



GOVERNING BODY

Agenda Item No.	08
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Title	Ipswich and East and West Suffolk Mental Health Update
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Purpose	To update the Governing Body on: <ul style="list-style-type: none"> • Delivery of current NHSE and local mental health transformation; • Progress of the future mental health transformation model and associated timescales.

Applicable CCG Clinical Priorities:		
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 and 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 and compassion and to choose their place of death where appropriate	
9.	To ensure that the CCG operates within agreed budgets	x

<p>Action required by Governing Body:</p> <p>The Governing Body is requested to note the;</p> <ul style="list-style-type: none"> • Update on the delivery of current NHSE and local mental health transformation. • Update on the progress the Suffolk Alliance Mental Health Transformation Programme

1 Current NHSE and Local Mental Health Transformation

1.1 Introduction

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 section provides an update on progress against this programme of work. The web link below sets out the national requirements and associated funding flowing through to local health systems.

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

East and West Suffolk have agreed a ten-year Mental Health and Emotional Wellbeing Strategy 2019-29 (#averydifferentconversation) available on the web link below, in January 2019 describing how a different future 'system based' model of mental health and emotional wellbeing services could work. A programme of work has commenced to develop and design this new model of care and is described in section three of this paper.

<https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2019/01/2977-NHSWSCCG-EW-Suffolk-MH-EW-Strategy-FINAL.pdf>

1.2 Perinatal Services.

The Norfolk and Suffolk Foundation Trust (NSFT) service is required to support 4.5% of the birth rate, increasing to 7.1% in 2020/21 whilst ensuring delivery of NICE-concordant care that centres around the five Perinatal Mental Health Care Pathways. The Suffolk CCGs currently invest £680k (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 CCG is working with the NSFT service to ensure the minimum access targets are achieved. The service is currently identifying appropriate growth needs over the next three years to ensure minimum access targets are surpassed, this will be in line with expected additional investment from the CCG in to the service. A costed growth plan is expected by the end of February 2020. The service is expected to achieve the minimum standards for 2019/20.

1.3 Children and Young People's (CYP) Services.

CYP Community Mental Health Transformation

Work is currently focussed on pathway design with prevalence, current demand, capacity and resource being mapped. Coproduction with young people, families, Alliance Partners and VCS organisations continues to be an embedded approach with both a core project group and a wider reference group supporting this work. An extensive workforce development programme underpins the CYP transformation work. Staff understanding of THRIVE and the principles of Signs of Safety and implementing the associated culture change across all partner organisations is essential. To facilitate this shared understanding two identical workshops are planned for the end of January 2020, inviting 350 frontline staff, with organisations proportionally represented. These workshops will be facilitated by the Anna Freud Centre who have researched, supported and evaluated organisations across the country implementation of the [THRIVE framework](#) model of responding to mental health.

CYP Crisis and Outreach

In addition to the mobilisation of a new all age 24/7 Mental Health Crisis Service, a business case to develop an outreach service to specifically support children and young people in crisis has been developed led by the CCGs (on the Governing Body agenda). It is expected that this service will be implemented in line with the additional investment into the Psychiatric Liaison Services at West Suffolk Hospital and East Suffolk and North East Essex Foundation Trust and collectively will move to provide an age inclusive service in line with core fidelity 24/7 standards.

Ensuring the SEND Acton Plan is implemented including the implementation of a new model of care for Children's Speech and Language Therapy with the additional circa £1m investment previously agreed across Ipswich and East Suffolk and West Suffolk CCGs. This work is linked with the review work that has taken place within Community Services where a number of areas of focus have been agreed.

Neurodevelopmental pathways

The development of a new model of care by the end of February for Neurodevelopmental and Behaviour including new integrated pathways of delivery recognising challenges in the ADHD and Autism diagnostic based services. Working with Suffolk County Council and a number of local voluntary and community sector organisations we have already introduced a number of new service elements which are providing support to families pre/post assessment and diagnosis.

CYP Eating Disorders

Further development of the CYP Eating Disorders Service building on the peer review with NHS England/Improvement (NHSE/I) colleagues and the Hertfordshire CCG service and through ongoing monitoring of the action plan to ensure the service can deliver against the national target of 95% by 20/21 for both 1 week urgent and 4 week routine referrals.

Mental Health Support Teams in Schools (MHST)

In 2017, the government published its Green Paper for Transforming Children and Young People's Mental Health, which detailed proposals for expanding access to mental health care for children and young people, including establishing new Mental Health Support Teams (MHSTs) jointly delivered with the Department of Education. MHSTs are a new mental health workforce (teams comprise 4 Education Mental Health Practitioners (EHMPs), two higher level therapists, one team manager and one administrative support) who will work with approximately 20 schools (with a total population of around 8,000 children and young people) each in order to:

- deliver evidence-based interventions to (approximately 500) children and young people experiencing mild to moderate mental health issues,
- support the senior mental health lead in each school or college to introduce or develop their whole school or college approach,
- give timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

The recruitment to these new teams has progressed well. The trainees will commence the formal training programme in January 2020 at UEA. Teams will then be co-located in schools.

Kooth - Children and Young Peoples (CYP) On-line counselling service



Kooth has now been launched across all of Suffolk and provides on-line support and counselling for CYP aged 11-18. Young people can access online counselling through their mobile device, 365 days a year. Experienced counsellors are available for virtual drop-in or bookable chat sessions from 12 noon until 10 p.m. on weekdays and from 6 p.m. until 10 p.m. on weekends.

1.4 Improving Access to Psychological Therapies (IAPT): Long Term Conditions

A business case (£2.6M FYE) was agreed in April 2019 to support the Wellbeing Suffolk Service (NSFT) to increase its service capacity provision to deliver integrated Long Term Conditions (LTC) IAPT (Improving Access to Psychological Therapies) pathways 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 six weeks IAPT waiting time and 95% of people accessing treatment within 18 weeks' IAPT waiting time.

NSFT is working initially with West Suffolk Foundation Trust and East Suffolk and North East Essex Foundation Trust (ESNEFT) hospitals, initially focusing on Diabetes, Respiratory and COPD pathways. The next phase of specialties are now being considered and Wellbeing Practitioners are working in partnership with physical health colleagues, in some instances co-locating in clinical settings to deliver interventions and support, as well as providing support as part of existing rehabilitation courses for people with COPD and other long term conditions. Full recruitment to the additional posts is well underway and on target, with the clinical lead now successfully recruited and in post.

1.5 Severe Mental Illness (SMI): Physical Health Checks

NHSE requires that 60% of SMI patients receive an annual physical health check from 2019/20 (current performance Q2 19/20 (West: 35.7%, East: 41.5%). 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 who have been in place for almost 12 months. The physical healthcare team has been building close working relationships with primary care colleagues to ensure seamless and consistent care for those most at risk of developing poor physical health conditions and who are hard to reach/engage/treat. SMI registers are jointly reviewed and service users' needs are discussed to ensure the right support at the right time. The team has presented at a recent regional clinical network event, and is now sharing its model of care with other providers/CCGs that are keen to replicate it. The CCG has also invested in software to be able remote check performance in EMIS and SystmOne GP practices.

1.6 Severe Mental Illness: Early Intervention in Psychosis (EIP)

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 two 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 two with phase three funding earmarked for 2020/21. The local service must achieve 60% EIP Access standard and 95% Level 3 EIP NICE-concordance by 2020/21.

In January 2020 there will be one CBT(Practitioner) and one Band 3 Clinical Support Worker role advertised. A plan is being developed to establish how the staff embedded within the Integrated Delivery Teams (IDTs) can be moved across to the new dedicated EIP team. A further piece of work to be carried out is to establish a pathway for At Risk Mental State (ARMS).

1.7 Severe Mental Illness (SMI): Individual Placement Support (IPS)

The Five Year Forward View mandated CCGs to invest in high quality, evidenced based employment services for SMI patients. 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 and the service has now launched. Employ-Ability is a specialist employment support charity working with

people experiencing mental health problems and the service sits alongside the NSFT Integrated Delivery Teams (IDT's).

Individual Placement and Support is an internationally recognised evidence led supported employment approach with key characteristics of;

- Competitive employment is the primary goal
- Everyone who wants to work is eligible
- Job search is consistent with individual preference
- Job search is rapid
- Employment Specialists and clinical teams are integrated
- Support is time un-limited (to employee AND employer)
- Welfare benefits advice

1.8 Crisis: Crisis Resolution and Home Treatment Teams (CRHTT).

A business case for a 24/7 all age crisis response and home treatment service (18+) amounting to £2.1m FYE was agreed by CCG Governing Bodies in March 2019. In Suffolk there is already a 24/7 crisis response service and this business case has provided the investment for additional capacity and moves the service to open access and enables the Home Treatment Team (HTT) (+18 years) to become 24/7 in line with high fidelity services by 31st March 2020.

The new Suffolk MH Crisis Model is currently being mobilised with recruitment for staff in the contact centre, additional nurses and peer support workers underway. An accompanying training plan for all crisis staff is being developed. Agreement has now been made for the contact centre to be based at the Wedgwood site, Bury St Edmunds.

As part of the new model, the 111 option two will have a dedicated separate number for professionals to use including ambulance, GPs and Police. Suffolk also has a Police Triage service with a MH nurse based in the Police Control room and a nurse available to go out with police to support incidents in the community (2pm – Midnight 7 days per week).

1.9 Crisis: Adult Alternative to Admission.

In Suffolk there are currently some crisis alternatives in place but this is an area under review. Suffolk Night Owls (Suffolk MIND) is now a seven day service offering telephone support from 6pm to 1am for patients with complex emotional problems or personality disorder.

Suffolk already has three x 72 hour stay beds (activities and daily living support) and was running a pilot for two x residential beds (both from non NHS providers) for admission and crisis prevention which will become permanent thanks to funding received from NHS England.

We are currently working up a proposal with Suffolk Users Forum and VCS partners with the potential to provide a crisis café function in Ipswich and Bury St Edmunds following a successful bid for some monies to NHS England in July 2019.

1.10 Crisis: Psychiatric Liaison Services at East Suffolk and North East Essex Foundation Trust (ESNEFT) and West Suffolk Foundation Trust (WSFT).

Suffolk successfully received funding to move Ipswich Hospital psychiatric liaison service to Core 24/7 fidelity in 19/20 and West Suffolk Hospital psychiatric liaison service from 1 April 2020. We are currently mobilising the Ipswich Hospital site service (ESNEFT) and recruitment is planned at West Suffolk Hospital in order to become operational from 2020/21. The CCGs have committed to mainstream these services once bid monies expire.

1.11 Suicide Prevention

Public Health Suffolk is our local lead agency for taking forward the delivery of the Suicide Prevention Strategy across the Suffolk and North East Essex Integrated Care System (ICS), working closely with CCGs. Allocation from NHS England for Suffolk & North East Essex STP is £252K per year for two years (2019-20 and 2020-21). We have now received confirmation of year three funding (2021-22) of £192,169.

The key criteria for supporting initiatives is middle-aged men; self-harm; primary care support; quality improvement within mental health services including acute hospitals; and use of resource to recruit relevant programme support.

A new community fund supporting small projects that improve men's mental health will be launched this month with launch events in Suffolk and Essex on 16 January 2020. The fund will be managed in Suffolk by Suffolk Community Foundation and in Essex by Essex Association of Local Councils. The project team is leading a series of community campaigns, approaching football and sports clubs, those who work in the agricultural and rural sector and with specific target locations with higher suicide prevalence. In Suffolk, this will promote messages associated with the Suffolk Life Saver campaign, which invites individual and organisational pledges to raise awareness of the available support and to talk more openly about suicide.

In October 2019, the new Kooth service in Suffolk launched, providing an online platform for young people aged 11-18. The service is anonymous and completely confidential with counsellors available for discussion online and a forum for resources on a number of topics. Visit www.kooth.com. Essex's self-harm toolkit is being evaluated for its suitability to be rolled out to educational settings in Suffolk. This provides a comprehensive toolkit for teachers and other professionals who work with young people. In addition to the toolkit, we will be promoting other available support in Suffolk such as the Moodwise website (www.moodwise.co.uk) and Samaritans' 'Step-by-Step' programme for those affected by suicide in schools, colleges and university. Visit <https://www.samaritans.org/how-we-can-help/schools/step-step/>.

Working with CCG colleagues, the project team is offering suicide prevention training to primary care staff in the east and west of the county, providing general awareness and addressing common myths and misconceptions. Mental health first aid training will also be offered to businesses, prioritising employers with a high proportion of routine and manual workers

NSFT is developing and delivering a safety planning course aimed at service users who are due to be discharged from Inpatient Care.

2 Suffolk Alliance Mental Health Transformation Programme

2.1 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.

2.2 The programme is being managed by four explicit priority group, each with a Senior Responsible Owners (SRO) from across the Alliance – the two in bold are new since the last GB update. The Four Priority Groups are:

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

Priority Two: Community (including IAPT/Wellbeing). SRO: Rebecca Pulford and **Amy Eagle**

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

Priority Four: Learning Disabilities and Autism. SROs: Lisa Nobes and Pete Devlin

- 2.3 In September 2019 four high level models were presented to the Suffolk Alliance partners. The four high level models were developed by the priority groups, the high level models will provide the foundation for the development of detailed pathways. The four models have been developed in line with the East and West Suffolk Mental Health & Emotional Wellbeing 10 Year Strategy 2019-29 #averydifferentconversation.
- 2.4 In October the Suffolk Alliance Implementation Group approved the high level models based on the templates submitted and feedback captured. The approval has enabled progression onto the next steps.
- 2.5 The four priorities are now developing the detailed pathways that will sit behind the high level models. The pathways are being visually mapped and capture the different ways people can access services and what the service journey will look like (including treatment and intervention), how people will step up (to more intensive or specialist services), step down (to less intensive and community services) and transition in between services. The priority groups are leading on this piece of work, the groups have been formed with 'experts' from across providers and settings.
- 2.6 The programme has set clear deadlines for the completion of the detailed pathways (end of February 2020). Alongside the detailed pathways the Alliance Programme Team which is made up of system experts will provide all four priority groups with dedicated input to enable the following specialist models to be developed alongside the detailed pathways:
- Demand and Capacity: Detailed demand and capacity models will be developed for each service pathway. This will be based on local data (historical and current) from across the Suffolk providers supported with national prevalence and trend data. The demand and capacity models will provide the evidence that will document how many people will utilise the services in at any given time.
 - Workforce, HR and Training: Based on the demand a capacity models the workforce models will be developed. The models will evidence the skill set and number of staff needed to ensure the models can operate in a safe manner with skilled staff to ensure people experience timely access into services. This Workstream will also develop a system wide training needs and requirements model to ensure the workforce have the skills and education to meet people's needs.
 - Finance: Based on the demand and capacity and workforce models each of the services will be 'costed'. This will enable a detailed picture of the financial implications for the new models.
 - Governance and Risk: This workstream will focus on both the management governance and clinical governance of each of the pathways, ensuring services are safe and have clear lines of escalation, accountability and flow.
 - Information and Systems: Each service and pathway will need adequate IT systems to support both service users and the workforce. This workstream will capture these requirements. There will be an obligation to report on certain outcomes both locally and nationally. An 'Outcome Framework' will be developed based on 'I' statements. For example 'I want to feel well'. The measurement of these statements will be reflected as Key Performance Indicators (KPIs). The KPIs will be both outcome indicators (per service line) and activity indicators.
- 2.7 The Crisis and Learning Disabilities and Autism priorities have suites of well-developed pathways. They are both progressing through to workforce engagement review to gain further understanding of suitability and ensure the workforce feel confident with the proposals. .
- 2.8 The Children Young People and Families priority is progressing well with approximately half of the detailed pathways mapped and a clear plan to develop the remaining pathways.

- 2.9 The Community Priority is focussing on defining the functions of primary care support and liaison and the specialist community mental health elements in the new model during January 2020. This will inform the future pathways. The Early Adopter site in Haverhill is also going to be re-launched due to a number of challenges and the sites in Ipswich and East are being considered to when these commence. The Crisis, Children, Young People and Families and Learning Disabilities and Autism priorities are reliant on the function of the Community priority to underpin the future model.
- 2.10 A period of public engagement will commence upon completion of the pathways. This engagement will be led by our co-production partners (Suffolk Family Carers, Suffolk Parent Carer Network, Suffolk User Forum and ACE Anglia). Pathways will be developed into materials such as videos and leaflets. Feedback will be collated by the partners and provided to the programme team to allow changes to be made to the pathways. A period of eight weeks has been scheduled for this process.
- 2.11 The finalised detailed pathways and the specialist models will then be converted into service specifications which will be used to aid discussion between the Alliance partners in regards to who is best placed to provide the services. The programme team will facilitate conversations with the provider(s) regarding who is best placed to deliver the services.
- 2.12 This period of the process will also start the drafting of the agreement which will be held between the providers and the CCGs to agree the working arrangements, roles and responsibilities, agreed joint outcomes for mental health and a further work plan pulled from the Service Development Improvement Plans. This will take place between March and May 2020.
- 2.13 In June 2020 the formal Due Diligence process will commence. This will be led by the CCGs. The document that will form the basis of the due diligence is the Assurance Framework. The Assurance Framework is a set of 'Key Lines of Enquiries' (KLOEs). These KLOEs are structured as questions, which will establish the risk profile and other parameters of the complex requirements.
- 2.14 The KLOEs are structured in specific sections as below:
- Case for Change
 - Service Delivery
 - Immediate Actions
 - HR, Workforce, Training, Culture and Organisational Behaviour
 - Governance and Risk Management
 - Clinical Quality and Outcomes
 - Data, Information and Informatics
 - Finance and Sustainability
 - Working in collaboration
 - National Requirements
 - Mobilisation Plan

Each section will pose a list of formal enquiries that will require evidence to support the response. The Assurance Framework will be issued to providers in advance to enable a robust work up and collection of evidence.

- 2.15 The Strategy Checklist will be developed by the programme team and completed by the provider(s). The CCG will use the Strategy Checklist during the due diligence process each 'check' will have an assured / not assured indicator.
- 2.16 As part of the due diligence process around six sessions will be led by the CCG to facilitate open dialogue between the CCG and provider(s) to seek assurance around solutions to deliver the core requirements prescribed in the Assurance Framework, specifications and strategies. Public Sessions will also be held via roadshows to seek assurance from the public on the proposed new models, this will ensure engagement reaches wider than the strategic core partnership.
- 2.17 Prior to the due diligence sessions led by the CCGs the provider(s) and the programme team will gain external assurance via the NHS England Clinical Senate to further review the proposals. If assurance is provided during the due diligence process the CCGs will work with the providers to adapt contractual arrangements and deliver the required transformational mobilisation of the services.
- 2.18 The programme plans looks to have contracts signed by September 2020. The mobilisation of the new services will be phased over an agreed period.

3 Recommendation

3.1 The CCG Governing Body is requested to:

- Note the update on the delivery of current NHSE and local mental health transformation.
- Note the update on the progress the Suffolk Alliance Mental Health Transformation Programme, including the due diligence process.