

Subject:	Draft Adult Mental Health Strategy
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Submitted To:	JSCC 11 th December 2018
Purpose of Paper:	Discussion / Agreement

Summary

The purpose of this paper is to present system partners with the first draft of the Adult Mental Health (MH) strategy.

The provision of good mental health is recognised by the Norfolk and Waveney STP ('the STP') as a system responsibility and one that is clearly owned by all our partner organisations.

The paper is intended to be discussed with key stakeholders throughout the STP footprint and is presented to JSCC as part of this wider discussion.

Of note are the next steps in the mobilisation and implementation phases with specific reference given to continued co-development with service user groups, individuals with lived experience, their carers and families.

Context

Our review of Adult mental health services commenced in July 2018 with two distinct phases:

1. A scoping and strategic review of current mental health (MH) and specialist MH provision across the STP footprint
2. A resulting transformational MH strategy for the adult and older age population in the STP

The draft strategy is presented here today for consideration and agreement in principle. We recognise it is not complete and requires further refinement, engagement and co-development with key stakeholders.

The final document is due to be presented for sign off in February 2019.

To note, there are two standalone appendices to the strategy that are not yet drafted. These are an affordability paper with an associated cost/benefit analysis, and years 1-3 commissioning intentions.

NSFT CQC rating November 2019

The CQC has issued a rating of 'Inadequate' to Norfolk and Suffolk Foundation Trust (NSFT) for the third time. Of paramount importance is the commitment to ensure safe and seamless MH provision both in the immediate and long-term. To note this is being done in partnership with Suffolk commissioners and regulatory bodies.

Key findings

Over 2,500 people to date have had the opportunity to participate in the review process. The approach to engagement was varied so as to be as inclusive as possible and encourage good uptake. We targeted as many interested parties as we could – for example, service users, carers, GPs, practice nurses, front-line staff, voluntary and statutory organisations, and senior strategic leads across the system. ‘Organisations’ included family and carer groups, service user forums – working age and older people, GP practices, mental health providers, community providers, acute hospitals, the police, ambulance, social care and public health partners, and the district councils.

Examples of ‘how’ we engaged include:

- A discussion over social media which attracted 1200 viewers,
- Open public meetings and workshops,
- Over 70 one-on-one interviews targeting staff from primary through to secondary care, from commissioning, voluntary and statutory organisations
- A series of 35 smaller meetings with stakeholders to share findings from prior work and engagement, develop a compelling case for change, and begin to define potential solutions
- Discussions with community support groups and voluntary organisations to identify key trends in Mental Health needs nationally, gaps in service provision and additional insights on how collaboration across the system could help to improve Mental Health services in a more holistic manner
- An online survey – responses received from over 400 health & social care workers and community & voluntary workers.

Although the responses were highly varied, a number of consistent themes emerged:

- Services are complex, slow and hard to access and navigate,
- Services are poorly integrated between organisations,
- Quality and consistency is highly varied,
- Provision of care is more focused on treatment than prevention,
- Community support is not fully utilised.

The feedback from stakeholders has been captured alongside an in-depth analysis into public health data, national benchmarking, national and international best practice, workforce pressures, demand and capacity issues, and financial spend. These have resulted in an emerging strategy that focuses on six key pillars:

1. Focus more on prevention and wellbeing
2. Ensure clear routes into and through services and make these transparent to all
3. Support the management of mental health issues in the primary care setting
4. Provide appropriate support to those in crisis
5. Ensure effective in-patient care for those that really need it
6. Ensure the system is focused on working in an integrated way to care for patients

Program of work December 2018-February 2019

Within the key pillars identified in the emerging strategy are a number of elements for development. Each of the six areas has a working group with wide stakeholder representation to progress these elements further and to consider the impact on workforce, IT and estates.

The final document will both capture and conclude the role of these working groups and, upon sign off, the strategy then moves to the operational phase.

Whilst we can evidence strong service user and public engagement to date, we believe we must do more to better involve people with lived experience, their carers and families so that the strategy fully reflects what we hear and what our data tells us

We now have that opportunity as we move into this next phase of the work; that of final co-development, mobilisation and implementation.

A number of key strands of work are underway to further co-develop and engage with our population and patients:

1. A co-production working group:

Taking into account the findings from the MH review, the immediate systems pressures arising as a result of the CQC rating, and emerging national planning guidance, this group will have a specific remit to help and co-ordinate the co-design of mental health services for our population both in terms of form and function.

The membership of the group is being formed to include:

- Service users
- Suffolk Parent Carer Network
- Voluntary Norfolk
- 3 x GP representatives from across the STP footprint
- Chief Operating Officer, Norfolk and Waveney STP
- Chief Operating Officer, South Norfolk CCG (on behalf of the Norfolk and Waveney CCGs)

The group meets fortnightly with the first meeting planned in the next two weeks. Members of the group are expected to seek further input and knowledge from their wider networks as appropriate.

2. Draft strategy published - develop 'phase 2' engagement / co-development program.

This phase requires further work to ensure it is robust and inclusive, before commencing in early January. We shall be engaging with community partners to ensure this is the case.

We propose meetings with dedicated forums such as Like Minds, Waveney Service User Forum, NSFT Service users and Carers, STP Stakeholder Board, CAN and Voluntary Norfolk, formal statutory meetings, media and social media promotion, a public workshop, and meetings with key partners from the community.

It is likely to include a second online survey distributed via STP partners, Your Voice, PPG groups, social media.

By February the feedback will be captured and the document finalised.

Once signed off a further series of public events and forums are planned to both publicise and launch the MH strategy.

Linkages with other system-wide reviews currently taking place

Vitality, our review work is complemented by a similar review taking place in Suffolk. We know they too are hearing similar messages from their community and staff about the need for rapid change, earlier intervention and community-based solutions where appropriate.

There are also a number of other reviews currently taking place or are being planned across the STP footprint. These include:

- Dementia
- CAMHS
- Acute demand and capacity
- All-age Neuro Developmental (to commence January 2019)

The linkages between these reviews and the adult MH review are many. Through the STP Delivery Board and the STP MH workstream there have been regular updates on the progress of these reviews and discussions about their interdependencies.

The adult MH review and the CAMHS review in particular are continually working alongside each other to ensure any recommendations compliment and do not duplicate.

Similarly the Dementia review, whilst still in the final phases of development, pays particular attention to any synergies or opportunities that the emerging model for adult MH may bring.

Upon completion a capture of the findings and recommendations of all the reviews will be undertaken to ensure a comprehensive and integrated system-wide response has been delivered.

Recommendation:

JSCC is asked to discuss and approve in principle the enclosed draft strategy.

JSCC is asked to note the ongoing program of work to co-develop and further refine the strategy with a final document to be presented for sign-off in February 2019