

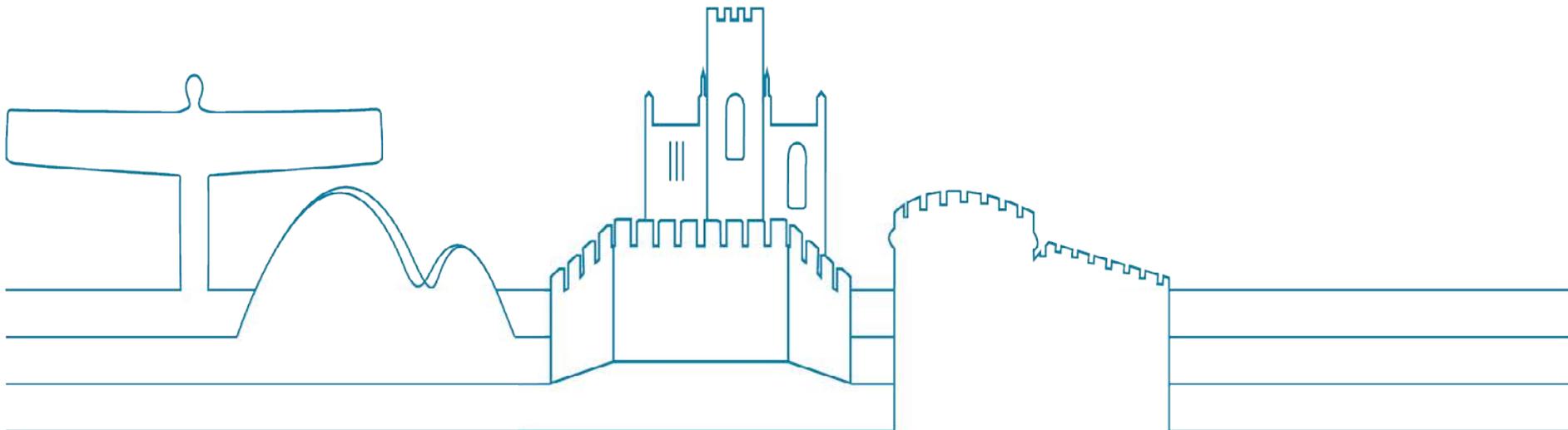


# **Mental Health Programme Update**

## **Developing a systematic and integrated approach to mental health in the North East and North Cumbria**

*Wednesday 22 January 2020, Northumbria University, City Campus, Newcastle*

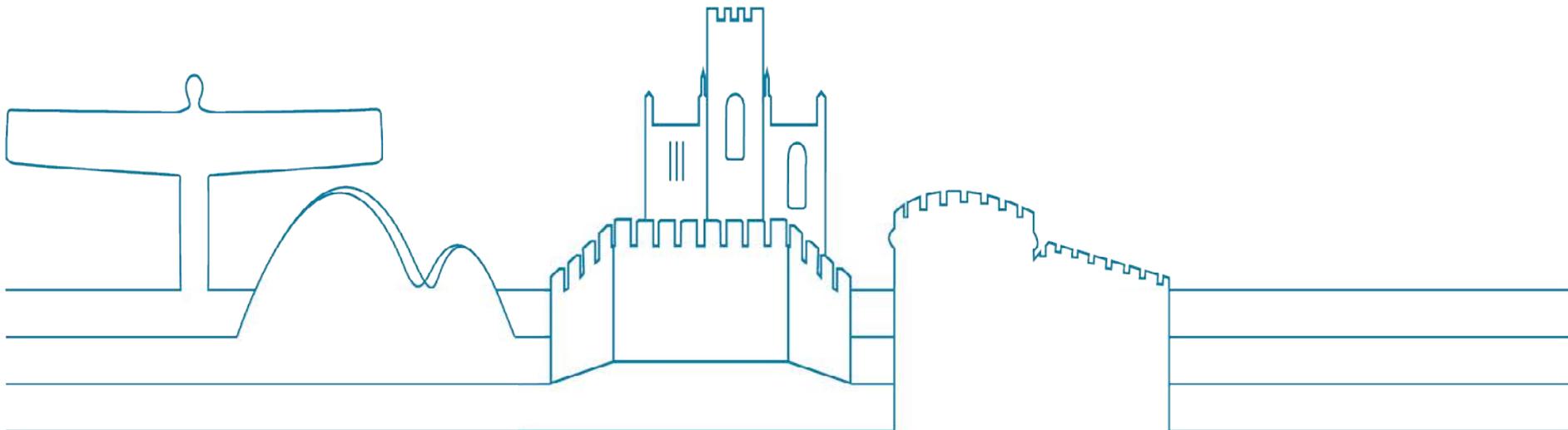
**Gail Kay – Programme Director**



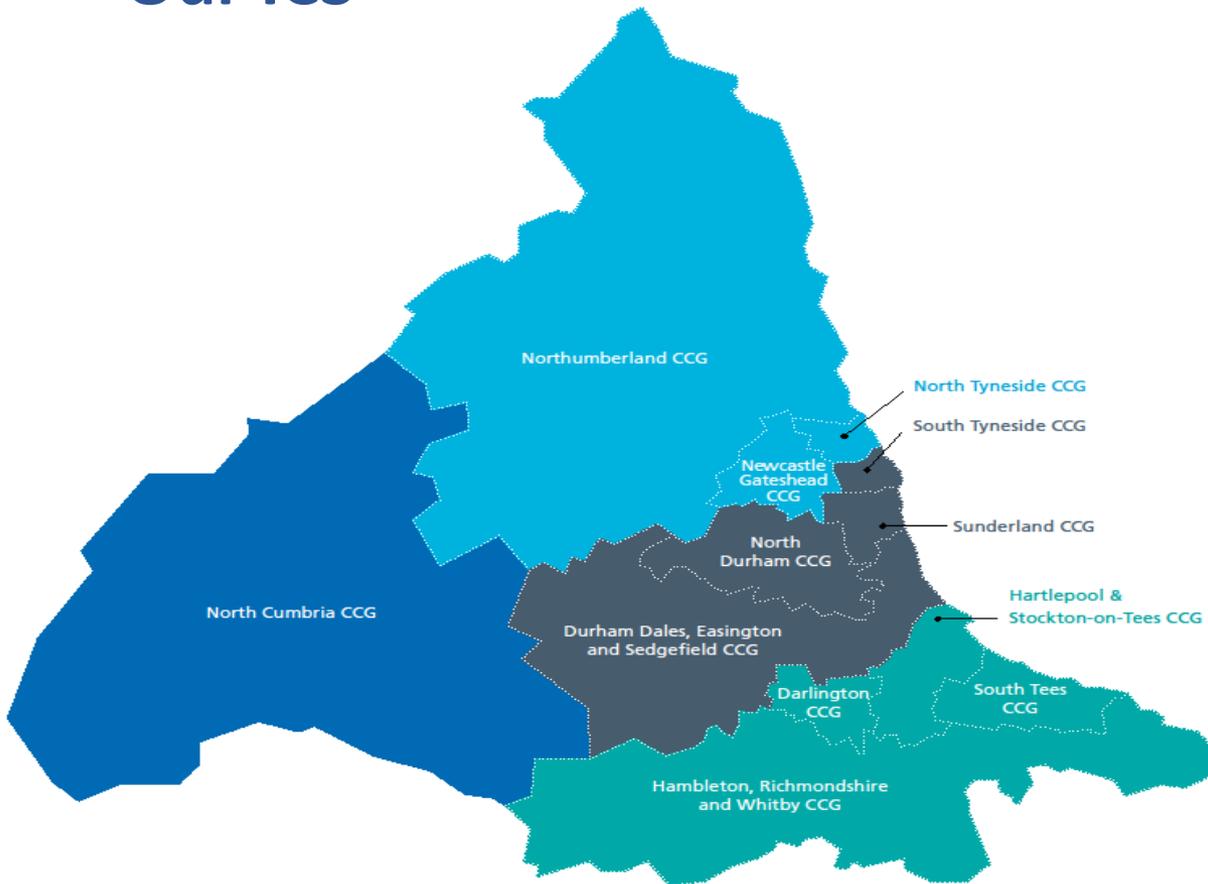


# ICS position and context

- **The NHS Long Term Plan published 7 January 2019, makes it clear that integrated care systems (ICS) are central to bringing together local organisations to redesign care and improve health**
- **It is expected that, by April 2021, ICSs will be in place across England and play a key role in coordinating how services collaborate on shared priorities**



# Our ICS



## NENC ICS-wide

**North East Ambulance Service FT** covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

**CNTW Mental Health FT** covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

**TEWV Mental Health FT** covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

**Newcastle upon Tyne Hospital FT:** provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

## North of Tyne and Gateshead ICP

**Population:** 1.079M

**3 CCGs:** Northumberland, North Tyneside, Newcastle Gateshead

**Primary Care Networks:** 24

**3 FTs:** Northumbria, Newcastle, Gateshead

**4 Council Areas:** Northumberland, North Tyneside, Newcastle, Gateshead

## Durham, South Tyneside and Sunderland ICP

**Population:** 997,000

**4 CCGs:** South Tyneside, Sunderland, North Durham\*, DDES\*

**Primary Care Networks:** 24

**2 FTs:** South Tyneside & Sunderland, County Durham and Darlington

**3 Council Areas:** South Tyneside, Sunderland, County Durham

\*County Durham CCG from 1st April 2020

## Tees Valley ICP

**Population:** 852,000

**4 CCGs:** HAST\*, Darlington\*, South Tees\*, HRW

**Primary Care Networks:** 17

**3 FTs:** County Durham and Darlington, North Tees & Hartlepool, South Tees

**6 Council Areas:** Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

\* Tees Valley CCG from 1st April 2020

Yorkshire Ambulance Service

## North Cumbria ICP

**Population:** 324,000

**1 CCG:** North Cumbria

**Primary Care Networks:** 8

**1 FT:** North Cumbria Integrated Care NHS Foundation Trust (NCIC)

**1 Council Area:** Cumbria County Council (with 4 District Councils)

North West Ambulance Service



# North East and North Cumbria ICS

- **Population – 3.1M**
- **Workforce – 180,000 staff across health and care**
- **13 trusts**
- **12 CCGs**
- **73 Primary care networks**
- **14 Local Authorities**
- **Large number of independent and voluntary sector organisations**

# ICS Aims

## Twin purpose of our ICS

**To improve  
health outcomes  
for the people of  
the North East  
and North  
Cumbria**

**To better  
manage our  
'here and now'  
operational  
challenges and  
achieve  
sustainability**

# Mental Health Work stream

The ICS mental health work stream arrangements have provided a framework to support the development of our regional work plan 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

## Our Vision:

Sustainable, joined up high quality health and care services that maximise the mental health and well-being of the local population

# Why is change needed?



- **The North East has some of the highest rates of mental illness in England**
- **Half of mental health problems are established by the age of 14, 75% by 24 years**
- **1 in 4 adults are diagnosed with mental ill health at some stage in their life**
- **There is a significant inequality gap within communities across our localities, more people from our deprived communities die younger and their quality of life is worse than what it should be when compared to the local, regional and English averages**
- **This inequality increases for those with mental illness, life expectancy is 20-30% less than the rest of the population. The gap in the North East and North Cumbria is higher than the national average**

# Why is change needed?



- **There is an ageing population in North East and North Cumbria - in people over 65 years 7% have dementia, 28% have depression - the rate of depression is higher than the England average**
- **Suicide is the leading cause of death for men aged 15 – 49. Among women aged 20-34, suicide is the most common cause of death**
- **Only 8% of people on CPA are in employment**
- **Poor mental health can drive a 50% increase in physical care costs**



# Our ambition

## By 2020

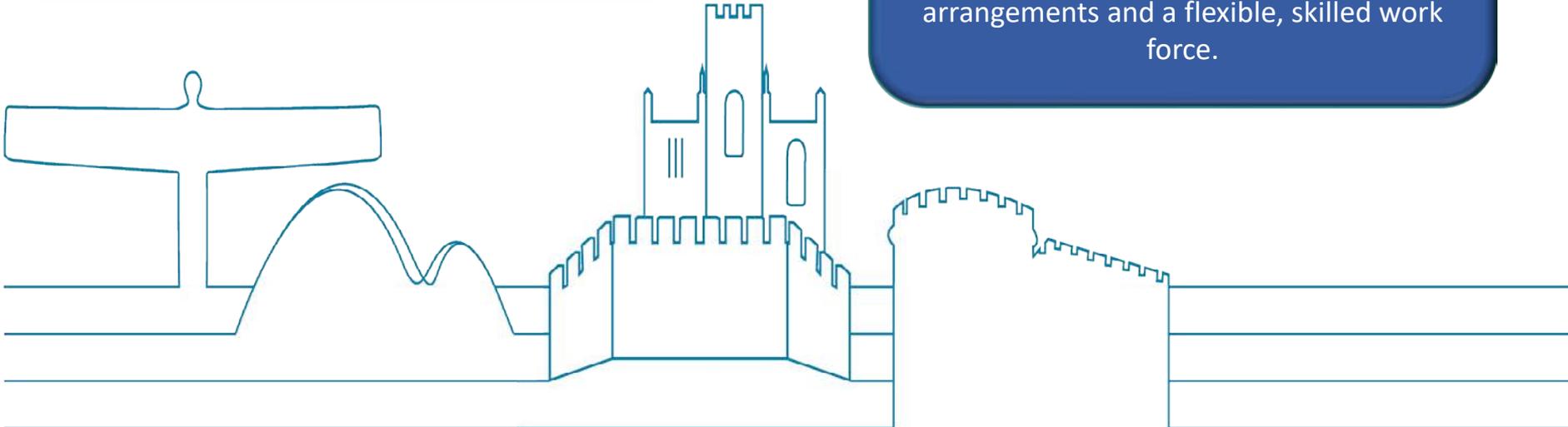
We will have multi agency mental health priority area working groups in place to take forward system led objectives (aligned to the ICS structures and emerging primary care networks) to improve the mental health and wellbeing of our communities.

## By 2021

As an integrated system we will demonstrate measurable progress in relation to achieving the NHS LTP ambitions and, through qualitative feedback, monitor the impact of service change on patient experience and work force provision.

## By 2028

We will have needs led services in place to address the population health needs and wellbeing of our communities. This will be achieved through joint commissioning arrangements and a flexible, skilled work force.



# Mental Health Priorities

## Mental Health Priorities

The socioeconomic and human costs associated with mental ill health are well publicised and the priorities identified by the mental health work stream focus on addressing health inequalities and delivering parity of esteem to prevent illness, promote wellbeing and improve the outcomes for people who experience mental ill health.

The 7 priority work streams are:

- Child health
- Zero suicide ambition
- Employment
- Optimising Health 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



**Evidence and Evaluation Group**

# Informing our plan



- **Engagement with system partners**
- **Learning from people who use services**
- **Demographic profiles: Understanding population needs / variances**
- **Implementation science: Normalization Process Theory (NPT) work shop**
- **Literature review: What does good integration look like?**
- **Thematic review of findings**
- **Evidence and evaluation framework**
- **Joint working with academic partners**
- **Identifying and sharing positive practice**

# Our request to partners

- **Work together**
- **Share ideas**
- **Share learning**
- **Be innovative**
- **Source opportunities to 'do it once'**

**STRONGER  
TOGETHER**

## Our partners

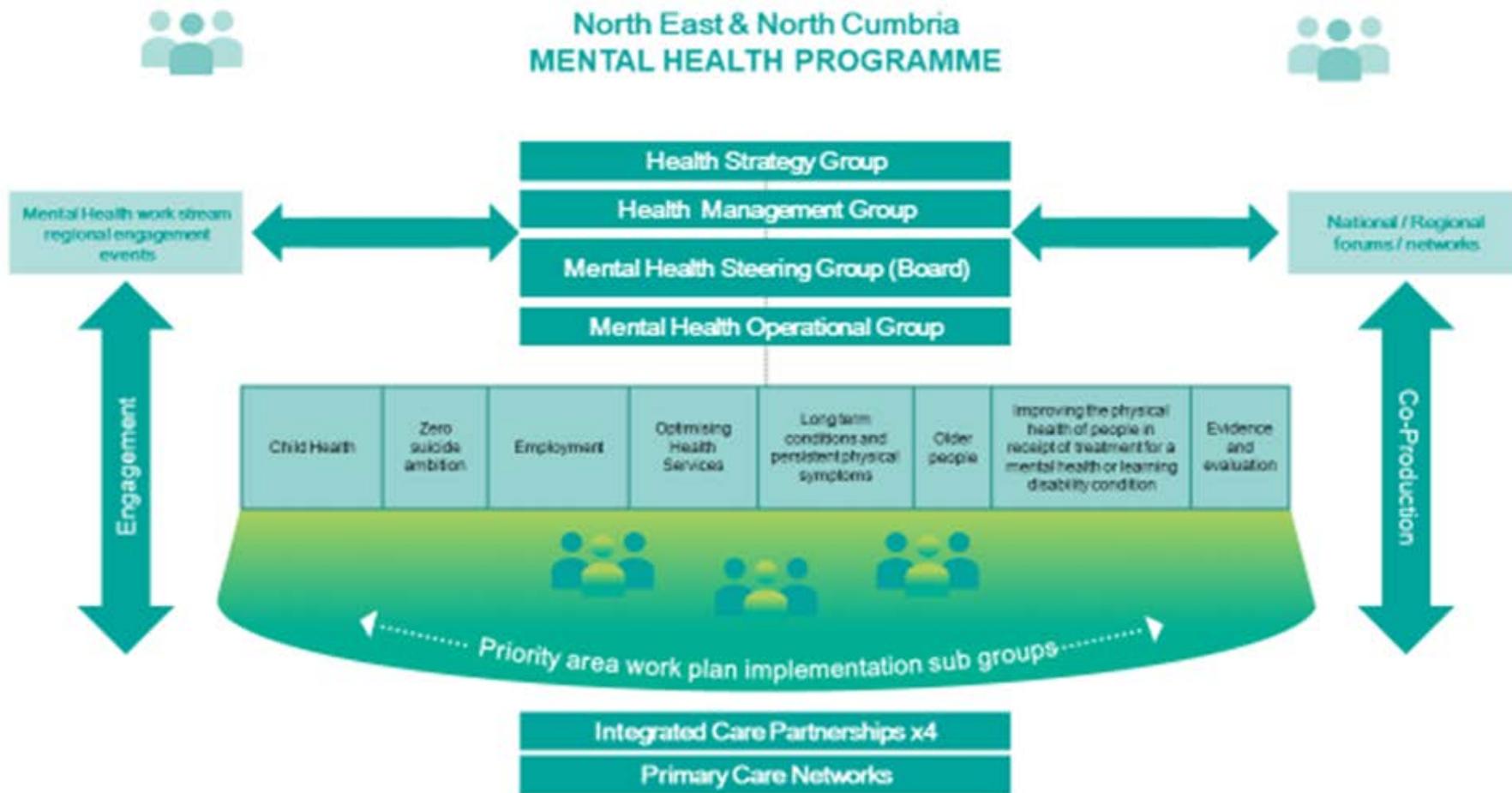
- People who use services
- ICP leads
- ICS priority area work stream leads
- Primary care and emerging Primary Care Networks NHS England and NHS Improvement (NENC)
- Public Health England (NE)
- Health Education England (NE)
- CCGs
- Acute providers
- Specialised Commissioning
- Local authorities
- Voluntary Care Sector
- Third sector providers
- Supporting organisations – NECS
- National organisations aligned to 7 priorities, for example, Zero Suicide Alliance, Age UK
- Schools, colleges and universities
- ARC / FUSE
- Police, ambulance and fire services
- Prisons
- Chamber of commerce / employers

*Consider "What can we do as an ICS" rather than "what is the ICS doing about this"*

# Focus on achieving the best outcomes for the people we serve



# Our collective ownership structure



# Our Delivery Plan

**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

# Actions

- **Principles** for joint working agreed with partners
- **Purpose** defined through ‘at scale’ objectives: progress monitored via steering group
- **People** – multi agency working groups established: ongoing communication and engagement plan



## Practicalities:

Successful transformation funding bids

Investment achieved to date:

- Employment – IPS
- Child Health – CYP trailblazers
- Zero Suicide Ambition
- Community Crisis Care
- Perinatal Mental Health



➤ Process in place to maximise future funding opportunities

# Actions



## Positive impact:

- Evidence and evaluation sub group in place
- Evaluation framework
- Joint working with academic institutions
- Joint working with public health and other partners
- Joint working with NECS business intelligence team
- ARC opportunities

# Actions



## Precautions?

- Links to evolving systems
- Resources to move forward actions at pace
- Ongoing communication and engagement – How, who, when, what!?
- Sustainability
- Managing expectations
- Embedding a reflective learning culture

# What have we achieved?



## Child health

- **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**
- **Plans are informed by active engagement with people who use services**
- **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**
- **Joint working arrangements have supported successful locality trailblazer bids and action is ongoing to share learning as the roles embed**

# What have we achieved?



## Zero suicide ambition

- **A multi-agency working group is in place to collaboratively implement North East and North Cumbria ICS region Zero Suicide Ambition reinforcing that;**
  - ✓ **Every Life Matters**
  - ✓ **Suicide Prevention is everyone's Business**
- **Successful transformation funding bids: bids have been co-ordinated through the joint working arrangements and informed by opportunities to share best practice**
- **Locally needs led work is occurring at a sub-regional level that will align to the Integrated Care Pathways as they evolve**

# What have we achieved?



## Employment

- **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, this has been enabled through successful transformation bids**
- **Collaboration with relevant stakeholders ensures the local model builds on and integrates with existing employment resources**
- **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**

# What have we achieved?



## 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**
- **Inform an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms**
- **Identified 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**

# What have we achieved?



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

**Key areas of action include:**

- **Weight off your mind work**
- **Medicines optimisation**
- **Improve 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 and progress a zero mortality gap ambition**

# What have we achieved?



## Optimising Health Services

- **The focus is on increasing access to mental health expertise to improve parity of esteem across care pathways through liaison and crisis provision, reducing the impact of, and improving outcomes for, high intensity service users in acute services and ambulance services**
- **The optimising acute services (OAS) Mental Health work stream also oversees the maternity and perinatal activity**
- **The ongoing development of Perinatal Services are streamlined with mental health as an embedded part of service provision**
- **Jointly prepared transformation funding bids have been successful**

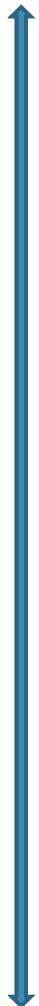
# What have we achieved?



## Older people

- 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 group have agreed three focus areas –depression, crisis and dementia
- As well as the three work areas there is a clear synergy with the ICS frailty group and plans are underway to ensure that a person's physical and mental health do not remain separated

# Our plan on a page



## Mental Health ICS Programme

ICS Priorities NENC	Mental Health 7 Priorities	Areas of Focus	Work Plans Informed by	Strategic Objectives
Prevention & Population Health	<b>Child Health:</b> Half of mental health problems are established by the age of 14, 75% by 24 years.	Scaling up of integrated care Improving the culture of thinking of systems and systems leadership Use of the Future in Mind data dashboard	<ul style="list-style-type: none"> <li>Evidence based approach: Implementation Science (Normalisation Process Theory – NPT)</li> <li>Integration literature search and thematic review</li> <li>Strategy unit reports (economic impact on acute services)</li> <li>Demographic profiles for NENC</li> <li>7 mental health priorities mapped to LTP (+wider implementation support model – NHSE/I)</li> <li>Regional networking/engagement events</li> <li>Multiagency working groups</li> <li>Service users/care input</li> <li>Mental health clinical network audits</li> <li>Joint working and planning with public health</li> </ul>	Regional oversight and monitoring of the mental health delivery objectives outlined in the NHSE LTP
Learning Disability	<b>Physical Health and SMI/LD:</b> for those with mental illness, life expectancy is 20-30% less than the rest of the population.	Increase awareness of need to improve physical health Patient stories Information Sharing Medicine Optimisation		
Mental Health	<b>Long Term Conditions/Persistent Physical Symptoms:</b> Poor mental health can drive a 50% increase in physical care costs	Development of a model Workforce education & training Good practice mapping and the developing the case for change		
Optimising Health	<b>Zero Suicide Ambition:</b> Suicide is the leading cause of death for men aged 15–49. Among women aged 20-34, suicide is the most common cause of death.	Prevent all suicides Reduce by 10% by 2021 Reduce self-harm rates Reduce impact of suicide Reduce stigma of suicide System wide approach to bring wave 1 & 2 together		
Digital	<b>Employment:</b> Only 8% of people on CPA are in employment.	Implementation of IPS services Exemplar Employer Engage with Chamber of Commerce		
Workforce	<b>Older People:</b> There is an ageing population in North East and North Cumbria	Depression Crisis services Dementia Carers		
	<b>Optimising Health MH:</b> 1 in 4 adults are diagnosed with mental ill health at some stage in their life.	<b>Acute Care</b> Champion 24/7 psychiatric liaison services Increase access to mental health expertise improve patient care outcomes Review of evidence base and positive practices <b>Maternity and Perinatal</b> Embedding Pathways Identifying gaps Community Hubs Training		
	<b>Evidence &amp; Evaluation</b>	<b>Vision and Goals</b>	<b>Supported by:</b>	
		<b>2020</b> Multi agency MH priority area working groups to take forward objectives	<b>2021</b> Demonstrate measurable progress to achieving LTP ambitions	<b>2022</b> Needs led services in place to address population health and wellbeing

Why is change needed?

- Unequal distribution of wealth, good housing and good jobs drives inequalities in health and wellbeing and the region suffers disproportionately from poverty.
- The North East has some of the highest rates of mental illness in England.

# Stocktake of progress



- Year 1 – foundations laid for future work?
- What have we done so far?
- How do we demonstrate impact?
- What does the system need from us?
- What is the offer at place?
- Co-ordination of transformation funding?
- Mapping funding to need – Long Term Plan deliverables?
- Sustainability planning and resources?

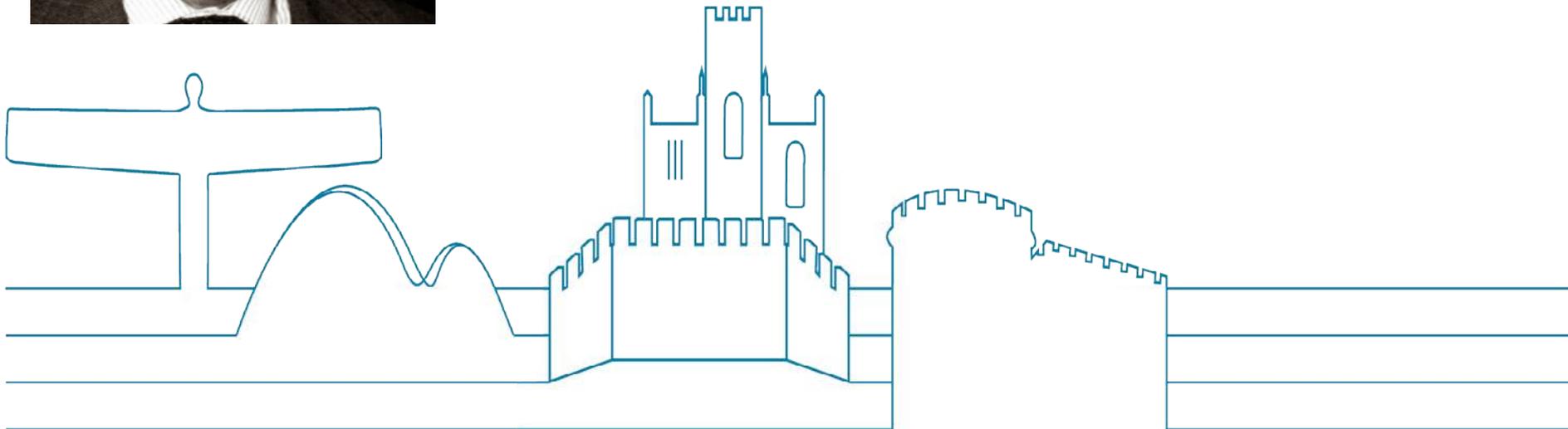
## Next steps

- **Management of interdependencies and system working**
- **Ongoing engagement process**
- **Year 2 report**
- **Listening, learning and evolving**





**“It always seems impossible until it’s done.” – Nelson Mandela**





Link to website for further information:

<https://nhsjoinourjourney.org.uk/>

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