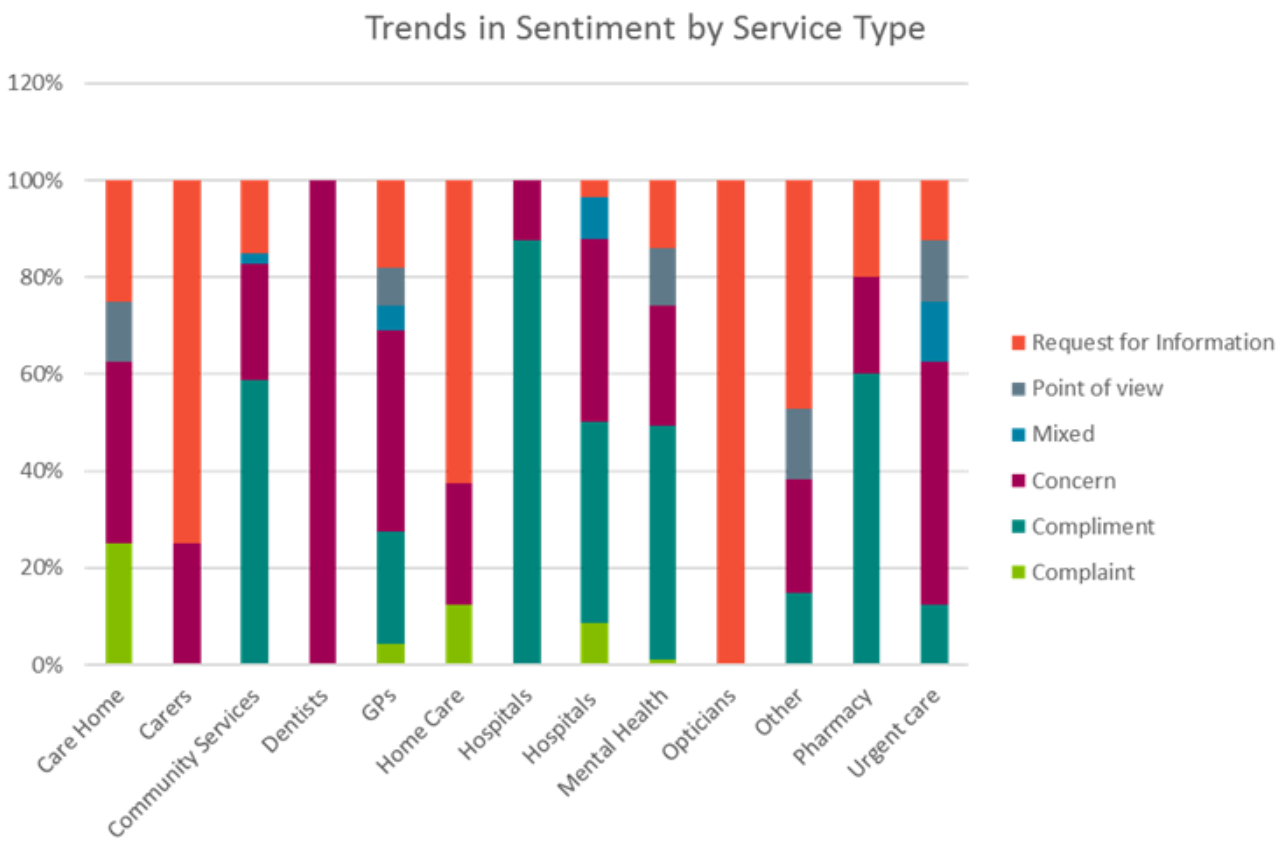
This report aims to provide commissioners and providers of health and social care services the opportunity to reflect and where appropriate take action on the feedback gathered. It is reported to North Tyneside Health and Wellbeing Board. The activity of Healthwatch North Tyneside (HWNT) is also reported for information and accountability.

B. Your Voice - What local people told us

This chart illustrates the trends in feedback we have received about local services over the last 6 months and previous two trends reporting periods as a comparative.



This chart illustrates the trends in the sentiment of feedback about each service type we have received during the 6-month period.



The top five service areas of feedback are:

1. **GPs**

    - 29% of feedback (116 instances of feedback) was about GPs (down 8% from previous period)
    - 23% of the feedback were compliments, 41% were concerns and 4% were complaints.

2. **Mental Health**

    - 21% of feedback (85 pieces of feedback) related to mental health services (up 16% from previous period)
    - 48% of the feedback were compliments, 25% were concerns and 1% were complaints.

3. **Hospitals**

    - 16% of feedback (66 instances of feedback) related to hospitals (down 3% from previous period)
    - 87% of feedback were compliments and 13% were concerns.

4. **Community services**

    - 11% of feedback (46 pieces of feedback) related to community services (this is the same percentage as the previous period)
    - 59% of feedback were compliments and 24% were concerns.

5. **Other**

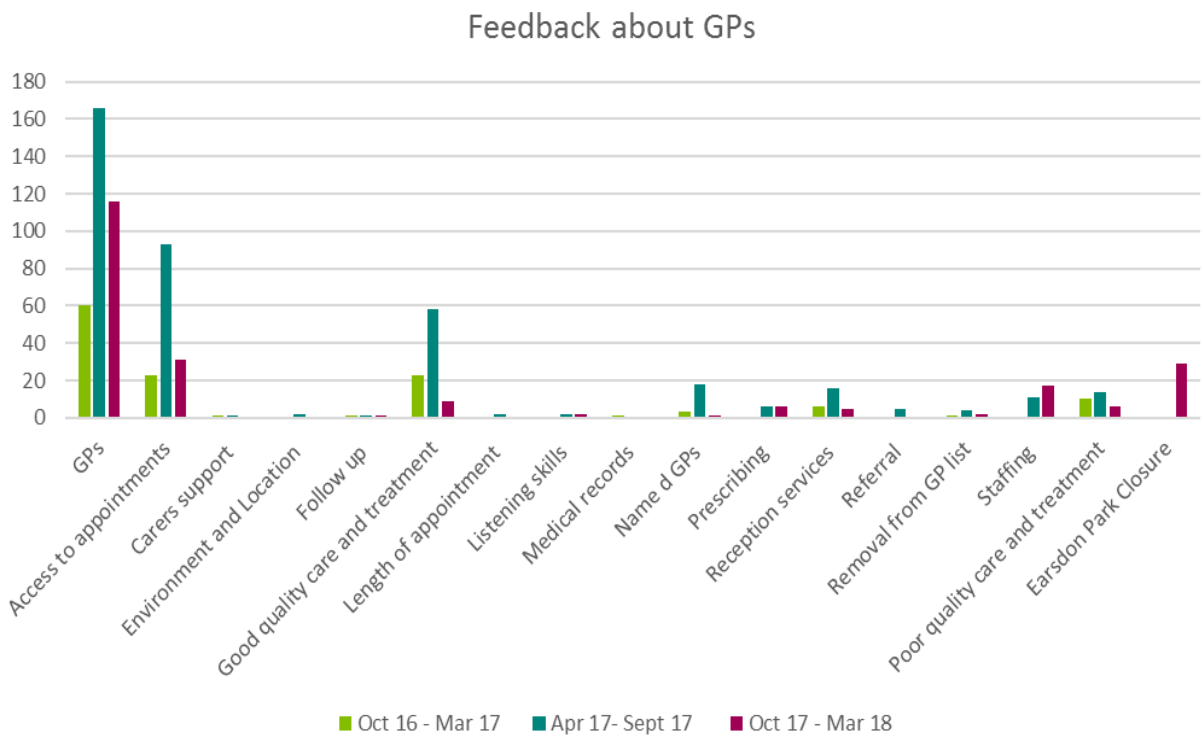
- 8% of the feedback (34 pieces of feedback) related to other services (down 5% from previous period)
- 47% of feedback were requests for information and 24% were concerns.

There are key shifts in the balance of sentiment by service area during this period in comparison to the last 6 months. Specifically, there has been an increase in compliments regarding hospitals and mental health services. This largely relates to feedback about voluntary sector mental health support received through our online feedback centre. There has also been a decrease in the number of compliments received about GPs and an increase in information requests and concerns. This has been influenced by the closure of Earsdon Park Surgery.

Please note this does not include all data for thematic work (for example surveys) which are included in thematic reports. However, the data trends may be influenced by events in the period (for example upcoming CQC inspections or thematic work).

The key trends[1] in the issues raised with HWNT in this period are outlined below under each service area.

GPs



Overall, we have seen a decrease in the amount of feedback received about GPs over this period.

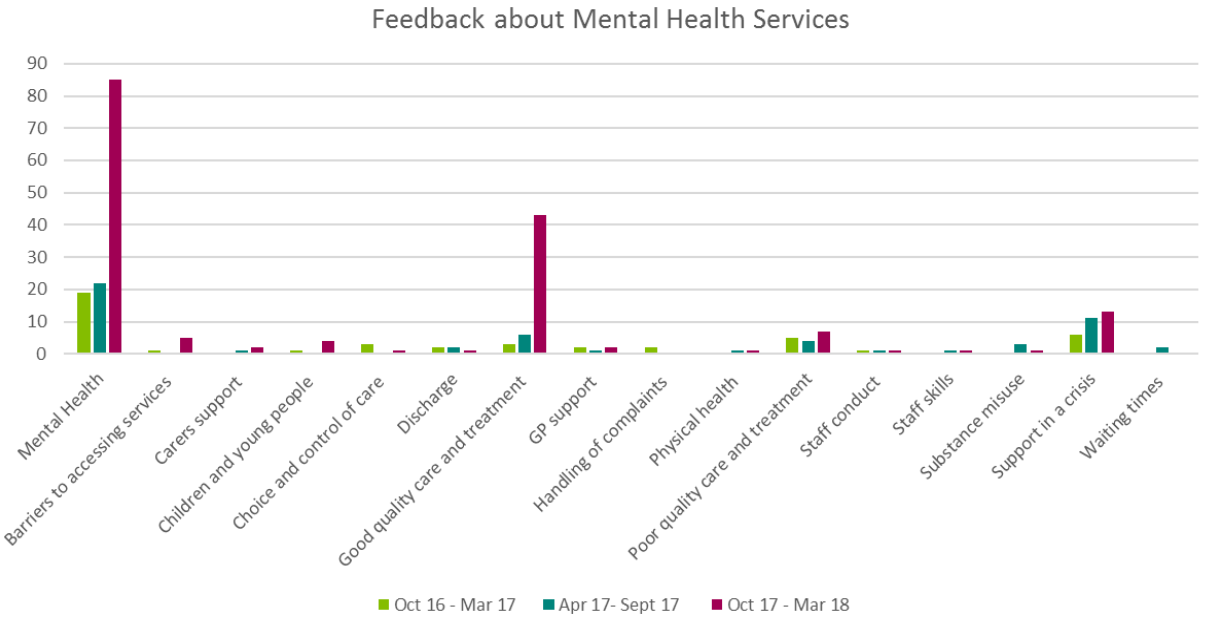
[1] HWNT are reporting trends as issues which have been raised by more than 5 people during the period.

However, we continue to see trends in feedback about access to appointments (27% of GP feedback), the majority of which relate to poor experiences of attempting to access appointments.

The second key trend for this period is about the closure of Earsdon Park Surgery. 25% of the feedback we received about GPs was in relation to this closure, with a number of people contacting us to express their concerns or to request support to move practice.

Of the practices we received feedback for, people expressed significantly more positive than negative experiences of the quality of their GP practice. This was largely in relation to the quality of care received by staff. However, there were still evident concerns about reception staff acting as a barrier to appointments and often communicating to patients in a poor and unhelpful manner.

Mental health services



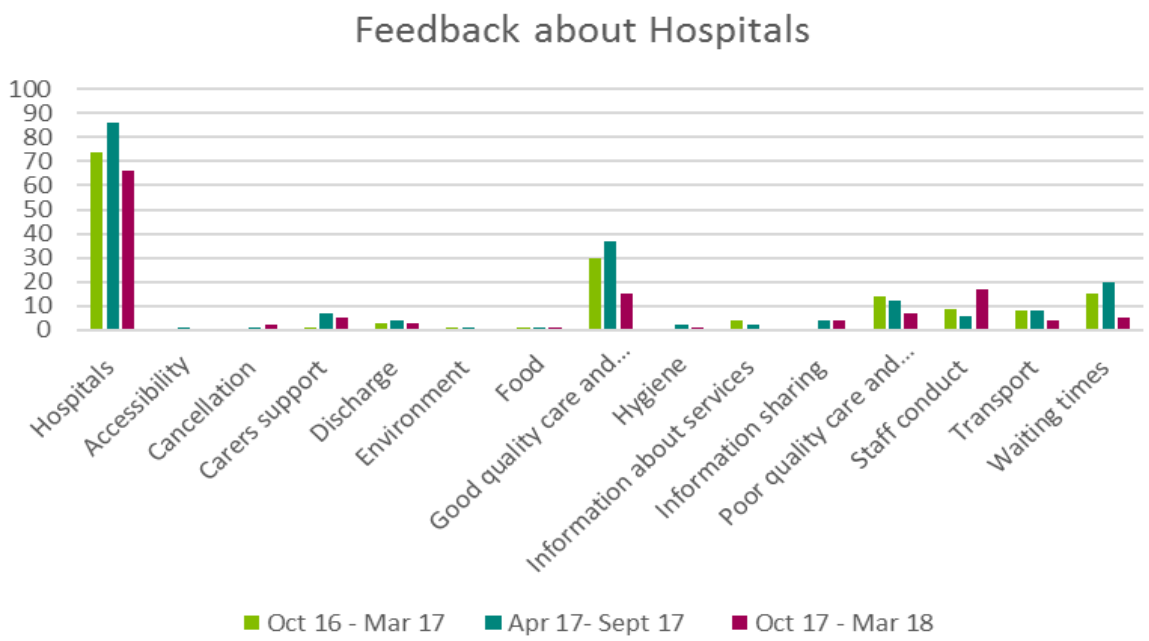
We have seen a significant increase in the amount of feedback we have received about mental health services in this period. This is most notably due to HWNT thematic work around mental health crisis. Although, specific thematic data is not included in this analysis, often we have an increased number of people contacting us about a specific area through advertisements and word of mouth about an ongoing thematic project.

The increase can also be largely attributed to the higher number of voluntary sector mental health organisations actively using our online feedback centre. This also links to the spike in good quality care and treatment, whereby 77% of the positive feedback was about voluntary sector organisation 'Anxious Minds'.

However, HWNT have also seen an increase in the feedback regarding poor quality care and treatment (8% of mental health feedback) and issues around support in a crisis (15% of mental health feedback).

We continue to hear concerns about people's experiences of using mental health services, especially when people are experiencing a mental health crisis and have continued to hear disclosures of people's intent to end their lives. We have conducted a project about this issue and are working with the North Tyneside Clinical Commissioning Group (NT CCG) to feed back our findings into the mental health pathway review.

Hospitals



The majority of feedback about hospitals continues to relate to people being satisfied with the level of care and treatment they receive. These comments relate to the standard of staff, speed of treatment and good standard of treatment. Feedback about staff conduct and attitude was particularly positive, with a number of people complimenting staff for their empathy and understanding. These comments relate to various trusts and hospital sites.

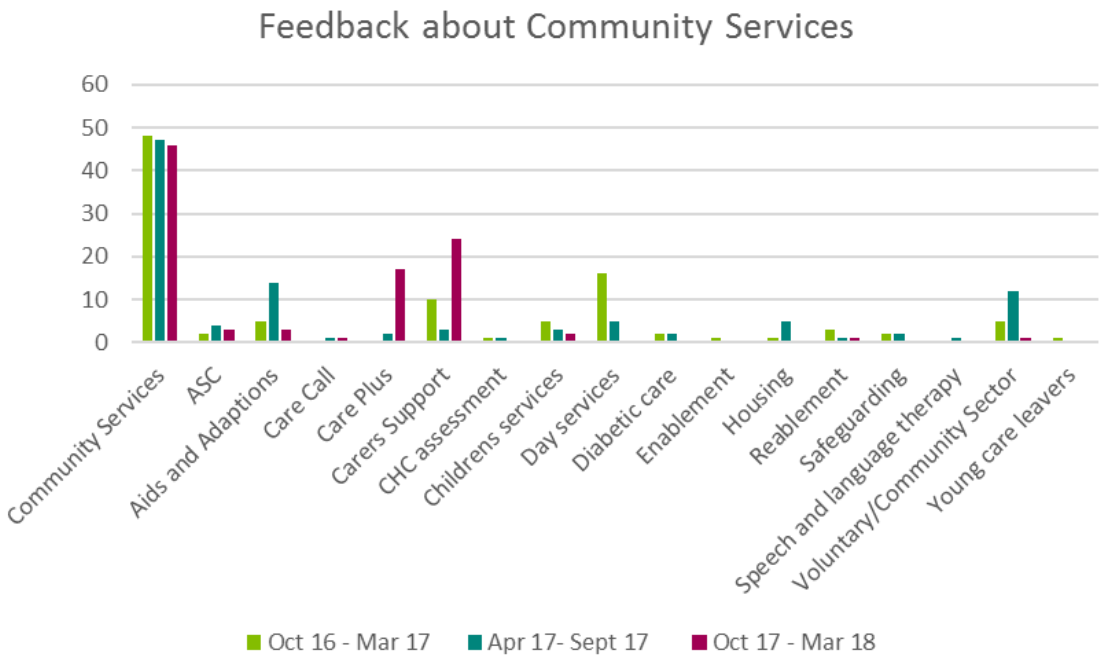
The second largest group of feedback related to people feeling dissatisfied with the quality of care and treatment. The majority of this feedback was accounts by patients who feel that there was a

poor outcome as a result of their treatment. However, the amount of feedback about poor experiences has steadily decreased from the last two periods. There has also been a decrease in the amount of feedback relating to length of waiting times.

There continues to be a number of people who report concerns with accessing public or hospital transport to the Northumbria Hospital. We also continue to hear feedback from carers who have reported difficulty when they or the cared for person are required to stay in hospital.

There was a minority of people who reported poor experience in relation to how staff behaved towards them during their care and treatment. This mainly related to how patients were spoken to by staff members.

Community Services



The majority of the feedback about community services related to carers' support (52% of community services feedback) and Care Plus (37% of community services feedback).

Most of the feedback about carers were concerns and requests for information regarding carers' support and rights. Six people told us about the positive support they had received from North Tyneside Carers Centre.

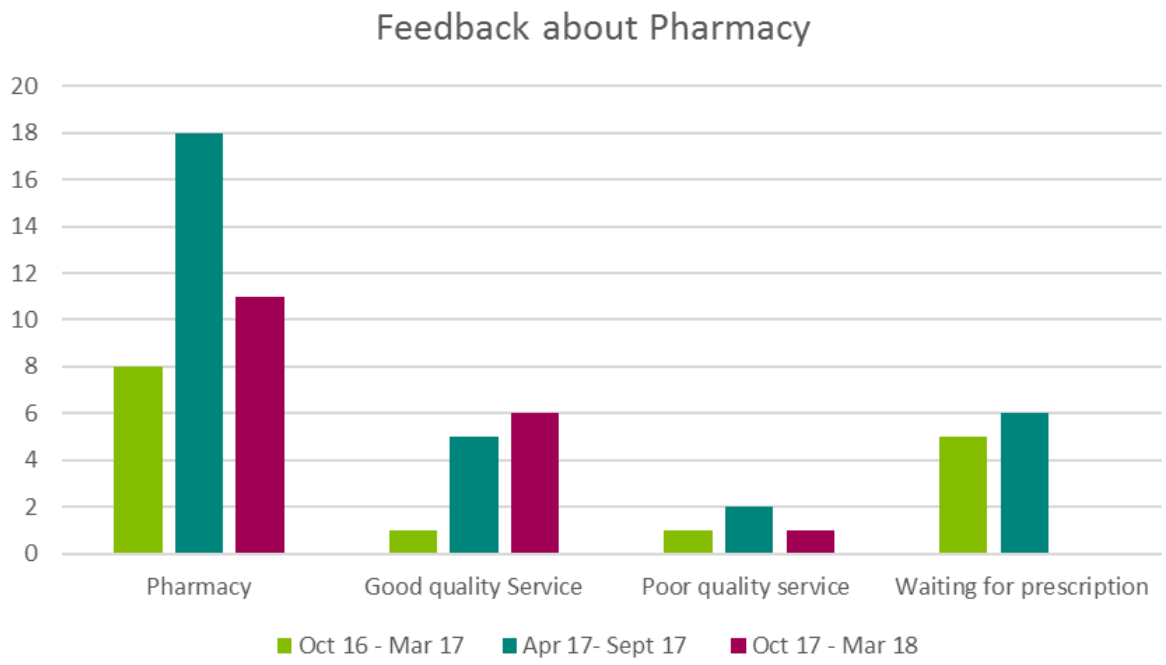
The second largest amount of feedback was about Care Plus, all of which was positive. A number of people told us how helpful and caring the staff were, this feedback was largely received through print forms for our online feedback centre.

Other

There are no specific trends in the feedback categorised under 'other'. This continues to relate to a range of issues and information requests HWNT receive. Some examples of feedback we heard about other services include; welfare and benefits support, fire and rescue, library services and blue badge information.

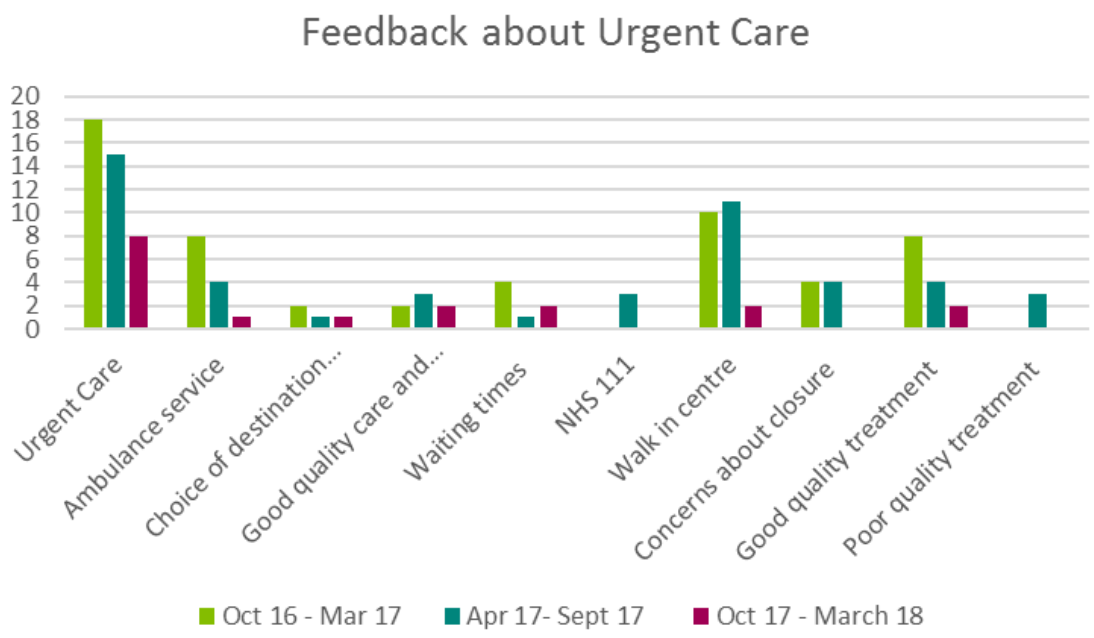
There was an increase in feedback about Healthwatch North Tyneside services linked to continuing improvements in the gathering and recording of feedback following contact with the organisation.

Pharmacy



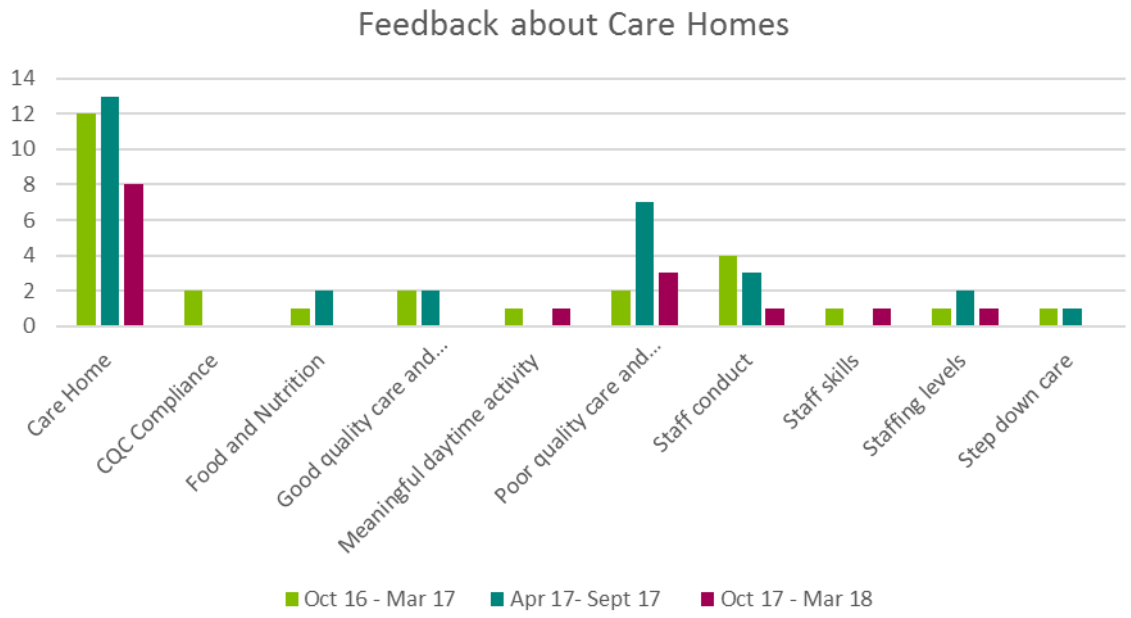
Although we have received less feedback this period about pharmacies, there has been an increase in people telling us about good quality service and a decrease in instances of poor quality service. In addition, we have not received any feedback about waiting times for prescriptions during this period, which was a key concern over the previous two periods.

Urgent Care



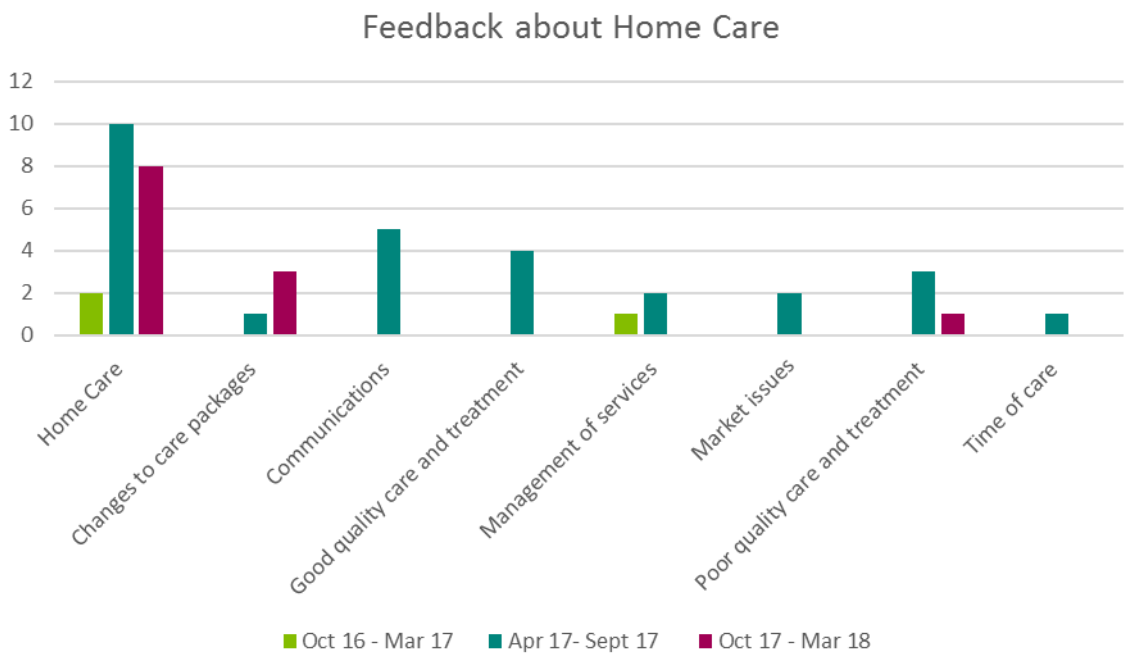
Overall, we have received less feedback about urgent care during this period. In contrast to last period, we have no feedback about urgent care closures and poor-quality treatment. There are no significant trends about urgent care services in this period.

Care Homes



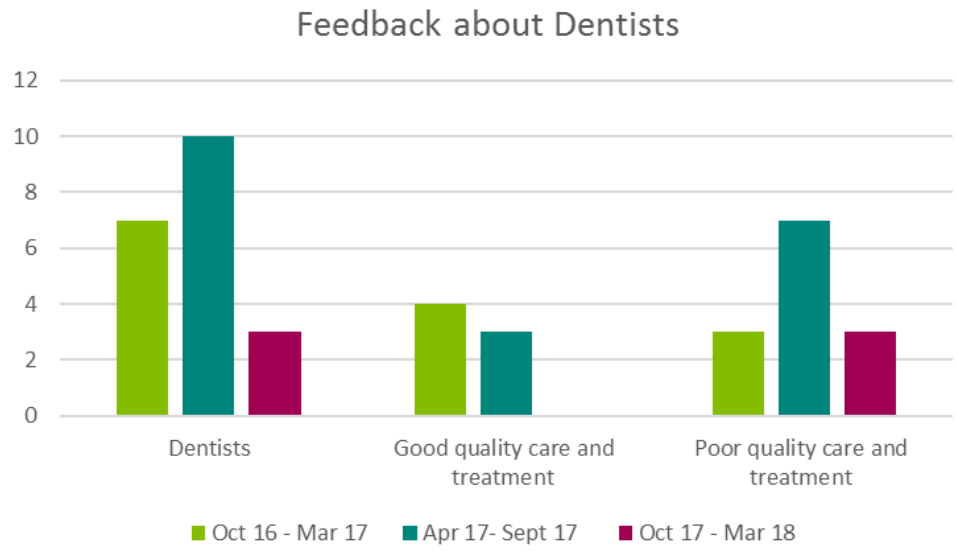
Overall, we have received less feedback about care homes during this period. There are no significant trends about care homes in this period.

Home Care



HWNT have received less feedback about home care during this period. The feedback received related to experiences of poor quality treatment and concerns arising from changes to care packages.

Dentists



We received a significantly lesser amount of feedback about dentists. In addition, all the feedback we received was about negative experiences of care and treatment.

C. Organisational update

In the last six months Healthwatch North Tyneside has been through significant organisational

change. Our contract with North Tyneside Council ended in March and whilst we successfully retendered the value of the contract was cut. Consequently, we had to restructure, making one post redundant and reducing the hours of several others. Four members of staff, two-thirds of our staff team, left the organisation,

We have been fortunate to recruit three new members of staff to fill these vacant posts. These include Paul Jones, Director; Tracey Hindmarch, Finance and Admin Officer and Volunteer and Engagement Coordinator (to be confirmed). However it will be July before we have a full team in place again.

Our chair, Peter Kenrick also stood own at the end of March after five years in post. Peter has been very important in steering the organisation through our formation and building strong links with our partners, especially the Council and Clinical Commissioning Group. Peter will be much missed and we wish him well in enjoying more time with his grandchildren. Two existing trustees, Sokhjinder Morgan and Iain Kitt, have replaced him on an interim basis and we will look to recruit a new chair in the Autumn.

Finally at the beginning of April we moved offices to a new base in The Parks Sports Centre in North Shields.

D. Update on thematic priorities

Mental health

HWNT project on service users' experience of mental health crisis services is nearing completion. We have heard from over 200 service users, carers and staff about their experiences of using services when in a mental health crisis. We held three steering groups throughout the project to co-produce the design and analysis of the project. We have presented our project to the Overview and Scrutiny Committee, at the CCG Crisis Pathway Review meeting and NTW Research Conference (Poster presentation). We are currently crafting our recommendations, which will be utilised in NT CCG action plan, and hope to finalise the project in the next months.

We funded Launchpad North Tyneside and Helen Smith, artist, to continue their work on KOSMOS. This project explored where local people accessed support for their mental health and the 'blackholes' where support is lacking. The project has brought together service users and commissioners to have a 'conversation' about these blackholes. Launchpad North Tyneside will feed back to HWNT in the coming months.

The work with Tyne and Wear Museums (TWAM) on the video documenting experiences of mental health service users has completed filming and is currently continuing to be edited.

Plans for the next 6 months (April to September):

HWNT will complete and publish the Mental Health Crisis project. We will input our findings into the CCG Crisis Pathway Review action plan.

HWNT will produce a leaflet outlining the support available for people with their mental health in North Tyneside. We will work in partnership will CHCF Patient Forum and Launchpad North Tyneside. This will be distributed at Mental Health Action Week 2018 (May).

HWNT aim to launch the mental health video in partnership with TWAM.

Local Voices Fund

Healthwatch North Tyneside have awarded two grants as part of our Local Voices Fund. The grants were awarded to North Tyneside Disability Forum to carry out a project on the barriers to accessing services for disabled people and, Barnardo's The Base to explore how young people receive messages about their health and wellbeing.

HWNT worked closely with both organisations and will help to develop recommendations based on their findings. The projects will be completed by July 2018.

Pharmacy

HWNT formally responded to the Pharmaceutical Needs Assessment draft. We utilised the feedback we received from 371 people in our Pharmacy report which was highlighted as good practice by Healthwatch England.

Children and young people's experiences of services

HWNT continued to gather the views of young people about the health and social care services they access.

Plans for the next 6 months:

- HWNT will research, design and begin implementation of Young Healthwatch with young volunteers who will carry out their own research.

- A young person will be joining HWNT for a one week work placement as part of their school work experience in July 2018.

Carers

HWNT has finalised the draft carers report and will meet with North Tyneside CCG and North Tyneside Council to discuss final amends.

HWNT has compiled stories from people who have experienced challenges when the person they care for has been admitted to hospital in order to approach NHS Trusts about learning from these case studies. This has been developed into an issues paper and will be presented to the Learning Disability Care Forum.

Plans for the next 6 months:

- HWNT will publish the carers report and responses.
- HWNT will present issues paper to LD Care Forum.

Residential care homes for older people

HWNT continues to work with activity coordinators to embed the recommendations from our report for improvement in the provision of meaningful daytime activity in care homes through the support and facilitation of an activity coordinators forum.

Other

Healthwatch North Tyneside also delivered the following during this period:

- Continued to work with other local Healthwatch on STP common issues
- Held our conference and AGM on 6 November which was chaired by HWE National Director, Imelda Redmond. It was attended by 80 members of the public, commissioners and local professionals
- Published our first GP Digest for the Primary Care Quality Meeting
- Explored the use of enter and view in GP practices
- Began recruitment and induction of engagement volunteers
- Supported and maintained the establishment of the new ADHD Multi-agency group
- Held consultations on the Great North Care Record

Plans for next 6 months

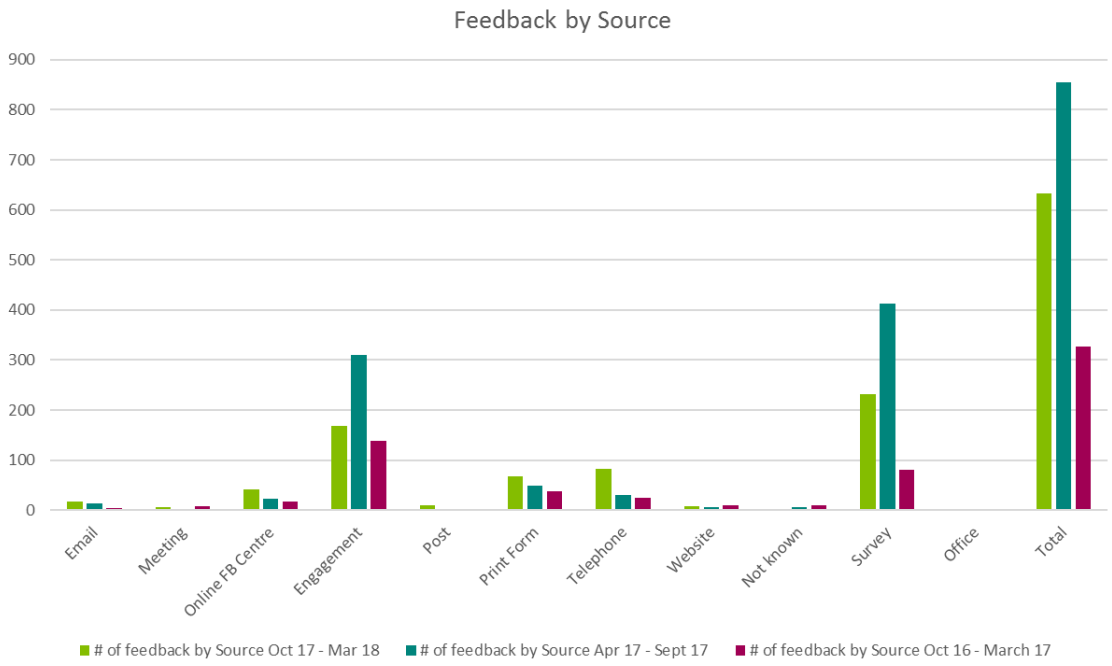
- We will begin to plan our hospital discharge project and deliver the report
- We will publish our second GP Digest
- We will conduct our first GP enter and views with two practices as a pilot
- We will respond to consultations on NHS quality accounts in partnership with Healthwatch Newcastle and Gateshead
- We will produce our annual report outlining our impact through 2017-2018

E. Feedback received during the period

HWNT received 633 instances of feedback between October 2017 and March 2018. This illustrates a decrease (down by 222 instances) in feedback received. This can largely be attributed to significant changes to staffing and the tender process occurring during this period.

Comments by source

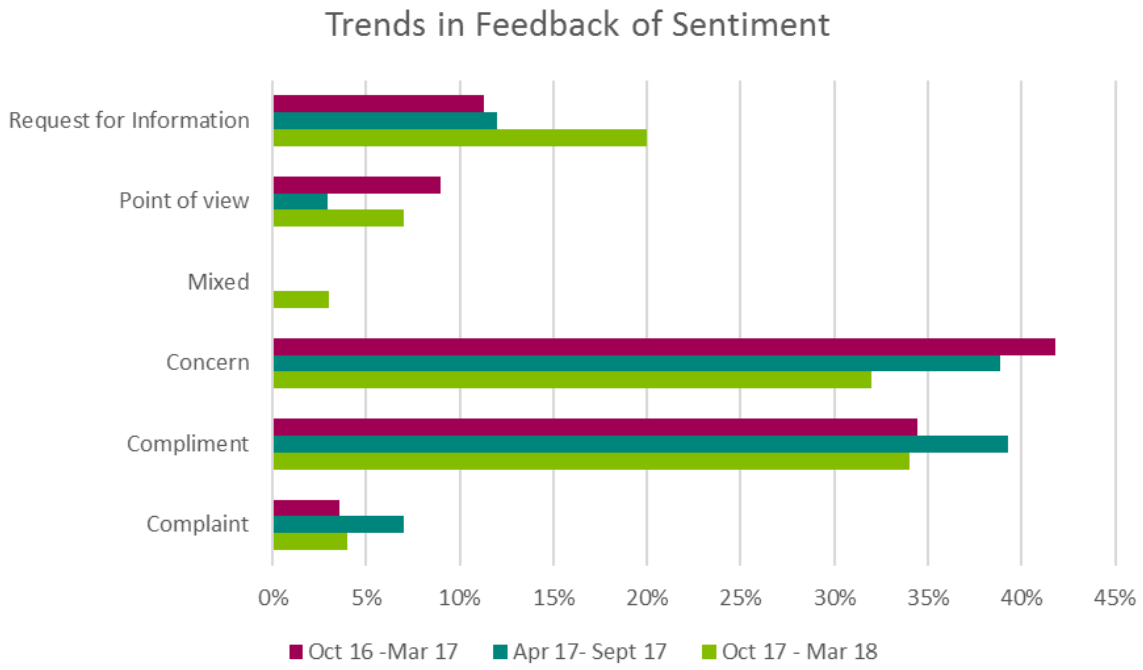
The majority of issues were gathered via outreach and engagement (293) and from survey responses (232). However, we are continuing to see an upward trend in local people's use of the feedback centre which has generated 108 (up from 72 in the previous 6-month period) pieces of feedback in the past 6 months. The majority of feedback via our feedback centre was from print forms (67).
Due to changes to the Healthwatch England CRM reporting system we are no longer able to report the time staff spend on individual feedback instances. We are working with Healthwatch England to resolve this issue.



Comments by sentiment

The majority of issues raised through engagement with Healthwatch North Tyneside were compliments (34%) and concerns (32%).

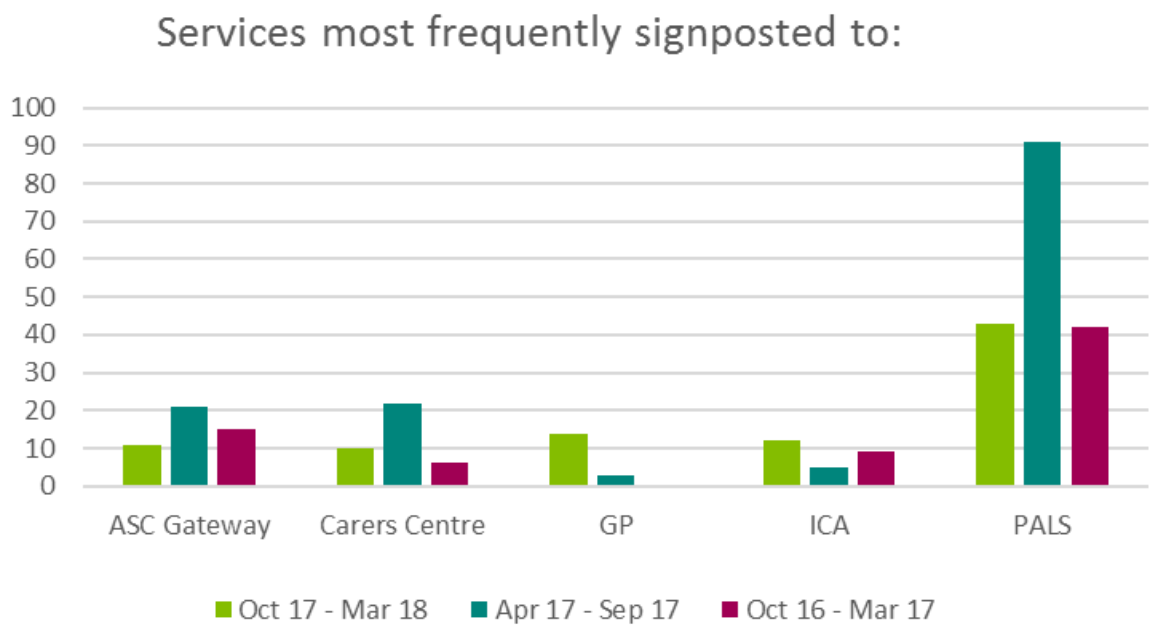
Since the last reporting period there has been a small decrease in the proportion of complaints about services (down by 3%) and a decrease in the proportion of concerns (down by 7%). However, the proportion of compliments has also decreased by 5%. We have seen a spike in requests for information to 20% (up by 8%). This chart illustrates the trends in feedback sentiment for this 6-month period and the two previous periods for comparison.



Signposting activities

Healthwatch North Tyneside signposts members of the public to other organisations to assist them to gain further information or to discuss their concerns or needs further. In the past 6 months, HWNT signposted people on 180 occasions (up by 18 instances from the previous period).

We have signposted to 32 different organisations and support groups. This chart displays the top five organisations we most frequently signpost to.

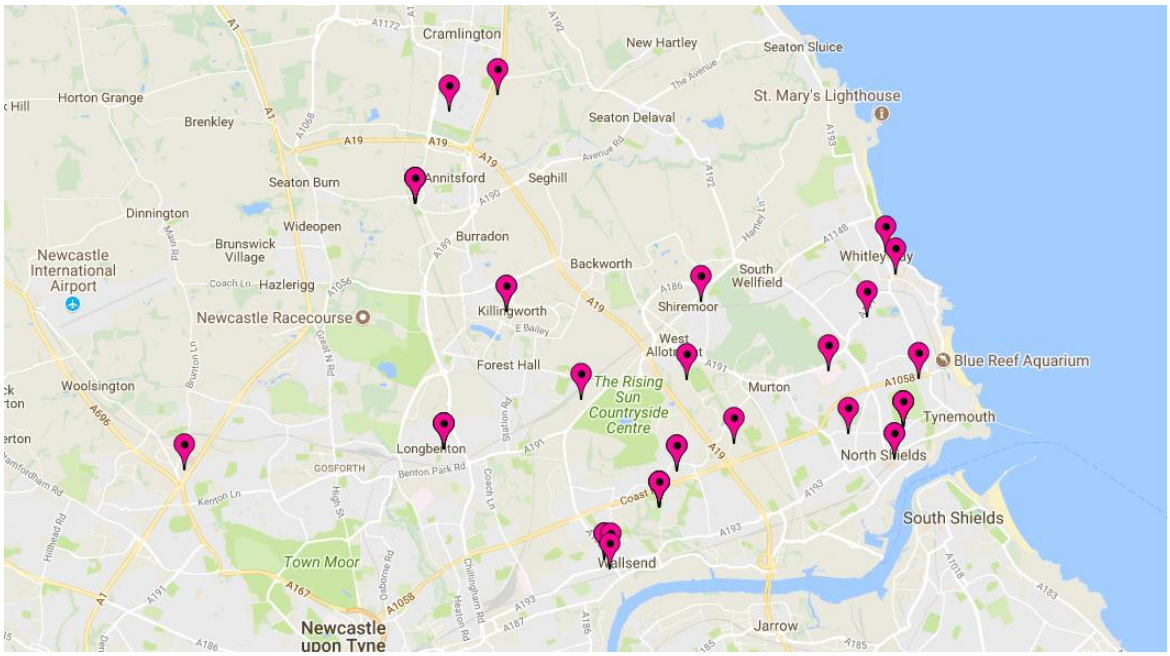


HWNT demonstrates a trend of signposting people to PALS, Independent Complaints Advocacy (ICA), Adult Social Care, North Tyneside Carers' Centre and to a number of local GPs.

F. Engagement and outreach activity

There have been 43 outreach and engagement activities delivered in this period. 78 hours of staff time was spent in the delivery of this outreach and engagement. 604 people were engaged with through this method.

This map illustrates HWNT engagement and outreach across the borough.



The majority of the engagement and outreach was aimed at the general public. The table below outlines the general and targeted engagements over this period.

Target	Number of engagements
Carers	3
General public	19
Mental health	6
Older people	2
Professionals	3
Unemployed people	3
Young people	3
Disabled people	1
Veterans	1
BAME	1
LGBT+	1

G. Healthwatch North Tyneside events

HWNT facilitated four public events in the area within this period. The list below includes our annual conference, regular board meetings (which are held bi-monthly) and regular volunteer meetings. We have also facilitated meetings focused around some of our thematic projects.

Event date	Focus
6 November 2017	Annual Conference and AGM
13 November 2017	Volunteer Meeting
4 December 2017	Volunteer Meeting
10 January 2018	Volunteer Meeting
15 January 2018	Board Meeting
4 March 2018	Board Meeting
11 April 2018	Volunteer Meeting

H. Work with the Care Quality Commission

Healthwatch North Tyneside have worked closely with the Care Quality Commission during the period as follows:

Adult social care:

- Attendance at the Information Sharing Meetings regarding adult social care providers.
- Submission of evidence in relation to residential care homes and domiciliary care providers in advance of inspections (including IOS reports).
- Sharing of intelligence in relation to providers where concerns have been raised locally.
- Sharing CQC inspection reports and ratings through our enewsletters.

I. Work with Local Healthwatch and Healthwatch England

HWNT continue to attend the Local Healthwatch Network meetings for the North East.

HWNT is represented on the HWE communications group, HWE Intelligence and Informatics group and CRM stakeholder group.

In addition, the Chair has attended meetings with other Healthwatch Chairs in Tyne and Wear and Northumberland.

J. Use of enter and view powers

HWNT have used their enter and view powers to work collaboratively with Northumberland Tyne and Wear NHS (NTW) mental health services. Rather than going into services directly, NTW staff distributed consent forms to patients to share their contact details with HWNT. We then contacted those who consented to carry out telephone interviews about their experience of the service. These experiences were gathered as part of our mental health crisis project.

K. Volunteer update

HWNT has 17 volunteers and 12 have been active in the period. We have recruited 3 engagement volunteers during this period who are currently going through their induction and training.

HWNT volunteers have supported us in the following ways during this period:

- Involvement in telephone interviews for the crisis project
- Attendance at meetings
- Contributing issues through volunteer meetings
- Supporting our annual conference

L. Communications

General update on communications activities

During this period, outside of maintaining HWNT usual communications channels, HWNT has

delivered the following communications outputs:

Healthwatch North Tyneside audience

As at 31 March 2018 HWNT had 563 registered on the mailing list:

- 450 enewsletter subscribers
- 6 large print subscribers
- 9 audio cd subscribers
- 98 mailing by post subscribers

Social media

HWNT have seen an increase in their social media engagements across both Facebook and Twitter over this 6-month period.

Our twitter profile now has 1320 followers (up by 167). We have 'tweeted' on average 66 times per month (up by 15), which have been seen 18071 times per month (up by 7871) on average, are mentioned by other users an average of 30 times per month (up by 9) and receive an average of 763 profile visits per month (up by 427).

HWNT Facebook page now has 253 'likes' (up by 48).
Staff regularly use social media to share information about HWNT, to share information on behalf of partners, and to engage with followers live from events we are attending. We utilise social media to promote thematic projects and online surveys for wider reach.

Healthwatch North Tyneside newsletters

During the period, HWNT has delivered 9 enewsletters. The open rate ranged from 31% to 36.4% with click through ranging from 2.46% for a single issue enews the week before Christmas to 13.6%. Where there are lower open rates, this is attributed to enewsletters sent about a single issue.

Website

The average number of visitors to the website per month was 1829 this is an increase from the previous period average of 1008.

The monthly number of visitors ranges from 1232 (December 2017) to 2275 (March 2018).

Over the six month period visitors reached our website by:

- 75% by organic search (using search engines and searching for any words that pick up our site, this could be Healthwatch or simply Tyneside or a health or social care term or issue) and increase from the last period
- 17% direct to www.healthwatchnorthtyneside.co.uk
- 6% by referral from other websites, primarily North Tyneside Council and Healthwatch England
- 5% by referral through social media, over half from Facebook.

Healthwatch North Tyneside video 'It starts with you'

HWNT commissioned a video celebrating our achievements for the Healthwatch conference in November 2017. The video has had 220 views through the Healthwatch website and YouTube channel.

To watch the Healthwatch subtitled video go to https://healthwatchnorthtyneside.co.uk/aboutus/

It starts with you

Your care, your feedback

Share experiences and feedback on local services:

www.healthwatchnorthtyneside.co.uk/services

Or pick up a freepost feedback leaflet

Healthwatch North Tyneside
The Parks Sports Centre
Howdon Road
North Shields
NE2964L
www.healthwatchnorthyneside.co.uk
Email info@healthwatchnorthtyneside.co.uk
Phone 0191 263 5321
Facebook HeallthwatchNT
Twitter HWNTyneside
YouTube Healthwatch North Tyneside

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals
1. To tackle childhood accidents	1. Reduction in hospital admissions from accidents in children 0-14 years to rate same or better than the rate for England (PHOF) 2. For partners, the parents, the public and children to work together to make sure that there are as few accidents as possible	**PHOF** North Tyneside hospital admissions from accidents in children 0-14 years -140.4 per 10,000 **PHOF** England average hospital admissions from accidents in children 0-14 years -129.6 per 10,000	a) Promote accident prevention through universal children's public health services in the borough particularly focussing on early years	North Tyneside Children and Young People's Partnership Board		• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing • To shift investment to focus on evidence based prevention and early intervention wherever possible
2. To reduce the use of tobacco across the life course	1. Reduce smoking prevalence in adults in North Tyneside to 13% by 2020 2. Reduce smoking at time of delivery (for pregnant women) in North Tyneside to 6% or less by 2022 3. For partners and the public to work together so that as few people as possible take up smoking and as many who do are able to give up	**PHOF** North Tyneside Smoking Prevalence 2016 – 16.4% **PHOF** Smoking at Time of Delivery 2016 – 13.2%	a) Task the North Tyneside Smokfree Alliance to develop a whole system approach to treating nicotine dependency with commitment from all partner organisations b) Every NHS provider in North Tyneside is smoke free by March 2019 c.) Ensure systematic implementation of Babyclear in maternity services d) Reduce the uptake of smoking in young people	North Tyneside Smokefree Alliance		• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing • To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough • To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed
3. To tackle obesity across the life course	1. 0% rise in childhood obesity levels in Reception by 2025 2. Halt the rise in the prevalence of diabetes in adults in North Tyneside of the CCG population 3. 0% rise in adults who are overweight and obese by 2025 4. For partners and the public to work together to support weight loss and to avoid weight gain	**PHOF 2015 / 2016** Childhood obesity levels in Reception - 34.3% in year 6 **QOF 2016** Prevalence of diabetes in adults in North Tyneside - 5.5% of the CCG population or 11,584 adults **PHOF 2016** Adults in North Tyneside who are overweight and obese - 66.9 %	**Develop an child action plan through a Healthy Weight Alliance with in the borough to:** a) Promote healthy weight through pregnancy b) Promote breastfeeding and improve rates of initiation and at 6-8 weeks c) Focus on healthy weaning and reducing sugar consumption in early years and throughout childhood d) Promote CMO guidelines on levels of physical activity e) Deliver the NCMP and share the data widely with partners in areas where improvement is required f) Provide community based weight management programme for children/young people and families g) Promote Active North Tyneside programme h) Promote use of parks wagon ways and outdoor space i) Support the Local Plan Policy on regulating Hot Food Takeaways j) Working with planning on healthy place	North Tyneside Children and Young People's Partnership Board STP operational diabetes prevention group lead by North Tyneside CCG		• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing • To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough • To shift investment to focus on evidence based prevention and early intervention wherever possible

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals
			Diabetes a) Implement the National Diabetes Prevention Programme in North Tyneside by 2018 b) Ensure all partners are engaged and are aware of the referral mechanisms for the programme c) Ensure that the exit programmes provide continued support for the population to maintain a healthy weight			
4. To improve the mental health and emotional resilience of the of North Tyneside population	1. To reduce the pressure on secondary mental health services by investing in early intervention and preventative work. 2. Reduction in the numbers of people in crisis presentation in A&E and crisis team as they are receiving appropriate services. 3. Reduction in suicide rate in NT to align with England average. 4. Recovery rates and reduction in return rates. 5. CQUIN Target 17/18 - improve physical health care and reduce mortality in people with serious mental illness. 6. For partners and the public to work together to promote good wellbeing and mental health.	In 2016, **5,668** suicides were recorded in Great Britain. Of these, **75%** were male Between 2003 and 2013, **18,220** people with mental health problems took their own life in the UK. Suicide is the **most common cause of death** for men aged 20-49 years in England and Wales. **One person in fifteen** had made a suicide attempt at some point in their life In England, **women are more likely than men** to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders **10%** of mothers and **6%** of fathers in the UK have mental health problems at any given time Depression affects around **22%** of men and **28%** of women aged 65 years and over[2], yet it is estimated that **85%** of older people with depression receive no help at all from the NHS <u>Quarter 2 Adult Referral to Treatment Adults</u> • 100% people seen within 18 week target • 100% people on a CPA have a crisis plan • 93.3% people on a CPA with identified risk had at least a 12 months crisis and contingency review. <u>Children & Young People</u> • 92.8% referrals were seen in 12 weeks • 92% referrals were seen in 10 week	Improve the access to mental health services in North Tyneside by aiming to achieve single point of access to services. Develop a robust, integrated partnership with voluntary and community sector to expand and extend the range of preventative and early intervention mental health services available in North Tyneside including through the delivery of properly resourced recovery college and social prescribing service. Improve the support for carers of mental health service users by increasing the uptake of carer's assessments and support plans. To review the pathways of support for people who are experiencing Mental Health Crisis and improve the service outcomes and experience. Review of the pathway and post diagnostic support service for ADHD and Autism to ensure timely and appropriate access to services for people with ADHD or autism, including both specialist services, community services including transition from child to adult services. Development of outcomes based contracting for mental health services to drive up standards and outcomes across health provision. To integrate mental and physical health services at a primary and secondary level to ensure that people with long term conditions and other physical health problems are effectively support through provision of liaison psychiatry services and psychosocial support into long term condition specific clinics.	Mental Health Partnership Board		• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing. • To shift investment to focus on evidence based prevention and early intervention wherever possible. • To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money • To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed .

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals
5. An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)	1. Increase carer reported quality of life 2. Improve health related quality of life for carers	**ASCOF 1D** carer reported quality of life **14 / 15** | **15/16** | **16/17** **North Tyneside** | 8.7 | 8.3 | 8.2 **NHSOF and ASCOF 1D** health related quality of life for carers **14 / 15** | **15/16** | **16/17** **North Tyneside** | 0.81 | 0.80 | 0.78	a) Production of a Joint Plan for supporting carers, building on the existing North Tyneside Carer's Commitment b) Map and describe carer pathways of support for Mental Health	Accountable Body to be Agreed		• To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money • To focus on outcomes for the population in terms of measurable improvements in health and wellbeing
6. To reduce alcohol misuse	1. Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% (Fingertips) 2. Reduction in alcohol related and specific admissions in adults from to same or less than England rate 3. Reduction in alcohol admission for young people to same or less than England rate. 4. Reduction in Domestic Violence incidents involving alcohol.	**Fingertips** Proportion adults who drink more than 14 units of alcohol per week - 23.5% **PHOF** Alcohol related and specific admissions in adults from - 945 per 100,000 **Fingertips** Alcohol admission for young people - 67.6 per 100,000 2013/14- 2015/16	a)Widely promote CMO guidelines in particular alcohol free childhood, no safe alcohol consumption in pregnancy and max 14 units per week for adults b)Support social marketing campaigns with Balance NE particularly Dry January c)Further develop multiagency hub approach for change resistant drinkers d) Support the work with licensing and trading standards on illegal sales e) Provide alcohol treatment services	North Tyneside Alcohol Partnership		• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing • To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough • To shift investment to focus on evidence based prevention and early intervention wherever possible
7. Comprehensive support for people with dementia	1. Increased coordination of support pre and post diagnosis for those living with dementia	**NHSOF 126a** Estimated diagnosis rate for people with dementia • North Tyneside 2017 Q3 - 75.6%, upward trajectory and 3rd / 11 peer comparison **NHSOF 126b** Dementia post diagnostic support • North Tyneside 2015 / 2016 - 74.1%, downward trajectory and 11th / 11 peer comparison	• Identify and implement a fully integrated Dementia Support Pathway	Older People's Mental Health Integration Board		• To shift investment to focus on evidence based prevention and early intervention wherever possible • To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money

<table>
<tr><th>HWBB Objective</th><th>What does the Board want to Achieve?</th><th>Background Information</th><th>How will this be Achieved</th><th>Lead</th><th>Links to STP Work-streams</th><th>Delivery Against Joint Health and Wellbeing Strategy Goals</th></tr>
<tr>
<td>8. Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing</td>
<td>1. Increase the take up of People's Network usage by those aged 70+ to 12% by 2020

2. Consolidate the new Bookstart Bear birth registration scheme to target of 300 participants for first full year.

3. Increase the issues of the Reading Well Books on Prescription collections in libraries to 600 by 2020

4. Increase the % of those receiving care and support who have as much contact as they would like ,to the North East average</td>
<td>North Tyneside Council
North Tyneside take up Of People's Network Usage by those aged over 70 in 2017 – 10%

North Tyneside Council
North Tyneside Reading Well Books on Prescription collections in libraries – 423

ASCOF
% of adult social care users who have as much contact as they would like

<table>
<tr><th></th><th>14 / 15</th><th>15/16</th><th>16/17</th></tr>
<tr><td>North East</td><td>47.6</td><td>49.9</td><td></td></tr>
<tr><td>North Tyneside</td><td>42.4</td><td>46.1</td><td>46.2</td></tr>
</table>
</td>
<td>a) To establish a multi- agency delivery group to oversee the programme in order to increase access to a wide range of cultural activities which will promote independence, self-confidence and improved health and wellbeing of the population.</td>
<td>Accountable Body to be Agreed</td>
<td></td>
<td>• To focus on outcomes for the populations in terms of measurable improvements in health and well being
• To shift investment to focus on evidence based prevention and early intervention and build wellbeing wherever possible
• To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed</td>
</tr>
<tr>
<td>9. To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen</td>
<td>1. Reduce the number of admissions for injuries due to falls in people aged 65+ from 1,127 in 2016/17 to 1,023 in 21/22 (local target)
.</td>
<td>PHOF
2015/16 - the rate of admissions for injuries from falls in people aged 65+ in North Tyneside was 2,576 per 100,000, this is much higher than the England rate which was 2,169 per 100,000.</td>
<td>a.) Falls steering group to develop multi agency falls strategy for North Tyneside
b.) Falls steering group to develop a multi-agency system wide falls pathway
c.) Provide training for all interagency front line staff in relation to falls awareness and risk assessment
d.) Implement a communications and engagement plan focussing on healthy ageing, falls prevention, and the benefits of being active
e.) Implement a consistent falls risk assessment across North Tyneside
f.) Implement a bone health assessment tool in all GP practices across North Tyneside</td>
<td>North Tyneside Falls Steering Group</td>
<td></td>
<td>• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing
• To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money</td>
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North Tyneside
Health & Wellbeing Board Report
Date: Thursday 21 June 2018

ITEM 6

Title: Progress in relation to Objective 4 "To improve the mental health and emotional resilience of the North Tyneside population"

Report from :	North Tyneside Council	
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Relevant Partnership Board:	Mental Health Integration Board	

1. Purpose:

To update the Health and Wellbeing Board on the progress in relation to the Board's Strategic Objective No. 4 "To improve the mental health and emotional resilience of the North Tyneside population" including the development, implementation and delivery of the following strategies:

a) North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016 – 2021;

b) North Tyneside Joint Mental Health and Wellbeing Strategy 2016 – 2021; and

c) Mental Wellbeing in Later Life Strategy 2018 – 2023.

2. Recommendation(s):

The Board is recommended to:-

a) Agree progress to date and future work planned for :
   i) the Children and Young People's strategy, and
   ii) the Joint Mental Health and Wellbeing Strategy – working age adults;
b) Approve the Mental Wellbeing in Later Life Strategy 2018 – 2023;
c) Endorse the proposed structure of the Mental Health Integration Board and proposed Strategy Groups to oversee this work and the proposed performance and governance arrangements.

3. Policy Framework

The Joint Health and Wellbeing Strategy includes improved mental health and wellbeing as one of the strategic objectives of the Health and Wellbeing board.

Specifically, this item relates the following priorities in the North Tyneside Joint Health and Wellbeing Strategy 2013-23.

- Improving the Health and Wellbeing of Families
- Improving Emotional Health and Mental Wellbeing

The Health and Wellbeing Board's work plan for 2018-20 also identifies mental health as a priority area and has a high level objective of:

Improving the mental health and emotional resilience of the of North Tyneside population

4. Information:

4.1 North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016 – 2021

North Tyneside's Children and Young People's Mental Health and Emotional Wellbeing (CYP MHEW) strategy considers community led change where everybody recognises the part they can play to build resilience and mental wellbeing; from young people themselves, parents and carers, schools and colleges, our voluntary sector and health and social care services.

Prevention and early intervention are crucial to improving mental health and emotional resilience and to stop serious mental health issues developing. This is the key focus of our strategic action plan for children and young people which is organised under the following themes and a brief summary of current work, progress future actions are outlined below:

Theme 1: Promoting Resilience, Prevention and Early Intervention

Evidence clearly shows that school-based interventions are one of the most cost effective interventions to promote mental health in young people.

- ***Emotionally Healthy School Resource Pack*** – *helping* schools to implement a Whole Schools Approach to supporting students' mental health and wellbeing.
- ***Mental Health First Aid training in secondary schools*** – *training teachers and school staff to support pupils* with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders.
- ***Anna Freud Schools Link Programme****:* improving communication and joint working arrangements between schools and mental health professionals.
- ***MH:2K Young Person's citizen researcher project***

23 local young people aged 13-18 were trained to become Mental Health 'Citizen Researchers' They spoke with over 500 other young people in North Tyneside to identify the most important mental health challenges facing young people currently and are working with the strategic group to action their recommendations.

Theme 2: Improving Access to Support

- ***Online mental health support and counselling – Kooth.com****. Successful in obtaining NHS England funding to pilot an online* counselling service helping those aged between 10-18 years old in North Tyneside with any difficulties or concerns they may have.

- ***Specialist Children and Adolescent Mental Health Services (CAMHs) Crisis Referral Pathway*** - clear referral criteria introduced and rolled out which enables head teachers and SENCOs to refer appropriate young people directly to CAMHS to receive timely support.

Theme 3: Services for High Risk and Vulnerable Groups

While the CYP MHEW strategy focuses on a system wide approach and a shift to prevention of mental health problems and early intervention, there are particular challenges in relation to helping those children in crisis or with complex mental health needs and ensuring that they receive timely and appropriate support.

- ***CAMHS Local Transformation Plan (LTP) and Strategic Action Plan*** – the CAMHS Local Transformation Plan and our local strategic action are currently being reviewed and refreshed, and together with the findings from the MH:2K project and Anna Freud schools link programme will inform the work programme for the CYP strategic group for the next 12-18 months.
- ***Carried out an under 18 suicide audit 2008-16*** – *findings to be fed into relevant services.*

Theme 4: Developing the Workforce

All staff working with children and young people must have confidence and competence to recognise and identify emerging mental health needs.

- ***Primary Mental Health Workers capacity building -*** giving advice and guidance to staff working in locality teams and schools in relation to specific work with children, young people and families to support their mental health.
- ***Criminal Justice Enhanced Case Management approach: Trauma Recovery Model -*** training a range of local practitioners over 2018/19 working with young offenders in an Enhanced Case Management approach, which is based on a Trauma Recovery Model (TRM).
- ***Peri-natal Mental Health Training -*** rolling out evidence based Institute of Health Visiting training to frontline staff in 2018/2019 to support the development of professional knowledge and skills in perinatal and infant mental health.

4.2 North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21

The Board will recall, this strategy relates to working age adults and was agreed at a meeting on 16 June 2016.

This is a multi-agency strategy across the Local Authority and the NHS.

The Board sees the delivery of the following objectives as priorities for integrated working and wishes to monitor progress on their delivery. The following sets out the objectives together with the work to date and plans going forward.

Theme 1: Improve the access to mental health services in North Tyneside by aiming to achieve single point of access to services.

The Board recognise the importance of access but is mindful of the challenge associated with having a single point of access across a number of different organisations that operate in and around North Tyneside.

The important aspect of this is to ensure that the right points of access in the right place are available for people to get the right support at the right time. Also for agencies and organisations / services to share the different criteria for access so that people are signposted to the right organisation with an understanding of the offer that is in place.

The Board recognises the work being done on referral pathways and routes for individuals from in-patient to community services and vice versa and how the Community and Voluntary Sector can support.

Over the next 6 months there will be a comprehensive mapping exercise completed that includes primary care, secondary care, this will be reported to the Mental Health Integration Board and will identify what works well, the gaps and the options for change and improvement.

Theme 2: Develop a robust, integrated partnership with voluntary and community sector to expand and extend the range of preventative and early intervention mental health services available in North Tyneside including through the delivery of properly resourced recovery college and social prescribing service.

The agencies involved in the Mental Health Integration Board recognise the value and outcomes that preventative services can play as part of a recovery pathway for individuals and also to prevent crisis in the first place. A number of initiatives are being progressed at present in relation to this theme:

- Northumberland Tyne and Wear NHS Mental Health Trust and VODA have developed a local recovery college;
- Social prescribing is currently being reviewed and funding identified to support new commissioning arrangements from April 2019;
- The preventative offer to be linked into the work undertaken on talking therapies;
- Patient Involvement group and Service User group to help review and feed in options for improvement;
- The Mental Health Provider Forum will support these developments and will support mapping out the work undertaken by the Community and Voluntary Sector;
- A progress report is scheduled to come back to the Mental Health Integration Board by the end of 2018.

Theme 3: Improve the support for carers of mental health service users by increasing the uptake of carer's assessments and support plans.

Work continues between the Local Authority, the CCG and the Carers Centre in relation to support for carers. The Mental Health Integration Board recognises the work done by carers to support individuals and this is invaluable.

Carers do have eligible needs in their own right and work has been done to support carer's to access a carer's personal budget. The number of carer's assessments is increasing but this needs to increase further so that carer's have assessments and support in their own right and not directly linked to the cared for person.

The Carer's Strategy and Carer's Commitment is a joint strategy to promote the work and support from carers and drive forward improvements. This is currently being updated / refreshed and is subject to a separate priority for the Health and Wellbeing Board and

progress in this area will be fed back into the Mental Health Integration Board at regular intervals.

Theme 4: To review the pathways of support for people who are experiencing Mental Health Crisis and improve the service outcomes and experience.

North Tyneside Clinical Commissioning Group is leading on this work and it also feeds into the national work of progress against the Crisis Concordat. A review of the pathways has been completed, within this there has been good engagement and feedback.

Healthwatch North Tyneside has also produced a report with evidence from patients and service users and the detailed findings from this will also feed into the pathway review work.

An action plan is currently being completed by the multi-agency working group and this will be presented back to the Mental Health Integration Board by September 2018, the Board will monitor progress against this action plan.

Theme 5: Review of the pathway and post diagnostic support service for ADHD and Autism to ensure timely and appropriate access to services for people with ADHD or autism, including both specialist services, community services including transition from child to adult services.

This is a wide and encompassing theme that covers a number of areas of work across different areas of disability and this includes developments for autistic people or people with ADHD. Progress in these areas includes:

- Diagnostic services in place with agreed pathways for access, this includes post diagnostic support;
- The North Tyneside Overview and Scrutiny Committee has recently completed a report on transition and the findings from this report and the actions to be taken were presented to Cabinet on 18 June 2018. Details from this report and the agreed actions will be shared with the Mental Health Integration Board in relation to this theme / action;
- The Authority has established a Whole Life Disability Team to help support the transition from children's services into adulthood as part of the 0-25 agenda.
- The Transforming Care work linked to people with a learning disability with behaviours that challenge and / or autism also provides focus in relation to services and support for those people with the highest level of need either in the community or in hospital. The work here will help inform the actions to be put in place from the Scrutiny Report and also the wider aspects of this theme;
- The Authority and the CCG is committed to reviewing its position against the National Autism Strategy and this work has commenced locally by setting up a North Tyneside Autism Awareness Event on 12 September 2018.

Theme 6: Development of outcomes based contracting for mental health services to drive up standards and outcomes across health provision.

There are service standards and specifications in place for all health commissioned mental health services, these are outcome focussed and linked to the Five Year Forward View for Mental Health services and provision. This includes areas such as:

- Suicide;
- Employment;

- Mental health liaison in acute hospital settings;
- Long term conditions and mental health;
- Older people;
- Physical health and mental health – parity of esteem

Theme 7: To integrate mental and physical health services at a primary and secondary level to ensure that people with long term conditions and other physical health problems are effectively support through provision of liaison psychiatry services and psychosocial support into long term condition specific clinics.

This is a key theme area of the national Mental Health Five Year Forward View, it is one of the key delivery areas nationally, regionally and locally.

Physical health can be an issue for people with mental health problems and poor physical health can affect the individual's ability to recover. A key aspect across the NHS is to ensure that at appropriate points, physical health checks and screening programmes are in place and individuals referred into them.

The Improving Access to Psychological Therapies service looks at a person's physical health at the same time as offering the standard talking therapy service. There is a learning disability liaison post in Northumbria Healthcare NHS Trust to support people with a learning disability and this also includes people with autism so that the Trust is able to offer reasonable adjustments to support people as they receive in-patient care and support in the community.

The Liaison Psychiatry function at emergency services will also step in and support those people with mental health issues and offer mental health support.

Suicide and Suicide Prevention

In addition to the above, the other areas we are measured on is in relation to suicides and suicide prevention.

We are working with our partners to achieve the national 10% reduction in suicide rate by 2020/21. Under the leadership of the Council's Director of Public Health a suicide prevention task group was established in 2014 with representation from North Tyneside CCG, Northumbria Healthcare Foundation NHS Trust (Psychiatry of Old Age service, A&E and CAMHs), Northumberland Tyne and Wear Mental Health NHS Foundation Trust, Northumbria Police, H.M. Coroner, Samaritans, MIND and DWP. The group has refreshed their annual multi-agency action plan for 2018/19 and meets twice a year.

The task and finish group have carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit (2012-2015) utilising coroners files and an audit of current services and gaps in provision and an Under 18's suicide audit for the North of Tyne area (2017). All this work ensures that we understand local suicide rates, groups at greater risk and trends over time. It means that we can respond to any emerging themes, including self-harm and take action in a timely manner.

4.3 Mental Wellbeing in Later Life Strategy 2018-2023

The Mental Health Integration Board established a sub group to review older people's mental health and develop a strategy to outline to support in this area, including addressing any shortfalls.

Good physical and mental health are areas that are essential to the wellbeing of the population of North Tyneside, no matter what age. There is an assumption that mental health problems are a 'normal' aspect of ageing, but most older people don't develop mental health problems and if they do they can be helped. Dementia and/or depression are often associated with getting older but they aren't an inevitable part of ageing.

The aim of the Mental Wellbeing in Later Life Strategy 2018-2023 is to improve mental health and dementia services and support for older people and carers. We want to ensure that there is targeted prevention for people at risk of mental ill health and early intervention for older people with symptoms of mental illness.

In the development of this Strategy we felt that is was important to take various lifestyle factors into account, in addition to issues that are particularly relevant for older people.

Consultation on the draft strategy was held between December 2017 and February 2018 to ensure that we have understood what is important to older people in North Tyneside and also whether our responses to the issues identified were appropriate.

Our response to the key issues identified from the work done so far, including the consultation / engagement, fall into the following main areas:

1. Improving Health and Wellbeing
2. Prevention and Early Intervention
3. Community and Primary Service
4. Secondary Provision
5. Supporting Recovery & Long Term Care

The Strategy will be delivered through an implementation plan which will contain detail about what will be done, by whom and by when. It will be refreshed annually. The Mental Health Integration Board will monitor progress against the implementation plan and will also provide regular feedback to the Health & Wellbeing Board as required.

A number of other Boards which also support decision making in North Tyneside also have interfaces into mental health services. Collaboration with these boards will be required to ensure that the mental health needs of older people are being fully addressed. Relevant actions from our action plan may also need to be incorporated into the work plans of these other boards.

The work following boards, groups have a link into mental health and emotional well-being and will be linked into the work plan for this strategy.

- Learning Disabilities Integration Board
- Carers Partnership Board
- Children and Young People Emotional Health and Wellbeing Project Group

In addition to this, the multi-agency sub-group that supported the work to develop the strategy document will be established more formally to monitor progress and actions against the strategy and report back into the Health and Wellbeing Board through the Mental Health Integration Board.

Some of the actions identified as part of this work are also relevant to the following Health and Wellbeing Board objectives:

- Number 8 - Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
- Number 7 - Comprehensive support for people with dementia

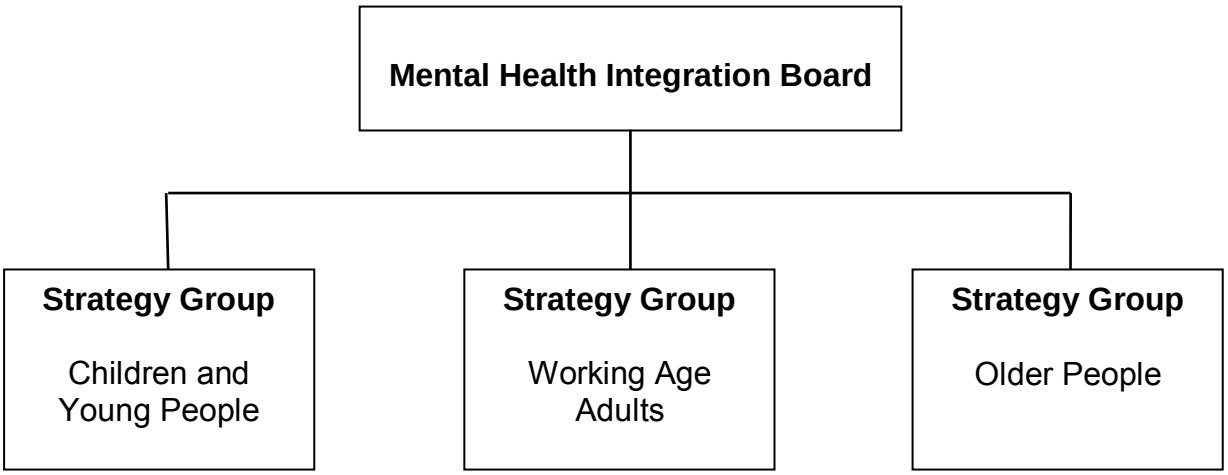
4.4 Mental Health Integration Board – Governance and Reporting

The Mental Health Integration Board (MHIB) was initially established to develop plans and strategies to support working age adults, the focus on children's mental health and wellbeing and older person's mental health and wellbeing was looked at elsewhere by other groups / boards.

The Health and Wellbeing Board identified the established MHIB as the conduit for the work relating to children, adults and older people to come together. However the members of the existing MHIB dealt only with adult related mental health issues and were not in a position to oversee and manage the work relating to other client groups.

It is therefore proposed to review the Board structure, its reporting and governance arrangements and its membership to reflect the wishes of the HWBB that there is one overarching Board with a responsibility for mental health and emotional wellbeing.

There will then be three Strategy Groups sitting below the MHIB to deal with the matters relating to the respective work plans, this is set out below.



5. Decision options:

There are a number of decisions options open to the Board:

1. The Board is recommended to agree the recommendations included in this report at paragraph 2 above.

2. Alternatively, the Board may agree not to accept the recommendations and ask Officers to review further and come back at a later date.

Option 1 is the preferred option.

6. Reasons for recommended option:

This will allow Officers from the Authority and other Organisations to progress plans and deliver on the priorities the Health and Wellbeing Board has set for 2018/20.

7. Appendices:

Appendix 1 – Mental Wellbeing in Later Life Strategy 2018 – 2023.

8. Contact officers:

Scott Woodhouse, Strategic Commissioning Manager, Adults
People Based Commissioning Team, North Tyneside Council, 0191 643 7082

Rachel Nicholson Public Health Manager (Children), (0191) 643 8073

Susan Meins, Commissioning Manager
People Based Commissioning Team, North Tyneside Council, 0191 643 7940

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

None

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10. Finance and other resources

The strategy document should not have any financial implications and any expected financial implications of any proposals will be identified within the action plan if these cannot be managed within current budgets

11. Legal

There are no direct legal implications arising from this report.

12. Consultation/community engagement

Healthwatch North Tyneside gathered views from service users, carers, family members, professionals and commissioners in the production of their report 'People's experience of mental health services in North Tyneside'. The findings and recommendations in the report have been used to help shape the strategies and action plans outlined in this report.

There is also continued engagement and involvement with service user groups and mental health providers in the delivery of the action plan for working age adults.

The draft Mental Wellbeing in Later Life Strategy was circulated for comment between December 2017 and February 2018, to a range of organisations that support older people for onward circulation and comment including: Age UKNT; Healthwatch North Tyneside; North Tyneside Patient Form; North Tyneside Carers' Centre; and also a range of other individuals working in the field of older people's mental health.

The feedback gathered as part of this consultation has been used to strengthen the final document.

13. Human rights

There are no human rights implications directly arising from this report.

14. Equalities and diversity

Equality and human rights legislation in the shape of the Equality Act 2010 and the Human Rights Act 1998 both outline the individual's fundamental rights to freedom, respect, equality, dignity and autonomy.

There is a growing and ageing population of older people, however it should be noted that the older population is also now more diverse than ever before and will become more so. The Mental Wellbeing in Later Life Strategy seeks to tackle inequalities which may be experienced by some older people.

15. Risk management

Each partner organisation will be required to undertake its own risk assessment as part of the development and the implementation of the strategies outlined in this report.

16. Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

North Tyneside Council

NHS
North Tyneside
Clinical Commissioning Group

Mental Wellbeing in Later Life North Tyneside Joint Strategy 2018 - 2023

Contents

Executive Summary

Ageing can bring life changes, including career changes and retirement, bereavement, and physical changes. Many older people also support their families by caring for others.

We recognise the importance of good physical and mental health and that they are essential to the wellbeing of the population of North Tyneside, no matter what age. There is an assumption that mental health problems are a 'normal' aspect of ageing but most older people don't develop mental health problems and if they do they can be helped.

Good mental health is a vital asset for dealing with the different stresses (physical and mental) and problems in life.

The aim of this strategy is to improve mental health and dementia services and support for older people and carers. We also want to ensure that there is targeted prevention for people at risk of mental ill health and early intervention for older people with symptoms of mental illness.

Dementia and/or depression are often associated with getting older but they aren't an inevitable part of ageing. Other mental ill health conditions that may affect any of us include disorders such as, anxiety, schizophrenia, suicidal feelings, personality disorders and substance misuse.

The Department of Health has estimated that 40% of older people seeing their GP, half of older people in general hospitals, and 60% of care home residents, have a mental health problem.

North Tyneside Clinical Commissioning Group (CCG) and North Tyneside Council (NTC) are committed to working together to improve the health, care and the quality of life for older people. The impact of older persons mental health needs is wide ranging, having an effect on not only the person themselves but also their family, friends and carers.

The demand for services is likely to increase given the predictions of demographic changes and higher prevalence of mental health problems. The priorities for older people living in North Tyneside include improving physical health, mental health and emotional wellbeing, reducing mortality and improving healthy life expectancy. Additionally North Tyneside wants to reduce avoidable hospital and care home admissions and also support unpaid carers.

We face the challenge of providing high quality specialised services to a larger number of people but with reducing resources. Existing funding priorities for both health and the local authority will be challenged. We need to consider the potential in terms of effectiveness and efficiency from joined-up, integrated services including developing partnership models that enable older people and their carers to manage long term conditions together, resulting in seamless pathways for those who need assistance.

This Strategy is built upon a number of national and local plans and strategies and sets out our approach to supporting an ageing population in North Tyneside to live well for longer by preparing them for later life and where possible improving their quality of life in later years.

1. National Legal and Policy Context

1.1 Legal Overview

Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS.

Mental Health in England is shaped by a range of laws:

- The Care Act 2014
- Section 47 (2)
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Mental Health Act 2007
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DOLS) 2008
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998

1.2 National Policies

There are a wide range of policies which impact upon prevention, frailty, mental health and dementia in a variety of ways.

Mental Health Crisis Care Concordat 2014 describes how we work in partnership with others to improve outcomes for people experiencing mental health crisis. It is a national agreement between services and agencies involved in the care and support of people in crisis. It focuses on four main areas:

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

Mental health services: achieving better access by 2020 suggests that people of all ages with mental health problems should receive at least the equivalent level of access to timely, evidence based, clinically effective, recovery focussed, safe and personalised care, as people with a physical health condition.

The **NHS 5 Year Forward View 2015** describes how the NHS must drive towards an equal response to mental and physical health and also towards the two being created together.

The 5 year forward view will form the foundation on which NHS services, including mental health services, will be built over the next 5 years.

The NHS Forward View presents the NHS with three challenges which are expected to be addressed over a 5 year period through the development of a system wide Sustainability and Transformational Plan. Those challenges are:

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The **Prevention Concordat for Better Mental Health** was developed as one of the recommendations from the Five Year Forward View for Mental Health. A suite of local support resources have been produced to support local areas across England adopt the Prevention Concordat for Better Mental Health.

Parity of Esteem

The Centre for Mental Health described Parity of Esteem as "the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012.

Commissioners, including CCGs, Health & Well-Being Boards and Local Authorities are expected to meet their duties to achieve Parity of Esteem, which includes consideration of such areas as reviewing access to services (including waiting times), provision of a range of mental health services and a reduction in premature mortality and variations in inequalities in local communities.

The CCG is monitored by NHS England on its expenditure on mental health to achieve parity of esteem, which is called the Mental Health Investment Standard and it is expected that CCGs will invest in mental health provision at least at the same level as its annual financial uplift.

Closing the Gap – January 2014 sets out 25 priorities for change. It details how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next 2 or 3 years.

These priorities are about mental health care and treatment, and work across the entire health and care sector to reduce the damaging impact of mental illness and improve mental wellbeing. In addressing these priorities we will also define our commitment to working with many partners across the voluntary sector – from national charities to local community groups.

The Forward View into Action: Planning for 2015/16 guidance requires CCGs to expand its offer and delivery of personal health budgets where it can be evidenced that people would benefit. CCGs are therefore expected to offer personal health budgets or integrated personal budgets across health and social care by April 2016 for people with learning disabilities and children with special educational needs. CCGs can also offer personal health budgets for other groups.

Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings".

While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

It also encompasses the provision of improved information and advice on care and support for families, investment in preventive services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities.

As such, personalisation has significant implications for everyone involved in the social care sector.

The Prime Minister's Challenge on Dementia 2020 - the government's vision for England is that it is:

- The best country in the world for dementia care and support and for people with dementia, their carers and families to live; and
- The best place in the world to undertake research into dementia and other neurodegenerative diseases
- This vision is a result of extensive consultation with individuals living with dementia and their carers who described the outcomes they would want in the following statements:
    - I have personal choice and control over the decisions that affect me
    - I know that services are designed around me, my needs and my carer's needs
    - I have support that helps me live my life
    - I have the knowledge to get what I need
    - I live in an enabling and supportive environment where I feel valued and understood
    - I have a sense of belonging and of being a valued part of family, community and civic life
    - I am confident my end of life wishes will be respected. I can expect a good death
    - I know that there is research going on which will deliver a better life for people with dementia, and I know how I can contribute to this

The LGA document **'Developing dementia-friendly communities, Learning and guidance for local authorities'** (2012) defines a dementia friendly community as a place:

- In which it is possible for the greatest number of people with dementia to live a good life
- Where people with dementia are enabled to live as independently as possible and to continue to be part of the community
- Where they are met with understanding and given support where necessary

The Dementia Friendly Communities programme aims to meet the targets outlined by the Prime Minister's Challenge on Dementia 2020 in order to create communities around the UK which make daily living and activities easier and more accessible to people living with dementia.

The Alzheimer's Society report **'Building Dementia Friendly Communities: A priority for everyone'** (2013) states:

"A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them."

These two definitions provide a useful starting point when we consider how to make North Tyneside a dementia friendly community.

North Tyneside Council working in partnership with Age UKNT began to explore how the borough could become more accessible for people with dementia. Wallsend was identified as a place to test out new approaches and was subsequently successfully registered as working toward becoming dementia friendly with the Alzheimer's Society national scheme.

Mental Capacity Act 2005 (MCA) and **Deprivation of Liberty 2008 (DoLS)** provides a statutory framework for working with individuals who may lack capacity to make decisions for themselves and is part of the Safeguarding agenda. The requirement to have Independent Mental Capacity Advocates is built into the MCA and is particularly relevant for those persons who do not have relatives or families to support them in decision making.

Article 5 of the Human Rights Act states that 'everyone has a right to liberty and security of person. No one shall be deprived of his or her liberty (unless) in accordance with a procedure prescribed in law'. The DoLs is the procedure prescribed in law and the ruling – in the cases of *P v Cheshire West and Chester Council* and *P&Q v Surrey County Council* – threw out previous judgements that had defined deprivation of liberty more restrictively. The judgement saw a surge of referrals for persons being deprived of their liberty in care homes and hospital settings.

Section 117 obliges councils and the NHS to provide aftercare services, including a care home place if that is needed, for people who have been discharged from hospital having been detained for treatment under the Mental Health Act 1983.

The **NHS Health Check** programme is open to residents aged 40-74 years old. The NHS health check can determine whether an individual is at a higher risk of; heart disease, stroke, kidney disease, diabetes and for those aged over 65 years old dementia. The NHS health check also provides advice on stopping smoking, how to increase physical activity, how to loose weight and safe levels of alcohol consumption.

Safeguarding Adults

A priority for both health and social care continues to be that they ensure that the more vulnerable people in our society are able to be safe. Safeguarding is everybody's business and we work with our residents and communities to develop shared safeguarding priorities.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted, including, where appropriate, having regard to their views wishes, feelings and beliefs in deciding on any action.

Safeguarding duties within the Care Act 2014 apply to an adult who:

- Has needs for care and support;
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Both the Local Authority and the CCG work to the principle of "Zero Tolerance" to abuse.

Providers we commission are required to have policy and procedures in line with the Mental Capacity Act and must presume a person has capacity unless assessed otherwise. Consent and Best Interest issues must always be addressed. The policy and procedures are also required to provide for an assessment of risk and the need for an Independent Advocate.

People with Dementia are particularly open to abusive situations, providers are required to put in place a system and training for its staff, which aims to minimise the risks of abuse.

In North Tyneside we have an Adult and Children's Multi Agency Safeguarding Hub (MASH). The purpose of the MASH is to:

- Act as a single point of access for referrals, help partners to define thresholds and manage risk better
- Improve coordination, communication , efficiency and information sharing between partners
- Provide a triage and assessment process which has shown to prevent cases escalating to the safeguarding level , and an integrated Early Support model improves multi-agency responses to cases requiring multi-agency information sharing below the safeguarding level
- Improve information sharing around potential victims and perpetrators of DV and identifying one professional to lead on working with victims/perpetrators to reduce violent offence rates
- Improve outcomes for children and families

Power of Attorney

Many people with dementia will eventually reach a point where they are no longer able to make decisions for themselves – this is known as lacking 'mental capacity'. When this happens, someone else – often a carer or family member – will need to make decisions on their behalf.

A Lasting power of attorney (LPA) is a legal tool that gives another adult the legal authority to make certain decisions for you, if you become unable to make them yourself. The person who is given this authority is known as an 'attorney'. They can manage your finances, or make decisions relating to your health and welfare. This page explains what an LPA is and why you might consider making one. It also provides practical advice and information about how to appoint an attorney, and what powers you can give them.

In addition a person's wishes and directions regarding medical treatment can be recorded in an Advance Health Directive or Living Will. These documents are used to indicate what an individual's wishes are and demonstrate what they would have done if they had capacity to make the decision, this assists friends and family and also to medical professionals when deciding on the course of action to be taken in relation to care and support.

2. Local Policy Context

2.1 North Tyneside Clinical Commissioning Group

2.1.1 Sustainability & Transformation Plans

All areas in the country have been required by NHS England to develop Sustainability and Transformation Plans (STPs). North Tyneside is part of the Northumberland, Tyne and Wear and North Durham STP, and part of the North Tyneside/ Northumberland Local Health Economy.

The STPs are the route map for how the local NHS and its partners, including Local Authorities, can make a reality of the Five Year Forward View, within the Spending Review envelope.

The foundations of our STP are based on the commonalities within our existing Health and Wellbeing Strategies and build on successful partnership working across New Care Models, Better Care Funds and other transformational programmes (e.g. Digital Great North Care Record). We have worked to ensure there is a clear alignment between our STP and the work of the North East Combined Authority Health and Social Care Commission.

We have identified that although we face distinctive challenges within each Local Health Economy, we also share many similar issues and ambitions. Therefore, in developing our operational plans and agreeing contracts we have worked in partnership with CCGs across our STP and the STP Programme Management Office to ensure alignment and reconciliation of each organisation's operational plan.

Our STP has been produced jointly with input and agreement to the assumptions used in all modelling work by all included Commissioners and Providers. It has identified a significant financial shortfall across providers and commissioners driven by an increasing demand for healthcare services and a healthcare budget primarily covering inflationary pressures going forward.

In order to close this gap, the system has developed a range of solutions that will make more efficient use of the resources available and ensure that patients are managed and treated in the right care setting at the right time.

2.1.2 North Tyneside CCG Operational Plan

The CCG is required to produce an Operational Plan which describes how it will meet national requirements, including the annually published national Planning Requirements. Our Operational Plan was submitted to NHS England in December 2016 and covers the period 2017/18 – 2018/19. In the Plan, we describe the NHS North Tyneside CCG Vision as follows:

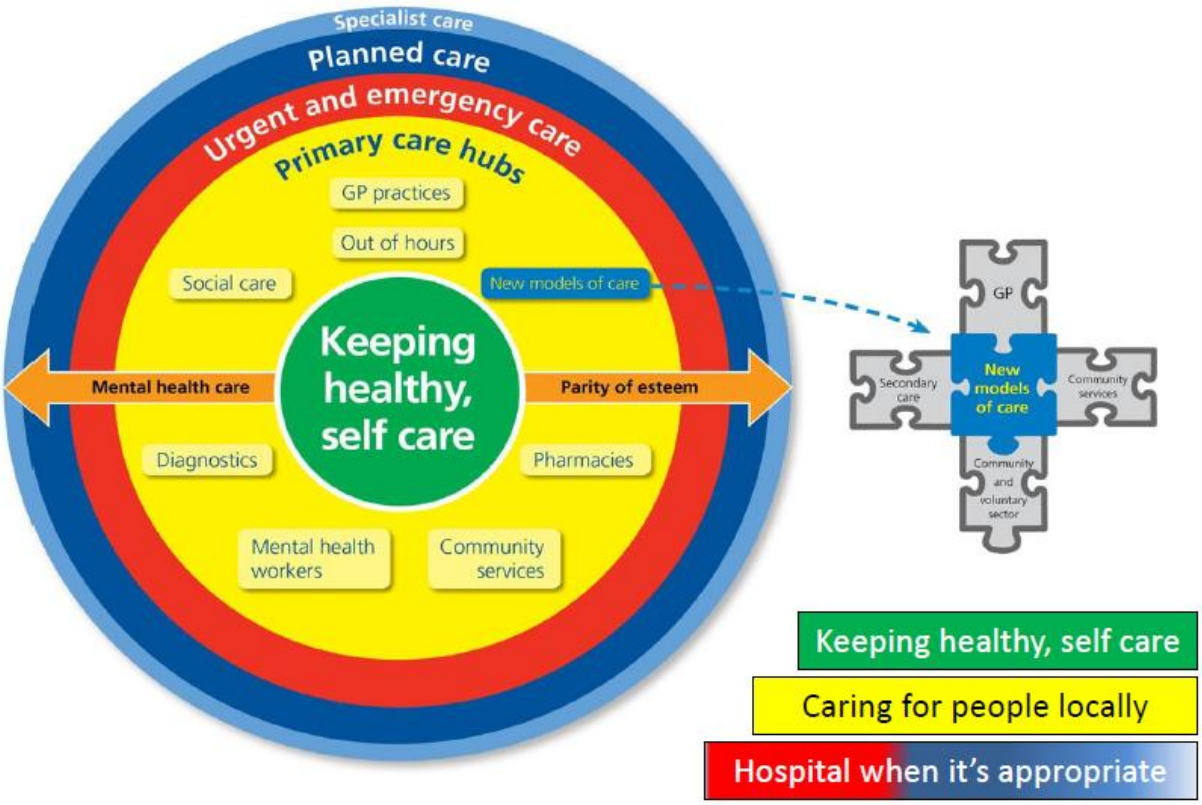
"Working together to maximise the health and wellbeing of North Tyneside communities by making the best possible use of resources"

The CCG's strategic vision is supported by ambitious plans to change the way that care is delivered by 2020/21 with specific focus during 2017-2019 to enable the schemes outlined in the Sustainability & Transformation Plan (STP) for our Local Health economy. The schematic and text below summarises our strategic priority themes for changing the health care system by 2020/21, working together with our partners, as follows:

- Keeping healthy, self care
- Caring for people locally
- Hospital when it is appropriate.

Improving and developing the integration of health and social care is also an important cross cutting priority for both the CCG and Local Authority.

Diagram 1 – NHS North Tyneside CCG Strategic Priority Themes



Our Strategic Principles are:

- High quality care that is safe, effective and focused on patient experience
- Services coordinated around the needs and preferences of our patients, carers and their families
- Transformation in the delivery of health and wellbeing services provided jointly with the local authority, other public sector organisations and the private and voluntary sector
- Best value for taxpayers' money and using resources responsibly and fairly
- Right services in the right place delivering the right outcomes

2.1.3 CCG Commissioning Priorities

In addition to our Operational Plan, the CCG also develops its annual Commissioning Priority Areas. Our Commissioning Priority Areas for 2017/18, will both build on the progress we have made to date in implementation of our previous Five Year Strategic Plan 2014/15 to 2018/19, and also how we will fulfil our commissioning obligations as detailed in the Northumberland Tyne & Wear & North Durham Sustainability and Transformation Plan.

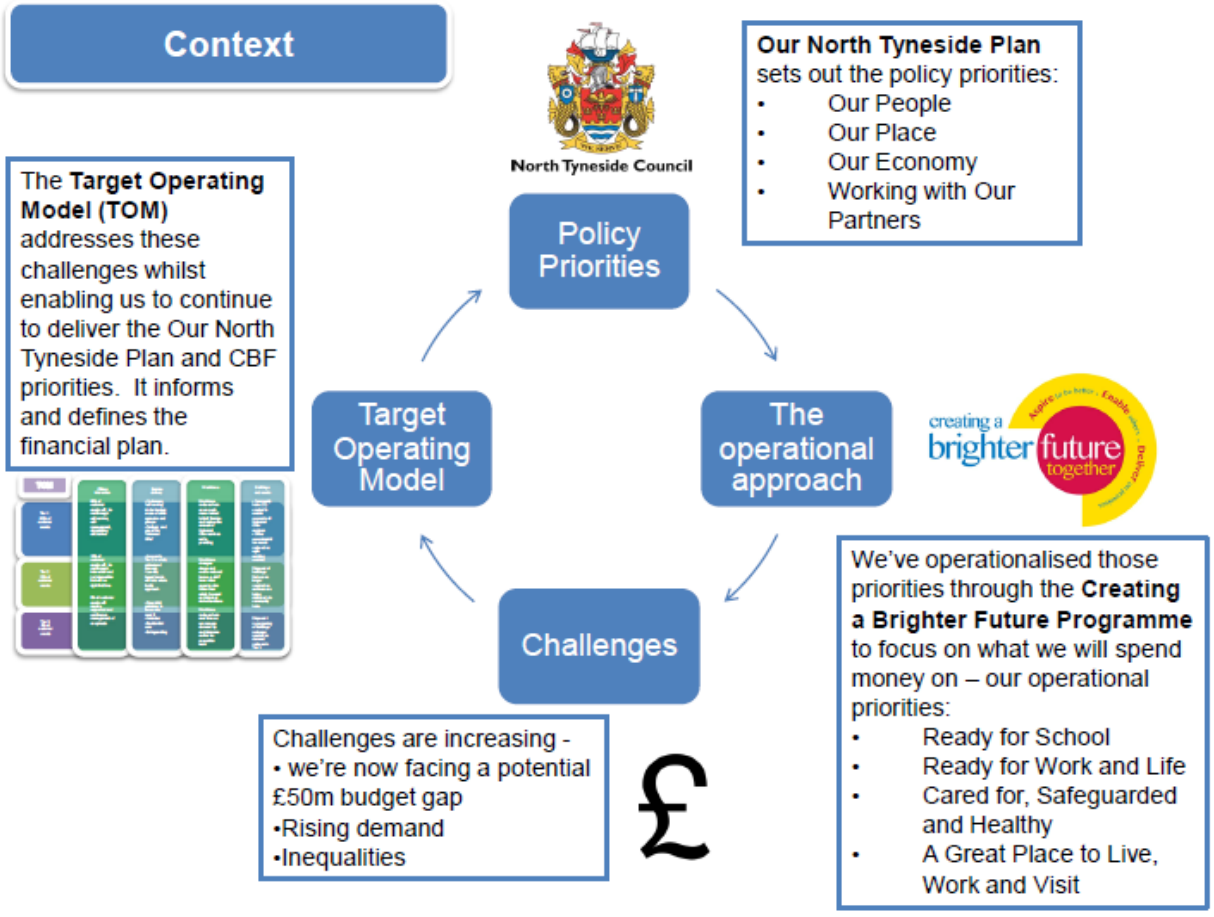
When developing our Commissioning Priority Areas 2017/18, we have taken into account how we will begin to address the 9 nationally identified "must dos" for as well as how we will progress on the national requirements to:

- Close the health and wellbeing gap
- Close the care and quality gap
- Close the finance and efficiency gap

2.2 North Tyneside Council Strategic Plans

2.2.1 Overview

The diagram below represents an overview of the Council's Plan incorporating its key priorities and interface with other plans and priorities.



The Local Authority has duties under the Care Act to assess and meet eligible needs for vulnerable people. New operating models are being developed across its social care services for adults and children which have early intervention and prevention at their heart.

In turn, this will enable people to live more independent lives and reduce the need for more intensive and costly interventions later on. Forging strong links with the NHS and the voluntary and community sector will not only help us offer a seamless, holistic approach to meeting the needs of North Tyneside's most vulnerable, but also prevent those less in need falling into crisis by supporting them to remain living independently in their community.

A joined-up approach across organisations that considers the needs of the whole person, rather than simply treating a particular condition, will help people that fall into crisis to quickly get the help they need so that they are able to return to independent living as soon as possible.

2.2.2 Our North Tyneside Plan 2018-2021

Our North Tyneside Plan sets out our bold ambitions for making North Tyneside an even greater place to live, work and visit by 2021.

It focuses on our three key themes – people, place and economy – and has 16 priorities for delivering positive opportunities for everyone in the borough.

These priorities were formed by listening to residents, businesses and visitors to develop a clear framework for directing the council's resources on the things that matter most to local people.

The plan is also focused on ensuring the council works better for its residents by improving how we do things and offering residents opportunities to volunteer, be more independent and do more for their local communities.

You can read the plan in full on the **council website.**

2.2.3 Creating a Brighter Future

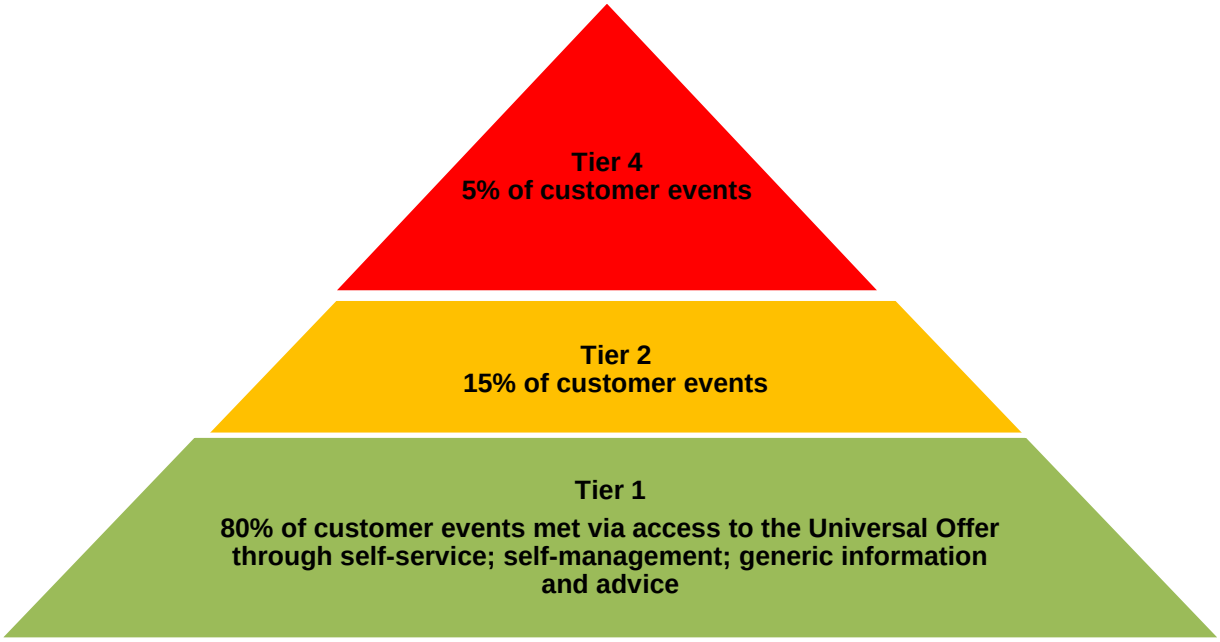
This is the operational programme that puts the Our North Tyneside Plan into place. The Cared For, Safeguarded and Healthy Board oversees the work programme of Adult Social Care, Public Health and part of Children's Services.

2.2.4 Target Operating Model

This is the enabling function to ensure the savings are achieved. We will do this by reviewing what we do and how we spend the money we have on meeting levels of need.

The principles that underpin this include:

- Understand and manage demand
- Enable people to help themselves
- Target resources at those who need it most
- Reduce long term financial cost to the tax payer
- Identify and exploit innovation
- Use technology to enable delivery and reduce long term costs



A major focus of the Council is to identify, at the earliest possible stage, the most vulnerable people in our communities who are at risk of poor health and likely to require social care. The aim is for them to be supported by programmes that promote their capacity to maintain an independent lifestyle.

Prevention and Self Care are two key principles which the local care and support system in North Tyneside will use to promote wellbeing in the borough.

Within Mental Health we have the Mental Health Reablement Service (MHRS)

The Department of Health's definition of Reablement is:

'the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long term independence by enabling them to remain or return to live in their own homes within the community'

This approach focuses on re-enabling people within their home so they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care.

The focus is on the promotion of independence and the building of resilience and includes:

- Skill acquisition and relearning of 'lost' skills e.g. development of a daily routine, cooking skills, budgeting
- Building confidence on public transport
- The development of social and support networks
- Support to develop self help skills e.g. WRAP (wellness recovery action planning/coping strategies).

Referral Criteria includes:

- Adults - no upper age limit
- Resident of North Tyneside
- Have either mental health or substance misuse issues which have led to a deterioration and is impacting on function
- Does not need a Crisis Response
- Will require the key worker to remain involved for all secondary care referrals & Care Co-ordination Team
- Assessment Information (Interim or Specialist) including the use of a 'Face' Risk Assessment (an assessment tool used following the assessment and/or review of risk, in accordance with local Risk Management Standards).

2.3 North Tyneside Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) informs the planning process of the demand and future need across the borough for different priority areas.

The **North Tyneside JSNA** is aligned to the Local Authority's Creating a Brighter Future Programme and the funding priorities across the Authority for vulnerable people.

2.4 North Tyneside Joint Health and Wellbeing Strategy

The **North Tyneside Joint Health and Wellbeing Strategy 2013-23** sets out how the partners across North Tyneside will come together to meet the identified and agreed priorities.

Improving mental health and emotional wellbeing is an identified priority in the strategy. The task of ensuring that the actions located within the action plan are achieved is the responsibility of The Health and Wellbeing Board.

The health and wellbeing priorities for North Tyneside that are relevant to this strategy are:

- **Improving Mental Health and Emotional Wellbeing**
  Focusing on maximising opportunities to promote positive mental health, wellbeing and recovery through accessible services and community support

- **Addressing Premature Mortality to Reduce the Life Expectancy Gap**
  Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough

- **Improving Healthy Life Expectancy**
  Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough

- **Reducing Avoidable Hospital and Care Home Admissions**
  Focusing on interventions in primary care, community and hospital settings to improve self management, personalised support and independence.

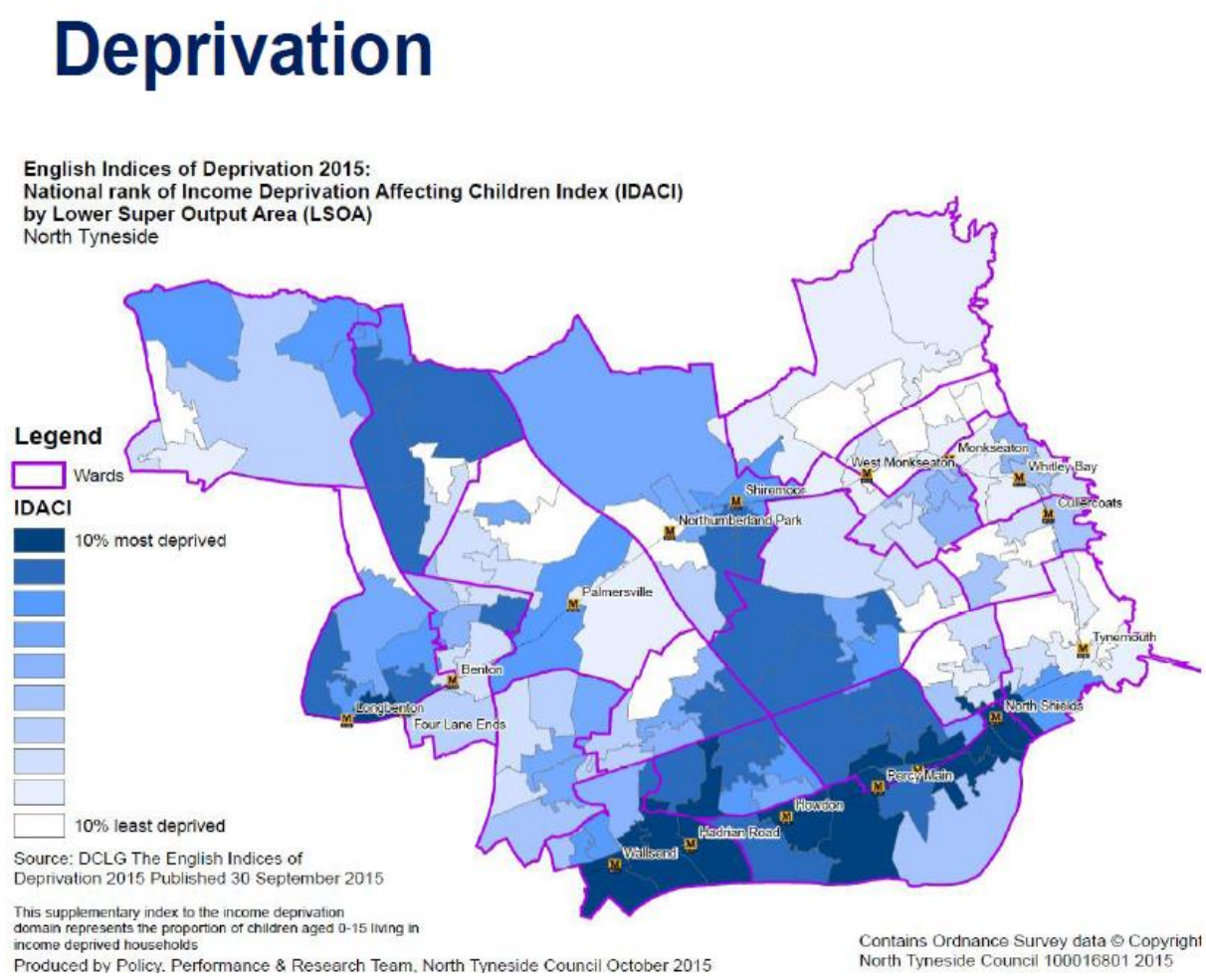
3. Demographic Data

The North Tyneside resident population is around 201,400, which is greater than at any other period since 1981.

Key health indicators show that North Tyneside is in the bottom 20% of local authority areas in the country and rates of improvement are slower.

The most deprived communities generally have the poorest mental and physical health and wellbeing. Those people in lower income groups are less cushioned against risk and hardship. Increasing deprivation means that more people are being exposed to many of the associated factors of mental health problems, including unemployment, poverty and low levels of education achievement.

The map below shows which areas of the Borough are most deprived.



By 2030 it is predicted that the population in North Tyneside will increase by 10% to 221,100, an increase of 19,700 people[1].

The population of North Tyneside is growing year on year with an increasingly ageing population. North Tyneside has a slightly higher proportion of those aged 65 and over than the population of England (18.3% compared to 16.9%). The average life expectancy in North Tyneside is 79 years, which is; 77 years for males and 81 for females. Increasing life expectancy projections indicate an increase in the older population. It is estimated that the number of people aged 65 years and over will increase by 37% from around 39,400 in 2015 to 54,000 by 2030 and the number of people aged 85 years or over will increase by 56% from 5,200 in 2015 to 8,100.[2] These increases will create increased demand for social care, health and housing support and services.

[1] The Office for National Statistics 2012 mid-year population estimate
[2] ONS, sub national population projections, 2014

At 65 years, the disability free life expectancy (DFLE) in North Tyneside is significantly lower compared to England; in addition DFLE is significantly lower in the most deprived populations of North Tyneside. The proportion of people with a disability is also likely to increase with an ageing population creating additional demands for service provision.

Based on prevalence information, we estimate that there are around 2729 people aged 65 years and over who have dementia in North Tyneside, and that this will rise to around 4118 by 2030. One in six people over 80 years have a form of dementia[3]

Many people have multiple long term physical and mental health problems that impact on their quality of life and health. People with serious and complex mental health problems die on average 15 years earlier than people without mental illness. Smoking, diabetes, high blood pressures and obesity are the main factors that cause these early deaths.

People with mental health issues experience higher levels of unemployment and often live in poor quality accommodation. They also experience higher rates of disease, such as cancer and heart disease and also longer term conditions such as diabetes.[4]

4. Local Communication & Engagement

We recognise the importance of engagement to inform future service direction, including the proposals contained in this Strategy and Action Plan. The findings from a wide range of consultation exercises have informed the actions in this strategy.

In developing this Strategy, we have undertaken several communication exercises and used a range of information containing public and service user/patient feedback on service provision.

We reviewed the information obtained by Healthwatch North Tyneside in which they carried out research to gather the views and experiences of people who used Mental Health Services as well as their friends, family and carers. Over 250 responses were received however the focus of this work was not on older people in particular.

The research was followed by a Mental Health Action Day on 1 December 2015. The interactive seminar was attended by service leads, providers, carers, service user representatives, commissioners and board members from the HWBB and Mental Health Integration Board with the aim of debating and planning how all stakeholders could effectively work better together so that more people in North Tyneside can have "good mental health". The event focussed upon broad areas of Mental Health but had some specific focus upon: Prevention; Older Peoples Mental Health Services/Needs; Factors which impact upon individual's levels of Mental Health.

The full report can be accessed here People's experience of Mental Health Services.

[3] https://www.alzheimers.org.uk/download/downloads/id/2323/dementia_uk_update.pdf
[4] Annual report of Chief Medical Officer 2013 - Public Mental Health Priorities: Investing in the Evidence

Consultation on this document was held between 14th December 2017 and 9th February 2018. The comments and suggestions received have been incorporated to strengthen this document and also highlight the key issues that affect older people. This information is contained within Section 5 'Key Issues'.

Day Services Consultation

Additional specific work was undertaken around provision of day services and also dementia care services.

In relation to day service provision, the Community and Health Care Forum (CHCF) were asked to engage with people who currently use day services and their relatives and carers, which were undertaken during 2015. They held group discussions with users of the day services and also distributed questionnaires to unpaid carers.

Overwhelmingly people who use day services appreciate the opportunity to attend. Some of the reasons for using day services include; opportunities to socialise and make new friends; to "get out of the house"; and to give carers a break. There were many positive comments about the staff in the centres, who were considered to be very kind, caring and respectful. Customers were also appreciative of good quality food which is available at some resources.

Relatives and unpaid carers clearly value the opportunity to have a break from their caring role. Many use the time to catch up on housework and shopping, or to support them to continue to remain in employment.

Despite their popularity amongst older people, day services are often seen as an outdated model of service provision that does not reflect what would be wanted by today's older people. There is, however, substantial national and local evidence that many older people in receipt of personal budgets continue to choose to use day services and also satisfaction rates to those who use them are extremely high.

Post Diagnostic Support for people with dementia

In relation to dementia, in August 2016, North Tyneside Council officers met with a number of groups that support people with dementia and their carers to discuss what future support services may be of benefit to both users and carers.

There were many examples of the good practice and how people have benefitted from excellent health and social care services. However, there were also examples given when both health and social care services have failed both people with dementia and their carers. The main themes around areas where improvement could be made focus on inclusion of and support for carers of people with dementia. This particular point echoes feedback received from the Healthwatch research. Training and understanding of dementia for professionals was also highlighted which seems to result in people "bouncing" between services. Support from some statutory services and also from voluntary organisations was highly praised.

Issues that have been highlighted in all the above work have been used to develop the action plan that accompanies this document.

5. Key issues

North Tyneside has an increasing ageing population, some of whom are already in poor health and therefore at increased risk of developing mental health problems.

Many older people experience physical illnesses first and then develop common mental health problems such as depression and anxiety. An older person in good physical health has a relatively low risk of depression.

People who have serious mental illness are at greater risk of a range of medical conditions compared to the general population. They experience physical illnesses more frequently and in some cases also have a considerably shorter life expectancy compared to those without a mental illness.

In the development of this Strategy we feel that it is important to take various lifestyle factors into account, in addition to issues that are particularly relevant for older people. The following is a summary of the key issues that have been identified that are particularly relevant to older people and can have an impact on their mental health and wellbeing.

An **ageing workforce** will need good age management practices to meet the needs of all staff to ensure that they remain fit and healthy and can continue to work for as long as they are willing and able to.

The Advisory, Conciliation and Arbitration Services (ACAS) defines good age management as being 'those measures that combat age barriers and promotes age diversity'. This includes being aware of rights and responsibilities; awareness of team composition and existing issues; the provision of flexible working; good recruitment and retention practices; supporting health, safety and wellbeing; and encouraging informed retirement planning. Age is a protected characteristic under the Equality Act 2010.

Key issues

- Proactive age management is required to ensure older workers can continue to work to the best of their ability in fulfilling and productive ways as they age
- Although not all workers will experience health issues, the Work Foundation has forecast that one in three workers will be experiencing chronic ill health by 2020
- It has been proven that the most effective actions to allow staff to continue working are early intervention, discussion and planning the support they will need
- Flexible working, including different work patterns, will support older workers to work to a higher pension age
- Helping staff to make plans for their future career and retirement at an early stage, including consideration of flexible retirement options, is essential so they can make informed decisions
- Carers aged 60–69 often juggle caring with the demands of work and financial pressures while those aged over 70 may be more likely to find it difficult to cope with the physical demands of caring

There is a strong evidence that **good quality housing** can have a direct impact on health and the use of health and social care services for example; reducing seasonal

deaths and worsening of chronic disease symptoms related to the cold, improving mental health and wellbeing, reducing falls and supporting older people to live independently to reduce residential and nursing home admissions.[5]
A YouGov survey commissioned by Shelter[6] found that a big decision facing older people, particularly if they become less mobile and their care needs increase, is whether to stay in their current home or consider a move to a smaller home better suited to their needs. It found that older people value a safe home, an attractive welcoming area with good facilities, transport links and service, and where they will be close to friends and family.

As people age and remain in mainstream housing, general needs housing can become unsuitable for many. As their health deteriorates they may need support to remain in their homes in the form of aids and adaptations and health and social care services.

Demand for sheltered housing and extra care housing seems likely to grow in demand with an ageing population and it could be a very suitable option for many. However, for a lot of people there remains reluctance to accept that greater support is required; this coupled with upheaval means many prefer to persevere in their own home rather than move into sheltered accommodation or extra care.

The impact of **loneliness and isolation**, in respect of mental and physical health cannot be underestimated. We know that:

- The effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity;
- Lonely individuals are at higher risk of the onset of disability; and
- Loneliness puts individuals at greater risk of cognitive decline, and one study concluded that lonely people have a 64 per cent increased chance of developing clinical dementia[7].

Feeling lonely isn't in itself a mental health problem, but the two are strongly linked. Having a mental health problem can increase the chances of feeling lonely, and feeling lonely can have a negative impact on mental health.

The North Tyneside Joint Strategic Needs Assessment highlights that just over 14,000 people, aged over 65, are currently living alone in the borough. The overall number of people who live alone is projected to rise by 13% by 2020 and for those aged over 75, it is projected to increase by 44% by 2030. Of those living alone, there are approximately twice as many women as men aged 65-74 years and three times as many women as men over the age of 75.

Smoking rates in North Tyneside are about twice as high as the general population and alcohol misuse and **obesity** rates are around 50% higher.

[5] Managing Ambulatory Care Sensitive Conditions Kings Fund 2012

[6] YouGov survey commissioned by Shelter 'A better fit?' April 2012

[7] Campaign to end Loneliness – Promising approaches to reducing loneliness and isolation in later life

The reason many older people give for stopping smoking is that they feel the damage has already been done and stopping would not provide any benefits. However the evidence is clear that stopping smoking at any age is of benefit.

Alcohol Consumption - 44% of the total number of hospital admissions related to alcohol were for patients aged between 55 and 74.[8]

For both sexes, rates of alcohol-specific deaths were highest among those aged 55 to 64 years in 2016.

Medication - For some people, medicines are a short-term solution used to help them manage an immediate crisis. For other people, medicines are an ongoing, long-term treatment that enables them to live with severe and enduring mental health problems. Many people do not want to stay on medication for years, but it can help some people to lead the kind of lives they want to lead, without relapses and re-admissions to hospital.

Although it may be quicker and easier to initiate medication rather than initiate other strategies such as talking therapies or exercise programmes,, which can be effective in many mental health problems, all medicines have undesirable side effects that people will experience to a lesser or greater extent and may have problems even when they stop taking the medication. In addition it is recognised abuse of prescribed medication for treating a mental health problem may cause additional problems.

The side effects of prescribed medication may mimic symptoms associated with mental illness in older people, such as confusion, insomnia or hallucinations. Many older people take some kind of medication, and often have multimorbidity (multiple long-term conditions) and take multi medication at the same time. This polypharmacy can increase the risks of suffering adverse side effects as a consequence.

Inactivity - Many adults aged 65 and over spend, on average, 10 hours or more each day sitting or lying down, making them the most sedentary age group.[9] Regular physical activity lowers the risk of a variety of conditions, including Alzheimer's and dementia, heart disease, diabetes, certain cancers, high blood pressure, and obesity.

High blood pressure is a key risk factor for stroke, which usually affects people over the age of 65. Regular activity and healthy eating can reduce blood pressure and also the risk of developing other health conditions such as Type 2 diabetes.

Weight problems affect many older people. The number of people who are overweight or obese is rising.

Taking regular exercise is especially important for older people. Older people have a slower metabolism, and this makes it more likely that they will put on weight which can affect their physical and mental health.

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[8] 2014/15 using a broad measure (where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis) *Statistics on Alcohol, England* - Health and Social Care Information Centre

[9] NHS Choices

The 2014 Health Survey for England showed the following groups as overweight or obese:

- 78% of men aged 65 to 74
- 80% of men aged 75 to 84
- Over 70% of women aged 65 to 84

However conversely, estimates suggest 1.3 million people over 65 suffer from **malnutrition**, and the vast majority (93%) live in the community. [10] Nearly one third of all older people admitted to hospital are at risk of malnutrition. [11]

Depression is the most common mental health problem in later life and affects one in five older people living in the community and 40 per cent of older people living in care homes. It can affect anyone, of any culture, age or background. This is because older people are much more vulnerable to factors that lead to depression, such as:

- being widowed or divorced
- being retired/unemployed
- physical disability or illness
- loneliness and isolation

In England depression affects 22% of men and 28% of women aged 65 or over[12]. The number of people aged 65 and over that are predicted to have depression in North Tyneside is 3,428. 1082 of those people are predicted to have severe depression.

The risk of depression increases with age 70% of cases of depression in over 70s may be caused by disability associated with illness. 40% of those over 85 are affected.

Moderate to severe depression occurs in 3-4% of the older adult population. The highest prevalence is found in those over 75. Worse general health can be associated with depression among older adults.[13]

Diagnosing depressive symptoms can be difficult, and reports indicate that some clinicians believe treatment for depression is less effective in older people, despite evidence to the contrary.

Dementia is a degenerative condition which has a wide reaching effect on the lives of those living with the condition and also the people that care for them. The chance of developing dementia increases significantly with age. One in 14 people over 65 years of age and one in six people over 80, have dementia.

Vascular dementia is the second most common type of dementia, accounting for 20% of dementia. Up to 30% of dementia is preventable through the same modifiable risk factors as for cardiovascular disease. These include; physical activity, healthy diet, reduced alcohol intake and not smoking.

[10] Elia M, Russell C. Combating Malnutrition: Recommendations for Action
[11] C A Russell and M Elia (2014) Nutrition screening surveys in hospitals in the UK
[12] Depression is defined as a high score on the GDS10 (Geriatric Depression Scale)
[13] General health status and vascular disorders as correlates of late-life depressive symptoms in a national survey sample. Stewart, R, & Hirani, V. International Journal of Geriatric Psychiatry, 25(5): 483-488, 2010

Most people living with dementia want to continue to do as much for themselves for as long as they can. People with dementia and those who care for them need access to timely and well-coordinated information, advice and support from diagnosis to end of life, which helps achieve the outcomes that matter to them.

From December 2017 everyone who has an NHS Health Check is made aware that the risk factors for cardiovascular disease are the same as those for dementia, including the message 'what is good for the heart is good for the brain'.

In addition to letting people know the risk factors are the same, everyone aged 65 – 74 will also be made aware of the signs and symptoms of dementia and be signposted to memory services if this is appropriate.

The purpose of the intervention is to raise awareness of:

- how people can reduce their risk of getting dementia and slow its progression
- the availability of memory services that offer further advice and assistance to people who made be experiencing signs and symptoms of dementia

Co-morbidities can complicate older people's access to appropriate services. There is the increased likelihood for those aged 65 and over to present with a number of both physical and mental health conditions. The King's Fund estimates that around 50% of people aged over 50 and 80% of those over 65 live with one or more long-term conditions.[14]

There are significant co-morbidities with a range of physical health needs. For example, 50% of people with Parkinson's disease suffer depression, 25% following stroke, 20% with a coronary heart disease, 24% with a neurological disease and 42% with a chronic lung disease.

It is estimated that approximately half of all in-patients in a hospital setting have a mental health condition which includes depression, dementia or delirium. If those co-morbidities are not addressed, it can result in poorer health outcomes and increased morbidity and mortality rates.

In January 2016 a review of **Intermediate Care Services** was signed off by the Older People's Transformation Board.

The review identified the following gaps in provision:

- Step up beds (for people in the community who are at risk of an inappropriate acute hospital admission)
- 'Discharge to Assess' or 'Time to Think' beds (with appropriate therapy input/ support) which would support the timely discharge of patients from an acute ward into an intermediate care facility, enabling a period of rehabilitation whilst assessments were being carried out or decisions were being made about the appropriateness of permanent placements into residential or nursing homes
- **Specialist intermediate care for people with dementia**

[14] A. Coulter, S. Roberts, A. Dixon, Delivering better services for people with long-term conditions: building the house of care, October 2013

- There were varying access criteria and routes across the system
- There efficiencies that could be made while still improving and delivering an effective service

A project group has been established to implement the new model of intermediate care.

(Older) people with a **learning disability** experience health inequalities, however many of the determinants of health inequalities sit outside health services, and are the result of the interaction of several factors including increased rates of exposure to common 'social determinants' of poorer health (e.g. poverty, poor housing, social exclusion), individual lifestyle factors, barriers to accessing health care and experience of overt discrimination[15]

Many are living with family carers who are themselves ageing and require support.

People with a general learning disability are 3-4 times more likely to get dementia than the general population. People with Down's syndrome are 50% more likely to have dementia when they are aged 60.

Learning Disability practioners report that rather than focussing on the needs of the person, many service providers see the learning disability first; this can result in the person being placed in accommodation that is not suitable or able to meet their needs.

Delirium is estimated to be present in 25-40% of patients presenting to the Emergency Department & in around 50% of those aged over 70 in hospital. It represents the commonest complication of hospitalisation in the elderly, leading to increased length of stay, increased risk of discharge into institutional care and increased mortality. Where delirium is characterised by its acute and transient nature, dementia causes chronic cognitive impairment. However, the two frequently co-exist in an inpatient population.

Vulnerability to delirium is conferred by advancing age, frailty, the effects of poly-pharmacy, hip fracture and high burdens of physical morbidity, including pre-existing cognitive impairment. For this high risk group, the insult can be comparatively minor, yet the consequences far-reaching. The risk of developing dementia following an episode of delirium is increased 3-fold and cognition in an established dementia can be irreversibly worsened.

Rates of recognition are notoriously poor (20-50%) and the precipitants are unknown in up 50% of cases – most often; the causes are multifactorial (including pain, infection, nutrition etc., following the PINCH ME acronym). Prevention is key, with interventions targeted at high risk groups. Person centred care approaches form the linchpin of management.

The number of older carers is growing at a staggering rate; almost one in ten people aged over 85 provide **unpaid care**. There are nearly 1.2 million carers aged 65 and over in England – an increase of 35% in just ten years, compared to an 11% rise in

[15] (Emerson et al, 2012)

the number of all carers, and a 4% rise in the number of carers aged 25-64 in the same time period. The fastest growing group is carers aged 85 and over, whose numbers have more than doubled, growing by a huge 128% in ten years to over 87,000.[16] The number of carers aged over 85 is expected to double over the next 20 years.[17] This group is often invisible, with many older carers providing long hours of vital care and support while their own health and wellbeing deteriorates, resulting in poor physical and mental health, financial strain, and breakdown in their ability to carry on caring.

- 55% of carers aged 85 and over provide 50 or more hours of care a week
- 32% of carers aged 65 to 74 are providing 50 or more hours of unpaid care a week
- Nearly 3 in 5 carers aged 85 and over are male
- 48% of carers aged 85 and over who are providing 20 or more hours a week say that they feel anxious or depressed
- 45% of carers aged 75 and over are looking after someone who has dementia
- 6 in 10 older carers who provide 50 or more hours care a week say their health is not good, rising to 75% of carers aged 85 and over

Specifically in relation to older carers, particular needs to consider are:

- Carers aged 60–69 often juggle caring with the demands of work and financial pressures while those aged over 70 may be more likely to find it difficult to cope with the physical demands of caring.
- Carers will be caring for people with a wide range of health conditions and disabilities, with varied emotional and physical demands and concerns for the future. [18]
- Over 16% of older carers in research in 2011 (The Princess Royal Trust for Carers, 2011) were caring for more than one person. This is more common for the younger age group 60–75 where significant numbers care for a parent as well as an adult son or daughter, grandchild or someone else with a disability or long-term health condition

Deterioration in carer health and wellbeing therefore is likely to increase demand on health and social care services for both the carer and the person with care needs. Preventative interventions to support the carer may therefore reduce the likelihood of increased future health, social care or residential care needs of both parties.

Some of the effects of caring on carers:

Mental health and wellbeing:
• Carers caring for more than one person
• Older carers working and caring

Physical health and wellbeing:
• Carers aged over 75

[16] Carers UK ‘Caring into later life The growing pressure on older carers’ April 2015
[17] HM Government 2014
[18] Carers Trust ‘Caring About Older Carers Providing Support for People Caring Later in Life’ 2015

Both physical and mental health:
• Older carers who need to do physically demanding caring tasks
• Older carers who often need to be up in the night
• Older carers of people with dementia or people with challenging behaviour
• Older carers who have little back-up from other friends or family
• Older carers who feel strongly about coping without outside support, or where the person with care needs is reluctant to accept help from anyone other than the carer

End of life care - It is recognised that people dying from advanced dementia have surprisingly comparable needs to those dying from advanced cancer. Yet people dying from advanced dementia are more likely to:

- die in an acute hospital ward or care home
- have uncomfortable aggressive treatments prior to death

They are also less likely to:

- be prescribed appropriate analgesia
- have spiritual needs addressed
- have an advanced care plan

Non-cancer diagnoses are very under-represented in specialist palliative care services and workload. This could partly be due to the lack of recognition of dementia as a terminal illness and its uncertain prognosis.

Healthcare workers providing palliative care to people with dementia face dilemmas. These can include:

- Differentiating between an aggressive medical approach and a palliative approach
- Assessing and managing pain and other symptoms
- Effective communication about end of life issues
- Families' perceptions
- Resuscitation (DNAR)
- Antibiotic use
- Artificial rehydration
- Admission to acute hospital
- Use of psychoactive drugs

Transitions

We need to ensure that the pathway from adult mental health services to older people's mental health services is as smooth as possible and barriers do not get in the way of enabling older people to access the right level of services at the right time.

Work has been undertaken between the CCG, Northumbria Healthcare trust Older Peoples Mental Health Service and Northumberland Tyne & Wear Service to review the interface between the two teams and to develop a needs lead service as opposed to an age led service.

Issues do still exist between the two trusts in relation to ensuring access to timely crisis support. Work has started to review those pathways but further work is needed.

6. Our Response

Our response to the key issues identified in section five fall into the following main areas:

1. Improving Health and Wellbeing
2. Prevention and Early Intervention
3. Community and Primary Service
4. Secondary Provision
5. Supporting Recovery & Long Term Care

1. Improving Health and Wellbeing	
Where we are now	**Where we want to be/what we will do**
▪ We understand the risk factors for older people; however there is no coordinated plan to address them. ▪ Community Mental Health and Wellbeing Matrons in North Tyneside have been trained to become Stop Smoking Advisors and are able to offer stop smoking medication. ▪ The Director of Public Health (DPH) 2015 Annual Report presented an overview of the health status of the over 50s in North Tyneside. ▪ TyneHealth provides the NHS health check programme to residents aged 40-74 years old. ▪ North Tyneside commissions North Tyneside Recovery Partnership (NTRP) to provide a treatment service for people who misuse alcohol and drugs. There is no upper age limit and NTRP are actively working to encourage older people into treatment and are in discussion with Age UK on how to identify and support older people to enter treatment	▪ Improved use of national and local intelligence to understand the current and future mental health needs of our local population - develop targeted approaches as required. ▪ Older people in North Tyneside have good mental health and resilience through interventions delivered by universal services and also targeted support is provided to those at higher risk of mental ill health. ▪ The DPH made a number of recommendations after reviewing the available data and from conducting interviews with older residents. A priority is to ensure that those who are in the pre-retirement phase are encouraged to plan for older age by being physically active and socially connected, to ensure that older people have a good quality of life and are independent and self-sufficient in older age. ▪ People with mental health problems and their carers will be supported to manage mental health problems and dementia effectively, to ensure that they live a full life and work towards achieving their own goals and aspirations. ▪ There are reduced levels of people that have mental health problems who smoke. ▪ Conduct a review of Active North Tyneside and ensure its contribution to

	mental health wellbeing is documented and core to its service offer. ▪ The North Tyneside Alcohol Partnership will bring the issue of older people and alcohol misuse to the attention of professionals working in the social housing, care and support providers. -The partnership aim to highlight current concerns and the national and local policy context, and to suggest ways in which the social housing, care and support sectors can work in partnership with the North Tyneside Alcohol Partnership to ensure older people have access to appropriate treatment and support; -A nominated team or individual will be established with a specific responsibility for housing and recovery; -Opportunities for joint commissioning and shared outcome frameworks for drug and alcohol and housing services should be explored to incentivise partnership work in support of recovery. -Development of consistent alcohol policies across social housing providers; -Alcohol services and older person's services and accommodation, and social landlords should explore opportunities for specialist housing schemes to support older people with alcohol dependency.
▪ Parity of esteem.	▪ Mental health inequalities across North Tyneside are reduced ▪ Increased interventions to build good wellbeing and resilience, including universal approaches for the general population and targeted wellbeing interventions for those facing particular risk factors. The aim is to improve health, social outcomes, reduce

	prevalence of mental illness and to support recovery. ▪ Targeted public mental health and wellbeing campaign to raise awareness of mental health issues, reduce stigma and also help the public in understanding their role in contributing to their own wellbeing offer to support others with such issues.
▪ 'Making Every Contact Count (MECC)' training programme to frontline staff is being rolled out.	▪ Ensure the 'Making Every Contact Count (MECC)' training programme is effective and making a difference to individuals.
▪ North Tyneside's Safe and Healthy Homes initiative is working to improve housing conditions. ▪ The team will work with residents of North Tyneside regardless of tenure. ▪ The team can fast track referrals for low level equipment and adaptations as well as assistive technology solutions to keep safe and promote independence in a person's own home. ▪ There is an interface between housing and adult social care to ensure that any identified needs are supported and met by the right resource.	▪ Improved living conditions contribute to improved emotional wellbeing for those living within these properties. ▪ Explore opportunities to provide advice, information and support regarding changes to the living environment to support people living with dementia and their families. ▪ The need for specialist Extra Care housing for people with dementia has been identified and will be explored further.
▪ Work has begun to make North Tyneside a Dementia Friendly Community (DFC). ▪ Safe Places have been introduced.	▪ Offer opportunities for local people to understand how they can contribute to the DFC agenda. ▪ Explore the use of contracts to encourage providers to contribute to the DFC agenda. ▪ Continue to roll out Dementia Champions programme. ▪ Need to develop a dementia pathway
▪ We have a North Tyneside's Commitment to Carers and Action Plan which outlines our approach to supporting carers in North Tyneside.	▪ The action plan is due to be updated in 2018. This update should include a review of the needs, identification and support for older carers particularly those over 85.

2. Prevention and Early Intervention	
Where we are now	**Where we want to be/what we will do**
▪ Care and Connect Community Navigators are in place. ▪ A New post has been introduced - Community Navigator Dementia and Memory Loss ▪ Primary Care Navigators have been introduced ▪ Healthy Conversations training is being rolled out for North Tyneside Council staff. This training is comprised of 4 tiers. Suitability for attendance of different tiers is dependent upon the level of contact staff have with residents	▪ Improved promotion of advice and information about self-help/self-care coping strategies. ▪ Support people to access online options to manage their lives in a variety of settings. ▪ Raise awareness of the importance of financial and future planning. ▪ Reduced use of secondary care services and increased use of community and primary care to support people. ▪ Community Dementia Navigator – use the findings to put permanent navigation arrangements in place for people with dementia and memory loss. ▪ Extend training provision to support the introduction of Healthy Conversations within the Community and Voluntary Sector. ▪ Continue to roll out Primary Care Navigator programme across all practices.
▪ A protocol exists between Northumbria Healthcare NHS Foundation Trust and Northumbria Tyne & Wear Mental Health Foundation Trust, to affect a needs led service rather than an age led service between adults and older people. ▪ Further work is needed on developing crisis pathways for older people in North Tyneside who are experiencing a crisis	▪ Work collaboratively across local services to deliver the right support at the right time to help people address the factors which prevent them from leading a full and active life. ▪ Improved identification of those at risk of developing mental health problems or dementia, supporting early intervention to help prevent reaching a 'crisis point'.

▪ Good examples of preventative services provided by Community & Voluntary Sector organisations in North Tyneside can be evidenced. ▪ A Pilot Project with Age UKNT, Tyneside and Northumberland MIND and VODA is testing out a new approach to providing community and voluntary sector preventative services (incorporating Social Prescribing) alongside the new customer pathway in adult social care.	▪ Develop a robust, integrated partnership approach with voluntary organisations to support our preventative and early intervention approach ▪ Evaluate the Pilot Project in line with the Five Ways to Wellbeing framework. Commission new model of preventative support. ▪ Ensure community and voluntary services are adequately resourced to support our approach. ▪ Explore opportunities for the delivery of a Social Prescribing Service.
▪ Active North Tyneside is being delivered through the sport and leisure team at North Tyneside Council. ▪ A range of universal activities are on offer ▪ A range of targeted interventions in communities where people are least active and where health inequalities are stark ▪ A well developed programme of health walks is available led by trained local volunteers. ▪ Community Health Champions (local volunteers who deliver positive health messages in their communities) are in place	▪ North Tyneside Council is working with Age UKNT on the Design in the Public Sector Programme. The focus of this work is enable physically inactive older people to become physically active.
▪ North Tyneside Carers' Centre provides support to all carers and also delivers additional condition specific courses and support groups. ▪ All carers have a statutory right to a Carer's Assessment on the appearance of need. ▪ The Local Authority has developed a Carer's Risk Assessment to identify carers at risk. ▪ A 'Think Family' approach is adopted in North Tyneside	▪ Ensure carers are fully supported to understand the condition of the person they are caring for and also to have a life outside of caring. ▪ Increase the numbers of good quality Carer's Assessments and robust support planning. ▪ A collaborative system wide approach is needed to ensure all carers (including young carers) supporting people over 65 are identified and offered appropriate support. ▪ Health & Social Care staff are fully trained to identify and support carers. ▪ Explore the opportunity to extend the use of the Risk Assessment for Carers as a tool to identify older carers at risk.

▪ Public Health, in partnership with the region's 12 local authorities, commissions the North East's Better Health at Work Award. This is provided by the Northern Regional TUC. To support this award Public Health commissions a service from Northumbria Healthcare NHS Foundation Trust to promote and support health and wellbeing in workplaces in North Tyneside. This Service expires in March, 2018 and will be re-procured with an added focus on positive mental health and reducing stigma.	▪ Increased sign up to the Better Health at Work Programme across North Tyneside to raise awareness of mental health promotion and stress management. ▪ Recognition of the changing landscape of an ageing workforce and define our approaches to support people as they manage work, health issues and caring responsibilities.
	▪ The key message that should be communicated is that 'what's good for your heart is good for your brain' and by adopting a healthier lifestyle people can reduce their risk of developing both cardiovascular disease and dementia.

3. Community & Primary Services	
Where we are now	**Where we want to be/what we will do**
▪ Work to develop improved access routes to community and primary services	▪ Primary care level locality hubs are developed with links to other community primary care services. The mental health needs of older people will be integral to this new service model
▪ The NHS England Improving Access Framework 2016/17 has rated dementia services in North Tyneside in the upper quartile of CCGs, which is very positive.	▪ Continue to work with GPs to maintain and improve the dementia early diagnosis rate ▪ Improve the dementia post diagnostic offer in North Tyneside for both people with dementia and their carers. ▪ Improve health checks in GP Practices for people with dementia
▪ An older peoples liaison psychiatry service operates in North Tyneside, ensuring that older peoples mental health needs are treated and managed alongside their physical health needs	▪ We will review this service to ensure it aligns with the “Core 24” model of liaison psychiatry based at the Northumbria Hospital. Older people will receive appropriate and timely intervention to address their mental health needs both at presentation at A&E and ongoing management if admitted into hospital.
▪ A Street Triage service is in place, which aims to improve access to mental health services and avoid preventable detentions when using section 136 of the Mental Health Act.	▪ Ensure equality of access to the street triage service for the over 65 population when needed.
▪ The North Tyneside Talking Therapies services (including IAPT) already meet the national Access target and waiting time standards and is now meeting the national target for Recovery.	▪ Continue to monitor the Action Plan between the CCG and the provider to ensure that the North Tyneside Talking Therapies service continues to maintain the national Recovery target. ▪ Ensure that the North Tyneside Talking Therapies service has the workforce, capacity and resources to ensure it meets the future national expectations on access.

	▪ Ensure that the older people including those in care homes can access the Talking Therapies Service.
▪ Intermediate Care - The Older Peoples' Partnership Board agreed a new model for the provision of intermediate care. Phase 1 of the new model begun in December 2016 with the development of a new 20 bedded community based Intermediate Care facility and adopting a multi-agency approach to deliver community based rehabilitation.	▪ Phase 2 will seek to further decrease dependency in acute bed usage and utilise and increase resources in community /social care provision. The change would also allow all key partners to strengthen the discharge to assess model, and increase in investment in community / home-care based intermediate care and rehabilitation, funded by a reduction in the capacity and acuity of bed-based provision.
▪ Older People with a Learning Disability – services are in place however additional work is needed in this area.	▪ Need to establish a 'baseline' for a person who has a learning disability, to support dementia diagnosis in later life. ▪ Need to skill up the workforce who support people with a learning disability to ensure that they can indentify and support people with a learning disability who may have dementia.
▪ Age UK are the main provider of post diagnostic support for people with dementia and their carers. The Service includes provision of Admiral Nurses ▪ The CCG has invested funding with Age UK for provision of an Admiral Nurse to provide post diagnostic support for people with dementia and their carers in North Tyneside.	▪ The CCG will regularly review the impact of this service. ▪ The Local Authority and the CCG will work with Age UK and other voluntary organisations to maximise potential funding opportunities.
▪ "Care Plus" is a "new models of care" programme targeted to frail elderly patients, commissioned by the CCG It aims to deliver high quality, cost effective care where inpatient hospital care is by exception. The Care Plus team is in place now comprising GPs, geriatricians, nurses, social workers, and admin support, serving the Whitley Bay locality of North Tyneside. The service has four key components:	▪ The CCG will roll out the Care Plus model of care across the other locality areas in North Tyneside.

1. Coordination of Care – to ensure patients actually receive the care they need when they need it and to eliminate waste and duplication. 2. Standardised Care - to drive consistency and high quality while leveraging systems that encourage clinicians to find the most cost effective solutions to meet patient needs. 3. Matching patients need with an appropriate care delivery model – patients with complex chronic diseases need a different kind of care than patients with injuries or simple episodic diseases and therefore the philosophy of directing patients into the right care model or delivery channel applies to clinicians as well. 4. Facilitate the development of health literacy- which will ensure that patients are supported to develop the confidence and knowledge to manage their own conditions ▪ The Care Plus Team has access to the older peoples liaison psychiatry team to ensure that mental health and dementia related needs are addressed	
▪ S117 ensures that councils and the NHS provide aftercare services, including a care home place if that is needed, for people who have been discharged from hospital having been detained for treatment under the Mental Health Act 1983.	▪ Ensure those people subject to a Section 117 receive an annual review.
▪ Extensive range of residential and nursing care provision is available for those unable to live independently in North Tyneside. ▪ An Enhanced Primary Care in Care Home scheme is in place to ensure all eligible patients are registered with an aligned GP practice in North Tyneside.	▪ Ensure that people in residential care are appropriately supported through continued joint quality monitoring processes. ▪ Where cognitive impairment exists ensure appropriate referrals to clinicians are made (not dependent on behavioural change). ▪ Expand the Medicines Optimisation in Care Home project through the Enhanced Primary Care scheme.
	▪ Improved early identification of older people who are released from prison is needed

4. Secondary Provision	
Where we are now	**Where we want to be/what we will do**
▪ Progress has been made with the two hospital mental health providers in North Tyneside, the CCG and the Council working together and forming a Mental Health Integration Board. We will expand on the foundations that this Partnership has laid to develop further integrated services and to continue to take an integrated approach to commissioning mental health services.	▪ Inclusion of mental health will be an integral part of the local Sustainability and Transformational Plan and will be a major contribution to parity of esteem with integrated leadership and collective accountability across the public sector. ▪ Review commissioning arrangements between the Local Authority and Clinical Commissioning Group, consider best practice and areas for joint / lead commissioning. ▪ Improve information sharing between mental health trust/acute trust and community psych services.
▪ We have developed an operational framework for transition arrangements between adult mental health services and older people's services.	▪ Transition arrangements and roles / responsibilities are defined and understood by relevant agencies and individuals. ▪ Review and update arrangements for access to crisis services between adult mental health and older peoples services
▪ A mental health reablement service is in place with specialist staff who have the skills and knowledge to prevent escalation to secondary mental health services. ▪ Advice and information is available for those that need outreach.	▪ Provide a proactive response to people with chaotic lifestyles. ▪ Continue to measure / monitor outcomes in relation to the services currently provided including the use of service user feedback.
▪ Personal social care budgets in place ▪ Direct Payments are in place for social care services but low take up by older people ▪ Personal health budgets are available but have previously been limited to people with learning disabilities and children with special education needs	▪ People have increased choice and control ▪ Increased numbers of people in receipt of a person health budget. ▪ Increased numbers of people in receipt of a Direct Payment ▪ Joint personal budgets (health and social care) are available and accessible ▪ Explore if the Alzheimer's Society Dementia Friendly Personal Budget Charter can be used to support us.
▪ NICE Guidance is available on the treatment of patients with delirium.	▪ Review policy and procedures to ensure NICE Guidance is being implemented

▪ Currently no Northumbria Healthcare NHS Foundation Trust policy on the management of delirium.	and achieved. ▪ Develop a policy on the management of delirium which includes referral for further assessment following resolution of an episode of delirium. ▪ Introduce the newly designed series of flowcharts which focus upon key areas (depression, anxiety, delirium, behaviour that challenges) to both nursing and medical staff. ▪ Develop a mental health champion scheme on the wards; the champions disseminate good practice within the clinical team – essentially principles of person centred care. ▪ The CCG will review current policies and pathways with the Northumbria Healthcare NHS Foundation Trust.
▪ Liaison Psychiatry services are in place. ▪ Dementia and delirium training including the challenges of nutrition is provided to all staff groups. ▪ Focused training to specific groups (i.e. portering staff) is provided which includes a session on delirium. ▪ NHCT participates in the Dementia Accreditation Process within care of the elderly wards across the trust.	▪ Need to improve general care of patients with dementia and delirium (including the environment, relative's access and support, nutrition etc) across acute services. ▪ Ensure adequate resources are in place to support people with dementia including the use of the third sector, families and carers.

5. Supporting Recovery & Long Term Care	
Where we are now	**Where we want to be/what we will do**
▪ Plans have been developed to improve community mental health services for adults in North Tyneside, reducing inpatient services and increasing community support services.	▪ GP's to support people in managing and maintaining their mental health when stable ▪ Work with Northumberland, Tyne & Wear Mental Health Trust to manage and implement the new recovery focussed model which will meet the principles and expectations identified by service users, carers and practitioners
▪ Crisis Care Concordat is in place	▪ Ensure that people are only treated in hospital settings when this is the best place for them to be, using a multi-agency approach to support people with mental health needs. We will review and update Crisis Care Concordat to ensure it remains pertinent and identifies key areas for improvement and development
▪ Suicide prevention action plan in place	▪ Review suicide action plan in line with the Mental Health Five year Forward View in relation to local suicide audit, trends, benchmark against other areas.
▪ Non-elective alcohol admissions in North Tyneside are falling but remain higher than the England average, which places a financial burden on the system	▪ Reduction of non-elective admissions for alcohol related conditions to below the England average for both activity and expenditure by reviewing how existing services can develop more effective joint working systems and pathways.
▪ Mental health services will also need to be effectively integrated with physical health care at both primary and secondary care levels to ensure that people with long term conditions and other physical healthcare problems are effectively supported.	▪ In relation to primary care provision, the talking therapies service in North Tyneside is a pilot area for expansion into long term conditions. The service is working with secondary care clinics to offer mental health support to people who have specific long term conditions. ▪ The Liaison Psychiatry service ensures that the mental health needs of older people who attend A&E or are admitted onto wards are addressed at the same time as their physical health needs ▪ In both examples, primary care and secondary care clinician's work alongside one another and further

	opportunities for such integration need to be explored.
▪ We have a growing population of people with ADHD and/or Autism and/or Learning Disabilities and need to ensure that mental health provision is appropriate to meet mental health and/or dementia needs as they also grow older	▪ Work with providers to ensure that staff have the skills, knowledge and experience to appropriately manage and treat the mental health needs of people with ADHD and/or autism and/or learning disabilities. ▪ Need to identify providers who can offer a mix of skills i.e. not solely learning disability or only dementia support ▪ Define our approach to support - understand that the staff team may need to change to support the person to continue to live in their own home – rather than residential care alternatives.
▪ During 2016/17, North Tyneside CCG worked with Northumbria Healthcare, who is working with Marie Curie, to deliver a range of expert care and support for people with complex, advanced terminal illness, and their families. The recently commissioned RAPID service aims to deliver a more responsive in hours and out of hours at home service.	▪ Continued improvement of responsive and expert support and care for people with complex, advanced terminal illness and their families ▪ North Tyneside CCG will develop a plan to implement the recommendations set out within North Tyneside CCG End of Life Strategy Achievements report (Feb 2016). This includes: - Working with GPs and support practices to increase percentage of North Tyneside Practice patients on the palliative care register to meet the national target. This will be achieved by proactive communications with GPs and users of the register evidencing how it is being used within practices. To undertake further Patient Voice/Unbiased User Surveys. - Maximizing our community assets moving more beyond the medicalised forms of delivery engaging the community. - Working with stakeholders to embed the principles and messages around End of Life education. - Reviewing Bereavement Services across all settings in North Tyneside

	ensuring that CCG managers cross reference current and future projects with regard to end of life. - Reviewing any projects relating to vulnerable and minority groups to ensure these people have equal access to services that support a 'Good Death'. - Establishing a target for an increase in the reported 15.23% of palliative care patients who have an emergency health care plan (EHCP).

7. Governance

This Strategy has been developed by a sub-group of the Mental Health Integration Board involving officers from the CCG and the Council.

The Strategy will be delivered through an implementation plan which will contain detail about what will be done, by whom and by when. It will be refreshed annually. The Mental Health Integration Board will monitor progress against the implementation plan and will also provide regular feedback to the Health & Wellbeing Board.

A number of other Boards exist which support decision making in North Tyneside. These Boards also have interfaces into mental health services. Collaboration with these boards will be required to ensure that the mental health needs of older people are being fully addressed. Relevant actions from our action plan may also need to be incorporated into the work plans of these other boards.

The following boards of specific note in relation to this Strategy are:

- Learning Disabilities Integration Board
- *Children and Families Integration Board*
- Carers Partnership Board

Appendix 1 – Current Services and Support

There is currently a wide range of mental health services and support available for older people in North Tyneside. Some of these services are specific for older people while a number are more generic but can also be accessed by older people with mental health problems and dementia.

The Local Authority provides and commissions a range of services which includes both social care services as well as support for older people in other areas such as housing and other accommodation.

A key feature of provision in North Tyneside is the co-located health and social care teams which offers the benefits of collaborative working and ensuring individuals social and health care needs are addressed at the same time, as far as possible.

At present North Tyneside CCG commissions older people's mental health services in North Tyneside from two different healthcare providers: Northumbria Healthcare NHS Foundation Trust (NHCT) through the Mental Health Services for Older People Service and Northumberland, Tyne & Wear NHS Foundation Trust (NTW). NHCT provides services to most of the borough except for the North West area which, instead, is covered by NTW Trust. Both Trusts were inspected by the Care Quality Commission in 2016, and both were rated as outstanding. The links to the full inspection reports can be accessed here:

NTW

Northumbria

As well as hospital services, there is a range of community and primary care level health services.

For the purposes of this Strategy we have provided a summary of the various services which are available. Some services are provided as a result of national requirements while others have grown organically to meet specific need.

The purpose of including this information is twofold. Firstly, it provides a comprehensive source of existing services. Secondly, it helps identify the gaps in current service provision and therefore will ensure that future commissioning is undertaken with a more strategic influence.

This will help us to be able to respond to the current and future challenges in North Tyneside with the aim of transforming mental health services for older people across the borough and will ensure we focus on improving outcomes for all and ensuring best value for money.

Improving Health & Wellbeing

Healthy Conversations

Healthy Conversations training is being rolled out for North Tyneside Council staff. This training is comprised of 4 tiers. Suitability for attendance of different tiers is dependent upon the level of contact staff have with residents.

Level 1 is an e-learning module

Level 2 delivered face to face.

Both courses enable staff to deliver basic healthy lifestyle messages, encourage people to change their behaviour and to signpost to local services for support.

Level 3 is comprised of individual workshops, covering Alcohol Brief Interventions, Healthy Eating and Physical Activity, Personal Resilience and Stop Smoking Brief Interventions.

Level 4 includes Blue Light training; Impact and Approaches to working with Treatment resistant drinkers.

Safe & Healthy Homes

North Tyneside's Safe and Healthy Homes initiative gives advice and guidance to help residents to solve health related housing issues and improve physical/mental health through referrals to relevant services and organisations.

The service targets vulnerable people who own or privately rent their property and can help with the following:

- heating issues, energy bills and fuel poverty
- damp and mould
- home safety - hazards and clutter
- outstanding repairs
- fire safety

Sheltered Housing

Sheltered housing is housing built for groups with varying needs. Accommodation is self-contained, but there are communal areas, such as the lounge, laundry room and garden. Sheltered Housing Officers support the schemes including the group dwellings in North Tyneside. The Care Call Community Alarm and Crisis Support Team are available 24/7 through an alarm system.

North Tyneside Council has undertaken a huge transformation programme of sheltered accommodation to provide modern, attractive housing that offers a quality lifestyle for older people. There are currently 922 new or refurbished 1 and 2-bedroom apartments and some bungalows over 26 schemes.

Due to the standard of accommodation and the partnership integration between Housing, Health and Social Care the residents are supported to remain in their homes for as long as possible with little to no need for adaptations. The CARE Point team are accessible to the schemes for minor injuries and prevention of admission to hospital initiatives. A falls prevention awareness programme has taken place in most of the schemes.

Smoking Cessation

For people with mental illness who smoke, stopping smoking will have the greatest impact on their health.

Mental health inpatient and community staff have a critical window of opportunity to identify people who smoke, advise on the most effective way of stopping smoking and either provide, or refer people for, specialist support. Community Mental Health and Wellbeing Matrons in North Tyneside have been trained to become Stop Smoking Advisors and are able to offer stop smoking medication. All NTW sites are now smoke free and some staff have also been trained to be stop smoking advisors.

Dementia Friendly Communities and Dementia Friends

Dementia Friends Information Sessions are run by volunteer Dementia Friends Champions, who are trained and supported by Alzheimer's Society.

Dementia Friends have some understanding about dementia and how they can help people living with the condition.

There are a number of Dementia Friends Champions in North Tyneside who have been delivering sessions locally to encourage others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help.

A Dementia Friendly Community (DFC) is a place where:

- It is possible for the greatest number of people with dementia to live a good life
- People with dementia are enabled to live as independently as possible and to continue to be part of the community
- People are met with understanding and given support where necessary

Age UK North Tyneside and North Tyneside Council worked in partnership to test out how this concept could be developed locally. Wallsend is currently formally registered with Alzheimer's Society as a DFC.

Prevention & Early Intervention

There are a range of additional initiatives, services and support currently being provided in North Tyneside which supports older people to maintain good mental health, prevent loneliness and isolation and continue to be linked into their communities. Many of these services are provided by the community and voluntary sector using a variety of funding sources and some receive statutory funding.

Information Advice and Self Help

The care and support advice and information offer within North Tyneside covers all conditions and support needs and aims to be as accessible as possible.

The main source of advice and information can be found on the North Tyneside Council website in **My Care**

My Care provides useful advice and information about the care and support offer locally, including;

- The adult social care offer
- Community living
- Disability information
- Health and wellbeing, and much more.

Care and Connect

Care and Connect provides advice and support to help people to stay independent. Support is provided by telephone or face to face in community settings.

The Service offers tailored and detailed knowledge of the local care and support system and information and access to the Council's adult social care system, where needed.

Signposting Information Guidance Network (SIGN) North Tyneside

SIGN North Tyneside (**S**ignposting, **I**nformation, **G**uidance **N**etwork) is a network of Council and community and voluntary sector providers of free, independent and confidential information on adult health and wellbeing services locally. The organisations work together to put people in need of practical or emotional help and guidance, in touch with those local organisations best able to provide it. Members can direct, signpost and support people to access groups, activities and resources in their area.

North Tyneside Carers' Centre

North Tyneside Carers' Centre provides support to both young and adult carers. They are a network member of Carers Trust.

They have specialist Carer Support Workers who support carers to recognise the impact of their caring responsibilities on their own health and wellbeing. They can provide individually tailored advice, information and support and also carry out carers assessments on behalf of North Tyneside Council.

They provide a range of peer support groups and training for carers free of charge, which are designed to give carers the skills and knowledge to cope confidently in their caring role.

Safe Place Scheme

The Safe Place Scheme is supported by North Tyneside Council and Northumbria Police. A Safe Place is a public building, like a shop, a bank, a community centre or a church, where the staff have been trained to help members of the Safe Place scheme. It is for people who may be vulnerable as a result of their physical or mental health, because they have a learning disability or have been subjected to some form of verbal or physical abuse whilst out in public. The scheme supports members to get out into their communities and feel safer knowing that support is available.

Active North Tyneside

Evidence demonstrates that an active life is essential for physical and mental health. In addition regular physical activity can protect against conditions like depression, obesity, hypertension, cancer and diabetes. Active North Tyneside is a programme funded through public health and delivered through the sport and leisure team at North Tyneside Council. Active North Tyneside aims to improve the health and wellbeing of residents in the borough by increasing participation in healthy lifestyle interventions and more specifically increase participation in physical activity.

There are a whole range of universal activities offered by North Tyneside Sport and Leisure services with a range of targeted interventions via the Active North Tyneside programme in communities where people are least active and where health inequalities are stark.

In addition many of the Active North Tyneside programmes contribute to improving mental health and wellbeing by promoting inclusion and participation e.g. encouraging and supporting young men who are not in education, employment or training to increase participation in physical activity and enhance mental wellbeing. Another programme supports young women.

The borough also has a well developed programme of health walks, which are led by trained local volunteers. Community Health Champions are local volunteers who deliver positive health messages in their communities.

Prevention Services Pilot

Adult Social Care is working in partnership with a number of organisations in the Community and Voluntary Sector to pilot a new preventative 'offer' to residents in North Tyneside, many of whom have low to moderate mental health problems.

Organisations involved in the pilot include:

- Age UKNT (Befriending; Social Prescribing; and One to One Service)
- Tyneside and Northumberland MIND (Social Prescribing)
- VODA (Good Neighbours Project)

The following is a brief description of the services involved in the pilot:

Befriending - Age UKNT – this service is open to older people 50+ who are extremely socially isolated and unable to access their communities. They are matched up with a volunteer befriender who will visit them for around an hour or two a week for a chat in their own house. This service has no time limit and is expected to be permanent.

Social Prescribing - Age UKNT & Tyneside & Northumberland Mind

Social prescribing involves empowering individuals to improve their health and wellbeing and social welfare by connecting them to non-medical and community support services.

North Tyneside Social Prescribing Service aims to link people in with activities in their community to improve their wellbeing. People are supported to access a variety of physical, social and creative activities, and the person has the involvement of a Coordinator throughout their time in service, which is expected to be around 3 – 6 months.

Age UK North Tyneside and Tyneside & Northumberland Mind use their specialist knowledge and work in partnership to deliver the service to anyone over the age of 18 who lives in North Tyneside who has a genuine need for improvement in wellbeing. People who are being referred in must be at the stage where they would like to participate in activity outside of their home.

Good Neighbours - provided by VODA (Voluntary Organisations Development Agency) - involves volunteer good neighbours to support vulnerable, isolated North Tyneside residents with practical, household tasks, errands, shopping and informal social contact.

North Tyneside Recovery College

VODA is working in partnership with NTW NHS Trust to develop a recovery college which will offer free courses related to mental health and well-being. Courses are open to all and the first prospectus will run between September and December 2017

Mental Health Reablement Service (MHRS)

The Mental Health Reablement Service offers short term timely and intensive community intervention, free of charge, for approximately six weeks. The MHRS may be extended for up to 12 weeks following a review and includes:

- Pre and post discharge from an inpatient setting
- Relapse prevention
- A recovery goal/outcome focused approach
- Whole family approach

Input varies from two to seven sessions a week, with the average length of each session being 1.5 - 2 hours. Support can be provided at evenings and weekends. Input can be flexible and can be more intensive at first and gradually reduced over time.

The focus is on the promotion of independence and the building of resilience and includes:

- Skill acquisition and relearning of 'lost' skills e.g. development of a daily routine, cooking skills, budgeting
- Building confidence on public transport
- The development of social and support networks
- Troubled Families Champions
- The identification of activities specific to the person that support a Recovery approach, use of Recovery Star
- Support to develop self help skills e.g. WRAP (wellness recovery action planning/coping strategies).

Technology

There are a range of products and services available that can improve the functionality of the home to create a place of safety, promote independent living and ensure a good quality of life for the person cared for and also their carer.

Equipment is available to support people with many daily living tasks. There is a large range of equipment available; this can include equipment to help people feel safe, help with communication and social isolation, helping people to be independent and less reliant on others to complete daily tasks.

Equipment can be provided to give people and their families piece of mind that things are going well, however if there are problems, sensors and pendants are provided to allow help to be called, this can be an automatic call for help or by pressing a pendant.

North Tyneside Council have a dedicated tele-care team who will support you to look at all area's of daily living, they will also recommend or signpost you to equipment that will support you to feel safe and to be more independent.

Extra Care

Extra Care housing provides more independence than a care home. Extra care schemes are purpose built or an adapted building that is age and disability friendly in design and decor and accommodation is self-contained. One key fundamental feature of an extra care scheme is that there is a care team on site 24-7.

Extra care schemes in North Tyneside are targeted at those who are 55 or over and have a care need, as assessed by Adult Social Care.

The costs e.g. rent and service charges, to live in extra care are determined by the landlord of the scheme. The costs for care are set by the Council. The Council has a contract with the care provider on site.

There are nine extra care schemes across the borough which support around 350 people. There are a mix of accommodation options with bedsits, 1 and 2 bedroom flats. There is a mix of tenure options where a person can either opt in to shared ownership or tenancy.

One of sheltered schemes has been convereted to extra care and rehabilitation.This has been a huge success for the residents who live there or who access the rehabilitation flats. A team of care staff are based on site along with two rehabilitation officers.

Making Every Adult (MEAM)

We have operated Making Every Adult (MEAM) in North Tyneside for four years. It is a multi-agency panel that discuss referrals for people with multiple and complex needs who would often in the past have fallen through the gaps. The panel includes representation from the Police, Probation, Drug and Alcohol Treatment Services, Housing and Mental Health. We also invite other agencies if relevant to particular clients. Our supported housing contracts have been changed to reflect the needs of this group of people and to ensure access whenever possible. The supported housing providers are key partners as without somewhere to live it is difficult to scaffold other services, such as treatment services around the person. The panel also are flexible wherever they can be, in the way they deliver services to this often difficult to engage group.

Primary & Community Services

Community and Voluntary Sector

Many innovative services are provided by our voluntary sector colleagues and play an essential role in mental health promotion and supporting people to self–care, stay well and out of hospital. These services are community based and often provide preventative support to individuals to promote inclusion; reduce isolation; retain housing; or manage finances. It is important that these services are promoted and professionals are aware of them.

GP Offer

GPs, practices, and the extended primary care team (community matrons, nurses, physiotherapists, pharmacists, mental health workers, occupational therapists, and dieticians) are all available to support mental wellbeing in later life. Practices offer a range of appointments; routine, review, same day, telephone; with a wide range of professionals.

Everyone with a Long Term Condition (LTC), such as dementia/diabetes/asthma; is offered a routine checkup every year, which includes a brief assessment of mental health.

Everyone on repeat medication has regular medication reviews, which includes any medications for mental health. Pharmacists, both in the community and in practices are involved in keeping medications safe and effective.

If people become housebound, then care is offered at home. This is particularly relevant to end of life care, and includes measures to maintain mental health and wellbeing.

People often stay with the same GP practice for the long term, so there is continuity of care, and the reassurance of familiarity.

GP's refer into various services to support people to remain well: social prescribing, exercise on referral, self–help leaflets and groups.

NHS Health Check

The NHS Health Check programme aims to promote and improve the early identification and management of individual behavioral and physiological risk factors for vascular disease and the other associated conditions. It also supports individuals to manage and reduce behavioral risks and associated conditions through information and evidence-based clinical interventions.

Under the Health and Social Care Act 2012, responsibility for commissioning and monitoring the programme passed to local authorities. Therefore, there is a legal responsibility for local authorities to offer a NHS Health Check to 100% of their eligible population every 5 years. They must also demonstrate year-on-year improvement in uptake.

Public Health commissions TyneHeath to provide the NHS Health Check.

Post Diagnostic Support for People with Dementia

A Community Navigator for Dementia and Memory Loss post has been established as part of the Care and Connect Team in Adult Social Care. The Navigator provides dedicated support to people with dementia, memory loss and their carers.

The aim is for this person to develop expertise in this area; map out the current provision to ensure we have an accurate picture of what is available; and also to

provide time limited support to people with dementia and their carers to access appropriate community services. We hope that this will strengthen the current offer of support for people with dementia and memory problems.

The role includes the following key aspects:

- Work into the community to support developments and build community capacity for people with dementia or memory loss and their carers;
- Offer unbiased advice and information;
- Provide assisted signposting;
- Reduce loneliness and isolation by empowering local communities to develop their own solutions; and
- Care and support planning for adults if needed.

The role includes actively encouraging the person living with dementia or memory loss and their families/carers to develop 'circles of support' in their community and so enhance their quality of life.

Age UKNT Dementia Services

Age UKNT is the main provider of post diagnostic support for people with dementia and their carers in North Tyneside.

Their specialist Admiral Nurse Team provides expert practical, clinical and emotional support to families living with dementia.

North Tyneside CCG has commissioned an Admiral Nurse from Age UKNT and there are two additional Admiral Nurses which Age UKNT has acquired funding for. The service operates from Cedar Grove Wellbeing Centre in Wallsend; people can self refer or be referred through a health or social care professional, who feel they will benefit from the service.

The service provides one-to-one practical, clinical and emotional support and expert advice for people living with dementia and their families and carers, dealing with more complex issues including loss and bereavement.

The Lead Admiral Nurse also provides consultancy, liaison and specialist dementia education to professionals to improve dementia care in a variety of settings.

The Dementia Service also offers one to one support through additional dementia workers, offering advice and support to people with dementia and their carers to help them navigate services and put practical measures in place to help them cope with the disease.

Improving Access to Psychological Therapies (IAPT)

North Tyneside IAPT Service provides psychological therapies (sometimes known as talking therapies) to patients who are registered with a North Tyneside GP. It is part of a national government programme to Improve Access to Psychological Therapies (IAPT) offering free, confidential services.

The service provides a single point of access and self-referral process for counselling, psychological education groups and courses, computerised CBT (Cognitive Behavioural Therapy) telephone and face to face guided self-help, individual psychological therapy and group psychological therapy.

People can self-refer into the service and some evening and weekend appointments are available.

The service also offers an Employment Advice Service which is part of IAPT initiative. Employment Advisers can work with clients who are currently employed and working but at risk; currently employed; and not working or currently unemployed; and looking to re-enter the workplace.

Street Triage

In June 2015, a street triage system was introduced in North Tyneside. This means that a mental health nurse will accompany police to an incident where it appears that someone is experiencing a mental health crisis in a public place. By being able to provide direct intervention and signposting, the number of detentions that the police had been making using their s136 Mental Health Act powers has reduced significantly and, crucially improved outcomes for the person experiencing the crisis. Also people detained under the Mental Health Act are not being held in police cells and instead are being taken to an appropriate place of safety to be assessed and treated.

Day Services

An Older People's Day Services Framework is in place.

The Framework consists of five providers who deliver services across seven sites:

- Age UK North Tyneside
- Dementia Care
- St. Anthony's of Padua
- St. John Ambulance
- Tynemouth Village

Between them, these organisations offer a range of building based day services including specialist provision for people with dementia. All services provide a range of stimulating activities; some services provide specialist equipment and are able to support people with a range of disabilities; some offer daily trips out to local places of

interest and provide additional opportunities for older people to make links with the wider community that might not otherwise be possible.

Home Care

Home care is one of several services that can be offered to people assessed as needing social care support. The range and type of services classed as home care vary but may include support with personal care, activities of daily living and essential household tasks. This support can help people to stay independent and to take part in social and other activities. Home care is primarily funded by local authorities or the person themselves, but can also be funded by healthcare commissioners. Home care services are provided by independent home care agencies, local authorities and personal assistants.

Older people are now living longer and are being supported to live at home independently. However as people are living longer they are becoming frailer and have more complex needs. The support older people require relates to both health and social care and includes strokes; dementia; falls; medication support; physical difficulties; transition from hospital to home; support for those with no family or friends and for those who are socially isolated.

There is currently a joint contract in place with the North Tyneside CCG for a Framework of Home Care Providers, who deliver care to approximately 1000 people at any one time. 50 people are classified as requiring Continuing Health Care.

Approximately 11,000 hours of care are delivered per week and people receive on average approximately eleven hours of care per week.

The current framework contract is due to expire on 3st March 2019 and a procurement exercise is planned for the autumn of 2018.

North Tyneside Care Plus

Care Plus is a partnership between health services (hospitals, community and GP Practices), Social Care and Age UK who will work together to provide:

- Coordinated proactive and reactive care for a stratified population defined as severe or moderate on the frailty index.
- Core General Medical Service sub contracted services for patients whilst registered within the service.
- Promoting independence guided conversations and support via Age UK Promoting Independence Coordinators and volunteers.

North Tyneside Care Plus is aligned to local and national strategy and builds on local existing service developments and locality working in North Tyneside.

Aims

1. To ensure health and social care work more effectively together to deliver person

centred seamless care delivery – ensuring patients tell their story once and care is coordinated regardless of provider.
2. Deliver early interventions so that older and disabled people can stay healthy and independent at home – avoiding unnecessary hospital admissions and reduce A&E visits.
3. Deliver care that is centred on the individual needs; rather than what the system wants to provide.
4. Provide integrated support to carers.
5. Improved outcomes for both patients and the health economy.

Residential and Nursing Care

Care homes offer accommodation and personal care for people who may not be able to live independently. Some people may need nursing care which is provided by qualified nurses, some homes may specialise in caring for particular conditions.

Many people with dementia move into a care home when their dementia progresses to a certain stage. Some people with dementia have other illnesses or disabilities that make it difficult for them to remain at home. Good quality care that preserves dignity, treats people with respect and promotes independence.

Care Homes are required to register with the Care Quality Commission (CQC) who use registration to check whether care providers can meet a number of legal requirements. These include fundamental standards of quality and safety. Once a service has registered, CQC monitor them to ensure standards are maintained.

North Tyneside Council conducts Quality Monitoring visits at least annually to ensure that homes provide good quality services that safeguard those who use them.

Care home places can be funded publicly but many people pay for their own care.

A specialist nursing service is in place for end of life patients who live in North Tyneside nursing and residential homes. The objectives of the service are to:

- Support people to die in their usual place of residence
- Increase the quality of healthcare through a nursing home training programme
- Implement advance care plans and emergency healthcare plans for anticipated emergencies and exacerbations
- Reduce inappropriate hospital admissions at the end of life or palliative phase
- Reduce A&E attendances

Hospice at home (rapid response end of life service)

The aim of this service is to ensure all patients in non-palliative settings receive emergency palliative care, trying to keep people in their place of choice, offering emotional and practical support for carers and family members as well as specialist input where needed. Emergencies may arise from changes in condition, symptom problems, anxiety, distress or social crisis.

The CCG worked in collaboration with Northumbria Healthcare NHS Foundation Trust and Marie Curie, to develop three teams across the patch, backed up by a consultant for the whole area. This allows for economies of scale and also ensures sufficient back up with each other where there are pressure points.

The service model consists of two components. The first being a band 5 palliative care nurse and a band 3 Health Care Assistant providing a dedicated rapid response service. The second component will require a band 7 specialist nurse practitioner backed up by a consultant to deliver specialist palliative care input. This is designed to build upon existing work e.g. GPs and District Nurses in the community, nursing home staff and hospital ward teams to enhance the urgent and emergency palliative care delivery.

The new service has included some internal reconfiguration with the current specialist palliative care team and matched funding with Marie Curie will allow for a comprehensive multi-disciplinary palliative care team which can respond to patients needs urgently and allowing care to be delivered at home. This will prevent avoidable admissions and facilitate admission to and discharge from the palliative care unit where appropriate.

Secondary Care

Memory Clinics

Northumbria Healthcare NHS Foundation Trust provides Memory Clinic 3 days a week, located within the Priory Day Hospital in North Shields. A full assessment is undertaken by a consultant psychiatrist and the team to develop a plan of treatment. A thorough assessment of memory is undertaken with referral for further investigations if needed.

The Trust also runs a six week course called the Carers Information Group which is delivered one evening a week, and runs twice a year. Also on offer is a Memory Strategy Group which is a six week course, one afternoon a week for carers and people with dementia. This is repeated throughout the year with new starters every six weeks.

Northumberland Tyne & Wear NHS Foundation Trust offers a Memory Assessment Management Service (MAMS) which provides a memory assessment and diagnosis of people with dementia to people who live in the North West area of North Tyneside and is based at the Campus for Ageing and Vitality.

Liaison Psychiatry Services for Older People

The Older People's Liaison Psychiatry Team works into the older people's wards and rehabilitation wards at North Tyneside General Hospital. The team aims to provide timely assessment, effective intervention and appropriate input into the care of older people who present/are admitted and who have a mental health need. It is expected that this will improve the quality of care provided to older people who attend North Tyneside General Hospital who are thought to be suffering from mental illness while being treated as an inpatient for physical health problems.

Another remit of the team is to provide education and training to all hospital staff on older people's mental health. Evidence shows that considerable improvements can be made to older people's mental health by non-direct liaison psychiatry staff, if they have received appropriate training and therefore have an understanding of older peoples mental health needs.

The team are involved in multi-disciplinary team meetings therefore older peoples mental health needs are being addressed at the same time as their physical health needs. As a consequence of the team's involvement, there has been a reduction in length of stay and a reduction in readmissions of this cohort of people.

Intermediate Care and Rehabilitation Services

Intermediate Care is a range of integrated services which promote faster recovery from illness. A range of services provided by North Tyneside Council, Northumbria Healthcare NHS Foundation Trust and the Independent Sector are available which together form part of a range of health and social care support enabling patients who are most vulnerable to admission to hospital or long term care to remain living as independently as possible for as long as possible in their own homes and to support discharge and transition in to care facilities where their own home is no longer appropriate.

These services are overseen by a core multi-disciplinary intermediate care team led by a senior clinician and is closely linked with rehabilitation and reablement services in social care.

In-Patient Services

A range of inpatient services is provided by Northumbria Healthcare NHS Foundation Trust, for both older people with dementia and older people with other mental health needs such as depression and anxiety and other complex conditions. These are provided mainly at North Tyneside General Hospital.

A range of therapies are provided, depending on the needs of the patient for example medication, participation in talking therapies or group work. The aim is to ensure that a plan of care is developed to reduce the effects of patient's symptoms on the quality of their lives.

Forensic Services

Northumberland, Tyne & Wear NHS Foundation Trust is the provider of in-patient forensic services.

Supporting Recovery & Long Term Care

Mental Health Reablement Service (MHRS)

See previous entry Mental Health Reablement Service (MHRS)

Intermediate Care

The new Intermediate Care model in North Tyneside is a 'Home First' model and is comprised of a Community Rehabilitation Team, a Primary Care led community based 20 bedded unit at the Royal Quays Intermediate Care Centre and in-hospital beds at North Tyneside General Hospital (acute intermediate care provision and a transition unit) all of whom work in partnership with CARE Point for full access to a range of services to support the wider intermediate care pathway. The service aims to facilitate a safe discharge home from hospital and can provide rehabilitation at home or people can access bed based provision if they are unable to be discharged directly home.

The Royal Quays Intermediate Care Centre (RQICC) is delivered in partnership with Akari, North Tyneside Local Authority, Northumbria Healthcare NHS Foundation Trust and Primary Care, commissioned by North Tyneside CCG. Its aim is to deliver intermediate care bed based provision in a care home facility with appropriate care and nursing support. It is:

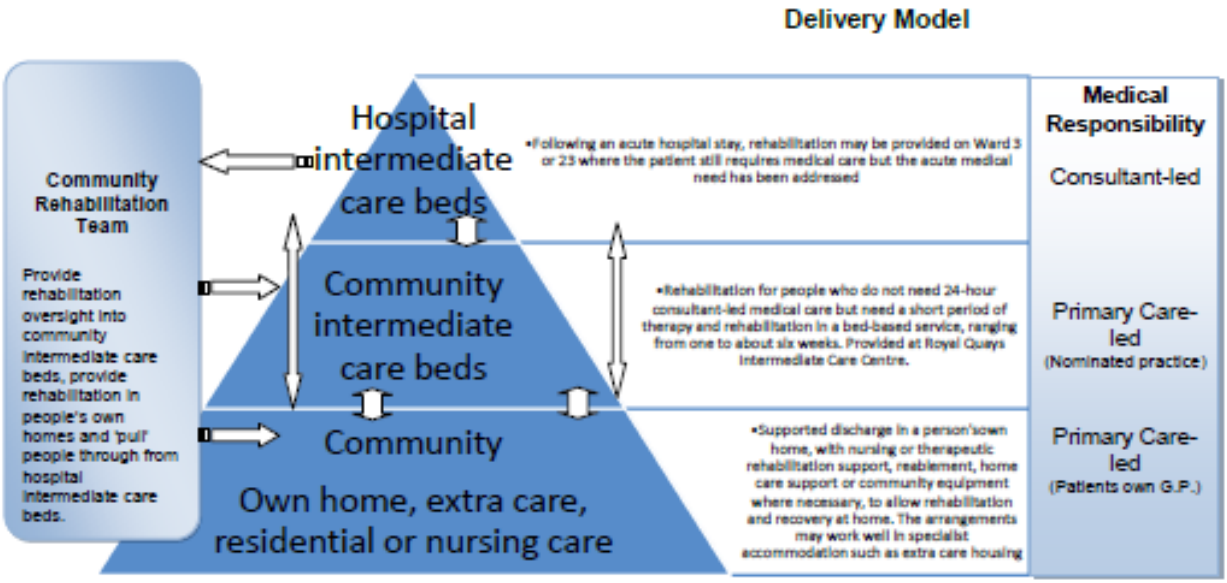
- Targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential and nursing care, or continuing NHS in-patient care;
- Provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery;
- Has a planned evidence based outcome of maximising best achievable function and maximal attainable physical, psychological, social function and independence; enabling the client to resume living at home wherever possible;
- Facilitates an effective flow through the intermediate care pathway, ensuring people receive proactive care and are only admitted to a bed-based service when they are unable to be rehabilitated at home;
- Is time-limited, normally no longer than 2 to 4 weeks but a maximum of 6 weeks dependent on need.

The RQICC involves multi-agency working as part of the wider model of intermediate care, working with G.P.s, community healthcare staff (such as physiotherapists and occupational therapists) and community rehabilitation workers.

The Community Rehabilitation Team work to 'pull people' out of hospital and can provide rehabilitation in people's own homes, they can work into the RQICC to facilitate a smooth discharge home and they can also work with people in the community to help prevent an unnecessary hospital discharge. This is done in partnership with other CARE Point services such as the Reablement Team, Hospital to Home Team and the Admission Avoidance Team.

The Transition Unit at North Tyneside General Hospital provides an appropriate environment for people recovering from an acute in-patient stay who might be considering a move to permanent care.

The diagram below describes the new model, phase one. It is due to be reviewed in 2017.



Community Services provided by Northumbria Healthcare NHS Foundation Trust, provide home based assessment and treatment of older people with mental health problems. The service endeavours to raise the profile of mental illness in older people, to provide education and support to carers, and to help improve the detection of mental health problems in older people. There is also a Care Home team that supports residents in care homes.

Crisis Resolution and Home Treatment Service is provided by NTW and operates 24 hours a day, 7 days a week. A treatment plan will be developed which could provide a range of support to help patients manage their situation and prevent them from being admitted into hospital.

Patients need to be referred by their GP to access the service and the service also offers support to families and carers.

North Tyneside
Health & Wellbeing Board Report
Date: 21st June 2018

ITEM 8

Title: Reduce social isolation and increase cultural engagement to improve health and wellbeing

Report from : North Tyneside Council

Report Author: Steve Bishop, Senior Manager Cultural Services; Christine Jordan, Senior Manager Public Health (Tel: 6437410 / 6432880)

Relevant Partnership Board:

1. Purpose:

The purpose of this report is to update the Board on work to meet the agreed objective 8 of the Health and Wellbeing Board workplan 2018-20, to reduce social isolation and increase cultural engagement to improve health and wellbeing in North Tyneside. The first step will be to deliver a workshop, engaging health professionals and the cultural sector, to consider how the outcomes of the Inquiry report of the All Party Parliamentary Group (APPG) on Arts, Health and Wellbeing, *Creative Health: The Arts for Health and Well Being (July 2017)*, can be translated into action in North Tyneside.

2. Recommendation(s):

The Board is recommended to:-

a) Agree the objectives of the planned workshop to develop a delivery group to take forward the recommendations of the APPG report and objective 8 of the Health and Wellbeing Board workplan 2018-20;

b) Agree to receive a further report on, with a plan of action and performance measures, indicating progress towards achieving the objective of reducing social isolation and increasing cultural engagement, at its meeting in January 2019.

3. Policy Framework

This item relates to objective 8 of the Health and Wellbeing Board workplan 2018-20 to reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing.

This item relates to Goal 2 of *Great Art for Everyone: A Strategy for Arts Development in North Tyneside 2014-21,* to provide an inspiring arts offer.

This item relates to Priority 6 of *Words, Well-being and Wi-fi: Library Strategy 2016-21,* libraries for a healthier life.

This item relates to Theme 6 of *Past, Present and Future: A Heritage Strategy for North Tyneside 2014-21,* celebrating diversity.

4. Information:

4.1 Background

There is expanding evidence to support the case that the arts and cultural activity have a positive impact upon the social determinants, enhancing health, wellbeing and quality of life for people of all ages. Arts and cultural activities are being used to encourage individuals to take responsibility for their own health through lifestyle choices and a reassessment of personal values.

However, the potential contribution of the arts and culture to health and wellbeing has, as yet, been all too little realised. The key to success is leadership and collaboration across the systems of health, social care and the wider cultural sector.

4.2 National Context

In July 2017 the All-Party Parliamentary Group on Arts, Health and Wellbeing published its Inquiry findings in the report *Creative Health: The Arts for Health and Wellbeing*.

The report sets out ten recommendations with the objective of encouraging the development of policy to work towards creative activity being part of all of our lives. The recommendations contained in the report are described as "catalysts for the change of thinking and practice that can open the way for the potential of the arts in health to be realised."

Duncan Selbie, Chief Executive, Public Health England described the report as,

"…an impressive collection of evidence and practice for culture and health, which reflects the passion and breadth of engagement of the APPG and its partners over the last two years."

On 16th March 2018 a regional conference held in Gateshead to launch the report, was opened by Lord Howarth of Newport, Chair of the APPG.

Arising from the conference it was agreed in principle to establish a regional co-ordinating group to feed into the recently established national steering group of the Culture Health and Wellbeing Alliance.

4.3 Local Developments – The Arts for Health and Wellbeing in North Tyneside

There has been an increasing recognition of the positive role of the arts and cultural provision upon the health and wellbeing of the population in North Tyneside. This has resulted in greater joint working between officers from Cultural Services and Public Health and the adoption of an objective relating to cultural engagement by the Health and Well Being Board.

In order to develop work around the delivery of this objective, officers from Cultural Services and Public Health have been working with Helix Arts, the only Arts Council England (ACE) National Partner Organisation (NPO) based in the borough, to plan a workshop to consider the recommendations of the APPG report and how these can be applied to North Tyneside. This workshop will take place on 29th June 2018 at YMCA, North Shields. A copy of the programme is attached at Appendix One.

In recognition of the status of this event, Cllr Margaret Hall, Cabinet Member for Health and Wellbeing and Chair of the North Tyneside Health and Wellbeing Board will chair the workshop.

Catherine Hearne, Helix Arts, will bring her significant experience of brokering collaborations between organisations and artists, to coproduce creative programmes in the area of health and wellbeing, to the workshop.

Andy Parkinson, Consilium Research and Consultancy, will bring his knowledge of the arts, health and wellbeing landscape nationally to set the context for the discussion.

Sharon Hodgson MP, Shadow Minister Public Health, will give the keynote address to open proceedings.

Invitations have gone out widely to the health and cultural sectors and the initiative has been greeted positively. In order to carry forward the agreed objective of the Health and Well Being Board, a key outcome of the workshop will be the establishment of a multi-agency delivery group to take forward the findings of the APPG in a local context and provide a conduit to the emerging regional and national structures in this area of work.

4.4 Next Steps

- To deliver the arts for health and wellbeing workshop;
- To develop a multi-agency delivery group to oversee the programme to increase access to a range of cultural activities in order to promote independence, self-confidence and improved health and wellbeing.
- Agree a plan of action and delivery plan to take forward the Health and Wellbeing Board objective, to reduce social isolation and increase cultural engagement to improve health and wellbeing

5. Decision options:

1. To endorse the recommendations outlined in section 2 and the work undertaken so far in pursuit of objective 8 of the Health and Wellbeing Board workplan 2018-20;

2. Not to agree the recommendations outlined in section 2

6. Reasons for recommended option:

Option 1 is the preferred option as this will give officers the basis upon which the delivery of objective 8 of the Health and Wellbeing Board workplan 2018 can be developed.

7. Appendices:

Appendix One: Programme: The Arts for Health and Wellbeing in North Tyneside Workshop – 29th June 2018

8. Contact officers:

Steve Bishop, Senior Manager, Cultural Services Tel:- 0191 643 7410
Christine Jordan, Senior Manager, Public Health Tel:- 0191 643 2880

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

Creative Health: The Arts for Health and Wellbeing (APPG July 2017)

http://www.artshealthandwellbeing.org.uk/appg-inquiry/

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications associated with this report. All costs associated with the delivery of the recommendations will be contained within existing approved budgets.

11 Legal

There are no known legal implications arising from the recommendations contained in this report.

12 Consultation/community engagement

The outcome of the workshop itself will be the basis for community consultation.

Engagement has taken place with Public Health and Culture professionals in shaping the programme.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

There are no significant risks identified in the delivery of the recommendations indicated in this report.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X

The Arts for Health and Well-being in North Tyneside Workshop

A workshop to engage with health professionals and the cultural sector to consider how the outcomes of the All Party Parliamentary Group Report, "Creative Health: The Arts for Health and Well-Being", can be translated into action in North Tyneside.

29th June 2018, 1.00pm - 4.00pm

YMCA, Church Way, North Shields, NE29 0AB

Programme:	
1.00-1.15	**Registration - tea and coffee, poster displays, performance**
1:15	**Welcome from chairperson** **Cllr Margaret Hall,** Chair North Tyneside Health and Well Being Board
1:25	**Keynote address - Sharon Hodgson MP**, Shadow Minister Public Health Summary of the findings of the All-Party Parliamentary Group on Arts, Health and Well-being
1:45	**Arts, Health and Well-being: an opportunity for North Tyneside** Andy Parkinson, Consilium Research and Consultancy and Catherine Hearne, Helix Arts • Setting the scene – nationally, regionally and locally • What is Cultural Commissioning?
2.15	**Falling on your Feet Dancers:** Working with a professional dancer has improved our health and well-being!
2.30	**Refreshment break – and poster displays**
2:40	**Creative Health in North Tyneside: What's happening right now?** **Facilitated Break-out Discussion Groups:** • Where are North Tyneside cultural and health professionals already working together? • How are arts and health opportunities promoted in North Tyneside currently and how can this be improved? • How can we maximise community benefit from co-productions with artists and health professionals?
3.15	**Feedback** Christine Jordan, Senior Public Health Manager, North Tyneside Council
3:30	**How arts and culture can help to tackle key public health challenges together** Wendy Burke – Director of Public Health, North Tyneside Council
3:50	**Summary and next steps** - Steve Bishop, Senior Manager, Cultural Services, North Tyneside Council
4:00	**Close**

Please be aware we will be using audio recording to record the content of the workshops and also taking photographs during the workshop to use in the published report on the event. Any queries please contact christine.jordan@northtyneside.gov.uk