



Newham Clinical Commissioning Group



Joint Mental Health Strategy for Newham

2015 – 2020

Acknowledgements

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In addition we would like to thank all those partners, both local service users and providers, and who took the time to meet with officers and respond to earlier iterations of the strategy.

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Foreword

WORKING TOGETHER TO CHANGE MINDS

Mental health is fundamental to all our lives. It affects our relationships, how we function day to day, and influences our ability to cope with and navigate challenges.

We want residents to have the best possible outcomes. This is why we support a different kind of mental health system. One where we come together to create an environment which facilitates good mental health; provide interventions grounded in evidence; and help residents gain the skills and resources they need to maintain a sense of wellbeing.

Medical treatment is the right response for some and will continue to be an important part of provision. However, we know some of the most effective things we can do to promote good mental health address the social, economic and environmental conditions that influence populations. As a local authority we are committed to using our knowledge, reach and influence in these areas to add value to the current clinical service offer.

Evidence tells us that involvement in meaningful activities, particularly employment, can increase personal resilience and aid good mental health. With successful local programmes like Workplace we are already beginning to combine expertise to ensure people experiencing mental health issues are supported to find and maintain high quality employment; prevented from falling into long-term unemployment; and are contributing to a thriving local economy.

It is important that people feel included and part of their local environment. Making sure residents receive appropriate information and advice and are encouraged to engage in activities is an important part of supporting local networks and reducing isolation. Through the Council we have a crucial role to play in facilitating this, working with GPs and others to increase access to community provision. By working across disciplines there is an opportunity to build a strong offer for residents that increases access to meaningful activities, improves social inclusion, and addresses the key points that can trigger and perpetuate mental health issues.

This strategy is our commitment to working as a partnership to deliver this change.

Sir Robin Wales
Mayor of Newham

Cllr Clive Furness
Chair, Newham Health and Wellbeing Board

MENTAL HEALTH IS AS IMPORTANT AS PHYSICAL HEALTH

Mental Health is everyone's business.

It is estimated that one in four of us will experience a mental health problem and this will impact on families, friends, schools, work and communities. Often the problem will not require specialist health services but to recover, the individual will need the support, help and understanding of their family, colleagues and the many excellent support groups in Newham.

As a general practitioner I know that good mental health and well-being are fundamental to physical health, relationships, education, training, work and to achieving our potential. The NHS has an important part to play but we can only help to reduce the inequalities in health and mental health if we work together to support the mental health outcomes for everyone.

Stigma and discrimination often means that mental health problems are not openly talked about. However, illnesses linked to mental health account for a third of GP consultation, and research shows mental health issues are closely associated with poorer outcomes for employment, personal relationships and physical health.

We are committed to improving outcomes for people with, or at risk of, mental health problems. Our vision is to commission integrated mental health services that are safe and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery.

We believe this strategy and approach demonstrates our collective commitment to make a real difference to the lives of people with mental health problems and their families.

Zuhair Zarifa
Chair, Newham Clinical Commissioning Group

Executive summary

'Mental ill health' is a term often used to refer to a variety of clinically defined conditions and disorders, including anxiety and depression as well as severe and enduring mental illness such as schizophrenia.

Mental health, however, may be less straightforward to define clearly, as it includes a wider range of indicators that can be difficult to measure such as happiness, fulfilment and self worth. These positive states of being affect us all as much as ill health does and they are fundamental in determining to what extent we live rewarding, productive and resilient lives.

This strategy for Newham aims to provide a framework to guide the delivery not only of recovery and relief from the distressing symptoms of mental ill health but also to support people to live well and thrive in themselves and in their communities and thus help to lay the foundations for a strong and resilient Newham.

Mental ill health is not always well understood in the community and this can lead to stigma and discrimination against people who are affected by mental health issues. This often means mental health is not openly discussed, and that people may be reluctant to seek help for themselves or for their families and friends. And yet we know that mental health issues are very widespread in our society with one in four adults in Britain experiencing at least one diagnosable mental disorder in any given year and that one in six adults experiencing mental ill health at any given time¹. We also know that 50% of all lifetime mental disorders begin by the time someone is aged 14 and 75% by the time people are in their mid-'20s² and that;

- People with schizophrenia live 20 years fewer than average
- Less than 12% of users of mental health services are in employment
- One in four people with a mental health condition are in debt
- Stigma and discrimination are major obstacles to a fair chance in life

Therefore, for Newham, tackling stigma, educating the population and providing widely available information about mental health will be key elements running throughout our strategy. This approach, coupled with early intervention, preventative activities and employment support will form the basis of the first of the three over-arching themes that this strategy will be built upon and will, we believe, help us to build a community resilient to the pressures and stresses that face us all. Our vision will also be shaped by the national strategy No Health Without Mental Health³, our local resilience agenda, Quid Pro Quo not Status Quo

¹ McManus s, Meltzer h, Brugha T et al. (2009) *Adult Psychiatric Morbidity in England, 2007: Results of a household survey*. Leeds: NHS Information centre for health and social care.

² . Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-IV disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602.

³ No Health Without Mental Health, DoH, 2011

and Making Resilience Happen⁴, as well as other legislative drivers, in particular the new Care Act⁵, which became law in May 2014.

Secondly, we know that providing high quality treatment, both in primary care and secondary care settings will continue to be essential to ensuring recovery and reducing mental ill health in Newham. As commissioners we will work with existing and new providers in partnership to deliver effective, high quality treatment services that deliver tangible outcomes for users of those services and their carers as well as providing value for money. We acknowledge that it is now timely to review all our services, service user pathways and the structure of our treatment system as a whole, and that in some areas such a review may be overdue. Therefore, we have already commenced a detailed examination of all the services that we offer, their quality, whether they meet the needs of Newham residents and whether they represent the best value for money. We want treatment to be accessible quickly for people, and as close to their homes as possible. We also want to ensure good value for money in order to maximise our investment and there will be a shift of emphasis to providing treatment from primary care settings where this is clinically appropriate.

We will involve users of services and carers in all aspects of service design, delivery and review to ensure that we have a whole view of what services should look like and how well they deliver. We will only commission provision which meets the Friends and Family test which comes into force for mental health services in March 2015⁶ and we will apply local and national quality regulations to any service commissioned.

Thirdly, we are committed to supporting people to live well in the community if they are recovering from an episode of mental ill health or if they are affected by a long term mental health condition. Our stakeholder engagement work in recent months has highlighted a clear message from users of services that the provision of meaningful activities; opportunities to improve social inclusion; opportunities to access paid employment and to develop new skills, are essential to helping people experience the best mental health they can in order to thrive and live the lives they want.

This strategy takes the vision described above and translates that vision into real commitments and actions for the next five years.

⁴ Quid Pro Quo, Not Status Quo, LBN, 2011 and Making Resilience Happen, LBN 2012

⁵ The Care Act, DoH, 2014

⁶ The NHS Friends and Family test implementation guidance, DH 2012

Introduction

Newham's Health and Wellbeing Board (H&WBB), Newham Clinical Commissioning Group (NCCG), and London Borough of Newham (LBN) are committed to building resilience in our community, improving the wellbeing of residents and improving outcomes for people with mental health problems.

The introduction of Community Neighbourhoods across Newham is providing extensive opportunities for local residents to build their own local networks and be more involved in activities to improve their local communities. The Neighbourhoods teams are now core to delivering the community resilience agenda and also support the delivery of all commissioning strands. For example, the Community Neighbourhoods support the Active Minds Café which hosts 'pop-up' events and meetings for local residents affected by mental health issues. The Café provides information, signposting, social and leisure activities as well as peers who are available to talk informally and share personal experiences.

In primary care, Newham Talking Therapies delivers a care-based service offering a range of therapeutic options for people affected by mental health issues. It is now well established, with over 40% of people coming through the self-referral route and a 61% recovery rate⁷ for all those who complete treatment. Positive outcomes delivered by this service demonstrate our commitment to providing responsive, accessible and effective support that meets the needs of the population who present to services via the primary care route.

Much has been accomplished in recent years to improve services and develop new initiatives for Newham residents affected by mental health issues. The Newham Rapid Assessment Interface and Discharge (RAID) service is operational and provides swift access to mental health services for people assessed in an acute setting. The service is available 24 hours a day, seven days a week at A&E and the Medical Admissions Unit. Newham RAID is now helping to increase the level of detection and early treatment of impaired wellbeing and mental health.

Active Minds Café

The Active Minds Café project aims to provide accessible advice, guidance and information about mental health issues and services through an informal café style event for residents, their carers, and health professionals. The aspiration is to develop roaming events that reaches more parts of the borough and feeds into other large-scale events in Newham such as the Mayor's Newham Show.

Bringing together the mental health voluntary sector, statutory sector, and local health boards to enhance co-production and co-ordination of services; the project has already led to the establishment of a Mental Health Providers Network Forum, a platform for mental health professionals to share good practice, resources, and complement each other's services offering a better, more joined-up service for residents.

⁷ Based on first and last IAPT assessment and review scores (2013/14)

The recognition that employment support for those with mental health issues, or recovering from them, could be delivered better using mainstream services has meant that new, innovative work is being piloted in Newham to improve quality

Newham Mental Health Employment Support Team (MHEST) Pilot

A pilot was launched in November 2014 which aims to maximise access and support specifically for users of mental health services who are ready for and seeking employment. Referrals from IAPT services, GPs, and community mental health teams and self-referrals will increase pathways into employment and support people into “meaningful activity” with opportunities to develop specific employment-related skills.

By locating the service within Newham’s employment scheme Workplace, enhanced expertise and support is now available to both Workplace staff and the mental health practitioners. The design provides swift access to specialist mental health employment support coaches and efficient referral pathways for people who present at Workplace who are affected by mental health issues. Likewise, Workplace offers a wide range of mainstream training, employment and support opportunities to clients of the mental health employment support team.

and outcomes. Building on the outstanding success of London Borough of Newham’s own Workplace, specialist mental health employment advisers are now located within the team, meaning mental health service users benefit from local and expert employment advice tailored to their needs.

Our 15 bedded Triage Ward at the Newham Centre for Mental Health provides a first point of admission for the majority of people coming into inpatient services with the intention of preventing long term admission and supporting people to return to their homes swiftly. The triage ward has delivered more streamlined assessment and monitoring with smoother pathways to the right care options for acute admissions.

Service user and carer involvement in Newham has also developed with a well-attended Co-production Forum, the *ASK* mental health service user forum, and the *FLORID* service user-led group for patients attending ELFT services.

Building on these positive accomplishments, this strategy sets out our vision for mental health and wellbeing in Newham and how we will achieve our ambitions over the next five years. We will work together with the community, users of services, carers, providers and other stakeholders to increase the prevention focus of our services and reduce the number of Newham residents who develop more significant mental health problems. We will ensure that services are of the highest possible quality and are committed to a recovery approach. The updated Mental Health Needs Assessment 2015-2020 will also inform the strategy by providing an up to date evidence base to ensure our approach is rooted in the current and projected needs of the population.

This strategy document aims to set out as clearly as possible:

- Why a mental health strategy is required in Newham
- What key points the recent mental health needs assessment has highlighted
- What people in Newham have told us about current services and about what they would like to see in the future
- What our stakeholders and partners told us about how they want to develop and deliver services
- What mental health services are currently commissioned locally

The strategy will describe how all of the above will determine our commissioning priorities for the next five years.

To inform the development of this strategy we have undertaken the following;

1. Held a number of stakeholder and partner workshops
2. Consulted with senior leaders in partner organisations
3. Refreshed our mental health needs assessment⁸
4. Reviewed and incorporated all relevant national and local policy and guidance

We also commit to reviewing this strategy annually in order to ensure that it remains fit for purpose and meets the emerging needs of our community and also to confirm that we have made the progress we promised to make and are reaching our ambitions and timescales.

⁸ LBN, 2015

Section One - Vision and values

Our joint vision is for all partners in Newham to work together to add value to the health system and improve access to activities, treatment services and recovery-oriented support that can help Newham residents be active participants in the local community and live healthy and resilient lives.

Our strategy focuses on three principles; building resilience in our community, ensuring accessible, proactive high quality treatment and support; and promoting recovery, hope and empowerment.

The strategy is underpinned by the value that mental health is everybody's business and is governed by the ambition that our residents can expect to be supported to have good mental health throughout their lifetime. The vision and values we describe here are informed by the national context and also by what stakeholders have told us.

We believe that by delivering the commitments we make in this strategy, we will improve outcomes for people with mental health problems and their carers, as well as improving the wellbeing of our community.

The introduction to this strategy outlined the different elements that have informed the document and which have guided the evolution of our vision. We have detailed below the three principle themes which will provide a framework for the delivery of this vision. Within each of the principles we have described the key priorities within each theme. The three key principles are; hope and empowerment, access to high quality services; and recovery and living well.

1. Hope and empowerment

- Supporting preventative approaches to mental health
- Reducing stigma
- Promoting mental health awareness
- Promoting mental health and wellbeing
- Delivering mental health education and information
- Promoting awareness of and access to mental health services
- Supporting families and carers

2. Access to high quality services

- Integrating approaches to mental and physical health and social care
- Ensuring primary care and community based services for people with mild to moderate mental health issues
- Delivering community based services close to the home
- Ensuring timely access to high quality specialist services
- Having clearly defined health and social care pathways
- Training and education for the workforce

3. Recovery and living well

- Focusing treatment and care on recovery
- Promoting groups and activities which focus on social inclusion and build community resilience
- Ensuring accessible specialist housing and welfare benefit advice
- Supporting access to employment and meaningful activity
- Developing peer support, befriending and mentoring

Section Two – Scope and context

Scope

This strategy takes a life course approach which means that it focuses on the needs of children and young people, adults of working age, and older people.

The strategy therefore considers:

- The whole population mental health of children and young people under the age of 18
- The whole population mental health of adults, including older adults
- The mental health needs of, and services for, children and young people under the age of 18, excluding inpatient services
- The mental health needs of, and services for, adults, including older adults, excluding specialist services such as forensic in-patient services
- The needs of, and services for, people with dementia, although this is dealt with in more detail in our Joint Dementia Strategy⁹

We recognise that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through the early years, into adulthood and then on into a healthy old age. We believe that only a sustained approach across the life course will equip us to meet the social, economic and environmental challenges and deliver the short and long-term benefits we need.

This means that throughout the strategy we will commit to improving outcomes for people with, or at risk of, mental health problems whatever their age. In addition, we will focus on understanding the impact of poor mental health and wellbeing from birth and through childhood, into adulthood and into older age.

We will also concentrate on recognising the determinants of poor mental health and wellbeing so that we can take the necessary steps to tackle them. Another focus will be on ensuring the provision of high quality services for local people when they need them across the span of their lives.

In order to understand the current picture of mental health in Newham our Public Health Team have produced an updated Newham Mental Health Needs Assessment (MHNA) for 2015-2020. This document indicates that prevalence of most mental health conditions, including serious mental illness and depression, is lower in Newham than most neighbouring boroughs, and also lower than the London and national averages. However, as the population of Newham is due to rise in the future, the numbers of people affected by these issues is projected to rise. In addition, the lower prevalence rates are based on the registered population which may not capture all sections of the community and if engagement with traditionally 'hard to reach' individuals and communities improves, then a rise in incidence of mental health issues may result.

⁹ Newham Joint Dementia Strategy, November 2014

Despite lower prevalence levels, referrals and admissions to hospital for mental health issues has been rising, with the highest rise in admissions for depression, up from 3.7% to 14.5% in the last four years. Hospital episode rates for schizophrenia (aged 15-74) are higher in Newham than the London and national averages. The reasons for this are unclear; some better detection mechanisms may be influencing the figure, but a lack of primary care-based services may also be contributing. More detailed exploration of the reasons behind these figures is required.

Context

1) The national context

No Health Without Mental Health¹⁰

The national strategy, No Health Without Mental Health, defines the outcomes that health and social care organisations must seek to achieve for their populations, along with a series of recommendations for action. No Health Without Mental Health requires health and social care organisations to show how they will deliver better outcomes for people with mental health problems and the Implementation Framework published in 2012 provides specific tasks for local authorities and Health and Wellbeing Boards.

The expected outcomes are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

In particular, the national strategy says that health and social care organisations should:

- Take a life course approach, with a strong focus on laying the foundations of good mental health for later life in children and young people
- Address stigma and discrimination
- Promote early intervention
- Address health inequalities experienced by disadvantaged communities
- Improve access to talking therapies, including for children and young people and people with a serious mental illness
- Improve the mental health of offenders
- Develop a recovery culture in mental health services
- Ensure that mental health is everybody's business

¹⁰ DH, 2011

Closing the Gap: Priorities for essential change in Mental Health¹¹

Closing the Gap aims to support the government's national mental health strategy No Health Without Mental Health and the strategy's implementation framework¹² by highlighting 25 priorities for action. The document aims to bridge the gap between the long term ambitions of the government's strategy and shorter term action on the ground in order to deliver improvements for service users more quickly in the areas where change is most required.

Mental Health Act Code of Practice (2015)

The code explains how mental health professionals and clinicians should carry out their roles and responsibilities under the Mental Health Act 1983, in order to ensure that all patients receive the best quality care. This code replaces the 2008 Code of Practice, and supplies stronger protection for patients and clarifies patients' rights.

Health and Social Care Act¹³

The 2012 Health and Social Care Act requires the Secretary of State for Health to secure improvement in the physical and mental health of people in England, and in the prevention, diagnosis and treatment of physical and mental illness. This is often referred to as 'parity of esteem' between mental and physical health.

The NHS is now required to deliver standards of care for people with mental health issues that are at least as good as those affective by physical health issues.

The Care Act¹⁴

The Care Act represents the biggest change to Adult Social Care in over 60 years and will reform the law relating to the care and support of adults and their carers.

The Care Act is built around people's needs and what they want to achieve in their lives. It seeks to rebalance the focus of care and support towards promoting wellbeing and preventing or delaying needs, putting people at the heart of the system.

The Act consolidates much of the existing best practice as well as placing a number of new duties on the Local Authority, some major changes include:

- Providing borough-wide information and advice about care and support services to help people make the best choices
- Offering support for self-funders in assessing, planning and managing their care

¹¹ Closing the Gap: Priorities for Essential Change in Mental Health, DH, January 2014

¹² No health without mental health, implementation framework, HM Govt 2012

¹³ Health and Social Care Act, HM Govt., 2012

¹⁴ The Care Act, 2014

- Implementing new rights for carers, putting them on the same footing as the adults they care for
- Implementing a £72,000 cap on contributions to care costs for individuals over their lifetime
- Outcome-focussed needs assessments, clear processes for assessment, eligibility and care and support planning

Time To Change¹⁵

Time to Change is England's most ambitious campaign to end the stigma and discrimination faced by people who experience mental health problems. Mind and Rethink Mental Illness are working together as partners to implement promotion of the campaign and the associated programme of events and activities.

This campaign includes local community activities including a £2.7m grants scheme for projects led by people with experience of mental health problems; a high-profile anti-stigma campaign; a media advisory service; targeted work with organisations, young people and African and Caribbean communities; and a network of grassroots activists combating discrimination.

Since the campaign was launched, there has been a 3% increase in the number of people who say they face no discrimination, an 11.5% reduction in average levels of discrimination, and a 2.4% improvement in public attitudes.

Think Local Act Personal¹⁶

Personalisation of services has been an emerging priority for local authorities in recent years and the Think Local Act Personal partnership has provided definition and direction for personalisation and community based social care including co-production since 2011.

Everyone Counts¹⁷

This guidance sets out the need for bold and ambitious five year strategic plans from NHS commissioners. It describes an approach to deliver transformational change with the first critical steps over the next two years, to achieve the continued ambition to secure sustainable high quality care for all, now and for future generations.

Public Health Outcomes Framework¹⁸

The Public Health Outcomes Framework is in three parts. Part 1 introduces the overarching vision for public health, the outcomes to be achieved and the indicators that will help understand how public health is being improved and protected. Part 2 specifies all the technical details that can be currently supplied for each public health indicator and indicates where further work is needed to fully

¹⁵ www.time-to-change.org.uk

¹⁶ Think Local Act Personal Partnership Agreement 2014-17

¹⁷ NHS England, 2013

¹⁸ DH, 2012

specify all indicators. Part 3 consists of the impact assessment and equalities impact assessment. The framework includes the following specific indicators in relation to mental health:

The following indicators specifically relate to mental ill health

- % of adults in contact with secondary mental health services who live in stable and appropriate accommodation.
- People in prison who have mental health illness or a significant mental illness
- Gap in employment rate between those with long term conditions and the overall employment rate
- Gap in employment rate for those in contact with secondary mental health services and overall employment rate.
- Re-offending levels – percentage of offenders who re-offend
- Re-offending levels – average number of re-offences per offender
- Utilisation of outdoor space for exercise/health reasons
- Social isolation: % of adults social care users who have as much contact as they like
- Loneliness and isolation in adult carers

The Mental Health Crisis Care Concordat¹⁹

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. 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

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance.

¹⁹ Mental Health Crisis Care Concordat, - Improving outcomes for people experiencing mental health crisis, DoH, February 2014.

Newham partners plan to work together with neighbouring east London boroughs, as appropriate, to develop an action plan for the region. The plan will ensure that we implement the principles included in the Concordat and ensure that residents who experience a mental health crisis receive the urgent care and support they need.

2) The Local Context

Quid Pro Quo, Not Status Quo²⁰

LBN sets out its vision for building resilience in this paper. It describes three key aspects of resilience, namely personal, community and economic, and illustrates how developments across these three themes can help individuals and the wider community to thrive. The paper acts as both a policy statement and a delivery plan.

Making Resilience Happen²¹

An update to Quid Pro Quo, Not Status Quo, this paper focuses on delivery, assessing achievements so far and highlighting what areas require further attention for the future.

Building Resilience: the evidence base²²

An update on the evidence base for LBN's resilience agenda.

People are Healthy & People are in Control and Independent²³

People are Healthy and People are in Control and Independent are the commissioning plans that describe how Newham will make resilience happen (see above).

Health and Wellbeing Strategy (HWS)

The HWS has been developed by the Health and Wellbeing Board (HWB) which is a committee of the London Borough of Newham and is comprised of local councillors, senior managers, clinical commissioning group leads and local clinicians. The HWB are ultimately responsible for developing strategies to support the health and well-being of the local population.

²⁰ Quid Pro Quo, Not Status Quo, LBN, 2011

²¹ Making Resilience Happen, LBN, 2012

²² LBN, 2013

<http://www.newham.gov.uk/Documents/Council%20and%20Democracy/BuildingResilienceTheEvidenceBaseSep2013.pdf>

²³ LBN, 2013

Newham Mental Health Needs Assessment (MHNA)

The Adult MHNA was published in 2015 and includes the most recent data available to support our understanding of the population of the borough and its' mental health needs.²⁴

Integrated Care Strategy (ICS)²⁵

The Integrated Care Strategy is one of a suite of strategies being developed by Newham Clinical Commissioning Group (NCCG).

In 2012 NCCG in collaboration with Waltham Forest and Tower Hamlets (WELC) came together to develop a model for integrated care. This work has developed over two phases with phase 1 focusing on the case for change and interventions whilst phase 2 focused on implementation. The project highlighted the need for a review of the management of health and social care and the ICS addresses the need to provide care in a more joined up way.

Co-Production

LBN has developed a forum for co-production in the borough which supports the partnership's commitment to involving service users and carers at every level of service planning and development. The vision centres on the establishment in 2012 of the Co-Production Forum, now a thriving group of service user representatives who directly contribute to discussions and decision making relating to health and social care services.

London Mental Health – The invisible costs of mental health²⁶

This Greater London Authority (GLA) report, published in January 2014, aims to quantify the impact of mental ill health in London in order to understand the scale of the issues involved, and to think how this impacts on the wider economic and social costs of communities.

LBN's Employment Strategy for People with Health and Social Care Needs²⁷

Government figures suggest disabled people, including those who experience mental ill-health, are amongst the lowest numbers of people in paid employment.²⁸ The Employment Strategy outlines LBN's support for mental health service users seeking employment. We are currently piloting a new way of working alongside LBN's Workplace facility to maximise employment opportunities for people who are affected by mental health issues in Newham.

²⁴ 2015-20 Newham Adult Mental Health Needs Assessment, LBN, 2015

²⁵ Draft Integrated Care Strategy (Draft Primary Health Care Strategy), NCCG, 2013

²⁶ London Mental Health, GLA, 2014

²⁷ Employment Strategy for People with Health and Social Care Needs 2014-17, LBN, 2014

²⁸ Getting in, Staying in and Getting on – a review of employment support for disabled people DWP, 2011

Joint Dementia Strategy²⁹

NCCG and LBN have also developed a dementia strategy that sets out a framework for supporting people to live with dementia as well as they can in Newham. The strategy outlines investment and commissioning intentions as well as detail how services will comply with national guidance and improve outcomes for people with dementia and their carers

Joint Strategy for Carers

NCCG and LBN have launched a joint Carer Strategy to ensure that carers are valued in the essential work that they do and also, crucially, that they are provided with the support they require for their own needs.

²⁹ Newham Joint Dementia Strategy, LBN & NCCG, 2014

Section Three - Working in partnership

This strategy has been jointly produced by LBN and NCCG, and expresses our commitment to work closely together. By aligning resources across health and social care, the partnership will strive to provide the best possible services to the population of Newham and to spend our investment wisely making sure that it is focussed on outcomes that can be measured and demonstrated.

The Newham partnership extends further than commissioning teams, however, and the development and delivery of services will involve a co-production approach that will strengthen the contribution of people who use services in planning, redesigning and reviewing the services they or their families use.

We also acknowledge the expertise and innovation of our providers, both statutory and third sector, and commissioners will work collaboratively with the organisations they commission to attract and sustain the highest quality services that the market can offer.

What stakeholders told us

In order to establish stakeholders' views of mental health needs in Newham, LBN and NCCG organised a series of workshops during November and December 2013. In Appendix 2, we detail the groups and people with whom we spoke.

Workshops were widely publicised to maximise engagement and details of the schedule of events were disseminated in the weeks leading up to the events in the Newham Mag, through service user involvement groups and through Healthwatch.

For those who were unable to attend a workshop, a dedicated email address was created and contact details were circulated at workshops for people who preferred to speak to somebody in person to give their views. A number of individual meetings with key stakeholders from service providers and commissioners were also held.

Key messages

The following summary describes the common themes which emerged from the stakeholder consultation exercise. Comments in response to questions were mixed, with both positive and negative experiences being voiced, although the majority of feedback highlighted areas where needs were unmet.

The most widely stated feedback from users of services and carers was that the mental health treatment system in Newham should be more recovery focussed and with a greater emphasis on prevention and early intervention. A key message was that people wanted to be able to access support in the community both to help prevent their mental health issues developing into more serious problems, and also to help people stay well if they were recovering from a previous episode of mental ill-health. This is very important if we are to help people to remain out of hospital.

While some users of services reported that they were happy with the clinical services and medication they were prescribed; a common feeling in discussion

groups was that they felt the treatment system was too focussed on medication and did not pay enough attention to supporting individuals in developing their lives in the wider context, such as improving social inclusion, physical health, education and employment. People also described wanting better integration of care, in particular between physical health and mental health services. Provider feedback largely agreed with this view and with the view that the role of the third sector in Newham could be very useful in responding to some of these areas of concern.

We received a lot of positive feedback about individual services but better communication between them was widely requested, and users of services and their families asked for care plans to be more holistic and include physical health issues and disabilities. Changes to welfare benefits were causing a great deal of anxiety across services and it was widely stated from a variety of focus group contributors that better access to specialist benefits and employment advice would be very useful. Providers were keen to explore how they could help people accessing their services to meet these challenges and help them to become resilient in the faces of these changes.

It became clear during the schedule of focus group discussions that information about the services in Newham was not as widely available as people wanted and that it was difficult to find out what services were doing in the borough. Both service users, providers and other stakeholders asked for a central web-based facility to make this information more widely available, as well as more leaflets posted through doors, more information in the local newspapers and better 'signposting' from the professionals and support workers with whom they were in contact.

All of this feedback will help to develop responsive, accessible information, care and opportunities for our residents.

Section Four – Mental Health Needs in Newham

During 2014/15, a new Mental Health Needs Assessment (MHNA) for 2015-2020 has been undertaken by the Public Health team at LBN. The previous MHNA was published in 2010 and an up to date document with the most recent data available was required to inform this strategy. Key stakeholders were consulted and a project group met regularly from July to December. In addition, a children's MHNA is due for completion in 2015.

The 2015-20 Adult MHNA will be published alongside this strategy and includes the latest demographic and epidemiological data relating to Newham. The report includes an analysis of the data collected and seeks to inform a greater understanding of how mental health issues affect the population in Newham and how well the current system is providing the right prevention, treatment and support.

The following section summarises the key points highlighted by the analysis of the data collected:

Demography

The key demographic points from the 2015-20 Adult MHNA relating to the general population of Newham, with implications for all aspects of mental health support and treatment in the borough, are as follows:

- According to GLA projections³⁰, the population of Newham was 337,500 in mid-2014 and will have risen to 383,500 by 2020, an increase of 13.3%
- If demographic projections prove accurate, by 2020, the population will still be weighted towards the younger age groups; however the significantly higher proportion in the young adult age bands (20–34 years) seen in 2014, making 34.1% of the total population in 2014 will become a slightly smaller proportion of the borough's residents by 2020 and would make up 32%
- There is a high turnover of population in the borough, estimated at 19 per cent in 2012/13
- Newham is the most ethnically diverse borough in London. It is projected that the ethnic mix of Newham residents will change over the next few years. Overall, within the working age group, the largest percentage increase will be in the Asian communities, especially aged 40 to 64
- Newham is the second most deprived authority in England
- Unemployment amongst those who are economically active is higher than in London, especially amongst men
- On a number of housing measures, Newham rates higher than the rest of London, including homelessness, unfit housing and proportion of overcrowding. It has a lower proportion of owner occupied housing
- However, the percentage of all welfare benefit claimants whose reason for claiming is 'Mental Disorder' is lower than neighbouring London boroughs

³⁰ GLA – Borough Profiles (2013), Census 2011

Diversity

The MHNA also highlights the fact that Newham is the most ethnically diverse borough in London with 72% of the population being from non-white groups, within which the largest group is South Asian at 36%. According to Greater London Authorities (GLA) projections, the population of every ethnic group will increase in the next five years (i.e. the period covered by the strategy) and will continue to increase beyond that point.

Population turnover

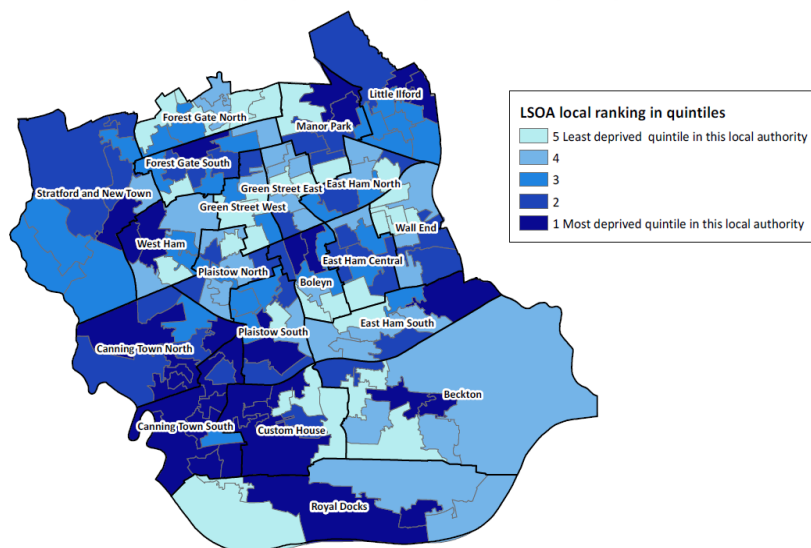
As well as a great deal of ethnic diversity in the borough, it appears that a key feature of Newham's population is its turnover. Although definitive data is scarce on this point, GP patient lists and the Joint Strategic Needs Assessment (JSNA), 2009 suggest that approximately 20% of the population may change each year.

Deprivation

Newham's relatively young, diverse population, with a high level of turnover also appears to experience a great deal of deprivation. Newham is the sixth most deprived district in England and the third most deprived borough in London, according to the 2007 Indices of Deprivation.

At a local level, the areas of Newham which have the highest levels of deprivation, unemployment and benefit claims which cite mental health issues as the grounds for being unable to work are covered by the electoral wards of Canning Town North, Canning Town South, Custom House and Royal Docks. The following diagram illustrates levels of deprivation across the borough:

Newham Index of Multiple Deprivation Score by LSOA , ranked by local quintiles, 2010



Housing

Housing conditions are one of the major determinants of health and wellbeing and the challenges associated with housing in London are greater than in many other parts of England. More than double the percentage of households were overcrowded in London (11.6%) compared to England as a whole (4.8%) in 2011.

Employment

Being in employment is associated with good health through its positive impact on physical and mental activity levels, levels of social interaction, personal identity and status, and income. The percentage of the working age population who are unemployed remained higher in London than in England as a whole between December 2004 and June 2013, and in June 2013 was 9.1% in London compared to 8.0% in England

Only 58% of working age people in Newham are in work compared with 70% for London and 35% of adults are economically inactive compared with 24% for London.

The partnership is committed to strengthening the economic resilience of residents, notably by ensuring people have access to job opportunities and that they are equipped to take these up.

Epidemiology

The following is a summary of the estimated number of people affected by mental health issues in Newham:

- 47,000 people with a common mental disorder (NB: regionally adjusted)
- 27,000 people with mixed anxiety and depression
- 6,500 people with depressive mental illness
- Up to 1,500 people with bipolar disorder
- Up to 1,500 people with schizophrenia
- Over 11,793 people with suicidal thoughts in the last year
- 1,890 people were estimated to attempt suicide in the past year

In the last 5 years, schizophrenia had the highest estimated prevalence increase of over 50% followed by Depression (31.5%) while prevalence of Personality Disorder grew by just over 1%.

This shows that over 10,000 adults in Newham were estimated to have experienced at least one common mental disorder in the last 5 years. By 2020, these figures are likely to increase, due to the increase in population. The table below shows the difference in number and percentage of mental health disorders between 2009-2014 in Newham.³¹

	2009	2014	2009 – 14 % increase
Schizophrenia	975	1,486	52.4%
Depressive episode	4,895	6,437	31.5%
Any common mental disorder	37,217	47,264	27.0%
Bipolar (I) disorder	1,170	1,486	27.0%
Mixed anxiety and depression	19,313	24,016	24.4%
Borderline personality disorder	1,110	1,238	11.5%
Antisocial personality disorder	979	990	1.2%

³¹ Psychiatric Morbidity Survey 2006 (next data update in 2016); GLA 2013-based SHLAA population projections

Serious mental illness in Newham

Serious mental illness (SMI) is the term used to describe more complex conditions such as schizophrenia and bi-polar disorder which often require more specialised and intensive treatment. People with a serious mental illness have mortality rates 2-3 times higher than the total population.

The following key points summarise the prevalence of serious mental illness in Newham. Numbers are sourced from SMI registers and crude prevalence for Newham and a comparator group:³²

- Newham has the lowest prevalence of serious mental illness in its comparator group
- Over the last 5 years there has been an increase in number of Newham resident with SMIs by about 16%
- A breakdown by age group show a year on year increase of mental health disorders across all age groups.

Mental Health Prevalence recorded in GP practices in Newham

Mental health prevalence in the population registered with a GP has been found to be lower than the London average in many cases. The following points summarise the key findings from the data recorded from primary care sources relating to the prevalence of moderate to serious mental health conditions:

- Prevalence of mental health illness by GP Practice in Newham is 1.2%, not significantly higher than London (1.0%) and England (0.8%).
- About a quarter of the GP Practices (23%) in Newham rank higher than the Newham average
- Prevalence of mental health issues recorded by GP practice is lower for a number of conditions than the London and England averages.
 - Percentage of GP practice patients with depression for 2012/13 was 3.3% for Newham, compared to the London average of 4.4% and the average for England of 5.8%
 - The percentage of GP practice patients with depression and anxiety was 10.9 for Newham in 2012/13, lower than the London average of 11.3% and the average for England of 12%
 - The prevalence of psychosis in the registered population for 2012/13 was 0.96% in Newham, lower than the London average of just over 1% but higher than the average for England of 0.83%
 - The estimated number of new recorded cases of depression by GP practice in Newham per annum is similar to London; whilst lower than the recorded England incidence, it is not significantly so.

Prevalence of Schizophrenia in Hospital

One of the key findings of the 2015-20 Newham MHNA is that, despite prevalence for most conditions reported as being lower than the London average, and often for the England average as well, referrals to secondary care are higher than neighbouring boroughs and admissions for some conditions are higher as well. For example, the male hospital episodes rate for schizophrenia was higher in Newham at 231.8 per 100,000, compared to the London figure of 187.4 and for England of 95.0 per 100,000.

³² CQRS and GPES database - 2013/14 data as at end of June 2014

Over a three year period, the numbers and rates of hospital episodes for schizophrenia in Newham, London and England between 2009/10 and 2011/12. have been decreasing for both genders³³.

Suicide and self harm

There was an increase in numbers of suicides in Newham in 2006-08 although suicide rates in the borough are currently lower than comparator areas according to the 2014 Community Mental Health Profiles³⁴. At ward level, East Ham South, Custom House South and Custom House and Beckton wards appear to have significantly higher rates of hospital admission for self harm than the Newham average.

The following points summarise the key findings on suicide in Newham:

- More females had suicidal thoughts than males
- About a third of all females with suicidal thoughts were aged 16- 24
- Females were twice (2x) as likely to attempt suicide than males
- Over 70% of females attempting suicide were aged 16-44
- Males were twice or more likely to commit suicide within the age group 35-44
- No ethnic breakdown on suicide data is available
- Newham has the lowest rate (5.25 per 100,000) of suicide when compared with its comparator areas.

Primary Care Based Services in Newham

Newham Talking Therapies

Newham Talking Therapies provide specialist talking therapies such as Cognitive Behavioural Therapy for Newham residents over 18.

The following points summarise key findings relating to the service from the adult MNHA:

- 40% greater demand for services than the national average
- The age group with the highest percentage of referrals is the 25-39 year olds. The second highest percentage of referrals comes from the 40-64 year olds
- Referrals have dropped by 23% from 6,722 in 2012 to 5,153 in 2014.
- Decrease in numbers entering Improving Access to Psychological Therapies (IAPT) treatment by 8% from 3,999 in 2012 to 3,698 in 2014.
- 38% of all referrals are male and 62% female. This proportion has been similar over time
- The male population is underrepresented in IAPT, and young black men are over represented in secondary mental health services.
- White ethnic group accounts for the highest proportion of referrals. The Asian ethnic group is underrepresented in referrals.

³³ Source: Local Basket of Inequalities, indicator 10.02, PHE 2014

³⁴ Community Mental Health Profiles, PHE, 2014

Secondary Care Mental Health Services

Services are delivered by East London NHS Foundation Trust (ELFT) across the borough and include four Community Mental Health Teams (CMHTs), the Assertive Outreach Team (AOT), the Early Intervention Team (EIT), forensic and inpatient ward services as well as the triage ward. Over 4,000 patients received care from secondary mental health services in 2013-14. There has been a decrease of 500 patients from the 2010 MHNA. which may be due, in part, to the Local Enhanced Service (LES) which has discharged over 350 patients back to primary care in the last two years, although more analysis is required to confirm this.

The following points summarise key data and analysis from secondary mental health care:

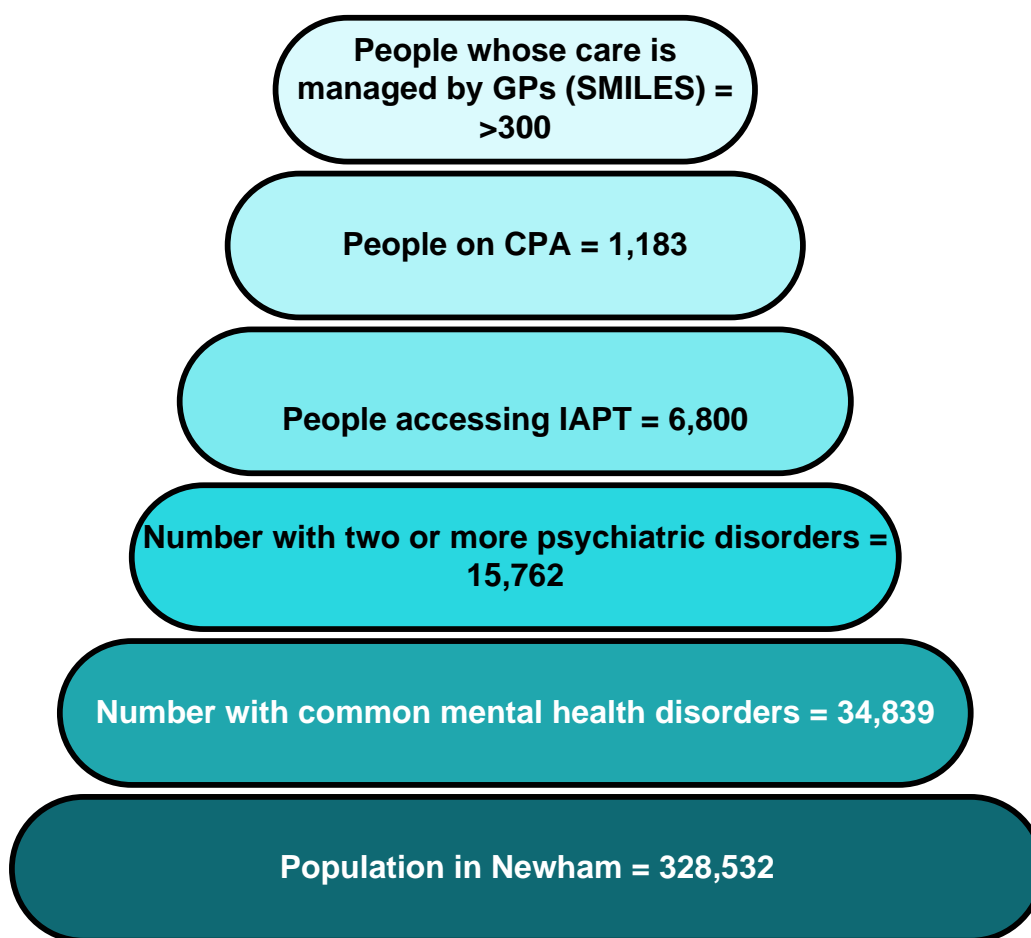
- The number of hospital admissions has risen between 2008/09 and 2013/14 with a 405 (43.7%) increase
- There is a significant increase year on year in referrals to secondary mental health care from 2,237 in 2008/09 to 4,720 in 2013/14, over 100% increase
- The most common diagnosis is schizophrenia; however, there has been a slight reduction in the proportion of hospital schizophrenia admissions from the previous report from 39.3% to 33.8%
- There has been a sharp increase of patients admitted to hospital with severe depression from the previous report from 3.7% to 14.5%
- Diagnoses of anxiety disorder have increased from 4.6% to 7.2%
- Schizophrenia and Bipolar disorders continue to require the longer length of stay for admissions
- There has been a continual reduction in the number of average occupied bed days per hospital admission from 27.1 days in 2008/09 to 22 days in 2013/14
- This shows the average length of stay is reducing for all ethnic groups
- Black and Black British ethnic groups and Asian and Asian British groups show a higher reduction in average length of stay although the average figure for these groups is still higher than for the White British group
- Admission rates for White British and White Other have increased
- Admission rates for Black/Black British show a reducing trend
- The reduction in admissions from Asian/Asian British shows an under-representation for patients in this ethnic group

Mental Health Service Attendance

Numbers of people accessing all Newham mental health services

In this section we give a brief overview of the number of people accessing services in Newham.

Picture 1: Snapshot of adults accessing mental health services in Newham 2013/14



Key
1. IAPT – Improving Access to Psychological Therapies
2. CPA – Care Programme Approach
3. SMILES – Severe Mental Illness Locally Enhanced Scheme

Below we identify the numbers of people who have been accessing specific aspects of the mental health system. This is by no means a full picture and is only a snapshot of the most recent activity during 2013/14.

Approved Mental Health Professionals (AMHPs)

AMHPs are trained to implement elements of the Mental Health Act (MHA) 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make an application to a named hospital for the detention of a person who has been assessed. In Newham, this service is available 24 hours every day of the year.

Since January 2014 Newham's AMHPs have operated a centralised service. This involves providing a Monday to Friday daytime service from a centralised base and an out of hours service is available 24 hours every day.

Table 5: Number of MHAA completed 2013/14³⁵

Mental Health Act Assessments (MHAA) completed	2013-14
Daytime assessments	416
Out of hours	377
Total	793

Community Mental Health Teams (CMHTs)

The following figures indicate the number of adults whose care is managed in community teams, including Community Mental Health Teams, the Early Intervention Service (EIS) and the Assertive Outreach Team (AOT). The figure is broken down into those who are receiving their care under the Care Programme Approach (CPA) and those who are not. Someone may be on CPA if they have more complex needs or if they are at risk or vulnerable. The CPA requires that a patient has a written care plan and a care coordinator and that their care plan is reviewed regularly with key stakeholders.

Table 6: Number of adults whose care is managed in community teams

Community team patients	2013/14³⁶
On CPA	1183
Not on CPA	2275
Total	3458

Other Mental Health Services

Mental health advocacy

In Newham we commission Independent Mental Health Advocacy (IMHA). IMHA is a statutory form of advocacy which was introduced in 2009 as part of amendments to the Mental Health Act. Anyone who is detained in a secure Mental Health setting, under the Act, is entitled to access support from an Independent Mental Health Advocate.

Others who can access an IMHA service are those who have been provisionally discharged from hospital, those on supervised Community Treatment Orders (CTOs), or voluntary patients who are considering intensive or intrusive medical treatment as a result of a mental health condition.

IMHA services provide an additional safeguard for patients who are subject to the Mental Health Act, and are specialist advocates who are trained to work within the framework of the Act. These services do not replace other advocacy services currently available to patients, but are intended to operate in conjunction with them.

Alongside IMHA we also commission inclusive advocacy which is for people who do not meet the criteria described above.

³⁵ Local data, LBN 2014

³⁶ Data taken from RiO – NHS clinical case record, 2014

Table 7: number of adults accessing advocacy services

Mind Advocacy Service	2012/13		2013/14	
	IMHA	Inclusive	IMHA	Inclusive
Total number of 1:1 advocacy sessions accessed	186	359	283	280

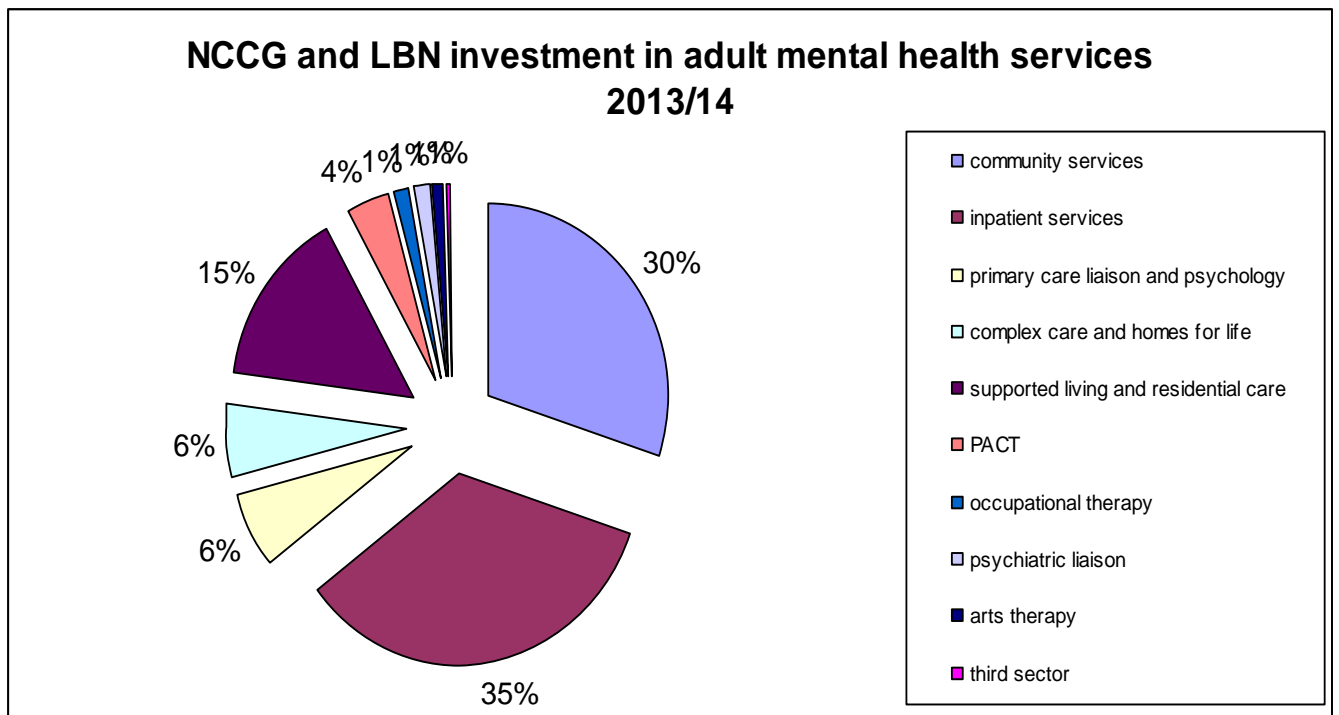
Hestia ASK Service User Involvement service	2013/14
Number of participants in ASK activities	125
Average number of attendees at ASK Forum	27

Section Five – How we spend our money

In this section we describe how the Newham Clinical Commissioning Group (NCCG) and London Borough of Newham (LBN) invest in mental health services.

Graph 1 illustrates the percentage split of investment in adult mental health services across the sector. The overall spend on adult mental health is just over £45 million. Of this £45 million, the largest percentage of investment is within inpatient services (35%) with the second highest percentage spend in community services (30%), followed by supported living and residential care (15%), and complex care and 'homes for life' (6%), a combined sum of 21% - this is 15% and 6% combined. In addition, a smaller amount of investment is with the third sector. NCCG also invested approximately £3.1m and LBN £1.1m in CAHMS Services this year.

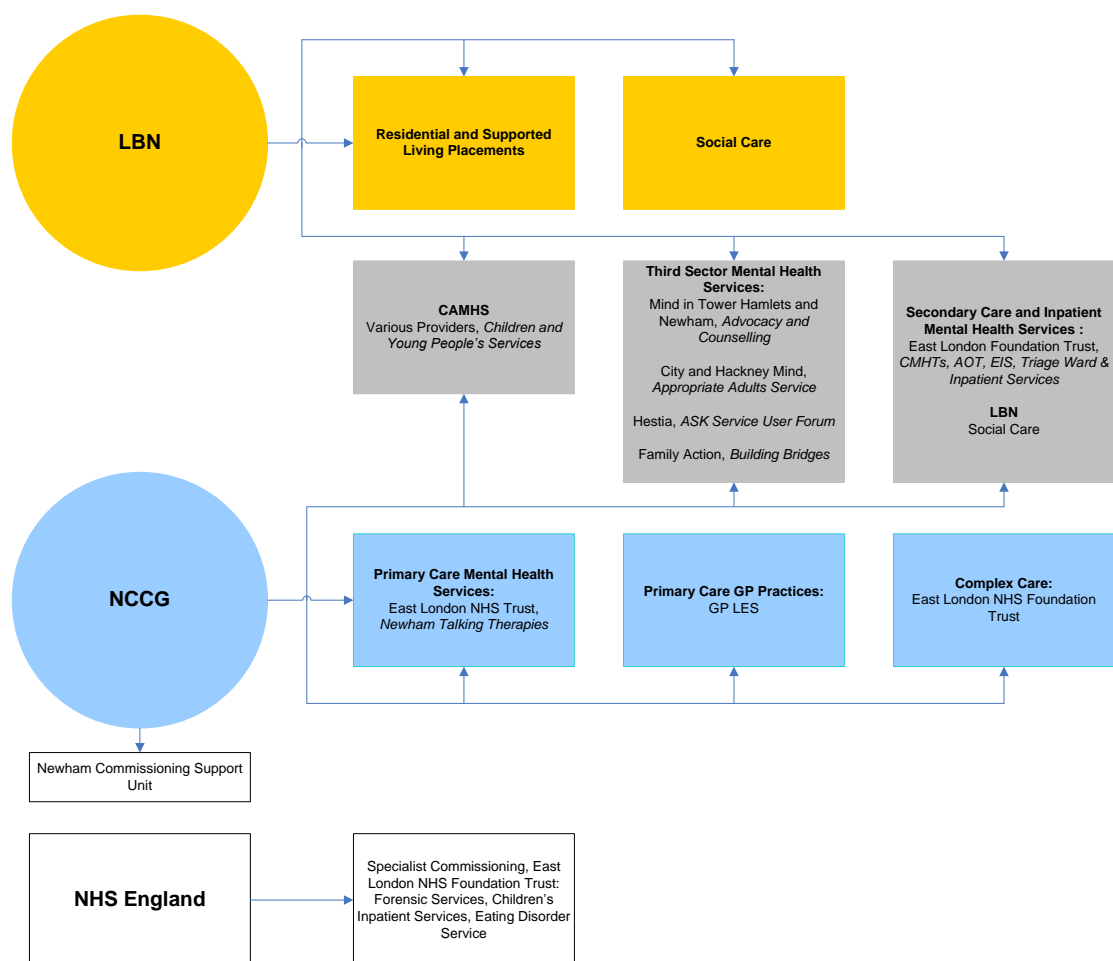
Graph 1: Investment in adult mental health services



Section Six – information, treatment and care in Newham

LBN and NCCG currently commission a range of mental health services (both statutory and third sector) for Newham residents of all ages to meet the needs of the population and to offer accessible pathways through treatment and support.

The following diagram illustrates current commissioning arrangements in Newham for mental health services:



Overseen by the Health and Wellbeing Board, the Investment outlined in the diagram above is derived from two main sources; LBN, which funds adult social care services and NCCG which provides funding primarily for mental health treatment services across primary and secondary care. Additional specialist care is commissioned by NHS England, although this falls outside the scope of this strategy.

Although adult services are not formally jointly commissioned in Newham, the CCG and LBN work closely together in the development, implementation and monitoring of their commissioning services. Whilst some aspects of the system are funded through one sole funding stream, such as complex care and GP practices, both commissioning organisations invest significantly in secondary care mental health services and share investment in the third sector component of support services.

Services for adults

Emergency and crisis mental health services

All services in this section are delivered by East London NHS Foundation Trust (ELFT).

RAID

This acute psychiatric liaison service is designed to provide access to mental health services for people attending A&E who are at risk of mental ill health. The service is available 24/7 and aims to increase the level of detection and recognition and early treatment of impaired wellbeing and mental health, and to improve the management of patients and increase the levels of quality and clinical outcomes by:

- Reducing the length of inpatient stay
- Improving the rates of discharge from wards
- Diversion from A&E for patients presenting in the specialty areas of mental health, dementia, substance misuse and patients with long-term conditions and a suspected mental health condition
- Increased rates of discharge from Medical Admissions Unit (MAU)
- Increased number of elderly patients discharged home
- Reduced readmission
- Reduced admission levels
- Reduced excess morbidity and mortality associated with co-morbid mental and physical disorder
- Reduce excess lengths of stay in acute setting associated with co-morbid and mental and physical disorder
- Reduce the risk of harm to the individual and others by adequate risk management
- Reduce the overall cost of care – time spent in A&E and hospital, minimising medical investigations and the use of medical and outpatient facilities.
- Patient care delivered in a less disruptive manner

Home Treatment Team (HTT)

The HTT is a multi-disciplinary community based mental health team aiming to provide a short term, intensive and effective home-based assessment and treatment alternative to acute adult inpatient care. The service is focussed on acutely unwell patients with a diagnosis of psychotic illness, major affective disorder and perinatal difficulties.

Acute Day Hospital (ADH)

The ADH offers a therapeutic group programme to provide an alternative to inpatient hospital admission. The setting provides an opportunity for patients to evaluate their lives during a time of crisis with a varied and targeted programme as well as access to referral for longer term psychological treatment.

Mental health services delivered from primary care

The services in this section are delivered by ELFT.

Newham Talking Therapies

Newham Talking Therapies is a primary care based service offering a range of therapeutic interventions including low to high intensity CBT, group work, online support and other support to help with stress, anxiety and depression. Self referral is available as well as referral via GP or health professional. After an assessment a course of structured counselling of up to 12 sessions may be offered. The service also provides specialist employment support for people who are affected by mental health issues and who wish to maintain existing employment or gain new employment.

Enhanced Primary Care Service (EPC)

For patients who have been stable in secondary care and are able to be looked after in primary care, the EPC service is available from participating GPs following assessment and review of each case. The service supports primary care with specialist input to enable patients to receive their treatment and ongoing care from primary care settings.

Secondary care mental health services

Secondary mental health services in Newham are delivered by ELFT.

Community Mental Health Teams (CMHTs)

There are four area based Community Mental Health Teams covering Newham; North East, North West, South East and South West. People can be referred to one of these from other professional services, such as GPs, or can self refer and be referred by a family member.

The teams provide a single point of entry for their area, emergency referral and assessment and care of adults who have serious and enduring mental health problems. CMHTs are made up of Community Psychiatric Nurses, Social Workers, Psychologist, Consultant Psychiatrists, Senior Clinical Medical Officers and an Occupational Therapist with access to support workers. Individuals entering secondary mental health care services will receive assessments that include both their health and social care needs. Some teams in secondary care are staffed by both health and social work practitioners who work together to ensure treatment and care is joined up.

Early Intervention Service (EIS)

The Newham Early Intervention Service (NEIS) assesses and works with people between the ages of 18 to 40 who are experiencing, or are at risk of developing, early onset psychosis, and with their families. Clinical care is provided to clients who are showing signs of a first episode of psychosis or suspected first episode of psychosis and are in the first three years of an untreated psychosis.

Assertive Outreach Team (AOT)

The Assertive Outreach Team (AOT) offers a coordinated approach for service users with enduring mental health problems and who are difficult to engage, who are on the Care Programme Approach, have experienced frequent hospital admissions and who are considered high risk. Also provides specialist services on the management and care of mentally disordered offenders in the borough and those returning from higher security premises.

Mental Health Employment Support Team (MHEST)

The MHEST pilot service includes specialist mental health employment advisors who are based at LBN's dedicated employment service, Workplace. Advisors aim to act as a bridge between clinical and employment services and support patients in both primary and secondary mental health care to find work or access training and support to find new work.

Adult and older people services

NCCG and LBN current commission services for adults and older people in Newham affected by mental health issues across the spectrum of the treatment journey from initial contact with primary care services through to secondary care, inpatient and acute hospital services as well as outpatient and recovery orientated services for people who have been discharged from hospital. Dementia services are also commissioned.

Partnership working between health and adult social care provides integrated care for service users with health and social care needs. Closer working links between primary and secondary care is providing smoother treatment journeys for services users moving through the system. More people are also being treated in primary care following the introduction of the GP led Primary Care Mental Health LES (Locally Enhanced Services), delivered by participating GPs for people whose mental health is relatively stable and no longer requires secondary care services.

We acknowledge that our services and the system as a whole need to be flexible and adapt to changing needs of the population, changes to funding allocations, and new innovations, guidance and national strategic drivers. The Newham partnership is, therefore, undertaking a comprehensive review of some aspects of mental health service provision.

Firstly, we will be reviewing how our health and social care teams work together in our integrated community mental health teams. The delivery of adult social care, in the context of the personalisation agenda, is currently being debated nationwide and Newham will be working to ensure that residents will have access to the very best quality treatment that is accessible, effective and efficient.

Secondly, we will be reviewing the role of third sector providers in our treatment system. At present, there is only a small investment in the third sector. However, these agencies provide critical services in relation to advocacy and co-production. We will investigate the potential for developing the scope of third sector delivery to harness the expertise of this sector, particularly in supporting service users in recovery orientated activities in community settings.

LBN is also currently undertaking a wide scale review of residential placements to ensure that those affected by poor mental health who are living in supported living or care home settings are receiving recovery-orientated care packages and living in an accommodation setting that best meets their needs. As part of our commitment to co-production, we will involve users of services and carers in reviews of services and establishing appropriate quality frameworks for service delivery.

Adult mental health services commissioned from the third sector.

As well as the mental health services commissioned from ELFT, the CCG and LBN also commission other specialist mental health services from a number of third sector organisations to provide information and advice, to support people staying as well as possible in the community and to recover quickly if they have been unwell.

Mind in Tower Hamlets and Newham

Mind provide statutory and informal advocacy to people affected by mental health issues in Newham as well as counselling for people accessing services via the primary care pathway and a welfare benefits advice service. Self-referral available.

City and Hackney Mind

Mind in Hackney provide independent appropriate adults to inform vulnerable people in police detention in Newham of their rights. Self-referral available.

Care In Mind

Care In Mind provide one to one support for people affected by mental health issues to build their confidence and skills and to find employment when they are ready to work. Self referral is available.

Co-Production for adults in mental health services

The Independent Newham Users Forum (INUF)

Providing a range of activities for people affected by mental health issues to help support health and wellbeing including Tai-chi, sport, IT and access to NVQ training as well as volunteering opportunities. Self-referral available.

ASK

ASK (managed by Hestia) is a user and carer involvement service run by users of mental health services in Newham. The service provides a monthly forum and groups. Service users also run recovery focused workshops, including dance aerobics workshops and budgeting workshops; self-referral available.

Florid

Florid is a service-user led information and support service for people who use ELFT mental health services.

Newham Co-Production Forum

The Newham Co-Production Forum gives a platform for users, carers and other stakeholders of services to influence decision making across the health and social care economy.

LBN aims to develop health and social care services that are responsive to the needs of residents and that are accessible to all. To achieve this, we will work together with service users and carers to ensure that their views are taken into consideration as we develop and deliver better health and social care services.

Services for older people

Provided by ELFT, the CMHT (Older People) is an integrated mental health and social services team that provides psychiatric and social needs assessment, intervention and treatment. The service works with carers and families of older people to deliver care that meets the needs of individuals and acts as a single point of entry to all other ELFT older people's services. Self referral or referral by health professional available.

Newham Memory Services:

Diagnosis and Support Team (DAS)

The service is provided jointly with Newham University Hospital and offers initial assessment, diagnosis and support for people in Newham affected by dementia.

Dementia Care Team (DCT)

The team provides multidisciplinary assessment, intervention and treatment and works in partnership with the Alzheimer's Society.

Psychotherapy for Older Adults (PTOA)

Psychological assessment and treatment for older people with dementia and functional mental health problems. The service also supports families of people affected.

Services for Families, Children and Young People

Building Bridges

Managed by Family Action, Building Bridges provides a preventative service for families with a parent who is affected by mental health issues. The service acts as a bridge between adult mental health and children's services and delivers a range of home based interventions. The service also offers a monthly support group.

Child and Family Consultation Service (CFCS)

Newham CFCS is a multi-agency specialist mental health service for children and young people with complex, severe or persistent emotional, behavioural or development problems. The service provides emergency assessment of young people experiencing severe mental health issues, a rapid response service to the paediatric ward to Newham University Hospital to assess young people who have self harmed, multi-disciplinary assessment of new referrals and specialist clinics with a range of therapeutic interventions for children with severe conduct disorder,

those affected by ADHT, learning disabilities and autistic spectrum disorder. Referrals available for 0-18 year olds.

New Choices for Youth (NCY) Newham

NCY offers a range of support services to vulnerable young people aged 0-25, including mental health and wellbeing support, accredited training, youth activities, and supported housing options. Self referral available.

Children and young people services

It is estimated that one in ten children between the ages of one and 15 has a mental health disorder³⁷. Rates of mental health problems among children increase as they reach adolescence; disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15³⁸. Such statistics are particularly significant in Newham with its relatively young population. Early intervention is vital to improving the mental health of children, young people and ultimately of the whole population.

Children and Adolescent Mental Health Services (CAMHS)

Following the transformation of Child and Adolescent Mental Health Services (CAMHS) in 2013, pathways and outcomes have been improved and partnership working reinforced for services for children and young people up to the age of 18. Delivery of the new CAMHS service in Newham is guided by the following;

- A hub and spoke model with good connections between agencies
- Targeted CAMHS provided in local settings
- Continual development of care pathways
- Least intensive interventions first/Stepped Care Model
- Accessible information to children, young people and families using web based tools and social media
- Evidence based packages of interventions
- Improved outcome measurement
- Maximising capacity and shorter waiting times
- Smoother transition to adult mental health services
- Closer working relationships between sectors and service levels

We acknowledge that, so far, the bulk of investment for children and young people has focussed on treatment interventions and that prevention work now requires further development. In order to target our activity and ensure that investment is focussed on the right areas for Newham we will undertake a comprehensive mapping exercise to determine the nature and extent of prevention work currently undertaken, with particular attention paid to schools, voluntary sector services and the community. The findings of the exercise will inform our planning of services in subsequent years.

We are also keen to develop mentoring work with young people. We have a planned programme, starting in 2015, to recruit young people to engage with the community and ascertain how the young people in our borough would like

³⁷ The Office for National Statistics Mental health in children and young people in Great Britain, 2005

³⁸ Mental Disorder More Common In Boys, National Statistics Online, 2004

mentoring to be delivered. Following this we will develop a young people's mentoring programme in Newham to provide accessible mentoring support to disseminate information, improve understanding, build healthy social networks, signpost, listen to and inspire young people in Newham who may be affected by or at risk of mental health issues.

We will undertake a mapping exercise in year one of this strategy to understand the prevention orientated services available to children and young people in Newham. The findings of the exercise will inform our planning of services in subsequent year.

In Newham we aim to support all children and young people who are preparing for adulthood with strong universal services and targeted services including:

- Educational provision
- Every Child Programmes
- Summer schools
- Resilience Programme

Section Seven – our commitments and pledges

In this section we take the three key principles we described in Section One, Vision and Values, and describe how we will take these forward as commitments and pledges. Our commitments and pledges are based on; what we know about Newham and mental health in Newham; what we currently commission and how this needs to be reviewed in order to meet needs; and what we will deliver in partnership to address the issues and concerns people have raised with us through the process of consultation.

Alongside this document we will develop an action plan which describes how and by when we will deliver these commitments and pledges. In addition to the three key principles, we have added other commitments which focus on commissioning, planning services and accountability.

The commitments and pledges are not age specific and will be developed in an age appropriate way with the agencies that are commissioning and providing services.

Key Principle 1 – Hope and Empowerment

1) Supporting preventative approaches to mental health

The first of our key principles represents a shift of focus in our strategic approach for the next five years. Whilst retaining high quality treatment for all those who need it, we will be placing greater emphasis on prevention and providing information, in accordance with the Care Act³⁹, as well as early intervention to reduce escalation of mental health issues where possible.

We recognise that responding quickly when mental health issues emerge is vital to ensuring that people recover as fully as possible. It is crucial that residents and professionals working in services are well informed about mental health and about support and treatment available in order to facilitate people getting the right help they need quickly.

We recognise that the development of relationships and engaging in positive activities is likely to have a positive impact for both prevention and recovery and want to utilise our network of Community Neighbourhoods to facilitate the community resilience which can make this happen.

Our commitment

- ✓ **We will ensure that people affected by mental health issues have access to information, signposting, befriending and peer support via our Community Neighbourhoods so that people get the help they need as early as possible.**
- ✓ **We will ensure that people working in our related services including health, housing, welfare benefits, schools and other**

³⁹ The Care Act, DoH, 2014

children's services are appropriately trained in mental health awareness in order to deliver joined up care and to signpost where necessary.

2) Reducing stigma

Stakeholders who attended the series of focus groups we organised as part of the development of this strategy gave us a clear message that educating people about mental health in order to improve understanding and reduce stigma was very important to them.

Service users told us that stigma and misconceptions about their condition affected them in a number of important areas of their lives, but particularly in securing and maintaining employment and dealing with people regarding their benefits and housing. Some people are affected by stigma within their own families where mental health can be taboo and poorly understood. People with mental health problems may also suffer greater stigma and discrimination if they are affected by other issues such as physical disability, or are members of a minority ethnic community or other group such as the Lesbian, Bisexual Gay and Transgender community.

Both LBN and NCCG expect all services to be welcoming and accessible to everyone, regardless of their mental health issues. Active Minds Café events are held in a variety of community venues across the borough and are open to all. The events support our drive to reduce stigma in Newham by providing information, activities and somebody to talk to for people affected by mental health issues, their families and carers and the wider community. Our commitment to reducing stigma in Newham is embedded in the belief that activities for the whole community should be available across a variety of community settings to avoid stigmatising any section of our community.

Our commitment

- ✓ **We will deliver structured events and activities in a variety of community locations in which the whole community, including those with severe and enduring mental health illness, can participate.**
- ✓ **Our mental health services will each deliver at least two open days per year.**

3) Promoting mental health awareness

We will develop preventative and early intervention opportunities for service users, including a range of initiatives and activities to improve mental wellbeing and resilience in Newham.

It is an essential part of our strategy that we are committed to promoting mental health and wellbeing equally as much as providing treatment and support when it is needed. Mental health and wellbeing are less easy to define than mental ill-health or mental disorder, including what may at first

appear as nebulous and subjective terms such as 'happiness', 'fulfilment,' and 'contentment'. But identifying such indicators for ourselves can help to bring greater understanding of how we are doing, when we need help to boost our mental health and wellbeing, and when we may need to speak to a professional if we are affected by mental ill-health.

Our commitment

- ✓ **We will ensure that in the re-commissioning of Healthy Lifestyles programmes, people with mental health issues are supported to access all the relevant programmes.**
- ✓ **We will utilise the Community Neighbourhoods to provide a range of activities and events which give the whole community the opportunity to participate together.**

4) Early Intervention

We know that when people begin to experience mental health issues then getting help quickly can optimise their recovery. Stigma can play a key role in delaying seeking help, but the right advice and information being available and the right services to offer help to people in the early stages of their mental health issues are also vital to ensuring the best outcomes for each individual.

Our commitment

- ✓ **We will provide access to mental health information and support for everybody when they experience the first signs of mental health issues.**

5) Delivering mental health education and information

Despite mental ill-health being such a widespread issue in our communities, it is often poorly understood, and where to go for help, advice and information is not as clear and straightforward as we want it to be. This lack of knowledge about mental ill health can lead to discrimination and people with mental health issues being treated differently in a way that they do not appreciate. So it is a key commitment of this strategy that we will actively deliver education and information about mental health and wellbeing and clearly signpost where to get help when needed.

Our commitment

- ✓ **We will provide a mental health directory of services, accessible from our website, with information about services in Newham and how to contact them.**
- ✓ **Many people may contact their GP in the first instance if they are concerned about their mental health and we will increase the**

training and opportunities for learning about mental health to GPs across Newham.

- ✓ **We recognise that mental health education can be most effective if delivered early and so we will continue our commitment to the approach developed in the Resilience Project in schools to help education staff and pupils who may not reach the criteria for psychiatry but who may benefit from education, information and other interventions.**

6) Supporting families and carers

A clear message from our stakeholder engagement focus groups was that carers often felt 'left out' of a family member's treatment and care. It was acknowledged that the demands of caring for that person was sometimes stressful and that carers required their own support to cope with their role. We are committed to supporting carers of people affected by mental health issues in Newham as fully as possible and as part of this commitment LBN has led the development of a joint strategy with NCCG to set out a framework for how we will deliver carer services and support in the future.

Our commitment

- ✓ **The Joint Carer Strategy for Newham was launched in February 2015. We will deliver the strategy across all our services to ensure that carers are recognised for the work that they do and have access to the right kinds of support when they are needed.**
- ✓ **We will ensure that carers have an assessment of their needs and that there are timely reviews of assessments.**

7) Dual Diagnosis

Some people who are affected by mental health issues are also living with drug and alcohol misuse and require specialist help for both of these potentially damaging conditions. Our integrated drug and alcohol service and our mental health services are working together to ensure that treatment and support is joined up and that relevant professionals work together to ensure service users have all their needs met.

Our commitment

- ✓ **Our mental health and substance misuse services will work together to support individuals affected by dual diagnosis and optimise their recovery potential.**

Key Principle 2 – Access to high quality services

8) Integrating approaches to mental and physical health and social care

The Health and Social Care Act 2012 places an explicit responsibility on the Secretary of State to give equal emphasis to health and mental health. This is referred to as ‘parity of esteem’ and the Newham Partnership is committed to establishing this parity across our health and mental health services over the course of this strategy.

Nationally, people with severe mental illness have been found to die on average 20 years younger than the general population⁴⁰; this is largely due to the higher prevalence of smoking⁴¹, substance misuse and other physical illnesses. People with mental health problems are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease⁴².

Our commitment

- ✓ **We are committed to developing better integrated working between health and mental health service providers to ensure that people affected by mental health issues have all their healthcare needs met as efficiently and effectively as possible.**
- ✓ **We will ensure that referral pathways support integrated care delivery.**
- ✓ **We will ensure that our data systems in primary and secondary care ‘talk’ to one another so as to support integration and reduce duplication of assessments.**
- ✓ **We will work to ensure people affected by mental health issues access routine health checks such as weight, blood pressure and cholesterol, and be supported to access those interventions currently available. Our services will also support people to access relevant health and oral health screening programmes.**

9) Improving access to services

A key message from our stakeholder engagement exercise in 2013/14 was the people wanted services as near their home as possible and with opening times that took their priorities and commitments into account. We appreciate that in order to improve engagement, our services must be located where people can easily travel to them, and they must be open at times that suit everyone. They must also have disabled access and have be able to support people with visual and hearing impairment.

⁴⁰ 20 Years too Soon, Rethink, 2012

⁴¹ Cigarette smoking and mental health in England, Adult Psychiatric Morbidity Survey. National Centre for Social Research. McManus S, Meltzer H, Campion J, London, 2010.

⁴² Background evidence for the DRC’s formal investigation into health inequalities experienced by people with learning difficulties or mental health problems, Disability Rights Commission, Nocton A, London, 2004.

Another key message was that people wanted to be able to spend the least amount of time in hospital and be supported to recover in their communities.

Our commitment

- ✓ **Access will be a key requirement in newly commissioned and re-commissioned services in Newham. We will work towards meeting the access improvements outlined in Mental Health Services: achieving better access by 2020⁴³**
- ✓ **Our review of services will ensure that investment is appropriately balanced between inpatient and community based services.**

10) RAID (Rapid Assessment, Interface and Discharge)

The RAID service in Newham provides access to mental health services for people in an acute setting (see page 27). The consolidation of the service will be supported in 2015/16, after which there is an expectation that RAID will function as 'business as usual'.

Our commitment

- ✓ **The RAID team will be accessible by telephone outside of working hours.**

11) Ensuring timely access to high quality specialist services

The consistent delivery of high quality services will represent a key aspect of this strategy which will underpin all that we do. We will set out clearly the quality standards, expectations and outcomes in contracts we have in place and monitor contracts robustly and regularly to ensure they are delivering against the high standards we set for them.

We will ensure that planning, specifying and commissioning services are all co-produced activities.

Our commitment

- ✓ **We will use locally agreed and nationally mandated outcome indicators to focus services on quality delivery. We will continue to utilise the national outcomes frameworks for the NHS, adult social care, and Public Health England in conjunction with our local indicators to ensure our services have the right quality aims in place.**

⁴³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

- ✓ **We will monitor our services regularly and robustly so that we know where improvements are required and where services are proving effective.**
- ✓ **We will regulate our services against quality assurance frameworks.**
- ✓ **We will undertake a review of all commissioned supportive living services and registered homes to ensure that they meet local or national quality requirements.**

12) Having clearly defined health and social care pathways

A great deal of debate is currently under way about the way health and social care pathways will develop in the future. LBN has already been working closely with health partners to examine potential developments that will meet the needs of service users and make best use of finite resources and budgets under pressure.

Our commitment

- ✓ **LBN, NCCG and providers will work together to improve health and social care pathways in Newham, including transitions (e.g. between children's and adults' mental health services.) We will redesign the current integrated delivery model to improve capacity and value for money within the treatment system.**

13) Working in partnership for those in crisis

Partnership working between health, social care, the police and the ambulance service is essential to ensure a safe and effective response to crisis situations. In Newham we have been improving how we work together and the Newham Mental Health Police and Ambulance Liaison meeting brings together all relevant partners to resolve difficulties, address blocks and gaps. We acknowledge the vital role the police play in dealing with people in crisis, the goodwill which has been shown in taking on a wide range of duties while protocols and policies are being developed.

Our commitment

- ✓ **We will work towards the core principles of the Mental Health Crisis Care Concordat to improve crisis care in Newham and we expect all our services to do so.⁴⁴**

14) Mental health and the criminal justice system

The probation service changed in 2014⁴⁵, with the creation of a new public sector National Probation Service (NPS) and Community Rehabilitation

⁴⁴ Mental Health Crisis Care Concordat, DoH, 2014

⁴⁵ <http://www.justice.gov.uk/transforming-rehabilitation>

Companies (CRCs). Newham Partnership will work to support offenders affected by mental ill-health.

Our commitment

- ✓ **We will work with the NPS and CRCs to identify and improve pathways and rehabilitation services for everyone who is required to attend them. We will offer quality interventions for inclusion in treatment orders in order to reduce re-offending in Newham.**

Key Principle 3 – Recovery and Living Well

15) Focusing treatment and care on recovery

Establishing a definition for 'recovery' in mental health has generated a great deal of debate in recent years but a standard definition has proved elusive. This is partly because recovery in clinical terms may not encompass other important factors that impact on service users' lives, and also because individual notions of recovery may differ widely from person to person. Where definitions are given, they are usually supported by a number of individual statements from service users to illustrate the diversity of personal recovery within any recovery model or culture. However, common themes emerge across the range of definitions, including:

- Recovery from mental health issues, including severe and enduring mental illness, can and does occur
- It is important to ask individuals what their recovery goals are and then to support the achievement of these goals with appropriate resources and signposting
- Recovery can include a wide range of indicators, including a feeling of hope, meaningful activity, a sense of control and independence

Recent focus groups have given a clear message to providers and commissioners that a greater emphasis on recovery is required in Newham. We are committed to developing a more far-reaching recovery model across the borough following further discussions with stakeholders during 2015/16.

We acknowledge that some people are affected by severe mental health disorders that become chronic, long term conditions, and that they may not fully recover from their illness. In such cases we are committed to supporting individuals to experience the best quality of life that they can and accept that recovery may include a wide range of individual goals and aspirations.

Our commitment

- ✓ **We will define the Newham recovery approach and agree a set of guiding recovery principles in year one with direct input from commissioners, providers and service users. The definition and guiding principles will inform service delivery and commissioning intentions over the lifespan of the strategy and will be evidenced by a clear set of outcomes to measure progress.**

16) Promoting groups and activities which focus on social inclusion

We are committed to providing users of services with real choice in how they want to have their needs met, and we aim to empower people to take as much ownership of their care and support plans as possible, which we call Self Directed Support.

A growing number of service users in Newham have been accessing Individual Budgets (IBs) to purchase a wide range of services and support that they have chosen to help meet their needs and contribute to their recovery. Eligibility criteria are in place for accessing an IB but we believe that more people who are eligible could benefit from this kind of support and we will encourage greater take up of this offer.

In addition, the establishment of Community Neighbourhoods will increasingly provide a wide range of social inclusion opportunities for service users as we focus on building local neighbourhoods where everyone is valued, involved and making a contribution.

Our commitment

- ✓ **As part of the Adult Social Care Personalisation Agenda we will work towards increasing the number of people who receive individual budgets in Newham to support service user choice.**
- ✓ **We will engage people with their local Community Neighbourhoods and third sector providers to support service users across the spectrum of need, from primary prevention, through to support while in treatment and on to recovery.**
- ✓ **We will ensure that Information, Advice and Guidance (IAG) is freely available so that people can decide where and when to access help and support.**

17) Supporting access to employment and meaningful activity

Research suggests that mental health conditions are the most prevalent reason for people being dependent on health related benefits and significantly disadvantages individuals in their attempts to gain or stay in employment⁴⁶. Unemployment also has a negative impact on well-being and is a threat to other determinants of health, such as secure housing, and to the wellbeing of families and communities.

At present, the number of people accessing secondary care mental health treatment who come off benefits and move into employment is not achieving the Newham target rate of 5.2%. Over the lifetime of this strategy we aim to improve this under-performance to at least match the London average by

⁴⁶ Work, Mental Health and Welfare, NHS, 2012

realigning our existing resources for mental health employment support with Workplace, Newham's one stop shop for employment help and advice.

Tackling mental health barriers to employment is a strategic goal of Newham's Health and Wellbeing Board and to support this priority in 2013, the Board commissioned a review of access to employment opportunities. That review is now at strategic stage⁴⁷ and a plan is now being implemented to reconfigure existing employment support resources and aligning them to LBN's Workplace facility in order to better coordinate and maximise support for people with mental health issues who are seeking work.

Workplace has helped more than 22,000 people into work since it began in 2007 by providing a holistic service that addresses individual barriers to work. The specialist Mental health Employment Support Team (MHEST) now provide a valuable bridge between clinical services and Workplace, working across both settings to ensure individuals receive the employment support that meets their needs.

Our commitment

- ✓ **Through the HWB strategic priority of *Tackling mental health barriers to employment* we will support more people with mental health issues into employment.**
- ✓ **We will evaluate the MHEST pilot service and ensure that people affected by mental health issues are supported to maintain existing employment or find new employment when they are ready.**

18) Developing peer support, befriending and mentoring

Social, emotional and practical peer support that is mutually offered and reciprocal will be a key element of the recovery orientated services we commission.

Evidence of the positive effects of peer support has come mainly from overseas but the practice is becoming more widely available in the UK as pilot projects are seen to deliver positive outcomes⁴⁸. In Newham, peer support will be introduced to provide:

- Listening support
- Buddying
- Mentoring
- Training and Education
- Informal advocacy and mediation
- Service user and carer involvement

⁴⁷ A short strategy for mental health employment support in Newham, LBN 2013

⁴⁸ Evaluation of the Delivery for Mental Health Peer Support Worker Pilot Scheme, Scottish Government Social Research, 2009

In Newham we aim to provide peer support for services users so that they can benefit from shared knowledge and experience provided by people who have direct experience of services and the issues associated with mental health problems. We will also consider how Newham's volunteers can enhance all of the above and support users of services and their families to recover and become resilient. The development and delivery of peer support services in Newham will be co-produced and service user-led.

Our commitment

- ✓ **The Newham Partnership will support the development of greater peer support in mental health services through our Community Neighbourhoods and service user involvement groups.**

Other Commitments

19) Understanding need

Up to date and accurate information about the population of our borough, how it is changing, and how it is projected to develop in the future is essential to planning services that meet the needs of residents in Newham. A comprehensive mental health needs assessment will be published in 2015.

Our commitment

- ✓ **We will work with our Public Health colleagues to undertake updates of the Newham Mental Health Needs Assessment every two years to ensure that our knowledge of the population and its mental health needs are kept up to date. The needs assessment will be strengthened by more robust data collection which will be reported by all providers during regular contract monitoring.**

20) Involving users of services

Newham currently has two mental health service user groups in place; Florid, for users of ELFT services, and the ASK service user forum for everyone affected by mental health issues.

Wider in scope there is also LBN's Coproduction Forum, the Carers Network and the Independent Newham User Forum (INUF). NCCG has the Patient and Public Engagement (PPE) initiatives, and LBN commission Newham Healthwatch.

Feedback from stakeholder engagement events told us that service user involvement was well regarded in Newham and we are committed to supporting further development of this aspect of our system and ensuring that we work together to deliver the commitments and pledges in this strategy. We anticipate that service users and carers themselves will take greater control of running their own service and carer involvement groups in

future and we will consult with them to determine the best ways we can facilitate this.

Our commitment

- ✓ **During 2015/16 we will review our commissioned service user involvement service and undertake a consultation with service users to better understand what service user involvement should deliver in Newham.**

Appendix 1 – Our priorities and commitments

Key principle one - Hope and empowerment

1. We will ensure that people affected by mental health issues have access to information, signposting, befriending and peer support via our Community Neighbourhoods so that people get the help they need as early as possible.
2. We will ensure that people working in our related services including health, housing, welfare benefits, schools and other children's services are appropriately trained in mental health awareness in order to deliver joined up care and to signpost where necessary.
3. We will deliver structured events and activities in a variety of community locations in which the whole community, including those with severe and enduring mental health illness, can participate.
4. Our mental health services will each deliver at least two open days per year.
5. We will ensure that in the re-commissioning of Healthy Lifestyles programmes, people with mental health issues are supported to access all the relevant programmes.
6. We will utilise the Community Neighbourhoods to provide a range of activities and events which give the whole community the opportunity to participate together.
7. We will provide access to mental health information and support for everybody when they experience the first signs of mental health issues.
8. We will provide a mental health directory of services, accessible from our website, with information about services in Newham and how to contact them.
9. Many people may contact their GP in the first instance if they are concerned about their mental health and we will increase the training and opportunities for learning about mental health to GPs across Newham.
10. We recognise that mental health education can be most effective if delivered early and so we will continue our commitment to approach developed in the Resilience Project in schools to help education staff and pupils who may not reach the criteria for psychiatry but who may benefit from education, information and other interventions.
11. The Joint Carer Strategy for Newham was launched in February 2015. We will deliver the strategy across all our services to ensure that carers are recognised for the work that they do and have access to the right kinds of support when they are needed.
12. We will ensure that carers have an assessment of their needs and that there are timely reviews of assessments.
13. Our mental health and substance misuse services will work together to support individuals affected by dual diagnosis and optimise their recovery potential.

Key principle two – Access to high quality services

14. We are committed to developing better integrated working between health and mental health service providers to ensure that people affected by mental health issues have all their healthcare needs met as efficiently and effectively as possible.

<p>15. We will ensure that referral pathways support integrated care delivery.</p>
<p>16. We will ensure that our data systems in primary and secondary care ‘talk to one another’ so as to support integration and reduce duplication of assessments.</p>
<p>17. We will work to ensure people affected by mental health issues access routine health checks such as weight, blood pressure and cholesterol, and be supported to access those interventions currently available. Our services will also support people to access relevant health and oral health screening programmes.</p>
<p>18. Access will be a key requirement in newly commissioned and re-commissioned services in Newham. We will work towards meeting the access improvements outlined in Mental Health Services: achieving better access by 2020.</p>
<p>19. Our review of services will ensure that investment is appropriately balanced between inpatient and community based services.</p>
<p>20. The RAID team will be accessible by telephone outside of working hours.</p>
<p>21. We will use locally agreed and nationally mandated outcome indicators to focus services on quality delivery. We will continue to utilise the national outcomes frameworks for the NHS, adult social care and Public Health England in conjunction with our local indicators to ensure our services have the right quality aims in place.</p>
<p>22. We will monitor our services regularly and robustly so that we know where improvements are required and where services are proving effective.</p>
<p>23. We will regulate our services against quality assurance frameworks.</p>
<p>24. We will undertake a review of all commissioned supportive living services and registered homes to ensure that they meet local or national quality requirements.</p>
<p>25. LBN, NCCG and providers will work together to improve health and social care pathways in Newham, including transitions (e.g. between children’s and adults’ mental health services.) We will redesign the current integrated delivery model to improve capacity and value for money within the treatment system.</p>
<p>26. We will work towards the core principles of the Mental Health Crisis Care Concordat to improve crisis care in Newham and we expect all our services to do so.</p>
<p>27. We will work with the NPS and CRCs to identify and improve pathways and rehabilitation services for everyone who is required to attend them. We will offer quality interventions for inclusion in treatment orders to reduce re-offending in Newham.</p>
<p style="text-align: center;">Key principle three – Recovery and living well</p>
<p>28. We will define the Newham recovery approach and agree a set of guiding recovery principles in year one with direct input from commissioners, providers and service users. The definition and guiding principles will inform service delivery and commissioning intentions over the lifespan of the strategy and will be evidenced by a clear set of outcomes to measure progress.</p>
<p>29. As part of the adult social care personalisation agenda we will work towards increasing the number of people who receive individual budgets in Newham to support service user choice.</p>

30. We will engage people with their local Community Neighbourhoods and third sector providers to support service users across the spectrum of need, from primary prevention, through to support while in treatment, and on to recovery.

31. We will ensure that Information, Advice and Guidance (IAG) is freely available so that people can decide where and when to access help and support.

32. Through the HWB strategic priority of *tackling mental health barriers to employment* we will support more people with mental health issues into employment.

33. We will evaluate the MHEST pilot service and ensure that people affected by mental health issues are supported to maintain existing employment or find new employment when they are ready.

34. The Newham Partnership will support the development of greater peer support in mental health services through our Community Neighbourhoods and service user involvement groups.

Other commitments

35. We will work with our Public Health colleagues to undertake updates of the Newham Mental Health Needs Assessment every two years to ensure that our knowledge of the population and it's mental health needs are kept up to date. The needs assessment will be strengthened by more robust data collection which will be reported by all providers during regular contract monitoring.

36. During 2015/16 we will review our commissioned service user involvement service and undertake a consultation with service users to better understand what service user involvement should deliver in Newham

Appendix 2 – How the strategy was developed

Who	How	When
Users of services	Men only group	18 November 2013
Treatment and care providers	Focus group	02 December 2013
Users of services	ASK Forum group consultation	05 December 2013
Commissioners and other partners	Focus group	10 December 2013
Carers	Open group	13 December 2013
Open meeting	Focus group	19 December 2013
Paul James, Borough Director, ELFT	Individual consultation	03 January 2014
Scott Hamilton, Director of Delivery, NCCG	Individual consultation	14 January 2014
Paul Binfield, Senior People Participation Lead, ELFT	Individual consultation	17 January 2014
Christina Pace, Service Manager for Delivery (Young People), LBN	Individual consultation	03 February 2014
Dermott Ryall, Director of Services, CAMHS	Individual consultation	04 February 2014
Michelle Kabia, CEO, Mind in Tower Hamlets and Newham	Individual consultation	04 February 2014
Bethan Thomas, Service Manager, ASK Forum, Hestia	Individual consultation	11 February 2014
Older People's Reference Group	Presentation, Q&A Session	13 February 2014
Councillor Neil Wilson, Mental Health Champion	Individual consultation	17 February 2014
Dr. Sim Roy-Chowdhury Consultant Clinical Psychologist and Psychotherapist, Clinical Director, Primary Care and Specialist Psychological Services	Individual consultation	20 th February 2014
Dr. Clare Thormod, Clinical Lead for Dementia, Frail Elderly & End of Life, NCCG	Individual consultation	26 th February 2014
Newham GP Council	Presentation, Q&A session	28 th February 2014
Percy Aggett, Head of Family Therapy & Lead Clinician, Newham CFCWS	Individual consultation	10 th March 2014
Dr Lise Hertel, Clinical Lead for Mental Health, NCCG	Individual consultation	11 th March
Jill Britton, Strategic Commissioning Manager for Substance Misuse, LBN	Individual consultation	11 th March 2014
Dr Dudley Manns,	Individual consultation	13 th March 2014

Clinical Director Adult Mental Health, ELFT		
Keith Fernet, Director, Linda Maytum-Wilson, Director of Policy and Partnership, Alisa Tsykhotsky, Lifestyle Architect & Mental Health Lead – Caritas, Anchor House	Group consultation	24 th March 2014
Angus Cameron, Mental Health Advisor and Assistant Chief Officer for PD Strategy Implementation - London Probation Trust	Individual consultation	25 th March 2014
John Wilkins, Deputy Chief Executive, ELFT	Individual consultation	27 th March 2014
Dr. Robert Dolan, Chief Executive Officer, ELFT	Individual consultation	28 th March 2014
C.I. Guy Wade, Sgt. Mike Masterson, P.C. Simon Brooks - Metropolitan Police, Newham	Group consultation	1 st April 2014
Users of services	ASK Forum, 2 nd group consultation	14 th May 2014
Mental Health Employment Support Team	Group consultation	9 th June 2014
Mental Health Providers Forum	Group consultation	9 th December 2014
Roma Support Group	Group consultation	8 th January 2015
Mental Health Commissioning Committee	Group consultation	15 th January 2015
Health and Wellbeing Strategic Reference Group	Group consultation	3 rd February 2015
Health and Wellbeing Board	Group consultation	9 th March 2015
Stakeholder feedback invitation	Virtual group consultation (email-based)	16 th March 2015 – 10 th April 2015
Amy Buxton-Jennings, Head of Commissioning Early Help; Rachel McNickel, Children's Health Commissioner – London Borough of Newham	Group consultation	1 st April 2015
Users of services	ASK Forum, 3 rd group consultation	2 nd April 2015

Appendix 3 – NICE Guidelines

Clinical Guidelines No.	Title	Date
CG192	Antenatal and postnatal mental health: clinical management and service guidance	December 2014
CG77	Antisocial personality disorder	January 2009
CG185	Bipolar disorder: the assessment and management of bipolar disorders in adults, children and young people in primary and secondary care	September 2014
CG78	Borderline personality disorder	January 2009
CG123	Common mental health disorders	May 2011
CG42	Dementia	November 2006
CG28	Depression in children and young people: identification and management in primary and secondary care	March 2015
CG90	Depression in adults	October 2009
CG91	Depression in adults with a chronic physical health problem	October 2009
CG9	Eating disorders	January 2004
CG113	Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults	January 2011
CG31	Obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD)	November 2005
CG26	Post traumatic stress disorder (PTSD)	March 2005
PH22	Promoting mental wellbeing at work	November 2009
CG178	Psychosis and schizophrenia in adults: treatment and management	February 2014
CG120	Psychosis with coexisting substance misuse	March 2011
CG133	Self-harm: longer-term management	November 2011
IPG242	Transcranial magnetic stimulation for severe depression	November 2007
CG25	Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments	February 2005