



## GOVERNING BODY REPORT

<b>Agenda Item No.</b>	<b>09</b>
<b>Reference No.</b>	<b>IESCCG 19-53</b>
<b>Date.</b>	<b>24 September 2019</b>

<b>Title</b>	<b>East and West Suffolk Mental Health Update</b>	
<b>Lead Chief Officer</b>	Richard Watson: Deputy Chief Executive and Director of Transformation and Strategy	
<b>Author(s)</b>	Eugene Staunton: Associate Director for Mental Health Transformation Lianne Nunn: Mental Health Clinical Quality Lead Lizzie Mapplebeck: Director, Suffolk Alliance Mental Health Transformation Programme	
<b>Purpose</b>	To update the Governing Body on: <ul style="list-style-type: none"> <li>• current clinical quality issues identified within local mental health services;</li> <li>• progress of the future mental health transformation model and associated timescales.</li> </ul>	
<b>Applicable CCG Clinical Priorities:</b>		
1.	To promote self care	x
2.	To ensure high quality local services where possible	x
3.	To improve the health of those most in need	x
4.	To improve health & educational attainment for children & young people	x
5.	To improve access to mental health services	x
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	x
<b>Action required by Governing Body:</b>		
The Governing Bodies are requested to note the; <ul style="list-style-type: none"> <li>• Update on the delivery of current NHSE and local mental health transformation.</li> <li>• Update on the progress of the future mental health transformation model and associated timescales.</li> </ul>		

## 1. **Background**

- 1.1 The NHS England 10 Year Plan (January 2019) sets out clear expectations of what is required to be delivered from local mental health services. This paper provides an update on progress against this programme of work (**Section 2**). The web link sets out the national requirements.

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

- 1.2 The web link below also connects to a report that was coordinated by Healthwatch Suffolk, Suffolk Parent Carer Network, Suffolk User Forum, Suffolk Family Carers and Ace Anglia to ask local people for their feedback on services provided by Norfolk and Suffolk Foundation Trust in advance of the latest planned inspection by the Care Quality Commission. The pending inspection will review the quality of services provided by the Trust, which is currently rated inadequate, in order to ascertain whether the services have improved since it was last inspected in September 2018.

<https://www.healthwatchsuffolk.co.uk/news/hundreds-of-comments-will-shape-norfolk-and-suffolk-nhs-foundation-trust-care-quality-commission-inspection/>

- 1.3 In January 2019, Ipswich and East and West Suffolk partners have agreed a ten-year Mental Health and Emotional Wellbeing Strategy 2019-29 (*#averydifferentconversation*) describing how a different future 'system based' model of mental health and emotional wellbeing services could improve outcomes. A programme of work has commenced to develop and design this new model of care built on a four-quadrant model. An update is also provided on progress and associated future timetable (**Section 3**).

## 2. **2019/20 Progress against NHSE national priorities.**

### 2.1 **Improving Access to Psychological (IAPT) Services.**

A business case (£2.6M FYE) was agreed in April 2019 to support the Suffolk Wellbeing Service (NSFT) to increase its service capacity provision to support an integrated Long Term Conditions (LTC) IAPT service and deliver 25% access to treatment target for expansion in IAPT by March 2021. Other requirements are to deliver a 50% IAPT recovery rate; meet 75% of people accessing treatment within 6 weeks IAPT waiting time and 95% of people accessing treatment within 18 weeks IAPT waiting time.

NSFT is working initially with West Suffolk Hospital Foundation Trust and East Suffolk and North East Essex Foundation Trust (ESNEFT) hospitals focussing on the conditions of diabetes, respiratory and COPD. Conversations have commenced to agree the new long-term pathways.

Full recruitment to the additional posts is underway with the clinical lead successfully in place. The CCGs are in conversation with Health Education England (HEE) regarding the academic training places needed for the additional staffing. At present for High Intensity Therapists, we are one place short for September 2019 and eight places short in March 2020.

### 2.2 **Severe Mental Illness (SMI): Physical Health Checks**

NHSE requires that 60% of SMI patients receive an annual physical health check from 2019/20 (the current performance in Quarter One is (West: 35.51%, East: 41.14%). The two key local steps to support this target are the development of a GP enhanced service payment to support the annual physical health checks and also the commissioning from NSFT of a physical healthcare team.

The CCGs are working with primary care closely to raise awareness of the checks and the available support to them of the NSFT physical health care team. CCGs are also investing in software to be able to remotely check performance in EMIS and System1 GP practices.

### **2.3 Severe Mental Illness (SMI): Individual Placement Support (IPS).**

Essex Partnership University NHS FT (EPUT) with partners Employ-Ability were successful in a Suffolk and North Essex Integrated Care System bid to NHS England to provide IPS employment services in Suffolk. The Five Year Forward View mandated CCGs to invest in high quality, evidenced based employment services for SMI patients. EPUT is currently in conversation with NSFT regarding rolling out the new service with a meeting planned in October 2019. Employ-Ability (for West Suffolk) have already recruited staff. EPUT is out for advert for Ipswich & East Suffolk staff with interviews planned in September.

### **2.4 Dementia**

West Suffolk CCG dementia diagnosis position was 63.6% as at the end of July 2019 against the national target of 67%. Ipswich and East Suffolk CCG is meeting the target. A West Suffolk recovery action plan has been agreed with NHS England. The main areas of focus in both areas include working with care homes to ensure patients are identified early and appropriately, promoting the use of the DIADEM diagnosis tool with GP's, medicines management support to GP practices (West only) and work with the 'Dementia Together' service to support pre and post dementia diagnosis. Focus also remains on completing annual health checks for patients diagnosed with dementia.

### **2.5 Crisis Resolution and Home Treatment Team (CRHTT).**

An age-inclusive business case was agreed with NSFT in March 2019 (£2.1M FYE) to proceed with the mobilisation of the new Suffolk Crisis Response and Home Treatment model. NSFT is in the process of mobilising. The new model will provide:

- 24/7 telephone access to a trained mental health crisis response team via NHS 111 option 2, which offers access to people of all ages to enquire about support for themselves or for family and friends, if they are in crisis. This line will also be available to offer mental health advice and support for health and social care professionals such as GPs, Police and Ambulance staff.
- the ability to swiftly and safely carry out a face to face assessment at home or another suitable environment when required 24/7 where a person may be so acutely unwell they require admission to hospital.
- offer brief interventions for up to 72 hours, where appropriate.
- provision of 24/7 crisis resolution home treatment for those aged 18+ as required by current national guidance within the Mental Health Five Year Forward View to support the initial crisis phase and onward home treatment for up to six weeks based upon Core Fidelity standards.

We are awaiting further NHS England national guidance setting out specific requirements for urgent and emergency mental health care for children and young people. We know that this is likely to require an equivalent to Adults Home Treatment Team response in crisis situations and include practitioners who are trained and competent in meeting the specific mental health needs of children and young people in crisis.

NHSE confirmed additional funding to Suffolk in July 2019 (£555.3K in 19/20, £704.5K in 20/21) to support the funding of the CRHTT business case. This funding also allows for the development of an 'alternative' to admission crisis café type

initiative, which will be taken forward by our CCG co-production partners in Autumn 2019.

## 2.6 **Psychiatric Liaison Services (PLS).**

NHSE has awarded funding to East and West Suffolk in July 2019 to move to 24/7 PLS service delivery at East Suffolk and North East Essex Foundation Trust (ESNEFT) and West Suffolk Hospital Foundation Trust (WSFT).

The CCG received Ipswich Hospital funding in July 2019 (£397K FYE) and West Suffolk funding (£879k FYE) will be received on 01 April 2020. This investment will ensure our two local acute hospitals have age inclusive 24/7 mental health liaison services by 2020/21.

Conversations are underway with NSFT to review the successful bids in order to move to swift implementation at Ipswich Hospital during 2019/20 and to recruit in order to be able to go operational at West Suffolk Hospital from 01.04.20.

## 2.7 **Early Intervention in Psychosis Services (EIP).**

In 2016, NHS England published 'Implementing the Early Intervention in Psychosis Access and Waiting Time Standard Guidance'. The Standards describe a recovery focussed service for ages 14 - 65 incorporating At Risk Mental States (ARMS), as outlined in the Five Year Forward View for Mental Health. The NHS England standard states that 'Referrals to and within the Trust with suspected first episode psychosis must start a NICE-recommended care package within 2 weeks of referral.

A three part phased business case (£1.6M FYE) was agreed in September 2018 with NSFT. The Trust is in the process of implementing phase 2 with phase 3 funding earmarked for 2020/21. The local service must achieve 60% EIP Access standard and 95% Level 3 EIP NICE-concordance by 2020/21.

The NHSE Intensive support team is re-visiting Suffolk (last visited in autumn 2018) on 12.09.19 to review performance of the local EIP service and progress made against implementation of the EIP business case.

## 2.8 **Living Life to the Full (LLTTF).**

This web based tool <https://littf4suffolk.com/home/living-life-to-the-full-series/littf-adults/> providing support for lower level emotional wellbeing and mental health (i.e depression and anxiety), is now available to all East and West Suffolk GP Practices. Access has also been discussed and made available to West Suffolk Hospital Foundation Trust and East Suffolk and North East Essex Foundation Trust to support the links across physical and mental health services.

Since April and July 2019 between 140 and 150 people have logged onto the website each month. Patients can also access the Suffolk Wellbeing (IAPT) service via the LLTTF website, if they meet the criteria.

## 2.9 **Perinatal Mental Health.**

The Long Term Plan sets out plans for further investment and development of specialist perinatal mental health services and CCGs are expected to provide assurance on spend, access and quality. The service is required to support 4.5% of the birth rate, increasing to 6.4% in 2020/21 whilst ensuring delivery of NICE-concordant care that centres around the five Perinatal Mental Health Care Pathways.

The CCGs currently invest £720k (11.4 WTE) in the NSFT local specialist County wide perinatal service supplemented by a successful NHSE bid £177K (Wave 2

Community Development Fund) last year. The Trust is currently recruiting to the vacant consultant psychiatrist post and supporting admin.

#### **2.10 Children and Young Peoples (CYP) Access Target.**

The NHSE Five Year Forward View requires that at least 34% of children and young people receive treatment from NHS-commissioned services (as recorded via the NHS Mental Health Services Data Set - MHSDS). Work is underway with providers to ensure all activity is being accurately captured and flows through the MHSDS as this does not always happen. Work has started to standardise the routine collection and clinical integration of outcome measures which will also be required to flow via the MHSDS. A manual data collection and submission (July 2019) showed children's and young people's access to be 45.5% in Ipswich and East Suffolk and 43.8% in West Suffolk.

#### **2.11 Mental Health School Support Teams.**

NHSE Integrated Care System funding was agreed (June 2019, approx. £700k) to support two Mental Health School Support Teams as Wave 2 Trailblazers in East and West Suffolk. This will begin with training and mobilisation in 2020/2021 and will also support the children and young people's access target above.

The £350k investment per team will fund new school based roles that include a Clinical Psychologist and Emotional Wellbeing Practitioner posts. These new teams will build on the additional CCGs investment in whole school approaches aimed at developing emotional wellbeing and resilience within the schools' community, increase awareness of mental health issues and to reduce the stigma surrounding mental ill health.

The model in West Suffolk extends the Thurston College model to 3 other schools and in East Suffolk is delivered by a voluntary sector led approach Vision and Voice; a partnership comprising the Access Community Trust, Community Praxis, Greenlight Trust, Ipswich and Suffolk Council for Racial Equality, The Mix Stowmarket and Volunteering Matters. Together with individual evaluation of the projects the approaches will all be part of the separate learning framework which will seek to identify areas of the models that have worked well, generated positive outcomes and that we would want to embed within our future work.

#### **2.12 Children and Young People Eating Disorders Services.**

In recent years the CCGs have invested additional funding NSFT to provide our local specialist children and young people's Eating Disorders service. The National Access and Waiting Times Standards (AWTS) for CYP ED services state that NICE approved treatment should start within a maximum of 4 weeks from first contact with a designated mental health professional for routine cases and within 1 week for urgent cases. The aim is that all services achieve these targets with 95% of cases referred by 2020. The purpose is to ensure that children, young people and their families receive the best possible care in a timely manner, reducing any possible delays that may contribute to deterioration of mental and physical health.

The NSFT Children and Young People's Eating Disorders service is not meeting the 1 week and 4 week target. In support, the Regional Clinical Network supported by colleagues from Hertfordshire completed a peer review in February 2019. The subsequent report and recommendations have been developed into an action plan by the CYP Eating Disorders service. Regular review meetings are in place to look at the progress against the action plan.

#### **2.13 CYP Suicide and Self-Harm Prevention.**

NHS England awarded Suffolk and North East Essex £252K in June 2019 for two years. Public Health are taking the strategic lead as the system leads for the Suffolk Suicide Prevention Strategy. Specific initiatives are being worked up to support middle-aged men; self-harm; primary care support; quality improvement within mental health services, including acute hospitals; and the use of resource to recruit relevant programme support.

There is a significant focus on suicide and self-harm prevention for children and young people including the commissioning of Student Life to develop and deliver a local awareness campaign to schools aimed at young people, families and school staff and we have also been awarded money to commission Kooth, an online counselling service to specifically support young people.

#### 2.14 **Neuro Developmental Work.**

The joint inspection conducted by Ofsted and CQC in relation to Special Education Needs and Disabilities (SEND) and subsequent revisit identified a number of issues around diagnosis and support for children and young people with Autism and ADHD.

Through co-production across the system it was identified that the introduction of a new Neurodevelopmental pathway would be the way to address the concerns highlighted within the SEND report.

A high level Neurodevelopmental pathway has been produced and agreed and the detailed development of the pathway is commencing in September 2019 which will see a fundamental shift in the way children, young people and their families are supported, effectively making support services available without the need for a diagnosis.

### 3.0 **Suffolk Alliance Mental Health Programme Update.**

The objective of the Suffolk Alliance Mental Health Transformation Programme is to support the design and implementation of a new all age mental health model for the population of East and West Suffolk.

#### 3.1 **Programme Team and Priority Groups**

To support the Alliances in the detailed development, the due diligence and provision process of the new mental health model an Alliance Programme Team has been created. As of the 1<sup>st</sup> July 2019 the Programme Team were fully formed and established, funded via both East and West Alliances. The Alliance Programme Team are currently providing generic support to the four established priority groups to develop the high level models and understand the current (as is) offer.

The Four Priority Groups are:

**Priority One:** Children, Young People and Families. SRO: Alan Cadzow

**Priority Two:** Community (including IAPT/Wellbeing). SROs: Kate Vaughton, Maddie Baker-Woods and Rebecca Pulford.

**Priority Three:** Crisis. SROs: Rowan Proctor and Stuart Richardson.

**Priority Four:** Learning Disabilities and Autism. SRO: Lisa Nobes

The Alliance Programme Team is made up of system experts that specialise in; Programme management, Finance, Workforce and HR, Governance, Estates, Co-production, Data and information and ICT and Systems. There is also clinical expertise in the Team.

Once the high level models are developed (post September 2019), detailed models will be produced by the Priority Groups. The detailed models will specify the service

pathways within the high level model, including access, patient flows, care planning, intervention and discharge. The pathways will demonstrate how services will integrate and meet the objectives set out in the **#averydifferentconversation** strategy and form the new Service Specifications/Framework.

The expertise in the Alliance Programme Team will work with the Priority Groups to provide the detail for each element of the models regarding:

- Clinical Safety and Clinical Quality (including governance)
- System Risk
- Demand and capacity
- Workforce, including skill mix and banding
- System requirements
- Cost

This information will be documented to provide sufficient requirement evidence for the CCG led assurance process.

### 3.2 **Progress to date.**

During August 2019 each Priority Group took part in a 'deep dive'. The deep dives provided focus on a detailed review of progress to date and reflection on the early draft high-level models. Guiding principles have been developed and agreed for each priority.

These sessions were attended by the Alliance partners (including co-production partners), Priority Group leads and the Alliance Programme Team. The deep dives used 'case studies' to test the draft models and provided the forum to receive detailed feedback on the models, suggestions on ways of working and highlighted areas of interdependencies between the four models.

Each of the four Priority Groups have completed a template which captures objectives, benefits, outcomes, risks, issues and milestones. The template also captures the current offer (as is), the national 'must dos' and the high level model (to be). This is supported with early insight to workforce needs and demand modelling.

The templates are due to be presented to the Alliance Partners by the Priority Groups in a three hour workshop on 20<sup>th</sup> September.

A communication and engagement plan has been developed which details the key dates and methods of communication to both stakeholders and the public. This includes a regular newsletter for both alliance partners, their staff and the public. The Programme Team will continue to work with the co-production partners to engage with the public, following on from the successful **#averydifferentconversation** events.

All services provided by NSFT have been mapped across the four Priority Groups. The mapping has provided a full workforce breakdown, including identification of current vacancies and current skill mixes across the services. The full financial envelope of current NSFT services has been aligned to each service area.

An interactive demand model has been developed to track historic and current demand and forecast future trends.

NHS England have been engaged to ensure due process is being followed, the Programme Team are using the Lansley Tests as a framework. Work is being progressed to enable the presentation of the high level models to NHS England's Clinical Senate in December 2019 for review.

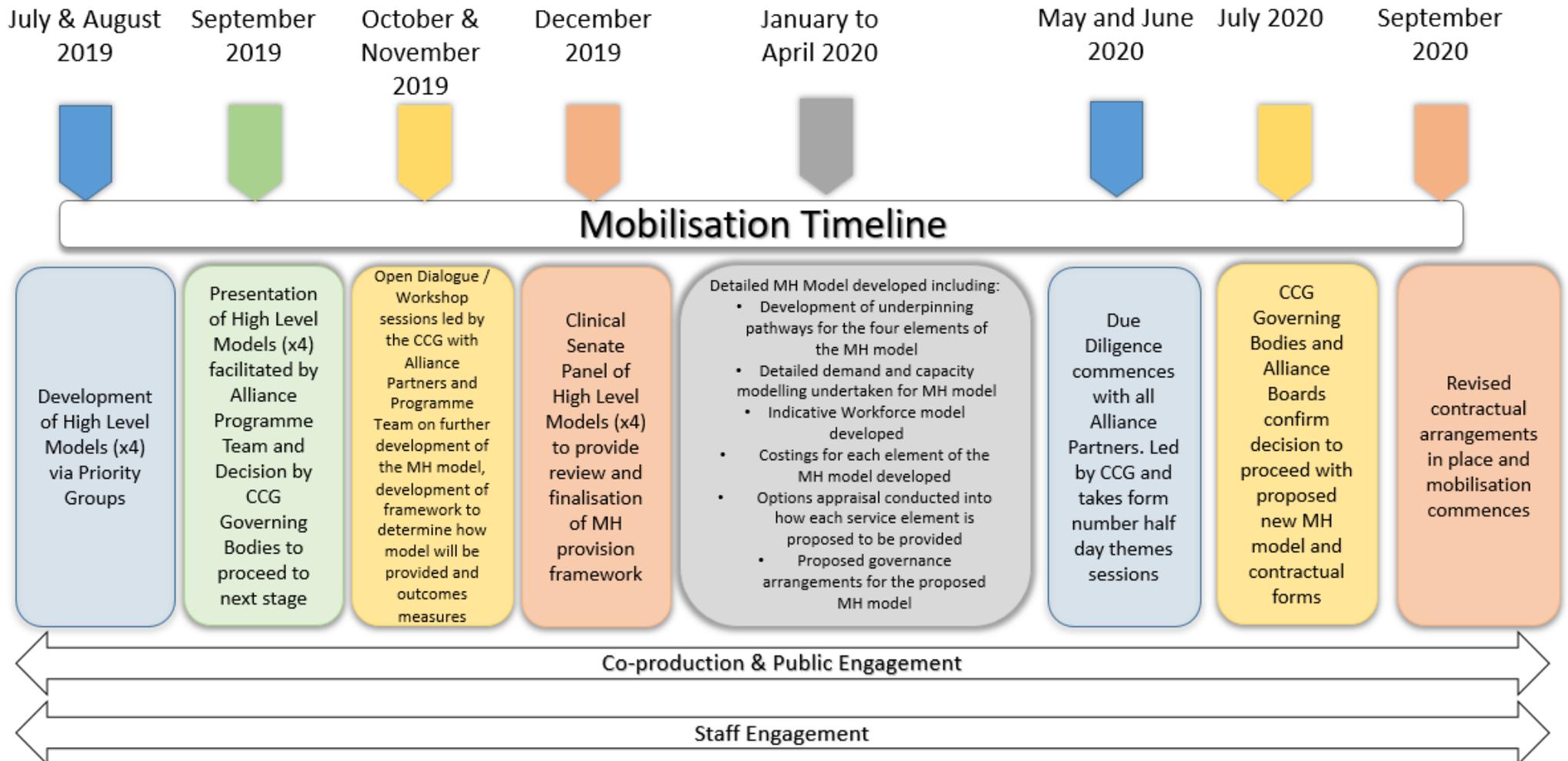
A Clinical Community Group has been established to advise the Suffolk Alliance Mental Health Transformation Programme of:

- clinical adjacencies and interrelationships
- quality impact assessment for proposed changes, including risk assessment
- clinical services opportunities and pressures for the long-term partnership

### **3.3 Timeframes and Key Milestones**

The key milestones for the Suffolk Alliance Mental Health Programme are set out below. There is a detailed programme plan that sits behind each of these key milestones which demonstrates how the programme looks to achieve mobilisation by September 2020.

# Suffolk Alliance Mental Health Transformation Programme



### 3.4 Key Risks.

The key programme risks are set out below. A full risk register has been developed and is regularly updated and maintained.

Risk	Score	Mitigation
There is a risk that the service changes may be classed as 'significant' which would therefore mean the programme would need to complete a full public consultation. This would impact timeframes by 12 months and also impact finances.	12	To mitigate this risk the programme will complete the Lansley Tests as standard and engage with NHSE/I at key milestones (first being post 20/09) and complete EQIA's with SROs
There is a risk the formal review feedback from NHSE Clinical Senate provides feedback that the high level models are not fit for purpose, unachievable or pose a risk to patient safety. This would require a full re-work of the models leading to both time and cost pressures.	15	To mitigate this risk the SAMHPT will provide a detailed review an in-house assurance process to the model post 20/09 and prior to 10/12
There is a risk that there is not a suitable provider within the East and West Alliances to provide all elements of the new service models which means a further commissioning process would be needed to identify a further partner(s).	15	Utilise early open dialogue session during late 2019 to ascertain if the Suffolk Alliance partners are capable in providing all elements of the proposed mental health model.
There is a risk that HOSC do not approve of the plans or models. This would lead to timeframe delays and potential to halt all progress	10	Engage HOSC often, providing full and transparent updates and engagements.

### 3.5 Next Steps.

The high level key milestones set out above detail the next steps to achieve mobilisation in September 2020.

The next key milestone for the Programme is the presentation of the four high level models aligned to each Priority. The forum for the presentations is a half day workshop in which the Priority SROs will present their high level models to their counterparts in each priority, all Alliance Partners and the Programme Team.

This half-day workshop will allow further reflections on the four models and ensure consistency in approach, links and flows and in between pathways including highlighting areas of duplication and gaps.

Post the half-day workshop, the Programme Team will support the SROs and Implementation Leads in the detailed work up of each model. This includes, detailed pathways, demand and activity information, workforce models and finances.

The high-level models will be taken to two public engagement events in October (Elmswell and Kesgrave). The events will 'check in' with the public posing three questions (Does this reflect your views? What's good about it? What needs changing?). These sessions will be facilitated in partnership with the co-production partners. Amends will be made to the models based on feedback. Running alongside the public engagement will be staff engagement. This includes staff from across all Alliance partners.

During this time the Programme Team will support the CCG with facilitation of some open dialogue sessions with the Alliance Partners regarding the due diligence framework and service outcomes.

The high-level models and supporting evidence will be taken to NHS England's Clinical Senate panel in December 2019. Clinical Senates are non-statutory bodies that provide advice and operate independently of other statutory bodies. The Clinical Senate will provide independent, strategic clinical advice to the Alliance to help make the best decisions about the mental health models and future provision in Suffolk. The Senate is a multi-disciplinary body with membership across the spectrum of health and social care where experts by experience (i.e. patient representatives) also bring their voice and perspective through their membership.

The advice and recommendations provided by Clinical Senate will be developed in accordance with the four tests process for service change from the Government's Mandate to NHS England. The four tests, intended to apply in all cases of major NHS service change during normal stable operations, are:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- A clear clinical evidence base; and
- Support for proposals from clinical commissioners

#### **4.0 Recommendations.**

The Governing Body is requested to;

- Note the progress update on NHS England mental health 'must do's.
- Note the progress update and associated timetable for the development of our East and West Suffolk future mental health and emotional wellbeing model.