

Joint Committee of Clinical Commissioning Groups

Title of Paper	Mental Health Mobilisation Plan Progress Report		
Date of Meeting	7 th June 2018	Agenda Item	7

Lead Author	Paul Hopley, Deputy Director for Mental Health		
Purpose of the Report	For Discussion	Yes	
	For Information	Yes	
	For Approval	Yes	
Executive Summary	This paper is intended as an update report on the progress of the Mental Health Integrated Care System Mobilisation Plan, which was agreed at the Joint Committee of Clinical Commissioning Groups (JCCCG) in January 2018 as part of the 'Mental Health Commissioning Development: Mobilisation and Next Steps' paper. An update has been provided on each of the eight work streams within the Mobilisation Plan, with risks and next steps outlined throughout.		
Recommendations	<p>JCCCG is asked to:</p> <ul style="list-style-type: none"> • Note the progress to-date, as outlined throughout this paper • Approve the final planning geographies, as set out in section 2.0 • Approve the proposed governance structure and checkpoints, as set out in section 8.0 • Endorse continuation of the Mobilisation Plan 		
Equality Impact & Risk Assessment Completed	Not Applicable		
Patient and Public Engagement Completed	Not Applicable		
Financial Implications	Yes		
Risk Identified	Yes		
If Yes : Risk	High-level risks have been identified throughout the paper.		
Report Authorised by:	Paul Hopley, Deputy Director for Mental Health		

1.0 Introduction

This paper is intended as an update report on the progress of the Mental Health Integrated Care System (ICS) Mobilisation Plan, which was agreed at the Joint Committee of Clinical Commissioning Groups (JCCCG) in January 2018 as part of the 'Mental Health Commissioning Development: Mobilisation and Next Steps' paper. JCCCG is asked to:

- Note the progress to-date, as outlined throughout this paper
- Approve the final planning geographies, as set out in section 2.0
- Approve the proposed governance structure, as set out in section 8.0
- Endorse continuation of the Mobilisation Plan

Key achievements and developments include:

- The agreement of finalised proposed planning geographies
- Partnership working with Public Health to develop a high-level needs assessment
- The establishment of a Mental Health Directors of Finance/Commissioning Steering Group accountable for the development of an ICS Mental Health investment plan
- The commencement of work to map all of the contracts currently in place across Lancashire and South Cumbria related to Mental Health (all-age) or Learning Disability and Autism Spectrum Disorders (LD&ASD)
- The completion of an initial scoping exercise to map the key commissioning workforce and commission support functions across Mental Health (all-age) and LD&ASD
- The development of a formalised Governance Structure

High Level Risks Identified:

- Planning Geographies have been agreed separately across the three Mental Health portfolio areas and these will need to be aligned
- Mental Health Directors of Finance/Commissioning Steering Group is limited to Adult Mental Health services. This is a risk and Children and Young Peoples Mental Health and Wellbeing (CYPMH&WB) investment will also need to be considered
- Workforce is currently an area of risk as there are a number of Adult Mental Health commissioners who have left their post within the previous 6 months and these have not all been directly replaced due to the ongoing commissioning workforce engagement (equating to 40% reduction). There is also the potential for delays in new ways of working being embedded due to formal HR consultation being required if the scoping exercise highlights high level changes are required.

2.0 Planning Geographies

The Mental Health Commissioning Development paper that was presented to JCCCG in January 2018 highlighted that, although consensus had been achieved around the proposed commissioning level for the majority of Mental Health services, further work was required on two areas (the crisis pathway and rehabilitation/complex packages), as well as broader consultation with stakeholders.

Since January 2018 a number of actions have been completed to progress this, with two key relevant national policy documents also having been published:

- The proposed planning geographies have been socialised with stakeholders and approved via the Mental Health Commissioning Delivery Group and Mental Health Steering Group
- A Crisis Commissioning Development Workshop was held jointly with Mental Health commissioners (all-age) and LD&ASD commissioners, on the 16th April 2018 to explore areas for integration or joint working. This event also highlighted that the approach being taken is in-line with new national guidance due to be published in coming weeks by NHS England and NHS Improvement ('The Acute Mental Health Care Pathway for Adults and Older Adults')

- The Mental Health Deputy Director has met with Professor Max Marshall, Medical Director at Lancashire Care NHS Foundation Trust (LCFT), to consult on the proposed planning geographies. Prof. Marshall endorsed the methodology undertaken and the planned next steps around developing a high-level needs assessment in partnership with Public Health (see also section 3.0).
- The Care Quality Commission has published its March 2018 report ‘Mental health rehabilitation inpatient services’, requiring “each STP to develop a plan to repatriate patients, prevent future out of area placements and minimise lengths of stay through the development of local service pathways and innovative commissioning models”

This has meant that it is now possible to finalise the proposed future planning geographies for Adult Mental Health (planning geographies for CYPMH&WB and LD&ASD have been presented to JCCCG separately as part of wider ICS Commissioning Development work). JCCCG is therefore asked to approve the final planning geographies, as set out in Appendix 1. A summary position has been provided below in table 1. Please note that the list of services detailed in table 1 and Appendix 1 reflects the current service offer, however it is likely that the new service offer post-ICS will diverge from this following completion of an ICS Commissioning Strategy for Mental Health.

Table 1: Final Adult Mental Health Planning Geographies Summary Position

	Services
ICP	Health and Wellbeing Services, Primary Care Mental Health Workers and Screening Programmes (e.g. SMI and Physical Health Checks)
ICS	All-age Community Eating Disorders, ADHD, CMHT, MHLT, Crisis, EIP, IAPT, Inclusion Services, Inpatient Beds, Intensive Community Services, MAS, OAPs, Perinatal, Personality Disorders, Rehabilitation and Services interdependent with Learning Disability/Autism Services
NHS England	Criminal Justice, Gender Identity Surgical Services, Secure Adult Mental Health Services, Prisons, Specialised Eating Disorders and Specialised Mental Health Services for the Deaf

It should be noted that although it is positive that CYPMH&WB and LD&ASD have undertaken their planning geography exercises, this represents a risk until work is completed to align the three separate pieces of work into one overall ICS Mental Health portfolio. This will ensure that a single approach and Mental Health Commissioning Strategy is developed.

3.0 Commissioning Strategy and Design

The ICS Mental Health team has met with Public Health (PH) colleagues from the four local authorities across the L&CS system. This is to develop a high-level mental health needs assessment (including substance misuse). This will require for PH to collectively agree on data sources. This will then inform the mental health needs assessment at an ICS and ICP level. This will then be used to inform the ICS mental health commissioning strategy.

4.0 Finance

A Finance Task and Finish Group (T&FG) was initially formed, meeting on two occasions, to begin to map current spend and the expected cost of the core Mental Health Five Year Forward View (FYFV) offer, with comparisons to national benchmarking. In April 2018 a Mental Health Risk Summit took place due to the financial challenges linked to increased demand and expectations around 5YFV objectives.

This led to the original group being superseded by a Mental Health Directors of Finance/Commissioning Steering Group chaired by Kevin Parkinson. This was initially established to address current 2018/19 Mental Health challenges and schemes identified as part of the risk summit, however it has been agreed that this group will now continue and be accountable for the development of an ICS Mental Health investment plan, including the current 3 year investment plan (to the end of the FYFV). This work will encompass the original actions within the Mobilisation Plan to develop a shared finance methodology but will also include Mental

Health investment and disinvestment into the FYFV, and any wider services beyond the scope of the FYFV (including spend on complex packages and prescribing). This work will inform the development of an ICS Mental Health Finance and Investment Strategy in November 2018.

At present the remit of the Mental Health Directors of Finance/Commissioning Steering Group is limited to Adult Mental Health services. This is a risk and CYPMH&WB investment will also need to be considered.

5.0 Contracting and Commercial

Work is underway to map all of the contracts currently in place across Lancashire and South Cumbria related to Mental Health (all-age) or LD&ASD. A template has been developed which includes all of the contracts commissioned by Blackburn with Darwen CCG as a starting point (as lead commissioner for LCFT). The Contracts leads for each CCG have been asked to add their contracting information. This information will then be used to identify those services in scope for the ICS, as well as to support the work being undertaken by the Mental Health Directors of Finance/Commissioning Steering Group.

6.0 Provider Development

There are no milestones for this work stream until August 2018.

7.0 Commissioning Workforce

An initial scoping exercise has been completed to map the key commissioning workforce and commission support functions across Mental Health (all-age) and LD&ASD. Leads from across Adult Mental Health, CYPMH&WB, and LD&ASD have been identified to add further detail to this exercise.

Initial discussions have commenced with the ICS Commissioning Development and Human Resources (HR) leads to develop the HR and consultation process that will be undertaken to define and coalesce a collective commissioning ICS team for Mental Health. In the interim, a Memorandum of Understanding (MOU) has been agreed with the North West Coast Strategic Clinical Network (SCN) to allow the SCN staff already assigned to Mental Health to be merged into the ICS Mental Health team.

An event involving all staff currently working across the three ICS Mental Health programmes (Adult Mental Health, CYP&MHWB and LD&ASD) has been arranged for the 25th June 2018 to further explore new ways of working that will further inform the ICS Commissioning Development and HR consultation process.

Workforce is currently an area of risk as there are a number of Adult Mental Health commissioners who have left their post within the previous 6 months and these have not all been directly replaced due to the ongoing commissioning workforce engagement (equating to 40% reduction). There is also the potential for delays in new ways of working being embedded due to formal HR consultation being required if the scoping exercise highlights high level changes are required.

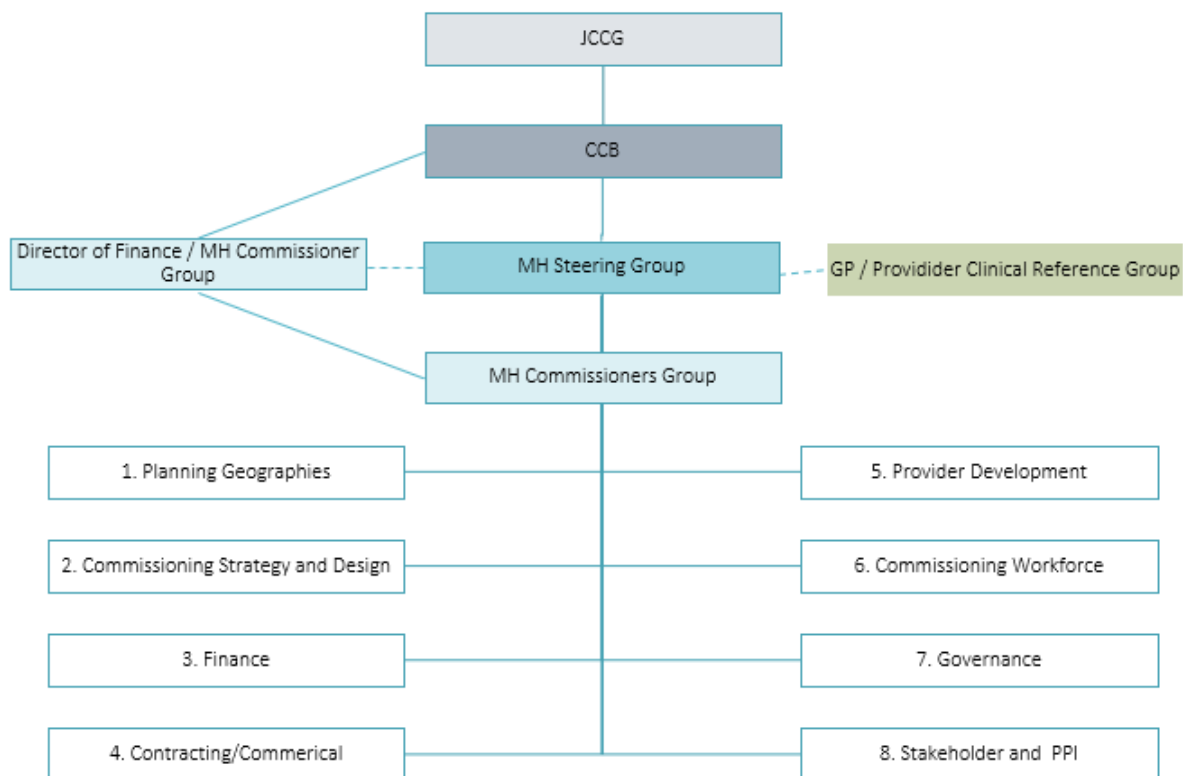
8.0 Governance

Following approval of the Mobilisation Plan at JCCCG in January 2018, an initial interim Mobilisation Plan Group was formed to review the high-level output plan presented to JCCCG and to oversee ongoing progress and delivery against the refreshed plan. This group consisted of the Deputy Director for Mental Health, the Director of Specialised Commissioning, project management support from the Midlands and Lancashire Commissioning Support Unit (MLCSU) Service Redesign team and NHS England Specialised Commissioning team, as well as assurance input from the North West Coast Strategic Clinical Network. This interim group met face to face on a monthly basis with twice weekly teleconferences taking place in the intervening period. In addition to this, Commissioning Development updates have been discussed as a standing agenda item at the Mental Health Steering Group as well as at the GP Clinical Reference Group.

As the Mental Health Commissioning Development work has matured it is now proposed that this interim arrangement is replaced by the formal governance structure outlined below, which incorporates the Director of Finance/Mental Health Commissioner Group (as described in section 4.0), as well as a formalised Mobilisation Plan Group which will meet on a monthly basis and include a wider membership, including Mental Health Commissioners.

JCCCG is asked to approve the governance structure as outlined above and as set out in chart 1 below.

Chart 1: Mental Health Mobilisation Plan Proposed Governance Structure.



8.1 Planned Checkpoints

As part of the Mobilisation Plan three checkpoints have been incorporated at which JCCCG will be asked to note progress against the Mobilisation Plan, sign-off key outputs and grant permission for the project to continue. These checkpoints are as set out in table 2 below.

Table 2: Mobilisation Plan Checkpoints

Checkpoint	Outputs to be signed-off
Checkpoint 1 – June 2018 JCCCG	<ul style="list-style-type: none"> • Adult Mental Health planning geographies • Governance structure
Checkpoint 2 - December 2018 JCCCG	<ul style="list-style-type: none"> • Geographical distribution of services • Core Mental Health offer • Finance Strategy
Checkpoint 3 – April 2019 JCCCG	<ul style="list-style-type: none"> • Commissioning Strategy • Service Specifications

9.0 Stakeholder and Patient and Public Involvement

The Mental Health Programme is liaising with the ICS Communications team around the development of the wider ICS Communications strategy. An 'easy-read' leaflet is in-development to explain the nature and function of the high-profile new services that are planned or already in-development as part of the delivery of the FYFV. The leaflet will also include an easy-read update on the ongoing ICS Commissioning Development. A number of stakeholder and public engagement events will be planned over the course of 2018/19, beginning with the Digital Workforce Event that was held on the 16th May 2018.

10.0 Recommendations

JCCCG is asked to:

- Note the progress to-date, as outlined throughout this paper
- Approve the final planning geographies, as set out in section 2.0
- Approve the proposed governance structure and checkpoints, as set out in section 8.0
- Endorse continuation of the Mobilisation Plan

Appendix 1: Final Adult Mental Health Planning Geographies

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
All-age Community Eating Disorders	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Attention Deficit Hyperactivity Disorder Services	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Community Mental Health Teams	ICS	<ul style="list-style-type: none"> • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes 	<ul style="list-style-type: none"> • Implementation • Review
Core 24/Mental Health Liaison Services	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes 	<ul style="list-style-type: none"> • Implementation • Review
Criminal Justice	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
Crisis	ICS	<ul style="list-style-type: none"> • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes 	<ul style="list-style-type: none"> • Implementation • Review
Early Intervention Psychosis	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Gender Identity Surgical Services	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A
Health and Wellbeing Services	ICP	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review
IAPT	ICS	<ul style="list-style-type: none"> • Population and Demography • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes 	<ul style="list-style-type: none"> • Implementation • Review

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
Inclusion Services	ICP	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review
Inpatient Beds	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Intensive Community Services	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Low, Medium and High Secure Adult Mental Health Services	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A
Memory Assessment Services	ICS	<ul style="list-style-type: none"> • Patient Numbers • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes 	<ul style="list-style-type: none"> • Implementation • Review

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
Out of Area Placements	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Perinatal (Inpatient and Community)	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Personality Disorders	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A
Primary Care Mental Health Workers	ICP	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
Prisons	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A
Rehabilitation Services/Complex Packages	ICS	<ul style="list-style-type: none"> • Patient Numbers • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	
Screening Programmes (e.g. SMI Checks)	ICP	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review
Services interdependent with Learning Disability/Autism Services	ICS	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	<ul style="list-style-type: none"> • Setting standards and outcomes • Implementation • Review 	N/A

Service	Lead Commissioning Level	Rationale	ICS Responsibilities	ICP Responsibilities
Specialised Eating Disorders (inpatient and community)	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A
Specialised Mental Health Services for the Deaf	NHS England	<ul style="list-style-type: none"> • Patient Numbers • Population and Demography • Provision, Clinical Outcomes and Resilience • Financial Risk • Strategy 	N/A	N/A