

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	14 October 2015
Subject:	Like Minded – NWL Mental Health and Wellbeing Strategy –Case for Change
Responsible Officers:	Matthew Hannant , Interim Senior Responsible Officer, Director of Strategy & Transformation (Acting), NWL Collaboration of CCGs; Fiona Butler , Clinical Responsible Officer, Chair of NWL Mental Health and Wellbeing Transformation Board, West London CCG Andrew Howe , Like Minded Steering Committee and Convenor for the Wellbeing & Prevention workstream, Harrow Director of Public Health
Public:	Yes
Wards affected:	Not applicable
Enclosures:	Improving mental health and wellbeing in North West London Case for Change – a summary

Section 1 – Summary and Recommendations

This report sets out the background to the development of North West London Mental Health and Wellbeing Strategy Case for Change, as part of the Like Minded Programme. The Case for Change describes a shared understanding of the issues the sector faces in relation to Mental Health and Wellbeing and the NWL ambitions for change. It is designed as a call to action - outlining the areas of work that should be developed in the next phase of the programme.

Recommendations:

The Board is requested to: Endorse the Like Minded Case for Change, providing any feedback that can inform development of Models of Care and Support.

Section 2 – Report

Background

The Case for Change provides the context for the mental health transformation programme in North West London bringing together a wide range of data, people's experiences, best practice and a structured approach to prioritising; enabling local partners to target and accelerate improvements to mental health care and wellbeing in our communities.

We have presented the Like Minded programme at the Harrow Health and Wellbeing Board Development session on 13 May 2015 and attended the Harrow Health & Wellbeing Engagement Event on 16 July 2015 (organised by Harrow Public Health department) to discuss the programme. We are also due to present at the Harrow Health and Wellbeing Board Development session on 5 November 2015, with a focus on the Wellbeing and Prevention projects.

Current situation

The document has had input from leads on the Mental Health and Wellbeing Transformation Board across the 8 boroughs as well as from our service user groups. The team have developed a longer narrative document, with a supporting short summary. The short summary is presented for endorsement today, and the longer document is available for download here:

<http://www.healthiernorthwestlondon.nhs.uk/mental-health>

Why a change is needed

The key issues for North West London have been identified within the Case for Change, and a number of ambitions for improvement are described. The programme has prioritised several workstreams (see next section) to ensure we deliver on our ambitions.

Main options

The following workstreams are being convened with partner involvement and with distributed leadership from across sectors. The next steps for each of these workstreams are set out below:

Workstream	Key update/next step
1) Wellbeing and prevention	Workstreams and workplans developed for workplace wellbeing interventions and parenting interventions to prevent conduct disorder, led by Public Health and with input from Frontier Economics. This workstream is being 'convened' by Andrew Howe, Director of Public Health for Harrow, and representative from Harrow Council has been present at all workstream meetings to date.

2) Serious and Long Term mental health needs	Workshops have been running throughout September. Current focus is on mapping data and describing current 'as is' state, including current transformation work. A draft Model of Care will be presented to the 23/10 Mental Health and Wellbeing Transformation Board.
3) Common mental illnesses	Initial workshop to be held to scope breadth of work.
4) Children and Young people	Transformation Plans for Future in Mind response now published – detailed timeline with resource to develop, sign off and submit plans by 16 October 2015.
5) Existing projects	Existing mental health projects, such as perinatal and learning disabilities, will be continued and report to the programme's Strategic Implementation & Evaluation Board.
6) Enablers	Agreement to develop and address enablers with other Strategy & Transformation programmes, in particular Whole Systems Integrated Care and Primary Care.

The Health and Wellbeing Board will be asked for formal agreement of the Models of Care emerging in the next phase of work.

Other options considered

N/A

Implications of the Recommendation

Any input provided will support the current stage of work – developing models of care and support to address the challenges described in the Case for Change. The Health and Wellbeing Board will be asked for formal agreement of the Models of Care and Support emerging from this phase of work.

In working up detailed models with partners, resources, costs, risks, staffing and workforce will be key considerations. At this stage in the programme these cannot yet be quantified.

With regards to equalities; tackling inequalities between individuals and communities is a theme throughout the programme, as is the challenge to achieve parity of esteem between physical and mental health. Further information found in the Equalities implications section below.

Financial Implications/Comments

One of the stated objectives of the programme is to develop improved outcomes – and ensure a financially sustainable system for at least the next 5 years. In working up detailed models with partners both the qualitative and financial impact will be key considerations. At this stage in the programme these cannot be quantified.

Risk Management Implications

The following key risks have been escalated by the programme team to the programme's Steering Committee and Mental Health and Wellbeing Transformation Board. The mitigating actions for which are discussed and agreed monthly.

No.	Description	Impact	Inherent Risk Rating	Avoidance / Mitigation at 16/09	Residual Risk 10/07	Update since 16/09	Residual Risk Rating
RISKS							
R1	We will not effectively engage with and take the population of North West London with us in supporting the Mental Health and Wellbeing strategy	Models of Care may be insufficiently informed by needs / views of services users Models of Care may be opposed by some local people, which could result in challenge	16	1) Case for change published on NWL website 19/08	6	1) Comms and engagement plan to be developed 2) Case for change to be communicated in a newsletter to over 600 stakeholders by end-Sept also giving an update on Like Minded progress	6
R2	The number of organisations (CCGs, Trusts, LAs, HWBBs) required to sign off key programme outputs adds complexity and could cause delays to the Programme timeline.	We will not deliver change for our Service Users quickly enough resulting in maintenance of current sometimes sub-optimum outcomes and experiences.	12	1) Programme plan factors in individual organisation's timescales for sign-off 2) Transformation Board members to agree to locally drive and support sign off in individual organisations 3) Record formal minuted support at key stages e.g. publication of case for change	12	1) Case for Change has been circulated to CCGs, Trusts (and to HWBBs shortly) for endorsement by internal governance structures. The decisions will be captured in formal minutes and logged by the programme team 2) Programme Exec working with accountable officers to agree process for sign-off of key programme outputs	9
R3	All partners committed to an ambitious 8 week programme however breadth of work required in context of conflicting priorities could result in challenges delivering within the 8 weeks	Timescales for delivering Model of Care proposals could slip	16	1) A detailed project plan overseen by Prog Exec and SteerCo enabling early identification of non delivery of milestones 2) A robust PMO which has regular reporting and progress checks in place.	9	1) S<MHN work stream working closely with Trusts with regular meetings in place in different levels of both organisations 2) Quintet leadership group established and meetings being held periodically 3) Workshops held with wider stakeholders and service users	6
R4	If the need for service change is identified through this programme the programme could be subjected to external challenge (IRP or JR)	Programme could be delayed or stopped through external review and challenge to service changes	12	1) Learning from existing S&T programmes to develop and implement a targeted programme plan that ensures all legal / process requirements are met and a robust solution is developed - protecting the programme in the event of external challenge	6	1) Planning for Consultation workshops have taken place with internal team & expert advisors 2) Advice from legal firm Capsticks has been sought on Consultation requirements 3) Paper went to 16/09 Transformation Board on process for Consultation & business cases	6

R5	CYP: The wider context of funding cuts to CCGs and LAs will impact on activity and resource for Transforming mental health services for children and young people.	We will not achieve the level of transformational change required to improve the quality of care for children and young people whilst ensuring financial sustainability across the system.	12	Working with DCSs to ensure we describe a joined up approach but are presenting an innovative approach rather than solely funding gaps in service Update 19 Aug 2015:	12	Transformation Board members agreed that a system-wide view of maximum value for money spent on children and young people's mental health services would be worthwhile to understand the current situation. It was also noted that schools need to be more heavily involved in designing and developing what the proposed plans should be in order to gain any traction in the implementation phase. The Transformation Board agreed that there should be a whole systems approach to children and young people and further discussions on mitigating risks for this work stream would take place outside of the Transformation Board.	12
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Legal Implications/Comments

The programme will support the co-production of models of care and support, agree outcomes, assess impact of any proposed changes and oversee the production of business cases. While this may lead to proposals which constitute significant service change and therefore potentially formal consultation, it is envisaged that there will also be large parts which can be taken forward without formal consultation. A key role for the NWL Mental Health and Wellbeing Transformation Board is in quality assuring the development and implementation process. We have a good understanding of the process based on previous consultations such as for Shaping a Healthier Future, and we will build on this knowledge. We have secured legal advice from Capsticks, and will continue to do so.

All NHS bodies proposing a service change must involve the public, patients and staff from initiation through to implementation. National guidance is set out in 'Planning and delivering service changes for patients' (NHSE Dec 2013). This offers a good practice guide intended to help shape local arrangements and to be used in a way that is both proportionate and flexible. Public consultation is required if there is a significant change to the way services are provided.

Any service change large or small needs to comply with the NHS England four tests and demonstrate evidence of:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners

Equalities implications

Was an Equality Impact Assessment carried out? Not yet.

We will procure an Equalities Impact Assessment (EQIA) towards the end of 2015. Prior to this we are carrying out a screening process to identify what data we currently have for each of the boroughs, and the likely impact on mental health. This will then inform a procurement specification for an external EQIA to be carried out.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses

- Making a difference for families

The Case for Change identifies eight major issues that we currently face in NW London and the ambitions that we should sign up to if we are to improve things. These ambitions align to Harrow's priorities and are referenced as follows:

1) Making a difference for the vulnerable

The Case for Change highlights the issues facing the following vulnerable groups in NWL:

- People with serious and long term mental health needs (Issue 2) – taken forward as a separate workstream.
- People experiencing common mental illnesses such as depression and anxiety (Issue 4) – taken forward as a separate workstream.
- Children and young people (Issue 5) – taken forward as a separate workstream.
- New mothers, those with learning disabilities, the homeless and people with dementia who do not get the right mental health care when they need it (Issue 6)
- People with long term physical health conditions who do not have their mental health taken into account (Issue 7)

2) Making a difference for communities

The Case for Change sets out the ambition to improve the care for the groups mentioned above in the community of NW London.

Issue 1 highlights that too many people face mental health needs alone with depression and anxiety affecting 1 in 6 of the adult population in London. The ambition set out in Issue 2 is to improve wellbeing and resilience and prevent mental health needs where possible. Improving the mental health and wellbeing for such a large segment of the population will have a positive effect on communities.

3) Making a difference for local businesses

As part of the ambition set out in issue 2 for improving wellbeing and resilience and preventing mental ill health, the Case for Change aims to support people in the workplace. This is being taken forward as a project within the Wellbeing & Prevention workstream, to provide a framework within which the public, voluntary and private sectors in North West London will encourage and facilitate good working practices and services that support staff health and wellbeing which in turn will have a positive effect on local businesses.

4) Making a difference for families

As part of the ambition set out in issue 2 for improving wellbeing and resilience and preventing mental health, the Case for Change aims to give children and young people the skills to cope with differing situations. As part of the Wellbeing and Prevention workstream, a project is considering the

preventative aspect of conduct disorders, mainly parenting and foster/carer programmes and potentially child focussed training programmes.

Issue 5 focuses on children and young people, which seeks to ensure that implementation of the national strategy (Future in Mind) for children and young people responds to our local needs and improves experiences for young people and their families. There is a Like Minded workstream focused on Children & Young People.

Ward Councillors notified:	NO
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Section 3 - Contact Details and Background Papers

Contact: Jane Wheeler, Acting Deputy Director, Mental Health, 07875 429 320

Background Papers:

Supporting documents can be found in the following web page:
<http://www.healthiernorthwestlondon.nhs.uk/mental-health>