

**GREATER MANCHESTER HEALTH AND SOCIAL CARE
STRATEGIC PARTNERSHIP BOARD**

Date: 30 September 2016
Subject: Mental Health and Well-Being Strategy Update
Report of: Warren Heppolette and Vicky Sharrock

PURPOSE OF REPORT:

Following the development of the GM Mental Health and Well-being Strategy, this paper describes the means of securing leadership and oversight to implementation. The proposed governance arrangements are aimed at driving collaboration across commissioning and provision at the same time as maintaining the leadership and inclusive approach which supported the development of the strategy.

In addition this paper provides an update on progress to date and highlights key requirements necessary for successful implementation

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the governance arrangements put in place to deliver the GM Mental Health and Well-being Strategy
- Note the progress made to date and endorse the proposals for further implementation
- Discuss the requirements for successful implementation and commit to championing the importance of mental health within their organisations and locality plans

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1.0 BACKGROUND: THE DEVELOPMENT OF THE GM MENTAL HEALTH STRATEGY

1.1 Greater Manchester is working towards a whole system approach to the delivery of mental health and well-being services that support the holistic needs of the individual and their families, living in their communities. This will bring together and draw on all parts of the public sector, focus on community, early intervention and the development of resilience. Improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of Greater Manchester communities.

1.2 Going forward, services will be much more closely integrated within each of the ten GM localities through locality plans as well as across the wider GM conurbation, with consistent and simple access to services. This will see integration within the place at district level bringing social care, primary care and mental health provision together at the community level. It will also see mental health providers collaborating formally across GM in relation to specialist provision. The commissioning and provider landscape will need to be transformed to deliver stronger outcomes, deeper integration, needs based pathway models, pooled budgets and more community based models of support.

1.3 The GM Mental Health and Well-Being Strategy provides the basis for future collaboration. It highlights four priority areas in which we will make significant improvements, aligned strongly to the framework underpinning the National Mental Health Taskforce:

- **Prevention** - Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
- **Access** - Responsive and clear access arrangements connecting people to the support they need at the right time
- **Integration** - Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations
- **Sustainability** - Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles

1.4 Delivery of the strategy will require GM to collectively develop a system wide approach that combines critical mass with the ability to remain flexible locally to address local population needs, potentially restructuring our footprints of delivery. In addition new approaches to commissioning and a strong evidence and research base will be required to support delivery of the GM ambition for Mental Health and to identify clear benefits for our service users.

2.0 PROPOSED IMPLEMENTATION GOVERNANCE FOR GM MENTAL HEALTH STRATEGY

2.1. The GM Mental Health and Well-Being Strategy is a wide ranging strategy that will deliver fundamental reform of services and improved outcomes for GM residents. It is proposed the governance of the implementation phase is delivered through:

- **GM Mental Health Partnership Board** – This senior board will have overall responsibility for overseeing delivery the strategy and will report that progress periodically to the GM Health and Social Care Strategic Partnership Board. The Board will take the lead in engagement with service users and their families – This will build on the existing user engagement group established through the crisis care work with a refreshed membership to ensure it covers all aspects of the strategy.
- **Mental Health Implementation Executive** – to be independently chaired and responsible for the practical aspects of delivering the strategy. The Executive will track delivery of actions within the implementation plan and management of risk. In addition this group will take responsibility for the delivery of the cross-cutting initiatives identified within the strategy. The Executive will co-ordinate the work of a series of groups responsible for the delivery of allocated priorities and strategic initiatives – This will use existing groups where appropriate but will establish new groups where they do not already exist.

This governance arrangement is outlined in the diagram in appendix A.

2.2. In implementing the strategy, the wider governance of the overarching Health and Social Care devolution will also be utilised. For example commissioning related activity will also be reported to the GM Joint Commissioning Board, similarly provider reconfiguration and collaboration will connect to the GM Provider Forum and locality planning groups across GM will need to build into their own Locality Plans their responsibilities for delivery of the GM Mental Health priorities.

2.3. The GM Mental Health Implementation Executive has now been established and an independent Chair appointed. The Executive membership is drawn from across the whole GM system, including health and social care commissioners and providers, voluntary sector and partners. The chairs of each of the groups taking forward specific strategic initiative will also be members of the group and may fulfil a dual role as representatives of specific organisations and / or health and social care sectors to which they will also be accountable for progress. Appendix B contains the list of members.

2.4. In addition to overseeing the working groups, the Implementation Executive will also have direct responsibility for the delivery of a series of Strategic Initiatives that relate to the wider redesign of the GM Mental Health system and new ways of working

3.0 IMPLEMENTING THE STRATEGY

3.1. Implementation of the GM Mental Health Strategy will follow three key stages:



3.2. **Implementation Framework:**

Clear implementation plan for the whole of the strategy with individual delivery plans for each of the strategic initiatives within the GM Mental Health and Well Being Strategy. This will have a particular focus on those priorities areas identified for 2016/17, and will incorporate an understanding of capacity gaps in the current system, a clear understanding of the risks to delivery and mitigating actions and a programme management approach to monitoring and reporting back progress. A key element of framework will be the development of a new commissioning framework for mental health and well-being services at the GM and locality levels (see section 4).

3.3. **Investment Plan:**

Development of an investment plan across the whole strategy which identifies investment requirements to drive the levels of change outlined in the implementation framework. This will form the basis of a submission to the GM Transformation Fund and will bring together the requirements across all strategic initiatives with a specific focus on those identified as priorities for delivery. It will include an understanding of the respective locality level investments aligned to mental health in addition to the investments proposed collectively in support of new GM and national objectives.

3.4. The financial information and cost benefit analysis work undertaken at the national level as part of the implementation plan for the Five Year Forward View for Mental Health will provide a useful insight in to this work and a starting position for this work

3.5. **Benefits Realisation:**

3.6. A framework for understanding the benefits delivered as a result of implementing the strategy, linked to a GM performance dashboard. This will focus on improvements in service for users and their families as well as performance against key national performance indicators.

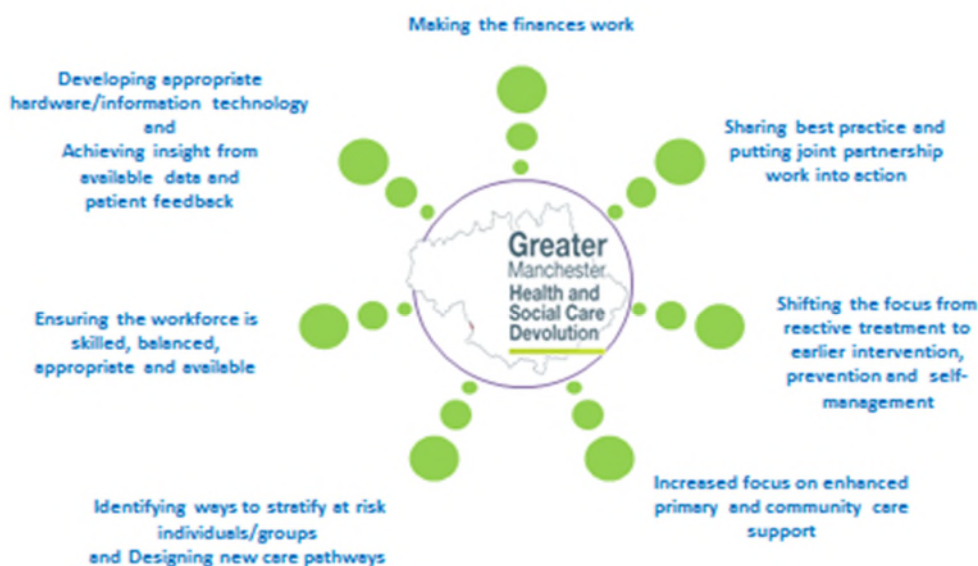
3.7. In starting the process of implementation, each of the strategic initiatives within the GM Strategy has been allocated to a governance group who will take responsibility for their delivery. These are highlighted in the table in appendix C. Discussions have taken place with these groups to initiate the development of delivery plans which will be brought to the GM Mental Health and Implementation Exec for wider input and sign off.

4.0 DELIVERING A GM COMMISSIONING FRAMEWORK FOR MENTAL HEALTH

4.1. New approaches to commissioning Mental Health services will be a key part of our implementation framework. The GM Mental Health Implementation Executive will work with the JCB to support the development of a new commissioning framework.

4.2. In the development of our implementation plans there are a number of specific examples of joint commissioning that have already been identified where we can drive consistent standards across GM such as ADHD and Eating Disorders for children and young people. As we progress with the implementation planning process there will be further examples of joint commissioning we want to take forward at the GM level. These specific examples will be taken to the JCB through the GM MH Implementation Executive.

4.3. There are a number of challenges and issues to consider in relation to developing a new approach to commissioning as outlined in the diagram below:



4.4. Once developed the framework will help to operationalise the ambition within the strategy across its priority areas for commissioning:

- GM MH Trust / Provider access and quality standards
- Commissioning changes as a result of the MMHSCT transaction
- Rationalising third sector contracts
- CAMHS transformation
- Adult care pathways
- Crisis care
- GM PSR and Public Health work programmes (Working Well, Troubled Families, Alcohol Strategy for example)
- Delivery of the Dementia United pledges

5.0 PROGRESS TO DATE

- 5.1. The table below outlines the commitments made within the GM strategy for delivery by January 2017.

Strategic Commitment	Current Position
<p>Create fit for purpose governance arrangements responsible for delivering the GM wide all-age mental health strategy</p>	<p>Governance arrangements for moving into implementation have been established and a formal project management approach to developing the detailed implementation plan is underway. Reporting arrangements on progress are also being established.</p>
<p>We will have identified leaders and champions to deliver this strategy</p>	<p>The members of the GM Mental Health Partnership Board and Implementation have been identified as key champions for driving the ambition within the GM strategy. Leads for the majority of the strategic initiatives within the strategy have been identified. Further work is to be done to support community and voluntary sector involvement in the implementation of the strategy. In addition we will be using up-coming engagement events to identify service user and family champions to be represented on each of the governance groups.</p>
<p>GM will be working towards the standards set out in the Crisis Concordat.</p> <p>There will be a reduction in need for Section 136 powers which when needed will be used consistently across all 10 LAs in GM through a better understanding of 'places of safety' and introduction of street triage support.</p> <p>Increased integration of RAID into acute services and A&E facilities across GM.</p>	<p>Co-location of specialist mental health professionals in Trafford, Salford and Rochdale. Dedicated S136 suites available to all boroughs in GM, increasing the provision for section 136 in Manchester.</p> <p>24/7 telephone access for GMP, NWS and GMFRS to contact local RAID provision for advice. Training provided to professionals in Salford, Trafford and Rochdale</p> <p>Final stage of creating the Crisis Care Concordat Dashboard. The Dashboard draws information from a range of sources including headline data from all four mental health trusts within GM. It is the aim to bring together key intelligence from each of these datasets in order to create a dashboard that enabled the working group to establish how successful the concordat is and where they may be areas for improvement.</p> <p>There is further work to be done in developing our approach to street triage. We are currently developing a new enhanced model of street</p>

Strategic Commitment	Current Position
	<p>triage that will allow Mental health nurses to work in an integrated way with police officers. Deployed at key times they will provide timely advice and assistance to officers and avoid unnecessary use of Sec136 and voluntary attendance at Acute trusts. It is anticipated we will have a new business case finalised by November 2016 for PCC Transformational funding.</p>
<p>We will have agreed an approach for Place based commissioning and provision at locality level with increased collaboration between providers for specialist services. Integrated commissioning approach based on outcomes aligned with GM commissioning standards framework. Social Care and Housing will be fully engaged in commissioning and delivery</p>	<p>The development of a Gm Mental Health Commissioning Framework will be an essential part of our move from strategy to implementation as outlined above (section 4)</p> <p>We have started to work with commissioners in the GM system and through the GM joint Commissioning Board to develop this framework, which will identify the most appropriate geographic special level at which to commission various mental health provision.</p>
<p>We will develop links with the Centre for mental Health and Safety to inform systematic reduction in suicide across GM</p>	<p>Development of a GM Suicide Prevention Strategy with an ambition to reduce suicide rates in our region aligned to national strategy indicators.</p> <p>Draft working GM Suicide Prevention action plan has been created.</p> <p>A mandate has been agreed by the DPHs to share local suicide audits to inform and develop a system for a GM Suicide Audit.</p> <p>CBA on sanctuary work undertaken shows positive outcome.</p> <p>Suicide prevention Conference has been planned and is being delivered on the 4th of November with high profile key note speakers</p> <p>The next steps planned for this work are to undertake a GM suicide audit, developing clear implementation plan for the strategy that drives ownership across the GM system and identifies the impact / benefits it will deliver</p>
<p>We will have established formal provider collaboration to achieve self-sufficiency in GM</p>	<p>The initial focus of this work was around the Manchester Mental Health and Social Care Trust. A preferred provider has now been identified and we are now working towards completion of the transaction at the earliest possible date.</p>

Strategic Commitment	Current Position
	Building on this the Implementation Executive and the Provider Chief Executives will look at wider opportunities around collaborative provision across GM.
The PHE Workplace Charter will be signed by all public sector agencies in GM.	Limited progress has been made to date in this area of work. As such it will be prioritised by the Implementation Executive and a clear understanding of how we can progress this priority identified.
GM Children and Young People outcomes and standards developed and agreed	A draft set of standards has been developed through the CYP Mental Health Board. These build on standards identified in individual locality Transformation plans and respond to the priorities with the national Future in Mind programme. The standards now need to be tested through the Mental Health Governance structures and feed into the GM approach to commissioning through the GM Joint Commissioning Board.

5.2. In addition to the above progress identified against the January 2017 commitments within the strategy, particular progress has been made against other strategic initiatives through the children and young people's mental health and Dementia United as outlined below:

5.3. Children and Young People

5.3.1. Progress to date:

- Review of current provision for 24 / 7 crisis provision and 7 day community provision has been undertaken to identify best practice and potential opportunities for GM wide approaches. Links with the wider Gm Crisis Care Concordat work have been established
- GM wide workshop held to understand proposals for models of care for eating disorder services. In addition to which a self-assessment tool has been developed and completed by providers to determine levels of current provision. This has led to common standards for GM being established to be delivered through service specifications across three clusters of localities which jointly cover all of GM
- ADHD clinical best practice guidance developed and used to benchmark current provision across localities. A single specification and proposals for commissioning of ADHD services is underway.
- A North West conference on Thrive has been held to understand the potential for a graduated response to need and the benefits this would bring.

5.3.2. Next Steps:

- Identifying further opportunities for collaborative or single commissioning across GM under the developing GM Mental Health Commissioning Framework
- Identifying the requirements relating to the enablers of reform such as workforce development, technology, estates of new service delivery models
- Understanding the requirements for children and young people's mental health as part of a wider investment proposition for mental health to the GM Transformation Fund
- Further work to progress the draft standards for children and young people's mental health services

5.4. **Dementia United**

5.4.1. Progress to date:

- Development work has taken place in Spring/summer to help the wider system understand the Dementia United offer/model. This focuses on 4 key outputs:
 - 1) Set of GM standards, which have been agreed in principle;
 - 2) Locality profiles highlighting variation;
 - 3) Proposed implementation model and
 - 4) Financial model.

5.4.2. Next Steps:

- Implementation modelling is to take place over the next few weeks, which will be taken back to the GM JCB for sign-off to enable full implementation of the programme (subject to approval).
- A 'One Year On' celebration event for Dementia united is to be held on the 11th November 2016.

5.5. Regular updates on progress will be reported to the MH Implementation Executive and Partnership Board. These will be brought together to form a summary report for the GM Strategic Partnership Board Executive.

6.0 **ALIGNMENT TO 5 YEAR FORWARD VIEW FOR MENTAL HEALTH**

6.1. In developing the implementation plans for the strategic initiatives within the GM Strategy links will be made to the ambitions within the 5 Year Forward View for Mental Health launched on February of this year:

- A 7 day NHS – right care, right time, right quality
- An integrated mental health and physical health approach

- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens
- 6.2. In addition the more recently published implementation plan for the 5 Year Forward View for Mental Health identifies the potential investment required to deliver against the priorities within the strategy. It is anticipated there is a need to invest an additional £1bn at the national level by 2020/21. The national implementation plan also breaks down potential investment requirements and savings to specific objectives which provide a useful start point for us to be able to pull together the cost benefit analysis for the GM strategy and therefore understand the potential requirement for support through realignment of existing organisational budgets and the GM Transformation Fund.
- 6.3. A national Mental Health Assurance Audit has been developed by NHS England to establish an assessment of the work taking place in 2016/17 to deliver existing planning commitments and work on preparing for future years. It focuses on areas where there is currently no national data available to measure progress and on areas where significant service development is being undertaken.
- 6.4. GM is participating in the audit to help us identify areas of good practice and areas where further improvement and support is required. The information gained through the audit will support the establishment of a mental health investment proposal to the GM Transformation Fund, which will provide resources to enable the delivery of the strategic initiatives within the GM Strategy and the implementation of new service delivery proposals, resulting in improved services to Greater Manchester residents.

7.0 REQUIREMENTS FOR SUCCESSFUL DELIVERY

- 7.1. The Mental Health and Well Being strategy is a key priority for GM, the delivery of which will be reported to the GM Health and Social Care Strategic Partnership Board. In order to ensure successful delivery of the commitments made by GM there are a number of requirements that need to be considered by the Board:
- **Cultural change** – The GM Mental Health and Well Being Strategy is a whole system approach to delivering services to residents across GM. This will require new ways of working and cultural change to achieve. The GM Mental Health Board and Implementation Exec will need to take a leadership role in ensuring this culture change becomes reality and filters through all our organisations.
 - **Capacity to deliver** – There will be capacity implication on all our organisations across GM to successfully implement the changes within the strategy. This will require our GM organisations to release capacity to deliver the specific actions identified.
 - **Balancing transformation with reliable delivery today** – GM must approach the task of transforming mental health services with an informed recognition of the availability and quality of our current services. There are clear challenges within GM in delivering against national expectations in a number of service areas and localities. These need to be addressed with a clear understanding of

how implementing the GM strategy affects performance to evidence cause and effect.

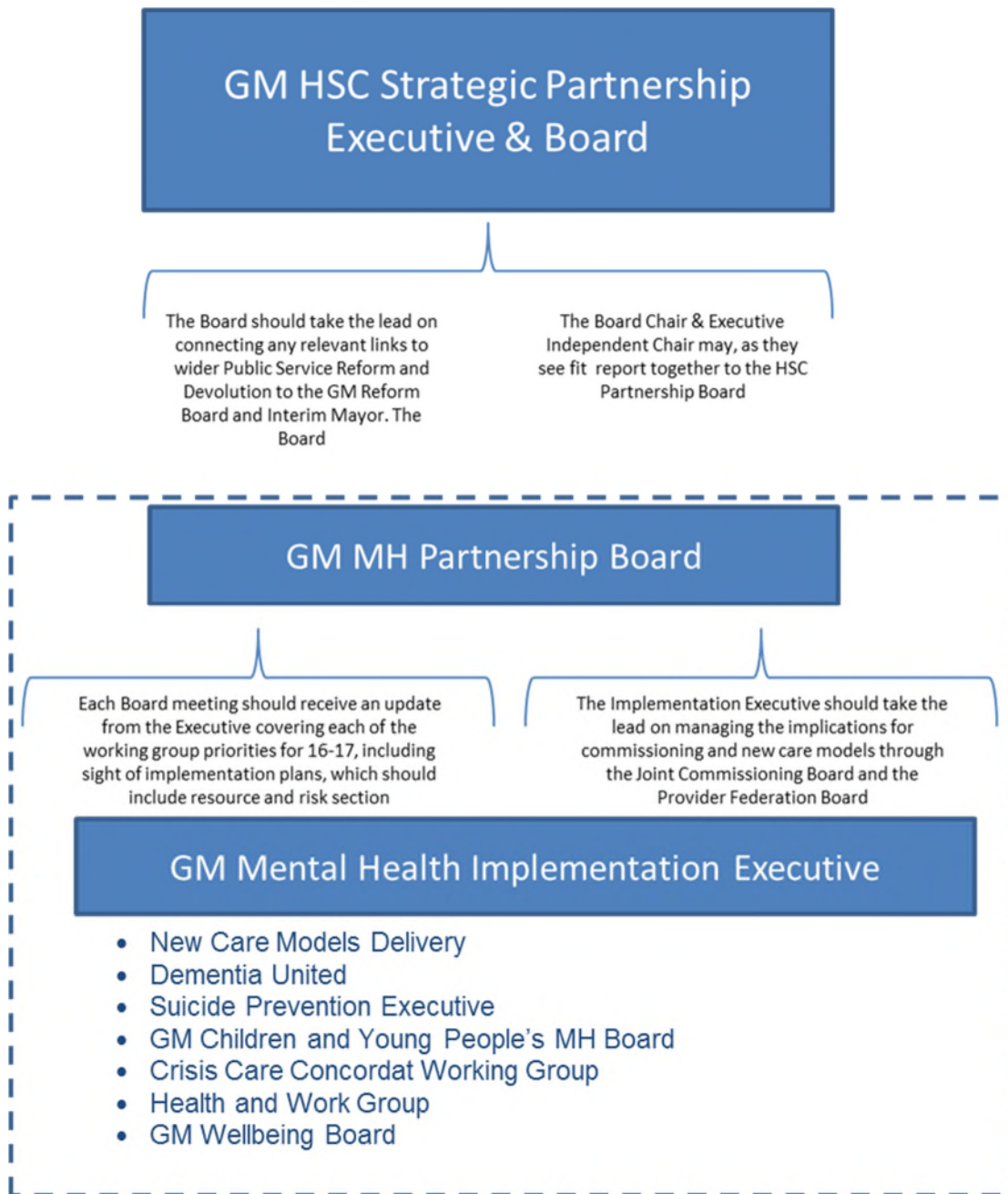
- **Understanding the links with the enablers of reform** – the delivery of the GM Mental Health and Well Being Strategy will have implications / requirements for the identified enablers of reform including IM&T, workforce and estates.
- **Links with Locality Plans and Local Care Organisations** – Implementation of the GM Strategy will need to be aligned to the developing Locality Health and Social Care Plans and Local Care Organisations, which will form a fundamental element of the delivery mechanisms at the locality level, particularly around early intervention and prevention.
- **Communications and Engagement** – This will need to be focused on internal and external activity to ensure those within our organisations are aware of and support the new ways of working advocated by the strategy but also to reduce stigma across the whole population of GM.

8.0 RECOMMENDATIONS

8.1. The GM Strategic Partnership Board are asked to:

- Note the governance arrangements put in place to deliver the GM Mental Health and Well-being Strategy
- Note the progress made to date and endorse the proposals for further implementation
- Discuss the requirements for successful implementation and commit to championing the importance of mental health within their organisations and locality plans

APPENDIX A: GM MENTAL HEALTH STRATEGY IMPLEMENTATION GOVERNANCE



APPENDIX B: MEMBERSHIP OF THE GM MENTAL HEALTH IMPLEMENTATION EXECUTIVE

Name	Role on the Executive
Steven Michael	Chair
Warren Heppollette	GM HSC Partnership Director lead
Vicky Sharrock	GM HSC Partnership
Martin Whiting	Primary care
Sandy Bering	GM CCG lead commissioner
Craig Harris	CCG quality and nursing
Hazel Summers	GM lead Director Adult Services
Chris McCloughlin	GM lead Director Children's Services
Steph Butterworth	GM lead Director Children's Services
John Harrop	Chief Executive MHSC
Beverley Humphrey	Chief Executive GMW
Simon Barber	Chief Executive 5BP
Michael McCourt	Chief Executive Pennine Care
Rachel Volland	Dementia United
Matthew Ainsworth	Employment and Skills
Andrea Fallon	GM lead Director Public health
Andrew Sidbotham	Crisis Care Concordat
Simone Spray	Community and Voluntary Sector
Heather Fairfield	Healthwatch

APPENDIX C: ALLOCATION OF STRATEGIC INITIATIVES

Group responsible	Strategic initiatives
Mental Health Implementation Executive	<ul style="list-style-type: none"> ● Strengthen the role of the GP as an initial point of contact and ensuring there is a consistent care co-ordinator role with the right skills and competencies across GM. ● Develop GM minimum standards for IAPT Services around national best practice, taking into the account a need for local variations ● Develop and implement consistent standards and protocols for step up and step down ● Ensuring self-sufficiency in GM through increased collaboration across providers to tackle current out of area provision, using GM capacity on GM residents, improving care and driving efficiency ● Implement an integrated place based commissioning and contract alignment ● Integrate care both vertically and horizontally across community, primary and acute settings through the implementation of Locality Care Organisations ● Whole person integrated vertical care pathways across physical and mental health, care settings and the individual's wider environment. ● Building strong partnership with community and voluntary sector ensuring appropriate care is provided in the right place ● Taking a GM approach to assets, aligning with place-based working across the public sector ● Develop a consistent set of shared minimum standards and outcomes for GM with a set of standard KPIs that cover the whole range of mental health services ● Improve information sharing between agencies to facilitate collaboration and drive integrated care, through integrated patient records and/or patient ownership of information. ● Driving new integrated models of care through system leadership ● Facilitate a culture of shared leadership accountability through changes to working practices ● Pooling of budgets to enable joint decision making for the system as an integrated whole ● Strengthen collaboration between providers to enable full needs based pathways. ● Investigating alternatives to payment and incentives models ● Pursue freedom to relax or reform regulation to support radical reform of services ● Implementing a consistent benchmark for programmes to be implemented in all areas ● Recognising the value in alternative sources of investment
Suicide Prevention Exec	<ul style="list-style-type: none"> ● Reduce suicide risk, reflecting the main elements of the national strategy and supporting the development of real time data and information and workforce development to support suicide prevention

Dementia Steering Group	<ul style="list-style-type: none"> Developing and implementing a GM Dementia Strategy focused on the lived experience of service users and families
Children and Young People's Mental Health Board	<ul style="list-style-type: none"> Improving perinatal, child and parental mental health and wellbeing Supporting those most vulnerable in society to help reduce the risk of developing poor mental health, or from any existing mental health conditions in deteriorating further. Develop support services for parents at risk through home visits by professionals, GMs troubled families' programmes and/or befriending initiatives 24/7 mental health crisis services and 7 day access to community provision for children and young people Develop flexible specialist Children and Adolescent Eating Disorder (CAEDS) service model through Multidisciplinary community based teams Develop Co-commissioned multi-agency care pathway for children and young people with ADHD across the lifespan into early adulthood and service expansion into adulthood.
Crisis care concordat group	<ul style="list-style-type: none"> Consistent implementation of 24/7 mental health and community provision for adults including crisis care
GM Public Health Mental Health Network	<ul style="list-style-type: none"> A GM wide system approach to helping people improve their wellbeing by using the principles of the 'Five ways to wellbeing' framework Build the individual's capacity to better manage their own care and increase their resilience through providing self-management resources, creating on-line communities and peer support. A targeted public mental health and wellbeing campaign to raise awareness of mental health issues, reducing stigma and discrimination Improving early intervention through increased GM wide interventions to building good wellbeing and resilience including universal approaches for the general population and targeted wellbeing interventions for those facing particular risk factors,
Work and skills Exec	<ul style="list-style-type: none"> Support working individuals in feeling happy at work and help achieve life satisfaction, through public sector organisations in GM signing to a Best Employment Practice charter then widening this across private organisations