North East and North Cumbria (NENC) Mental Health ICS Programme

2018-19 Progress Report

Northumberland CCG

Newcastle Gateshead CCG

North Tyneside CCG

South Tyneside CCG

Sunderland CCG

North Durham CCG

North Cumbria CCG

Durham Dales, Easington and Sedgefield CCG

Darlington CCG

Hartlepool & Stockton-on-Tees CCG

South Tees CCG

Hambleton, Richmondshire and Whitby CCG
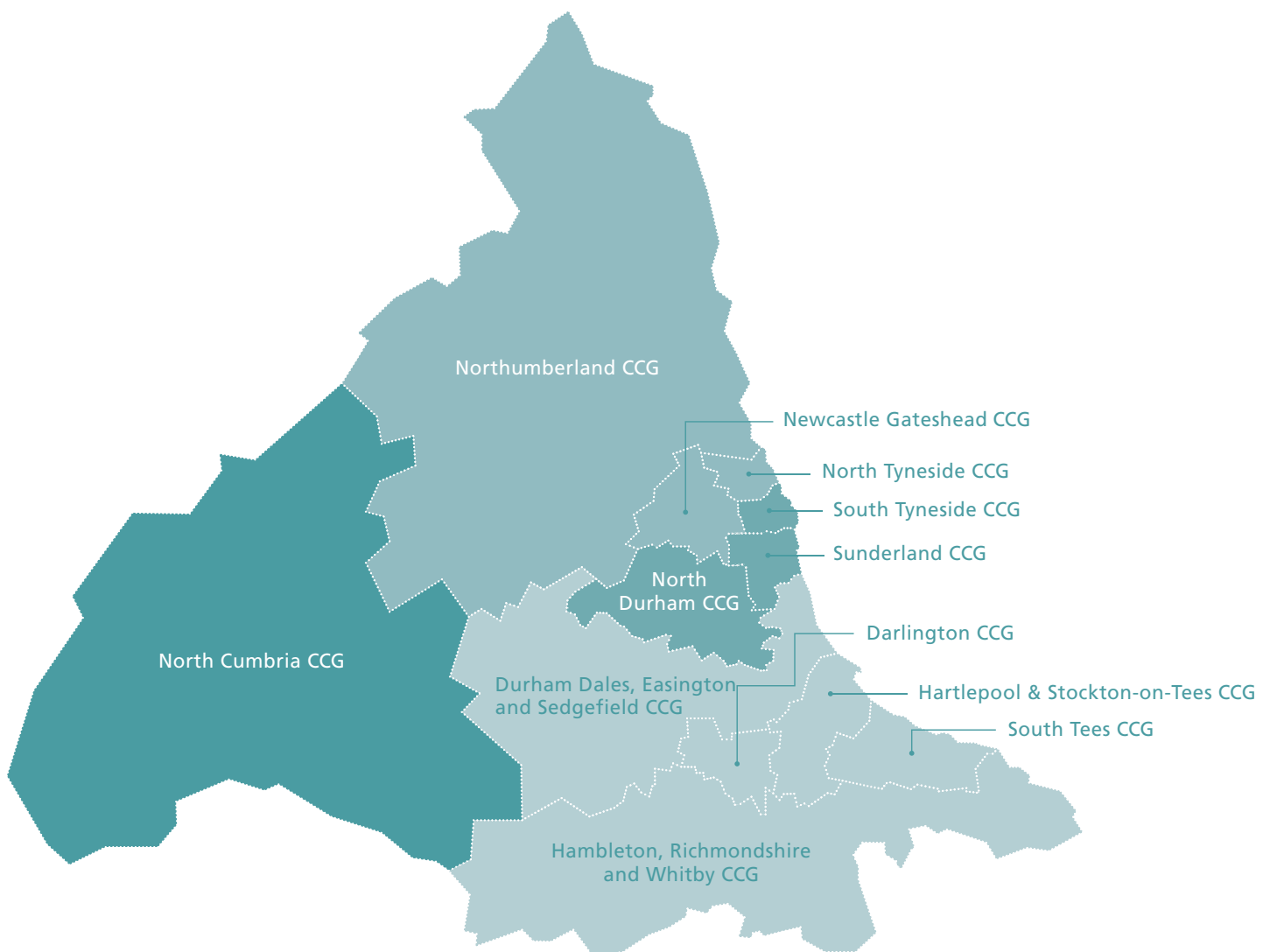
Join our Journey

North East and North Cumbria

Forward

We are very proud to be joint senior responsible leads for the Integrated Care System Mental Health Delivery Programme for the North East and North Cumbria.

We are passionate about driving improvements that will benefit the health and wellbeing of people living in our region and we embrace the opportunity to work collaboratively with our service users, carers, staff and partners to implement positive and sustainable change.

The recently published NHS Long Term Plan identifies that Integrated Care Systems (ICS) are central to the delivery of improved services as the ICS brings together local organisations to redesign care and improve population health by creating shared leadership and joint action.

The comprehensive ten year plan outlines a number of priorities and focuses on the need to address the physical and mental health of the population with consideration to funding, staffing, increasing inequalities and pressures from a growing and ageing population.

The independent review of the Mental Health Act, chaired by Professor Sir Simon Wessely made recommendations on improving both legislation and practice. The government is now considering the findings of the review in detail, including the need for better crisis services and improved community care for people with serious mental illness. In order to enable change, investment in mental health services has been confirmed.

2019/20 will be a transitional year, allowing us to work with our partners and benefit from an opportunity to shape the local implementation plans to ensure that they meet the needs of our population.

During 2018 the Mental Health Programme has made progress and this report outlines our achievements to date and describes our ongoing commitment to engage with service users, carers, staff and partners to take forward our 2019/20 delivery plan.

We are very grateful for the input we have had from our experts by experience, priority working group sponsors, working group leads and our partners over the past year and look forward to collaboratively progressing the next steps in our evolution.

John Lawlor

Dr David Hambleton

Joint SRO - Mental Health

North East and North Cumbria Integrated Care System

1. Introduction

The NHS Long Term Plan (2019) describes a commitment to improve services by tackling the pressures identified by patient groups, professional bodies and frontline NHS leaders. The comprehensive plan outlines a number of priorities and focuses on the need to address the physical and mental health of the population with consideration to funding, staffing, increasing inequalities and pressures from a growing and ageing population.

The plan further develops the changes that are being implemented in response to the NHS Five Year Forward View and identifies that the results for patients, for all major conditions, are measurably better than a decade ago and male suicide is reported to be at a 31-year low. Despite the improvements described there is a recognition that further reform is necessary to respond to the presenting challenges, improve care for patients and reduce pressure on staff. In order to achieve this the plan aims to ensure that the NHS will increasingly be more:

- ❖ joined-up and coordinated in its care
- ❖ proactive in the services it provides
- ❖ differentiated in its support offer to individuals

This Long Term Plan sets out a number of actions, including around the workforce, which will be finalised in 2019, and states that the delivery of the Long Term Plan is reliant on local health systems having the capability to implement change effectively by working more closely together through Integrated Care Systems (ICS).

Health and care services are facing one of the most difficult periods as people live longer, the proportion of their life spent in ill-health increases and their need for health and care support is growing. Although this should be celebrated, the changes in the population profile are taking place at a time when the collective resources to support them are increasingly limited and therefore challenges health and care systems to operate in a better, more sustainable way to support the population, and to do so quickly.

This will not be achieved by each organisation continuing to do more in the usual way, but by developing a new model of shared responsibility for health and wellbeing between communities and services, and by developing new models of working together across health and care organisations.

This Year 1 Progress Report describes the Mental Health Programme arrangements in place to collaboratively improve mental health outcomes and experience for people in the North East and North Cumbria.

Our Vision:

Sustainable, joined up high quality health and care services that maximise the mental health and wellbeing of the local population.

2. Background

Organisations across North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with councils and the voluntary or charity sector.

Using the name 'integrated care systems' (ICSs), this way of working is evolving. An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations. For an area to be designated as an ICS, organisations need to demonstrate their commitment and ability to deliver a 'do once' approach for addressing joint priorities and providing services that meet the needs of the population and also demonstrate that the resource invested is making a difference for the people using services.

The North East and North Cumbria (NENC) ICS service transformation plan sets out three key ambitions;

❖ Radical upgrading of our approach to prevention of ill health (including enabling people to manage their own health and retain independence)
❖ Delivery of more care within our communities and neighbourhoods (incorporating primary care at scale, optimal use of the residential and domiciliary care sector and developing community resilience)
❖ Optimising configuration and use of the acute sector (ensuring quality and safety through clinical pathway and workforce realignment)

The challenge is for the NENC area is to drive up life expectancy and improve health outcomes.

From a mental health perspective the needs of people with severe and enduring conditions must also be considered with a focus on maximising independence, improving quality of life and improving life expectancy. **Table 1** provides an overview of the North East and North Cumbria population profile.

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Table 1

Local Authority	Population (2016)		Population (2016)		Ethnic Minorities	2016/17	Deprivation Score (IMD 2015)
	Total	65+(%)	Total	Growth (%)	Population (5)	Homelessness	(high score = high dep)
Northumberland	316,002	23.0%	318,600	0.8%	1.3%	73 (0.5%)	20.5
North Tyneside	203,907	19.0%	200,100	2.8%	2.8%	114 (1.2%)	21.3
Gateshead	201,502	19.2%	206,900	2.6%	4.3%	28 (0.3%)	25.0
Newcastle	296,478	14.3%	306,000	3.2%	12.6%	437 (3.5%)	28.3
Sunderland	277,962	18.9%	279,100	0.4%	4.2%	N/A	29.7
South Tyneside	149,418	19.8%	151,000	1.1%	4.5%	N/A	30.6
County Durham	522,142	20.2%	537,300	2.9%	1.5%	51 (0.2%)	25.7
Darlington	106,646	19.7%	106,500	0.8%	3.5%	N/A	23.6
Middlesbrough	140,398	15.9%	141,500	0.8%	9.2%	N/A	40.2
Hartlepool	92,817	18.8%	93,400	0.6%	1.2%	35 (0.8%)	33.2
Redcar and Cleveland	135,404	21.9%	135,400	0.0%	1.1%	N/A	28.6
Stockton	195,681	17.6%	202,200	3.3%	5.2%	N/A	24.6
Hambleton	90,537	25.0%	91,600	1.2%	1.7%*	N/A	12.7
Richmondshire	53,732	20.0%	52,300	-2.7%	1.7%*	N/A	13.3
Eden	52,690	25.8%	52,700	0.1%	1.1%*	N/A	15.4
Allerdale	96,956	23.7%	97,200	1.3%	1.1%*	23 (0.5%)	22.6
Copeland	69,307	21.9%	66,400	-4.2%	1.1%*	N/A	25.9
Carlile	108,400	20.8%	109,500	1.0%	1.1%	35 (0.7%)	22.5
England	55,268,067	17.9%	58,505,600	5.9%	13.4%	91 (0.5%)	21.8
					*countrywide figures		

Highlights from the population overview:

❖ Areas with 20% or more of the population aged 65+ are highlighted in pink.
❖ Areas where the population is predicted to decline over the next 10 years are highlighted in mauve.
❖ The two areas with a much higher percentage of the population from minority ethnic communities are highlighted in pink although both are below the national average.
❖ The area with much higher deprivation than any other within the region (Middlesbrough) is highlighted in dark pink.
❖ A number of other areas also have very high levels of deprivation (Hartlepool, South Tyneside, Sunderland, Redcar and Cleveland and Newcastle).
❖ Hambleton, Richmondshire, Eden, Northumberland and North Tyneside have deprivation levels below the national average.

5

3. North East and North Cumbria Integrated Care System (NENC ICS)

The mental health work stream was initially one of sixteen in the overarching NENC Integrated Care System. The implementation structure consisted of nine delivery programmes and seven enabling strategies as outlined below.

❖ **Delivery programmes**

➢ Optimising acute services

➢ Pathology (part of vulnerable services)

➢ Care closer to home

➢ Prevention

➢ Urgent and emergency care

➢ Learning disabilities

➢ Mental health

➢ Cancer

➢ Continuing health care

❖ **Enabling strategies**

➢ Digital care

➢ Demand management

➢ Workforce

➢ Estates

➢ Communications and engagement

➢ System development

➢ Transport

A review in March 2019 by the Health Strategy Group confirmed that the priority work streams that will be overseen by the developing NENC ICS are:

➢ Population health and prevention
➢ Optimising health services
➢ Digital transformation
➢ Workforce transformation
➢ Mental health
➢ Learning disabilities

Governance systems are in place to monitor progress and oversee interdependencies across the work streams.

4. North East and North Cumbria Mental Health Programme

The purpose of the mental health ICS programme is to:

- ❖ Ensure that mental health is fully integrated across the 'whole system' in order to progress the delivery of 'No health without mental health' (Department of Health, 2011);

- ❖ Support the transformation process through communication, information, sharing best practice, reducing duplication and progressing system wide engagement;

- ❖ Inform locality arrangements to progress Integrated Care Systems (ICS) aligned to an informed needs profile;

- ❖ Understand variation and promote innovation and evidence based practice to address gaps.

The mental health work stream does not have a surveillance or performance monitoring role and does not have statutory authority, this remains with provider organisations and commissioners.

5. Working arrangements: NENC ICS Mental Health Programme

Seven priority areas have been identified by the mental health steering group and plans agreed at a regional joint working event in April 2018 have progressed.

The seven mental health priority area work streams are:

- ❖ Child health

- ❖ Zero suicide ambition

- ❖ Employment

- ❖ Optimising acute services

- ❖ Long term conditions and persistent physical symptoms

- ❖ Older people

- ❖ Improving the physical health of people in receipt of treatment for a mental health or learning disability condition

The steering group, chaired by John Lawlor (Joint Senior Responsible Officer with Dr David Hambleton), meets every two months and reports progress to the ICS Regional Delivery Unit (RDU) Health Management Group.

Performance management aspects of delivery are monitored via the NHS England North Regional Mental Health Programme Board and Quality Assurance, Delivery and Improvement meeting.

The seven priority area work streams and a supporting evidence and evaluation group report progress, and any issues arising, through the operational management group and steering group and a monthly highlight report is submitted to the RDU.

The Five Year Forward View metrics have been mapped to the priority areas and work stream sponsors are progressing discussions in relation to qualitative evaluation and impact assessment.

6. Communication and engagement

Senior leaders and senior clinicians from the region are engaged in the steering group and supporting infrastructures. The time dedicated to the ICS work plan by contributors from key organisations is recognised and appreciated as there is limited additional resource allocated to develop this programme of work.

There is ongoing activity occurring to further progress links with primary care, acute care and local authorities at a steering group and priority area sub group level. Engagement with service users, carers and the voluntary sector is occurring through the priority area working groups. A regional bulletin was circulated by the ICS regional delivery unit outlining the overarching ICS work programme.

The mental health work stream has arranged two regional events in 2018 and a number of workshops have been progressed by the work stream sponsors to take forward the seven priority area work plans.

Communication and engagement is recognised as a key enabler and early discussions have commenced to work with a vocational training provider to co-produce a website for the mental health work stream in order to share progress updates with partners and the wider public. A further regional engagement event is planned for May 2019.

7. Funding

The Mental Health Steering Group has been monitoring the investment required to support the delivery of the mental health programme since January 2018.

A paper outlining the work force commitment, expenditure and the contributions from the organisations and individuals leading and supporting the delivery has been prepared to inform 2019/20 funding arrangements.

A process is also in place to support and monitor funding bids across the North East and North Cumbria area.

8. Implementing improvement

The multi-agency evidence and evaluation working group has completed a literature search to understand 'what good integration looks like', thematically reviewed the findings to inform the implementation and has;

- Provided informed guidance for mental health system leaders

- Informed the mental health steering group principles and purpose

- Supported the implementation and review process for the seven priority areas

- Helped to convey a clear message to partners, patients and carers

- Ensured the focus on what it feels like for people in the system

The evidence and evaluation group has also delivered:

- Locality demographic profiles to inform initial population health management discussions
- NENC mental health programme summary slide pack
- A review and summary of the NHS England commissioned Strategy Unit reports for the region.
- An evidence and evaluation framework.

The group are mapping the existing relationships in place with academic partners and will progress formal links to ensure maximum benefit is gained from our partnership working. Collaborative work has also commenced with NICE to utilise the NICE Quality Standards to inform service improvement planning. The group are taking forward discussions to provide an information repository to maximise opportunities to share best practice and any lessons learned. The group aim is to maintain a focus is on what it feels like for people in the system by promoting ways to engage service users, carers, staff and local communities.

Diagram 1 summarises the key considerations for progressing successful integration.
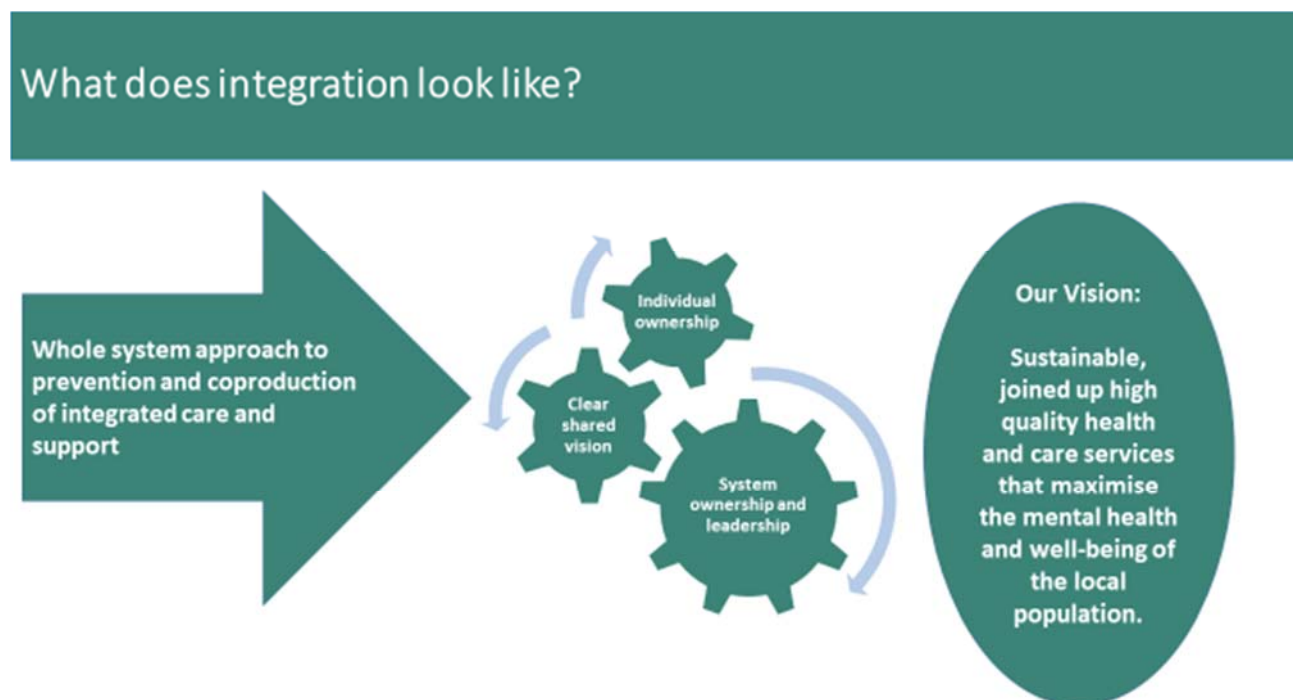
Diagram 2 outlines the enabling integration structure that has been adopted by the mental health priority area working groups to inform the 2019/20 work plans.

Principles – Shared values

Purpose – (sense making) What are we trying to achieve? Clearly defined objectives

People – (communication) Who needs to be engaged in the process?

Practicalities – (infrastructure) for example, money, estate, IT

Positive Impact – evaluation of outcomes and learning lessons culture

Precautions – risk identification / learning from experience - literature review themes

9. Delivering change

A 'call to action' launch event took place in April 2018 and following this the nominated sponsors for each of the priority area working groups commenced a process of engagement and intelligence gathering to inform the developing work plans. The initial focus was on securing multiagency relationships and agreeing shared principles in order to progress a delivery plan that is owned by the system leaders and informed by the people using and providing services. In October 2018 a second work shop took place and the seven working groups utilised an 'enabling integration' template to reflect on progress and finalise the purpose of the group and delivery plans for 2019/20.

The work shop integration template addressed key areas that the review of the literature identified as enablers;

- Principles and shared values
- Purpose
- People
- Practicalities
- Positive impact
- Precautions

10. Principles

Agreement on the principles and the shared values that underpin the work plans were agreed as outlined in table 2.

Table 2

Priority Area	Principles and shared values
Older People	We will focus on multi-morbidity – recognising that older persons with mental health issues will also have some long term condition issues or be acting as a carer for someone who does. We will focus on prevention and early identification. We will think about the whole system – local authority, health and third sector organisations working together. We will try things, not continue always planning. This will involve testing some innovative concepts that may not have a full theoretical framework, but emerge from best practice examples.
Employment	To develop in North East and North Cumbria a strategic approach to increasing employment opportunities for people with mental ill health and a pathway which includes education, training and volunteering. NHS employers in North East and North Cumbria are leaders as exemplar employers providing an environment that encourages people with mental health illness to have the opportunity to work, encourages good mental health of the workforce and supports people with mental health illness returning to work and volunteering.

Zero Suicide Ambition	We will collaboratively implement NENC ICS region Zero Suicide Ambition reinforcing that;
	
	    o Every Life Matters
	    o Suicide Prevention is everyone's Business

Child Health	We will implement our shared vision which is to transform children and young people's (CYP) services across North East and North Cumbria ICS footprint in order to improve CYP's mental health, physical health and wellbeing.

Long term conditions and persistent physical symptoms	We will progress plans that enable people with persistent physical health problems to live their lives in the most effective way with optimal physical and mental wellbeing. We will aim to minimise harm from the medical system that occurs through unnecessary and inappropriate treatment.
Improving the physical health of people in receipt of treatment for a mental health or learning disability condition	We will work together as a health and care system to progress a reduction in the premature mortality of people living with severe mental illness. We will progress actions to enable 280,000 more people to have their physical health needs met by increasing early detection and expanding access to evidence based physical care, assessment and intervention each year as outlined in MHFYFV.
Optimising Health Services (Mental Health) Emergency Departments	We will take forward plans to enable people with mental health needs to access the right care at the right time from the right person.
Optimising Health Services (Mental Health) Maternity and Paediatrics	We will lead on the implementation of Perinatal Mental Health Network Work Plan and aim, by 20/21, to achieve increased access to specialist perinatal mental health support in the community or inpatient mother and baby units, allowing at least as additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it.
Evidence and Evaluation	We aim to embed an evidence focused culture and activity in order to put continuous service improvement that benefits patients / carers / public / staff at the centre of everything we do by supporting; • Understanding of whether the resources invested, and the time participants contribute, makes a difference for the people using services • Adherence to the ethics of commissioning public funds – the principle of "getting it right" • Improvement in the culture of valuing evidence-informed decision making • Provision of a rationale for change or a system for checking progress, because evaluation corresponds to all stages of the change management cycle.

11. Purpose

The emerging ICS arrangements are not determined by an existing 'blueprint' and discussions have progressed to 'make sense' of the task for the NENC.

There is recognition that a continuous improvement process is required and identification of some initial objectives is a necessary first step to move from planning to action. The priority groups have identified three initial key objectives as outlined in Table 3 that will be progressed and monitored via the Mental Health Steering Group Delivery Plan for 2019/20.

As each one of the objectives are met the working groups will agree 'what next' to ensure a managed system of continuous improvement work is in place.

11.1 Delivery Plan Objectives

Table 3

Priority area	Our initial work plan delivery objectives for 2019/20
Older People	Trial a tool to trigger discussions around older people and depression. Identify the links between the OP group and the Frailty group. Deliver a work programme for the group.
Employment	IPS Bid • Progression of EOI and subsequent bid • Begin implementation of IPS services if bid successful Exemplar Employer Research into NHS organisation schemes and initiatives, staff survey results etc. Engage with Chamber of Commerce.
Zero Suicide: Every Life matters	Develop a costed bid for zero suicide transformation funding. Identify leads and commence activity via regional task groups for the three top priority areas identified. Develop and start to implement a wider engagement and communications plan and related activity.

Child Health	Continue North East Clinical Network 2018/19 work plan, including partnership working, systems leadership development, mapping exercises, governance arrangements and evidence and evaluation considerations.
	Finalise working groups membership and their mandates, and develop work plans.
	Plan to deliver another MH ICS workshop April 2019.
Optimising Health Services (Mental Health) Emergency Departments	Champion 24/7 psychiatric liaison services – progress requests for equitable funding across NENC.
	Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with acute services to improve patient care outcomes and reduce the impact of high intensity service users.
	Review of evidence base and positive practices to progress innovations across 'system' and inform place based actions.
	Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with North East Ambulance Service.
Optimising Health Services (Mental Health) Maternity and Paediatrics	Network work plan in place with four priority areas agreed:
	Embedding Pathways – Pathway structure in place; ensuring prioritised access to IAPT, referrals to Perinatal Mental Health Team via any professional outlined in algorithms – Pathway needs to be embedded in practice.
	Identifying Gaps – Current position not equitable "postcode lottery;" Wave 2 funding to develop teams in TEWV and Cumbria; (CCG will receive funding in baseline next year; allocation of funding needs to be firmed up).
	Development of community hubs – aim to move from centralised hospital based maternity services to locality multi-agency centres e.g. Sure Start – hubs include midwife, obstetrician, mental health team, health visiting etc, all services in one place.
	Training – large geographical area covered by limited specialist resource – capacity limited to provide training. A staff development competency framework is in place.

Improving the physical health of people in receipt of treatment for a mental health or learning disability conditions	Increase awareness of the need to improve physical health. Improve levels of interoperability and effective information sharing between primary and secondary care and improve medication management and safe prescribing practice. Use patient stories to inform the care pathway improvement process.
Long term conditions and persistent physical symptoms	The development of a model for the management of people with persistent physical symptoms. Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services. Develop an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms.
Evidence and Evaluation	To support the seven priority area working groups within the mental health work stream in achieving their evidence and evaluation aims. To support our partners / mental health work stream members in the evaluation elements of national and regional bids and / or research opportunities. To support the delivery of evidence based ICS work in agreed timescales. To take a systems leadership role in developing a model of integrated care to deliver improvements in outcomes for people. This will include using service improvement tools and embedding evidence based decision making and evaluation as integral to the ICS delivery. To develop an online information and knowledge repository, serving as a 'one-stop-shop', drawing together a range of intelligence, tools, resource links and evidence related to mental health.

12. Progress update from Priority Area Work Stream Sponsors

12.1 Older people

Initially, the Older Peoples Mental Health Group found it difficult to identify interested parties. However, the second meeting of the group achieved a wide and diverse representation of NHS organisations including primary care as well as third sector members. The group have agreed three focus areas – depression, crisis and dementia to now reach out to Local Authorities. As well as the three work areas there is a clear synergy with the ICS frailty group and discussions are underway to ensure that a person's physical and mental health do not remain separated.

The group have confirmed that promoting living well in later life is their aim. This will be achieved by breaking down distinctions of physical and mental health in order to prevent, predict and be proactive.

The group noted that the attention of older people's mental health was focused on the access and treatment targets around dementia and that the following issues were not being fully addressed;

- In people over 65, 7% have dementia, but 28% have depression

- CCG rates of depression in NENC are higher than the England average

- Regional demographic profiles show an ageing population

- Increase in suicide rates amongst older people

- An older person will have a range of co-morbidities with this complexity increasing with age

- Most time a person, even a frail older person, has their physical and mental health issues treated separately

- Age discrimination is a societal problem

- 1 in 5 people over 65 felt abandoned in a 2014 Age UK survey

In order to respond to the identified issues the Clinical Network, with its ICS partners, have established an Older Person's Mental Health Work Group. The working group aims to examine ICS solutions and share best practice on three key areas:

- Depression - Identify a point of recognition of depression in older people. Describe what this trigger might be, including ideas such as offering mental health interventions at the point of diagnosis of any physical health problem. There is a requirement for both a trigger for action and a useful, accessible response.
- Crisis services - What is needed is a rapid response to deterioration. The response needs to be holistic (combined physical and mental health). We need to define the possible components and standard for this holistic response.
- Dementia - The key areas still focus around the CCG targets but there is a need to also consider the views of carers. This later discussion will also be a part of the other two work areas.

❖ Barriers have been considered and include:

• Existing services where physical and mental health are separate.

• Funding – health and social care 'pots'.

Progress to date includes the development of a multi-agency forum to address the issues and raise the concerns relating to the mental health of older people. This has informed the delivery plan objectives as follows;

❖ Depression in Older People

• Developing a tool that can be used to start the conversation about depression in older people.

• Establish opportunities to test this out with services that work with older people (especially those living without a diagnosis).

❖ Crisis

• Discussion is needed with the ICS Frailty group to examine opportunities of working together on mutual cohorts of people.

• Also with the ICS Evidence and Evaluation group following their review of integration.

❖ Dementia

• Establish local multi-agency dementia forums. There is a need to continue to work on the targets but also developing a holistic approach to care that includes third sector and carer involvement.

• Ensuring the group discusses health and care integration as well as ways sustainable solutions to adequately meeting need.

The group are taking forward actions to ensure a NENC system wide response to support innovations including;

• Communication of plans to generate wider interest in the older peoples' work stream.

• Identifying key partners with whom to work, especially patients/public; third sector; and Local Authorities.

• Starting to map the workforce that in its widest sense includes informal carers through to formal structures in statutory bodies.

• Identifying ways for commissioners to collaborate and inform strategic planning in this area.

• Identifying services that are willing to pilot different ways of collaborating across sectors in delivering holistic care to older people.

• Identifying ways to support community initiatives that have a positive impact on the prevention of depression.

12.2 Child Health

At the initial joint working event in April 2018 three areas of focus were agreed;

- Building resilience
- Reducing crisis
- Getting evidence into practice

These three priorities were confirmed as indicators of progress to be measured via;

❖ Process measures:

- Progress of the 'Scaling up integrated care' working group (resilience, crisis and inpatient care)
- Improving the culture of thinking in terms of systems and systems leadership in terms of key systems leaders roles, responsibilities and principles

❖ Outcome measures:

- Use of the Future in Mind data dashboard clinical and social outcome measures (working group to pilot use)

Work has progressed to implement a regional ICS governance structure for child health. The Child Health Steering group is now in place and has a shared vision;

'To transform children and young people's (CYP) services across North East and North Cumbria ICS footprint in order to improve CYP's mental health, physical health and wellbeing.'

There has been a focus on multi-agency membership and this now better reflects Local Authorities and other key partners relating to the ICS from across the system. The revised membership has created capacity to jointly influence strategy and agree delivery plans in line with statutory responsibilities.

❖ Key activities since April 2018 are as follows:

- Continuation of regular meetings to progress the NENC strategic plan (initiated in November 2017) between the Child Health work stream sponsor, the NECN MH Network Manager and the four CYPMH Leads.
- Continued implementation of the work plan, including partnership working, systems leadership development, mapping exercises, review of governance arrangements, evidence and evaluation considerations.
- Active participation in the NENC ICS Evidence & Evaluation subgroup.
- Partnership working to engage regularly with CCG Commissioners and their multi-agency teams (LAs, providers, VCS, schools, etc.) to transform CYPMH services via Local Transformation Plans.
- Support was provided to progress locality trailblazer bids. The successful Wave 1 place based bids will be evaluated to inform Wave 2 submissions.

Work underway to map out the current system and progress the desired future system e.g. identifying partners, funding sources, learning from areas currently integrating care. The planning process is informed via the co-ordination of various events and meetings, covering the range of activities outlined in the work plan including:

- Two MH ICS workshops bringing in new partners and establishing the MH ICS Child Health top priorities, and associated working group on integrated care pilots (resilience, crisis and inpatient care)
- Plans for third MH ICS workshop in April / May 2019
- Meetings with North East Association of Directors of Children's Services to discuss system leadership challenges and opportunities to improve emotional health and wellbeing
- Outcomes Masterclass for Commissioners focusing on clinical outcomes for CAMHS (plans to focus on other audiences and datasets to follow)
- Design and delivery of the 'Bouncing back' conference. This event took a family-centred approach to building resilience for children and young people to prevent and treat trauma. This was co-designed and delivered with young people and parents and included patient stories from across the region to share learning and inform developments. Outputs include an event report with analysis of group work; a region-wide working definition of 'resilience'; network with PHE NE and LA public health leads on ACEs; young people and carers holding to account pledges made by LTP teams.
- Biannual a meeting 'CEDS 6', the well-established Community Eating Disorders Network

There are established working groups that align to the Clinical Networks' work plan with a focus on scaling up integrated care to establish where there is duplication in order to maximise opportunities to bring together economies of scale. All groups are cross-cutting and activity will be overseen by the Child Health Steering group (CYP MHW ICS Steering Group). Terms of references for the working groups, addressing leadership, membership and administration support, have been progressed.

The working group Terms of Reference will be finalised at next Child Health Steering Group meeting in January 2019 and it is anticipated that the following areas will be taken forward at pace;

- ❖ Ongoing Local Authority engagement
- ❖ Transformation and workforce development across the whole system
- ❖ Using LTPs to drive transformation
- ❖ Using outcome measures to monitor transformation
- ❖ Scaling up integrated care
- ❖ Co-production, stigma and inequalities
- ❖ CYP MHW evidence and evaluation
- ❖ Implementation and evaluation of trailblazer sites
- ❖ Eating disorders network

The 2019/20 work plan will seek to further embed partnership working, systems leadership development, governance arrangements and evidence and evaluation considerations to progress the jointly agreed shared vision for NENC.

12.3 Zero Suicide Ambition

A multi-agency working group is in place to oversee the Zero Suicide Ambition implementation across the North East and North Cumbria. The group, led by senior clinicians as sponsors, have a jointly agreed the aim to:

Collaboratively implement North East and North Cumbria ICS region Zero Suicide Ambition reinforcing that;

- ❖ Every Life Matters
- ❖ Suicide Prevention is everyone's Business

Senior Leaders have been identified to oversee the regional programme of work and a project lead is co-ordinating the implementation of the zero suicide ambition delivery plan. This work is fully linked in to national activity including national workshops led by the Royal College of Psychiatrists and a visit from the national enquiry team is arranged for March 2019. The ICS regional arrangements provide a governance framework to support the successful delivery of the local suicide prevention plans by;

- Ensuring that best practice and learning is shared across agencies
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

The group are sourcing and utilising the available evidence on how to prevent suicide and self-harm and are working together with relevant agencies and communities, and people with lived experience to take forward actions to prevent self-harm and suicide. This includes the use of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Safer Services toolkit and the HEE Suicide Prevention training framework as intended outcome and process measures.

The work plan focuses on the promotion of wellbeing and developing resilience in communities so that fewer people die by suicide, including those in high risk groups. The work plan also focuses on actions to reduce the impact and stigma of suicide and improve the support arrangements for those affected. There is recognition this is not a 'stand-alone' initiative and interface with the other mental health work streams is essential. Arrangements are in place to share learning across the mental health delivery programme and also feed into the regional ICS infrastructures.

The delivery plan is divided into five key areas of activity;

- Leadership
- Prevention
- Intervention
- Post-vention
- Intelligence

Under each of the five areas detailed objectives are set out providing a framework for the comprehensive programme of interrelated activity that focuses on the key aspects of suicide prevention. Underpinning the ICS are local Integrated Care Partnerships (ICP) providing a place based focus to ensure services and arrangements are the right ones for local communities. National funding has been

allocated to support the implementation process. Wave 1 funding arrangements have been implemented in the South of the region and collaboratively agreed priorities, informed by learning from the South, have been identified for the Wave 2 funding bid. Allocation of funding for the North is being finalised.

Experienced leads have been identified at a system level, sub regional Integrated Care Partnership (ICP) level and local level to support front line action which will have the direct impact on moving towards the zero ambition whilst providing support for those affected by suicide. The expected outcomes are:

- To reduce the number of suicides, including in high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
- To reduce the incidence of self-harm and repeated self-harm
- To reduce the impact of self-harm and suicide
- To reduce the stigma of self-harm and suicide

A communications plan is being progressed to ensure ongoing engagement and enable the successful delivery of the plan at all levels across the region. Joint work is also occurring with academic partners across the North East and North Cumbria in relation to the service provision to support student mental health and also to progress the research and evaluation criteria for the zero suicide ambition delivery programme.

The steering group activity is supported by work occurring at a sub-regional level that will subsequently align to the Integrated Care Pathways as they evolve.

12.4 Improving the physical health of people in receipt of treatment for a mental health or learning disability condition

This group has identified task and finish groups to take forward objectives agreed at the joint working event in April 2018. The sub group leads are from the key organisations in NENC and there is representation at the working groups from various agencies.

❖ Key areas of action include:

- Using weight off your mind work
- Medicines optimisation
- Improve levels of interoperability and effective information sharing between primary and secondary care and improve medication management and safe prescribing practice.
- Health promotion and increasing the awareness of the need to improve physical health

At the follow up October event there was a consensus that the work stream should focus on improving the physical health of people in receipt of treatment for a mental health or learning disability condition in order to be inclusive. The aim is to consider all groups whose physical health is affected by for example, mental health, medication, lack of access to leisure activities and whose condition would be positively impacted by healthy interventions, for example, increasing physical activity and stopping smoking.

The project focussing on "Increase awareness of the need to improve physical health" is being implemented through two strands of work;

❖ Preventing physical health problems by improving understanding, processes and the culture of health and care professionals who work outside specialist mental health / learning disability organisations but provide services to people with mental health or learning disability conditions

❖ Increasing opportunities for people with a mental health condition or a learning disability to improve their physical health by taking part in physical activity, weight management or smoking cessation activity. The increasing opportunities project is linking with the older peoples work stream to ensure all age needs are addressed

A project group is taking forward plans to improve levels of interoperability and effective information sharing between primary and secondary care by;

❖ Progressing the use of a shared care protocol, as was developed in Bradford.

❖ Reviewing information and resources required to deliver the full package of care such as standard assessment templates e.g. Bradford template appointment invitation templates, engagement strategy, care plan templates, data collection mechanisms

❖ Establishing a transparent and robust mechanism for collecting data and monitoring progress on physical health checks and follow up care within primary care.

Work has also progressed to improve medication management and safe prescribing practice. This includes arrangements to;

• Collate existing shared care or transfer of prescribing agreements

• Engage with regional Drugs andTherapeutic committee to progress harmonisation of shared care or transfer of prescribing agreements

• Gather and collate existing pathways regarding ECG arrangements

• Identification of differences in ECG pathways in Acute/ primary care/ community services

• Develop standard pathway for ECGs.

The use of patient stories to inform the care pathway improvement process has commenced. The aim is to record and share patient stories via social media and other outlets. The stories will be themed to form part of a published series and will also link into other work streams across the ICS to ensure shared learning. The group are also working with other leads to take forward opportunities for joint working, for example, provision of training events. Discussions have included the need to consider the training needs of the wider work force, for example, paramedics and 111 / 999 call handlers, police, in order to maximise impact across the system.

12.5 Persistent Physical Symptoms/Long Term Conditions

The Persistent Physical Symptoms/Long Term Conditions priority area group were initially convened in April 2018. Since this time the membership has grown and now includes clinicians and commissioners from both specialist mental health services, acute and community services alongside people who work with primary care.

❖ The group have identified three areas for the focus of its work, these are:

- The development of a model for the management of people with persistent physical symptoms.
- Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services.
- Develop an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms.

Following the development of a draft model, the group tested the assumptions at a regional workshop event, hosted by the Academic Health Sciences Network in early October.

This event brought together over 100 clinicians from across the ICS region to share good practice and debate the draft model providing an opportunity to make amendments based on the expert feedback. This informed further progress on the development of the model by identifying skills required at each stage of intervention to allow local areas to undertake a gap analysis to help support implementation.

Pockets of very good practice are in place across the NE&NC ICS footprint but there is no area which has adopted the full range of interventions across the system.

The group have also undertaken an analysis of 2017/18 outpatient activity across ten relevant clinical specialties which at a high level has identified a significant efficiency opportunity both in terms of finance costs and deployment of scarce workforce resources if an integrated approach to the management of persistent physical symptoms is embedded.

In the coming months the group are working alongside colleagues from a range of other priority groups.to progress a resource to help guide strategic planning and inform the development of services in line with the recently published NHS ten year plan.

12.6 Employment

At the launch event in April 2018 the Employment work stream identified two key aims;

❖ To increase Individual Placement and Support 'IPS' across North East and North Cumbria via a successful bid for NHS England transformational funding

❖ Support NHS employers to provide an environment that encourages people with mental health illness to have the opportunity to work by identifying schemes / initiatives / accreditation in place and promoting successful examples from within and outside the NHS

The work stream have prioritised activity to enable the expansion of IPS in line with evidence demonstrating a positive impact on health, wellbeing and society. IPS is an employment support service integrated within secondary mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment; involving intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. Currently there is very limited IPS provision in North East and North Cumbria. For the service user the benefits of being in employment include an income and a greater sense of purpose and wellbeing, while for the health system there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.

A project lead post was created to coordinate a joint bid across North East and North Cumbria. Three locality groups are established who will manage the implementation of IPS, subject to successful funding, chaired by senior leadership within provider trusts and attended by a range of stakeholders including commissioners and local authority representatives. It is also our aim that models are co-produced with experts by experience via attendance at locality groups. Collaboration with all relevant stakeholders will ensure the local model builds on and integrates with existing employment resources.

Ensuring the model proposed is sustainable in the longer term is crucial. In support of this, and in line with new NHS structures for integrated care systems and integrated/accountable care partnerships, proposals include an agreement in principle to provide a sustainable long term solution supporting people with severe mental illness into employment in North East and North Cumbria; taking into account existing investment and the outcomes and evaluation of the IPS approach. Early discussions have commenced to agree evaluation criteria to assess the impact of the IPS implementation which will be a fundamental element during implementation.

The follow up event in October 2018 progressed further discussion in relation to supporting NHS employers to provide an environment that encourages people with mental health illness to have the opportunity to work. Research into system wide positive practices including NHS organisation schemes and initiatives and public health activities will begin, to help inform implementation plans. Engagement with Chamber of Commerce has also been initiated to progress a shared learning culture with employers across the North East and North Cumbria in order to reduce stigma and promote healthy, inclusive working environments. This element of the employment work stream will complement and support the implementation of IPS by engaging with potential future employers and raising awareness of the IPS approach.

12.7 Optimising Health Services (Mental Health)

❖ Emergency Departments

The optimising health services – mental health work stream reports into the Optimising Health Services board and the working group has agreed key actions that will inform service improvement plans The new arrangements provide a structure for mental health to present opportunities to the Optimising Health Services board and make recommendations at ICS level to influence ICPs.

There is recognition that all seven mental health work stream actions will impact on the wider system and there are ongoing discussions with the sponsors and leads to ensure the interdependencies are identified, communicated and managed.

Multi-agency discussions commenced in April 2018 to agree key areas of focus and the follow up event in October 2018 identified a jointly agreed principle aim and the priority areas of actions for the mental health delivery plan in relation to Emergency Departments.

❖ Principle aim: We will take forward plans to enable people with mental health needs to access the right care at the right time from the right person.

❖ Priority 1 - Champion 24/7 psychiatric liaison services – progress requests for equitable funding across NENC.

A Clinical Network led stocktake of liaison provision across NENC is underway and will report back to group in March. This information will inform a presentation to the Optimising Health Services Board in April outlining the mental health priorities and recommendations. The group have recognised the need consider recommendations that address four areas of impact:

- Front door
- In hospital
- Out of hospital
- Addressing pathway gaps

❖ Priority 2 - Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with acute services to improve patient care outcomes and reduce the impact of high intensity service users. Review of evidence base and positive practices to progress innovations across 'system' and inform place based actions.

This priority area offers an opportunity to progress practice standards at ICS level to help inform ICP arrangements. Actions to address current and emerging groups of high intensity users are being shared that promote positive outcomes for patient not just system.

The group are taking forward a collaborative intervention approach, identifying variations in practices and collating positive examples that can be scaled up across region. Education and awareness raising, to inform culture change and a need to change system behaviours that reinforce frequent attendance whilst positively manage service user expectation, is also being discussed.

❖ Priority 3 - Increase access to mental health expertise to improve parity of esteem across care pathway through joint working with North East Ambulance Service.

Previous mental health work with ambulance services has been acknowledged and a joint working approach, linked with the urgent and emergency care work stream, is being progressed with NEAS to jointly inform plans for mental health development.

Wider areas of interest for optimising mental health services working group work plan are also being taken forward. The AHSN are overseeing the regional SIM (Serenity Integrated Mentoring project and updates on locality funded initiatives are reported through the mental health group. The group are also reviewing arrangements in place for the management of patients with anorexia nervosa who require medical intervention and supporting the implementation of the national guidelines regionally.

Alcohol issues have also been recognised as impacting on both acute and mental health services and wider system. Group agreed that this should be an area of focus a report is being prepared in relation to costs and service gaps. Links to the prevention agenda and self-management through links with public health has is also an underpinning enabler for the mental health emergency department work plan.

Joint meetings with sponsors from the MH work streams to discuss interdependencies and confirm areas of impact on acute service provision are planned. The OAS MH work stream are reviewing the group membership and terms of reference, finalising work plan priorities and confirming leads to take forward implementation arrangements. A meeting is arranged with the North of England Commissioning Support data manager to inform and streamline the reporting of MH data to enable improved monitoring of progress.

❖ Maternity and Perinatal

The optimising acute services (OAS) Mental Health work stream also oversees the maternity and perinatal activity. A Northern Perinatal Mental Health Clinical Network was in place prior to the regional ICS 'call to action' launch event in April 2018 and prior discussions had identified priority areas of work. The Network is linked to Northern Maternity Clinical Network and subsequent discussions have considered how ICS oversight can help support implementation.

The Network objectives are aligned to the delivery of the NHS Five Year Forward view;

- ❖ By 20/21 there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least as additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it.

There is a Network work plan in place with four priority areas agreed:

- Embedding pathways – Pathway structure in place; ensuring prioritised access to IAPT, referrals to Perinatal Mental Health Team via any professional outlined in algorithms – Pathway needs to be embedded in practice.
- Identifying gaps – Current position not equitable "postcode lottery;" Wave 2 funding to develop teams in TEWV and Cumbria; (CCG will receive funding in baseline next year; allocation of funding needs to be firmed up).
- Development of community hubs – aim to move from centralised hospital based maternity services to locality multi-agency centres e.g. Sure Start –

hubs include midwife, obstetrician, mental health team, health visiting etc, all services in one place.

- Training – large geographical area covered by limited specialist resource – capacity limited to provide training. A staff development competency framework is in place.

The ongoing development of perinatal services are streamlined with mental health as an embedded part of service provision and all mental health perinatal bids are progressed via the network to enable an informed regional perspective. Liaison Perinatal Nurses are working in some Obstetrics Clinics and there is a MDT meeting structure in place to review cases with the mental health team. The network has a clearly defined vision of how community hubs will be achieved (noting regional variances). Work is ongoing to consider options in the absence of new investment, for example, support to develop existing estate options and to use examples of existing hubs to inform planning across agencies. Discussions are continuing with commissioners and provider organisations with regard to funding. A training needs analysis for region has been considered to support implementation, this includes scoping of technological solutions to help manage capacity issues.

- ❖ Proposals for further support via ICS structures include:

  - Effective development of the community hub model working across health and local authorities to bring together maternity, health visiting, mental health (IAPT and CMHT), and potentially paediatrics to support the prevention agenda. Service user/care engagement and input to fully inform this work.
  - Direction to CCGs to ensure working together to commission specialist Perinatal CMHTs.
  - Digital developments to facilitate e-records access between mental health and acute trusts.
  - Difficulties with NENC footprint; does not map to locality profiles – North Cumbria and South in different STP Localities. Consideration needs to be given to patient flows across boundaries (small numbers) e.g. from North Cumbria to the Lancashire MBU or South Cumbria to the Northumberland MBU.

Discussions are progressing with the child health and mental health work stream sponsors to develop a structured system of support for this area of specialist service provision.

13. People

Engagement with wider system partners and people using and providing services is a primary driver for successful integration.

Since the Mental Health Programme 'Call to action' launch event in April 2018 there has been a focus on making, maintaining and expanding connections to engage system partners at every level. Involvement of service users and carers to inform plans through engagement, develop plans through active participation and co-produce solutions was a primary objective in 2018.

The seven priority areas have differing infrastructures that will enable progress and each group has reviewed the communication and engagement arrangements in place recognising that involvement is an ongoing developmental aspect of the

service improvement process Gaps have been identified and actions have been agreed to address the gaps and also consider the interdependencies between the mental health priority groups and the wider ICS programme. Working relationships are in place with public health to embed the principles of prevention and promote community well-being. Informal relationships with academic partners across the region are well established and work is progressing to map out the existing relationships and agree formal links to ensure maximum benefit is gained from partnership working.

14. Practicalities

The ICS arrangements are evolving and the practical aspects of the implementation process have been considered by the working groups.

Work force implications in terms of capacity and capability were identified as crucial enablers and work has commenced to take forward plans to address mental health specific needs in line with the ICS Workforce Programme Strategy.

A thematic review of the feedback on the practicalities identified by the working groups has highlighted a number of themes:

- ❖ A continuing key area of work for the steering group will be the **oversight of the interface and interdependencies** across the seven priority areas in the mental health work stream and the links into the wider aspects of the emerging integrated care system.

- ❖ As a way of leading and planning for mental health provision the steering group and supporting work streams are reliant in the ability to influence rather than direct change and this requires an open, transparent and **streamlined communication process.**

- ❖ **Co-ordination of activities**, for example training plans and work shop events, and engagement with stakeholders will require ongoing administration and monitoring to reduce the risk of duplication and enhance the opportunity to maximise impact across the region.

- ❖ National and regional **funding uncertainty** was also identified as a practical issue, this related to short term funding limitations and a lack of clarity on the proposed aligned budgets. There was also a request to focus on quality improvement as the driver for change across the region. Concerns were noted that the integration agenda between health and Local Authorities will focus on money and reducing cost rather than 'what the person needs'.

- ❖ The working groups identified practical gaps in terms of **ICS resources**, for example, administrative support, project lead posts (with expertise in the specific area, for example, to undertake the Exemplar Employer elements, NEAS mental health project lead) to progress initial set up and monitoring arrangements.

- ❖ Consistent and accurate **data and information** to understand the current and developing position was highlighted as an issue by the groups. Work is being undertaken by North of England Commissioning Support (NECS) to improve this.

- ❖ Further work is required to maximise **opportunities for IT solutions** to improve communication and information sharing across the working groups and with wider stakeholders. A website is currently being developed by NECS and the mental health programme is investigating options to provide a public access site.

- ❖ Developing and **implementing tools**, for example, addressing depression in older people,   was identified as a positive enabler, however it was recognised that implementing a standard approach across a complex system will be challenging.

- ❖ Increasing access to **mental health expertise** across the system was a theme from the groups to improve parity of esteem across the care pathway.

- ❖ The importance of **evidence based decision making** and robust evaluation was recognised, however, resource limitations were identified.

The practicalities identified have informed the mental health steering group work plan priorities for 2019/20.

15. Positive Impact

The priority area working groups' focus is on the review of current pathways to understand what is in place and what works well in order to communicate positive practices and also to identify gaps to inform the continuous service improvement planning process.

On receipt of requests from the seven priority working groups there will be support for the groups to take forward evaluation to assess the impact of the interventions. Arrangements are in place to support and monitor bids and evaluation is acknowledged as a key component of the bidding process. A framework is in place to progress bespoke evaluation requirements. Work is occurring to formalise links with the regional and national universities to maximise opportunities for joint working and increase access to expertise and resources to support evaluation and research.   A joint working project has commenced with NICE (National Institute for Health and Care Excellence) to utilise the quality standards as an evidence based benchmark for continuous improvement.

16. Precautions

One of the main risks identified is that the solutions required to progress implementation are 'whole system solutions' and ongoing action to engage third sector and Local Authority organisations is crucial. Service user and carer involvement is variable across the working groups and further engagement is required.

The identified risks that will require a whole system solution include;

- ➢ Uncertainties with regard to funding
- ➢ Information sharing and risk sharing issues
- ➢ Consistency and reliability of data
- ➢ Decision making, governance and accountability aspects
- ➢ Managing work force implications

17. Next steps

This Year 1 report outlines the Mental Health ICS programme arrangements, describes the developments to date, provides a summary of progress in relation to the priority areas of work and lists the identified objectives that will inform the 2019/20 delivery plan.

The desired outcomes identified in the NHS Long Term Plan have been mapped to the seven priority area work streams to further inform the delivery objectives and highlight any gaps that need to be addressed by the Mental Health Steering Group.

The delivery plan actions have been informed by shared principles and a collective desire to provide sustainable, joined up high quality health and care services that maximise the mental health and wellbeing of the people in the North East and North Cumbria.

The mental health work stream delivery plan outlines the activities to take forward integrated system improvements and includes the steering group actions to address the 'whole system' aspects and support ongoing engagement at pathway and place level.

The priority area working group delivery plans will focus on the implementation of the agreed objectives described and the groups will report progress and any emerging risks to the steering group every two months.

This report summarises the regional arrangements and plans to progress the priorities identified, however, a report cannot fully describe the commitment from the many individuals who have contributed to the developments to date and fully illustrate the many creative innovations that are being progressed.

18. Looking forward

The NHS Long Term Plan identifies the need for local NHS organisations to focus on population health through partnerships with local authority-funded services and other stakeholders to implement the new Integrated Care Systems (ICSs).

This plan does not require changes to the law in order to be implemented however proposals for how primary legislation might be adjusted to better support delivery of the agreed changes are underway. The plan focuses on a commitment to doing what is best for the health and wellbeing of the people by working together.

As a Mental Health Delivery Programme we will continue to work with our partners and move towards creating an Integrated Care Systems by April 2021 in line with the national timeline.

We will support joint working with Local Authorities at 'place' level, and through our evolving ICS arrangements progress informed, shared decisions with commissioners and providers.

Our commitment to meaningful engagement and co-production will continue to be the focus of our delivery plan for 2019/20 and beyond.

John Lawlor

Dr David Hambleton

Joint SRO - Mental Health

North East and North Cumbria Integrated Care System