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Dear Johanne

Re: LINK Report – Treating Common Mental Health Problems in North Tyneside

Thank you for your letter dated 30 September 2010 enclosing a copy of your recently completed report on treating common mental health problems in North Tyneside. You have asked for a response on the following areas from within the report:

- Introduce more GP training on referring and improve communications between the IAPT service and GPs
- Increase patient choice
- Retain a choice of therapies for patients
- Re-distribution of counselling services
- Replacement for MIND
- Improved recording of outcomes
- Rolling out of the innovative IAPT treatments
- Support mental health promotion

In order to put the response into some context you will be aware that the Local Authority through Adult Social Care contributes to the local mental health service through the provision of a Community Mental Health service (secondary care provision) in partnership with Northumberland, Tyne & Wear NHS Foundation Trust. In addition to this we commission a range of services to help meet people's needs and these can include a range of preventative services as well as more direct care / support provision through outreach services, supported living, day opportunities and residential provision.

A number of the points you have raised within your report are therefore outside of the direct control of Adult Social Care and more aligned to the Primary Care Trust.

Introduce more GP Training on Referring and Improve Communications between the IAPT Service and GPs

I am unsure of the level of support and training that has been given to GPs to access IAPT service but clearly if there are actual or perceived problems with this process and the level of communication this will have a direct impact on how referrals are made, the quality of those referrals and the appropriateness of the referrals. All of which would then have a direct impact on the individual.

From the point of view of the Community Mental Health Teams they also receive referrals from GPs and similar issues can arise.

The IAPT service is a service that is commissioned by North Tyneside Primary Care Trust and they would be better placed to respond to the issues raised in the report.

Increase Patient Choice

Improving access to the IAPT service (evening and weekend) would offer benefits to the individual but the delivery of the IAPT service must be within the agreed budget the PCT has to operate this provision.

I am not privy to this level of detail but would generally support increased patient choice as a concept.

Retain a Choice of Therapies for Patients

In a similar response to the above I would generally support a range of options for patients about therapy on the understanding that the therapeutic intervention was still appropriate to the level of support need and the skills and experience of the individual counsellor and the service.

Re-distribution of Counselling Services

Again, this is a question and a challenge for the Primary Care Trust as they are commissioning these services across North Tyneside and also across North of Tyne.

As we move ahead into GP Practice Commissioning this will offer the local commissioners the ability to review all of these services and ensure that all services are fit for purpose and are commissioned to meet local needs.

Replacement for MIND

MIND had previously offered a counselling service in North Tyneside and this was commissioned and funded by North Tyneside Primary Care Trust.

Adult Social Care did not provide funding for this service and our commissioning budget for a range of care, support and preventative services is currently committed and subject to efficiency targets as we move forward. This is equally the same of the Primary Care Trust and its commissioning budgets.

We have however been undertaking a number of strategic service reviews with the Primary Care Trust on the commissioned services to understand better about the quality of those services and if they are delivering value for money services.

I am not in a position at this moment to give a response on the replacement for MIND. I do however understand the Newcastle / Gateshead branch of MIND is to consider working into North Tyneside and to take referrals for this service.

Improved recording of outcomes

The reference to improved recording of outcomes in your report was directed primarily at the Primary Care Trust and the IAPT service. However, it is equally true that in Adult Social Care (and the Community Mental Health Teams) that we need to get better at agreeing outcomes with individuals and also having services in place to meet people's needs that have an outcome focus.

This is becoming increasingly important as we move ahead with personalisation and going people greater choice and control over how their needs will be met. We will no longer be monitoring on outputs (ie number of day sessions attended, hours of outreach support) but more on an outcomes framework and an agreement with the individual about how progress against agreed outcomes can be measured.

We are currently working with a number of our providers to look at how they deliver services and how we can evaluate the effectiveness of these services under a number of outcome headings.

Rolling out of the Innovative IAPT Treatments

I would generally support the use of a range of therapeutic interventions but again with the caveat that it is appropriate and will meet their individual needs. This would be a decision for the Primary Care Trust to take.

Support Mental Health Promotion

The whole agenda of health promotion is important and as you may be aware the role of the Director of Public Health and the service is to move into the Local Authority from [date]. This will provide increased focus on the whole health promotion agenda and this includes mental health as a key workstream.

Within the Mental Health Partnership Board we have a number of work streams that are focussed directly on supporting people with mental health problems. These workstreams include:

- Mental health, emotional well being and suicide prevention (this workstream includes reference to mental health promotion and is led by Jan Thompson from the Public Health team)
- Clinical pathways, and
- Recovery / social inclusion

I hope that you find my response helpful, however I am aware of the limitations of some of the answers given but you will appreciate that most of the services that were looked at within the report were directly aligned to the Primary Care Trust.

Please do not hesitate to contact me if you wish to discuss this further.

Yours sincerely

Scott Woodhouse
Service Manager: Community Support West