

North Central London Sustainability and Transformation plan

Mental Health Workstream - High Level 5 Year Delivery Plan and Detailed Plan for
17/18

Objectives and Scope

High level objectives

- We will support more people to access high quality care, and mitigate the need for additional mental health inpatient beds. This includes:
- increase MH basic awareness, reduce stigma and increase MH self-awareness
 - support at risk population to stay well
 - provide more accessible mental health support delivered at locality level
 - increased alternatives to admission and support for discharge to enable more people to live well in the community, with better crisis support
 - eliminate the need for out of area placement for female service users who require psychiatric intensive care via the female PICU initiative
 - ensure more women have access to specialist perinatal mental health services
 - ensure more children have access to mental health support unless highly specialised care is required, to eliminate out of area placements for children requiring inpatient support
 - more people in A&E and on physical health inpatient wards to have their mental health needs supported
 - support more people to spend more time at home
 - For NCL to become more dementia friendly

Scope and Exclusions

- Broadly the programme covers mental health support for all age groups and the current identified initiatives include:
 - Community resilience
 - Primary care mental health
 - Acute pathway – including Health Based Place of Safety, S136, alternatives to admission
 - Female psychiatric intensive care unit (PICU)
 - Child and adolescent mental health services (CAMHS) and Perinatal
 - Mental health liaison
 - Dementia
- Over time other areas may be identified which have the potential to deliver savings
- Out of scope are specialist commissioned mental health services (excluding Tier 4 CAMHS) although this may be reviewed over time

Constraints & links to other programmes

Constraints

- **Time:** to be delivered for 2020/21
- **Cost:** when all initiatives are fully up and running in 20/21 there will be a recurrent cost of £36m
- **Quality:**
- **Legal:** consultations required for any changes to inpatient provision
- **Ethical:**
- **Environmental:**
- **Logical:** E.g. product A has to be delivered before delivery of product B can start
- **Activation:** delivery of much of the work is dependent on transformation funding

Links to other work-streams

- **Care closer to home**
- **Urgent and emergency care**
- **Estates**
- **Workforce**

Initiatives & deliverables to 2020/21(1/3)

Workstream	Initiative	Description	Deliverable	Target delivery date	
Improving Community Resilience	General Population	Promotional drive aimed at increasing basic mental health awareness including self-awareness, normalising mental health needs and reducing stigma	Launch promotional drive	Jun 2018	
			Design and pilot multiple promotions	2018-21	
	At-risk Population	Training non-MH specialists to recognize MH symptoms	Develop training programme	Feb 2018	
			Launch training program	Mar 2018	
		Improve service navigation	Undertake service mapping	Apr-Jul 2018	
			Launch service navigation	Sep 2018	
		Development of open resources, and provision of individual and group therapies	Develop open resources	Jun - Sep 2018	
			Launch open resources	Oct 2018	
			Develop individual and group therapies	Nov 18 - Jan 19	
			Launch individual and group therapies	Feb 2019	
			Suicide prevention work and strengthening referral pathways for those in crisis	Undertake review of suicide prevention strategies	Feb 2018
				Develop NCL suicide prevention project	Aug 2018
	Employment support to support people to maintain and get back into work including through Individual Placement Support (IPS)	Bid for national IPS funding	Q3 17/18		
		Launch employment initiatives	Q4 18/19		
Increasing access to primary care mental health services	Ensuring more accessible and more extensive mental health support is delivered locally within primary care services, developed as part of the CHINs as outlined in Care Closer to Home. This robust multidisciplinary offer will offer support directly to patients and support to GPs and other professionals. The service will include IAPT, specialist psychology and psychiatry support directly to patients	Agree shared outcomes and KPIs	Jun 2017		
		Benchmarking and planning	Q3 17/18		
		Begin pilot	17/18		
		Rollout services NCL-wide	20/21		

Initiatives & deliverables to 2020/21(2/3)



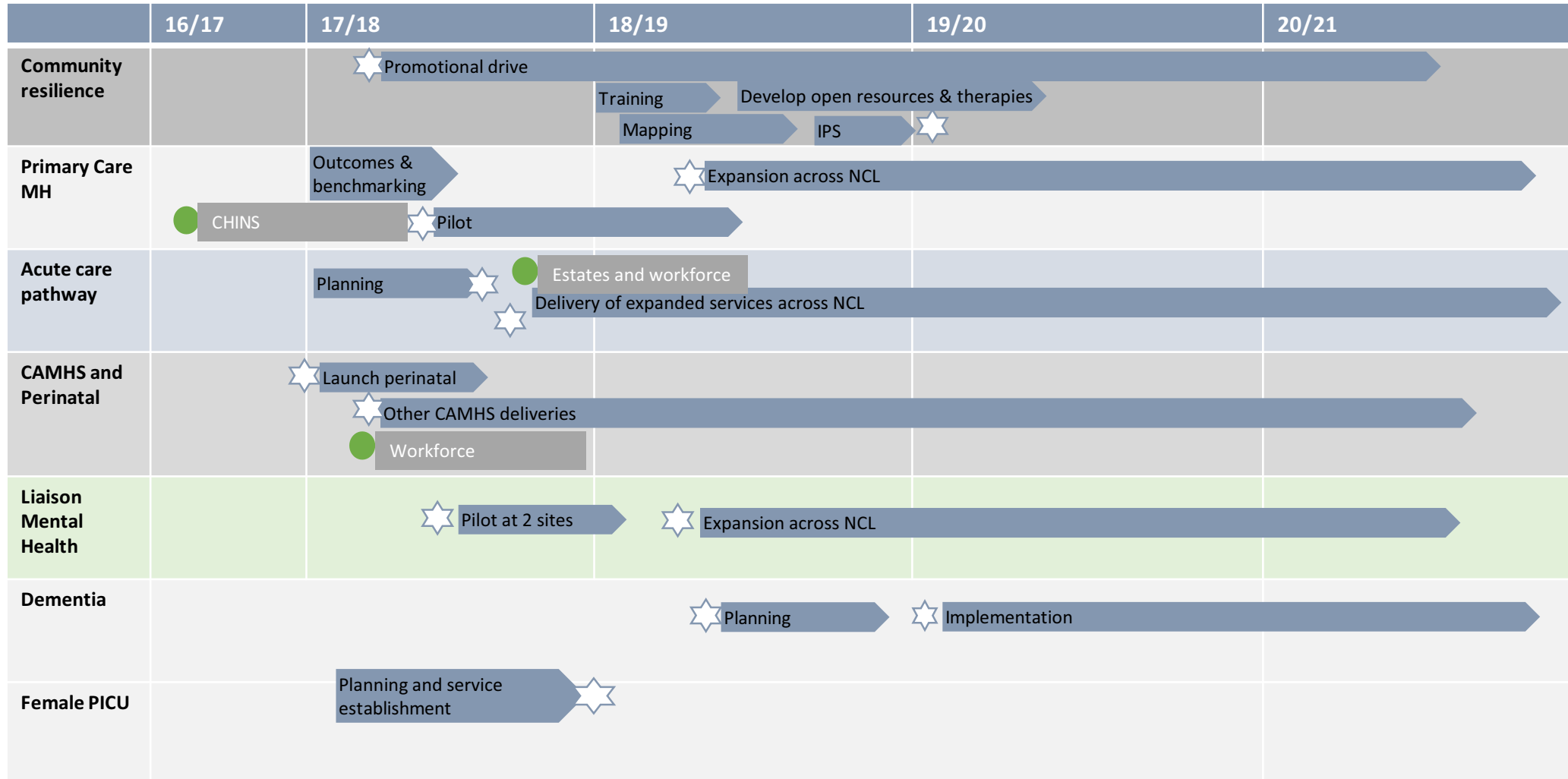
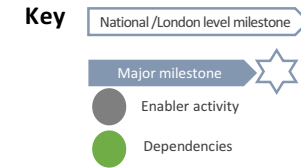
Workstream	Description	Deliverable	Target delivery date
Improving the acute mental health pathway	Develop alternatives to admission	Map existing services and research alternate models for community support	Jul 2017
		Expand crisis and home treatment teams	Q4 18/19
		Deliver alternate models for community support	Q4 18/19
		Develop supportive living arrangements	Q3 19/20
	Review of S136 and HBPoS provision	Reduce number of units and develop sector wider provisions	Q4 19/20
Developing a female Psychiatric Intensive Care Unit (PICU):	Deliver local provision of inpatient services to female patients requiring psychiatric intensive care, currently there is no local provision. This will enable patients to remain close to their communities, with a more streamlined and effective pathway ensuring a focus on recovery.	Agree lead provider, and develop and agree mobilisation plan	Apr 2017
		Cohorts mapped, validated, agree tariff	Aug 2017
		Identify and refurbish estate	Jan 2018
		Staff recruited	Apr 2018
Investing in mental health liaison services	Scale up 24/7 all age comprehensive liaison to more wards and emergency departments, ensuring that more people in Emergency Departments and on inpatient wards with physical health problems have their mental health needs assessed and supported	Develop NCL liaison bid	Q3 16/17
		Implement comprehensive mental health liaison plan that meets or exceeds Core24	Q2 17/18
		Scale up and implement new model in other NCL A&Es	Q4 18/19
Investing in a dementia friendly NCL	Looking at prevention and early intervention, supporting people to remain at home longer and supporting carers. This will be delivered in line with national standards.	Develop model for NCL Dementia	Dec 2017
		Deliver dementiamodel	Q3 18/19

Initiatives & deliverables to 2020/21(3/3)



Workstream	Initiative	Description	Deliverable	Target delivery date
Focusing on perinatal and child and adolescent mental health services (CAMHS)	Shared dataset	Develop shared dataset to enable comparison and shared learning across NCL	Agree shared data set	Jan 2017
			Begin reporting shared data set	Apr 2017
	Eating Disorders	Invest in eating disorders	Develop NCL ED plan	Jan 2017
			Implement NCL ED plan	2017/18
	Workforce	Planning for a workforce that meets the mental health and psychological well-being needs of children and young people in NCL, including CYP IAPT workforce capability programme	Map existing workforce	Jan 2017
			Plan for future workforce	Aug 2017
			Train and recruit workforce	Q2 18/19
	Transforming Care	Supporting children and young people with challenging behaviour in the community, preventing the need for residential admission	Develop model	Aug 2017
			Launch model	Jan 2018
	Perinatal	Develop a specialist community perinatal mental health team so that more women have access to evidence based specialist perinatal mental health care	Bid for national perinatal funding	Sep 2016
			Launch perinatal hub and spoke model	Apr 2017
			Expand model	Q4 18/19
	Child House Model	Following best practice to support abused children in NCL	Invest in Child House Model	Q3 17/18
	Crisis Pathway	Develop an NCL crisis pathway that includes 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis, this includes local commissioning of Tier 4 CAMHS, and review of S136 provision	Bid for local commissioning of Tier 4	Q3 16/17
			Local commissioning of Tier 4	Q1 17/18
			Invest in crisis and assertive outreach offer	Q3 17/18
Review S136 provision			Q3 18/19	
Youth Justice	Work with NHS E to develop co-commissioning model for youth justice	Develop model	Apr 2017	
		Launch model	Jun 2017	

Delivery schedule to 2020/21



2017/18 detailed Work Breakdown Structure (1/2)



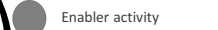
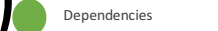
Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Liaison Mental Health	Pilot	Develop implementation plan and establish project board	Andrew Wright	May 2017
		Recruitment of clinical staff		Jun 2017
		Recruitment and training of peer support workers		Jun 2017
		Development of IT piece		May 2017
		Service go live		Jul 2017
		Evaluation		Mar 2018
		Business case for self-funding		Jan 2018
	Wave 2	Develop bid for wave 2		Jan 2018
Primary Care Mental Health	Primary Care MH	Develop agreed set of standards outcomes for primary care mental Health	Darren Summers	Jun 2017
		Benchmark where each borough is against achieving agreed outcomes		Sept 2017
		Pilot in Islington		Sept 2017
		Planning for 18-19		Dec 2017
	Integrated IAPT	Roll out training		Apr 17-Mar 18
		Recruit workforce		Jun 2017
		Evaluation		Mar 2018
		If evaluation is positive, plan for wider roll out		Mar 2018
FPICU	FPICU	Close ward to admission, transfer patients to alternative provision, communications with service users, carers and staff	Darren Summers	Sep 2017
		Capital works to create female PICU. Develop operational model, communication strategy and recruit staff.		Apr 2018
		FPICU opens		Apr 2018
Acute Care Pathway	Acute Care Pathway	Undertake mapping of existing offer across NCL and mapping of patient segmentation	Andrew Wright	May 2017
		Design services around patient segmentation		Jul 2017
		Develop implementation Plan		Sep 2017
		Understand variation, activity, outcomes		Dec 2017
	HBPOS/S136	Development of new s136 facility at Highgate MH to open in 2018		Mar 2018
		Development of plan for future provision of HBPOs across NCL		Mar 2018

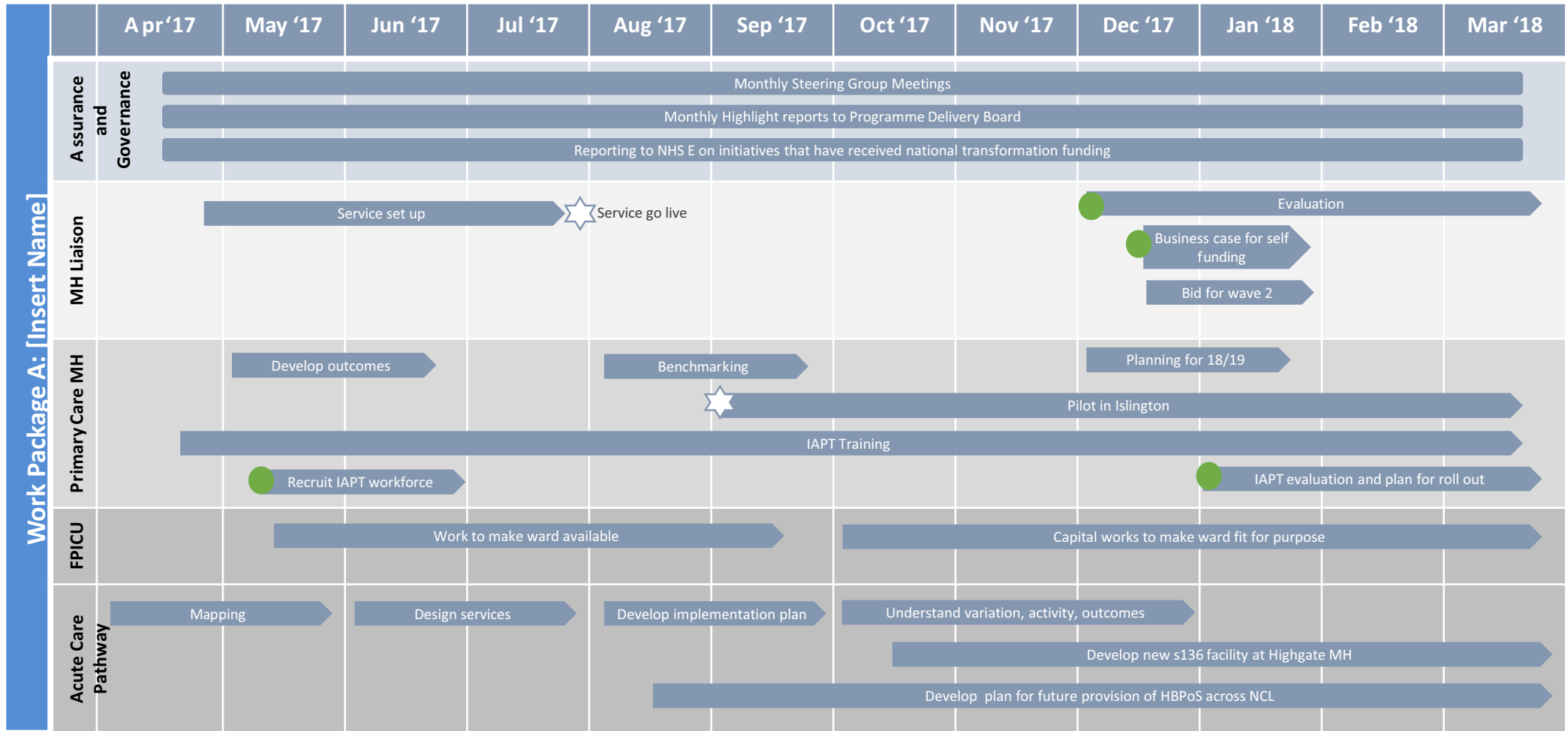
2017/18 detailed Work Breakdown Structure (2/2)



Workpackage	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date	
CAMHS and Perinatal	Perinatal Mental Health	Establishment of specialist community perinatal mental health team	Jill Britton/Michelle Guimain	May 2017	
		Bid to enhance offer		Jul 2017	
	Tier 4 and Crisis	Bid for local commissioning of Tier 4 CAMHS	Establish governance structure	Sally Hodges/Maggie	Apr 2017
			Enhance and integrate outreach offer		May 2017
			Develop plan for extended hours crisis offer	McCutcehon	Jul 2017
					Sep 2017
	Eating disorder	Self assessment completion	Quality network taken forward	Eamann Devlin	Sep 2017
			Improvement on admission reduction		Jan 2018
					Mar 2018
	Child House	Continue to monitor progress	Jenny McKeith	Mar 2018	
	Transforming Care	Single process across NCL for CTRs and admission avoidance register	Early support for behaviour sufficiency audit	Catherine Swaile	Jun 2017
			Development of Intensive Family Support Model		Sep 2017
			Shared learning- one off workshop looking at outcomes from CTRs-		Mar 2018
					Oct 2017
	Shared Dataset	Quarterly reporting from Q1	Comparison of data across NCL	Catherine Swaile	Jun 2017
					Sep 2017
	Workforce	Undertake workforce mapping	Sheron Hosking	Jun 2017	

2017/18 detailed delivery plan (1/2)

-  National /London level milestone
-  Major milestone
-  Enabler activity
-  Dependencies



2017/18 Programme management capacity (1/1)



Work Package	Initiative	Resources required (specify required roles)	AfC Grade	Cost	Rationale	Start date	End date
Overall programme		Programme Manager	8B	1 WTE	Overall programme management	01/04/2017	31/03/2018
		Clinical Leadership		£10,800	GP Clinical Leadership for overall programme, 3 sessions per month	01/04/2017	31/03/2018
	Co-production	Service User engagement support		£10,000	Hail and Public Voice to continue to support the EbyE Board (expert by experience group) To organise and run stakeholder workshops	01/04/2017	31/03/2018
		Service User engagement		£10,000	Remuneration of £12.50 per hour for coproduction for the EbyE Board and involvement in the Steering Group and project boards	01/04/2017	31/03/2018
Mental Health Liaison		Data analyst/evaluator	8A	1 WTE	The post is designed to undertake the detailed evaluation of the proposal, including the implementation of the KPI dashboard in order to ensure that the projected clinical and financial benefits are identified and realised	01/04/2017	31/03/2018
Acute Care Pathway		Mental Health Transformation Manager	8B	0.5 WTE	Lead development of acute care pathway Map existing provision across NCL and patient use Work with commissioners and providers to develop plans based on analysis	01/04/2017	31/03/2018
Primary Care Mental Health		Mental Health Transformation Manager	8B	0.5 WTE	- work with clinicians to agree the common set of standards, scope and outcomes for primary care mental health provision - map existing provision, by borough and by emerging CHIN, against these standards - to facilitate and support consideration of re-modelling or transformation of existing portfolio of services to meet some or all of agreed standards and scope.	01/04/2017	31/03/2018
		Clinical Leadership		£5,000	GP Clinical leadership to support development of primary care mental health. Would also support interdependences with other areas including CHINs and acute care pathway	01/04/2017	31/03/2018
CAMHS Perinatal		Perinatal Project Manager		1 wte	Project Manager already recruited under funding secured under national transformation programme	01/04/2017	31/03/2108
		Tier 4 local commissioning		1wte	Project Management resource to be included in the bid for Phase 2 delegation of local commissioning.	01/04/2017	231/03/2018

Proposed recruitment plan (1/1) – to be completed



Resources required (specify required roles)	A fCGrade	Cost	Start date	End date	How the post will be filled
Programme Manager	8C	1WTE	01042017	31032019	Post to be filled through secondment from within NCL
MH Liaison Data Analyst	8A	1WTE	01042017	31032018	Recruitment will be conducted Resource embedded within liaison service developed through national transformation funding
IAPT Data Analyst	6	1 WTE	01042017	31032018	Recruitment will be conducted Resource embedded within IAPT service developed through national transformation funding
Perinatal Mental Health Project Manager	8A	1WTE	17022017	perinatal	Post already filled through secondment Resource embedded within perinatal service developed through national transformation funding
Expert by Experience Board	N/A	£20,000	01122016	01122017	EbyE Board already recruited for 1 year
			DDMMYYYY	DDMMYYYY	
			DDMMYYYY	DDMMYYYY	
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			DDMMYYYY	DDMMYYYY	
			DDMMYYYY	DDMMYYYY	

NB. Other posts cannot be recruited to until funding has been identified

Investment plan – 2017/8

Including existing shortfall

STP Priority	Proposed STP Investment 2017/8	Contract Income	National Transformation Bids	Total - Contract Funding and National Transformation	Funding Gap	Detail
Primary Care MH	£3,120,000	£965,000	<i>£750,000</i>	£1,715,000	£1,405,000	Contract - Islington CCG National - integrated IAPT H&I
Acute Care Pathway	£2,880,000	£0	£0	£0	£2,880,000	
CAMHS and Perinatal	£3,290,000	£320,000	£722,000	£1,042,000	£2,248,000	Contract - perinatal B £50K, C £40K, E TBC, H £80k, I £150k) National - NCL perinatal
MH Liaison**	£2,250,000	£0	<i>£1,000,000</i>	£1,000,000	£1,250,000	National - Core24 UCLH and NCUH
Female PICU	£400,000	£0	£0	£0	£0	Proceeding through recycling of local savings and £650k capital investment from C&I
Total	£11,940,000	£1,285,000	£2,472,000	£3,757,000	£6,229,000	


** Transformation funding not yet secured*

Workstream finance and activity impact - 2017/18 (if applicable)

Work Package	Initiative	Recurrent	Non Recurrent	Savings (gross)*	Net savings	Activity change +/-
Primary Care MH	Integrated IAPT	£0.7m	£0.5m	£0	-£0.75m	460 additional people being seen
	Islington	£1m				5-10% reduction in secondary care MH referrals
MH Liaison	UCLH and Whitt Core 24	£1m		£1m	£0	Reduction in LOS and readmissions
CAMHS and Perinatal	Perinatal MH	£0.7m		£0	-£0.7m	400 additional women being seen
	Total					

Completed for where funding identified

Detailed Investment Plan and Finance and Activity Impact Model



Microsoft Excel Worksheet

Not completed

Initiative impact trajectory to 2020/21

NB. Impact is dependent on investment

Initiative impact trajectory - Activity

Initiative	POD	ACTIVITY - Impact (gross savings achieved by year)				
		16/17	17/18	18/19	19/20	20/21
Community resilience	Community					3% reduction sick days
Primary Care MH	Primary Care					30% reduction referrals to 2ndry MH
Acute Pathway	Community					Bed occupancy maintained at 95%
FPICU	MH Acute					Reduction readmission, delayed discharge, and OOA placement
CAMHS and Perinatal	Mixed					Reduction LOS
MH Liaison	Physical health acute					Reduction LOS
Dementia	Mixed					Admission avoidance

Initiative impact trajectory - £

Initiative	POD	£ - Impact (gross savings achieved by year)				
		£ - 16/17	£ 17/18	£ 18/19	£ 19/20	£ 20/21
Community resilience	Community			£3.9m	£9.2m	£15.4m
Primary Care MH	Primary Care		£0.6m	£1.8m	£3.7m	£6.1m
Acute Pathway	Community					
FPICU	MH Acute			£0.5m	£1m	£1.5m
CAMHS and Perinatal	Mixed		£0.1m	£0.2m	£0.3m	£0.5m
MH Liaison	Physical health acute		£1m	£4m	£8m	£12.5m
Dementia	Mixed			£0.4m	£1.4m	£2m

Initiative financial impact in 2020/21

Initiative		Recurrent	Non - recurrent	Savings (gross)*	Net savings	Activity change +/-
Community resilience	General Population	£225k	£75k	£2.2m	£2m	<ul style="list-style-type: none"> 3% reduction in sick days
	At risk population	£3.7m	£55k	£13.1m	£9.4m	<ul style="list-style-type: none"> £2.2m benefit to society with 165 new jobs (IPS) £10.9m by reducing suicide rate
Primary Care Mental Health Teams		£16m		£6.1m (£2m relates to acute sector)	- £9.9m	<ul style="list-style-type: none"> Reduced physical health cost per person treated 20% Reduction in # of sick days for 2,500 people out of 17,000 treated by MDT 30% reduction in referrals to secondary care community MH services.
Acute Pathway		£11m	£3.3m	If not done would require 129 additional beds	- £11m	<ul style="list-style-type: none"> Bed occupancy maintained at 95% over period Reduced ALOS Reduce admissions to secondary mental health
Female PICU unit		£1m	£360k	£1.5m	£500k	<ul style="list-style-type: none"> Reduction in readmission rates Reduction in delayed discharges Reduction in use of out-of-area Female PICU beds
CAMHS and Perinatal	CAMHS	£5m	£200k	500k	-£4.5m	<ul style="list-style-type: none"> Reduction in LOS Reduced LOS and Tier 4 admissions Increase IAPT referrals by 2000 referrals
	Perinatal	£1.1m	-	-	- £1.1m	<ul style="list-style-type: none"> Reduced costs of social care Savings realised in longer time period
Mental health liaison		£4.5m	£0	£12.5m (all savings relate to acute sector)	£8m	<ul style="list-style-type: none"> Reduction in bed days (10% shown in other areas) Reduction in ALOS (estimated to be 1 day) Reduction in readmissions
Dementia		£1.5m		£2m	£500k	<ul style="list-style-type: none"> Admission avoidance More time spent at home

Note – realisation of impact is dependent on investment being made prior to 2020/21

Benefits realization and KPIs (1/2)



Priority	With additional funding	Without additional funding	17/18 KPIs	Longer term outcomes
Primary Care Mental Health	Roll out of primary care mental health across NCL	Roll out of primary care mental health in Islington	Team established 5-10% reduction in secondary care referrals	30% reduction in secondary care MH referrals
		Haringey transformation of previous community mental health services	Teams redeployed to work alongside primary care	
		Establishment of integrated IAPT capacity in Haringey and Islington Mid (dependent on success of national funding)	460 additional people seen Team established Evidence of impact to secure sustained funding	Delivery of national IAPT targets
Acute Care Pathway	Mapping and design of services Begin implementation	Mapping and design of services		Improved patient experience Improved stakeholder satisfaction Reduced LoS Avoidance of need for additional inpatient beds. Bed occupancy maintained at 95%
				Development of plan for future provision of HBPoS

Benefits realization and KPIs (2/2)



Priority	With additional funding	Without additional funding	17/18 KPIs	Longer term outcomes
Perinatal	N/A	Establishment of specialist community perinatal mental health team	Team established 400 women seen Delivery of training	NICE compliant service Specialist services available to mothers in 3% of live births.
CAMHS	Enhanced CAMHS offer across NCL	Other CAMHS work taken forward through CYP transformation plans and co-ordinated through STP Bid for local commissioning of Tier 4 CAMHS	Successful bid	Meet access targets Reduction in LoS and admissions Elimination of OOA placements Investment in outreach offer
MH Liaison	Core24 at UCLH and North Mid Core 24 at Whittington Progress towards Core24 at RFH	Core 24 at UCLH and North Mid (dependent on success of national funding)	Improved patient experience Improved A&E performance Business case for sustaining funding based on delivering 1:1 savings	Av. 1 day reduction in LOS Reduction in readmissions
FPICU	N/A	Local Unit established to be operational from April 2018	Establishment of local unit	Eliminate out of area placements Improved quality of provision and patient experience Reduced LoS Financial savings.

Further opportunities to extend / bring forward savings



Proposal 1	<ul style="list-style-type: none">••••••
Proposal 2	<ul style="list-style-type: none">••••••
Proposal 3	<ul style="list-style-type: none">••••••

No additional proposals have been identified

Equalities impact assessment

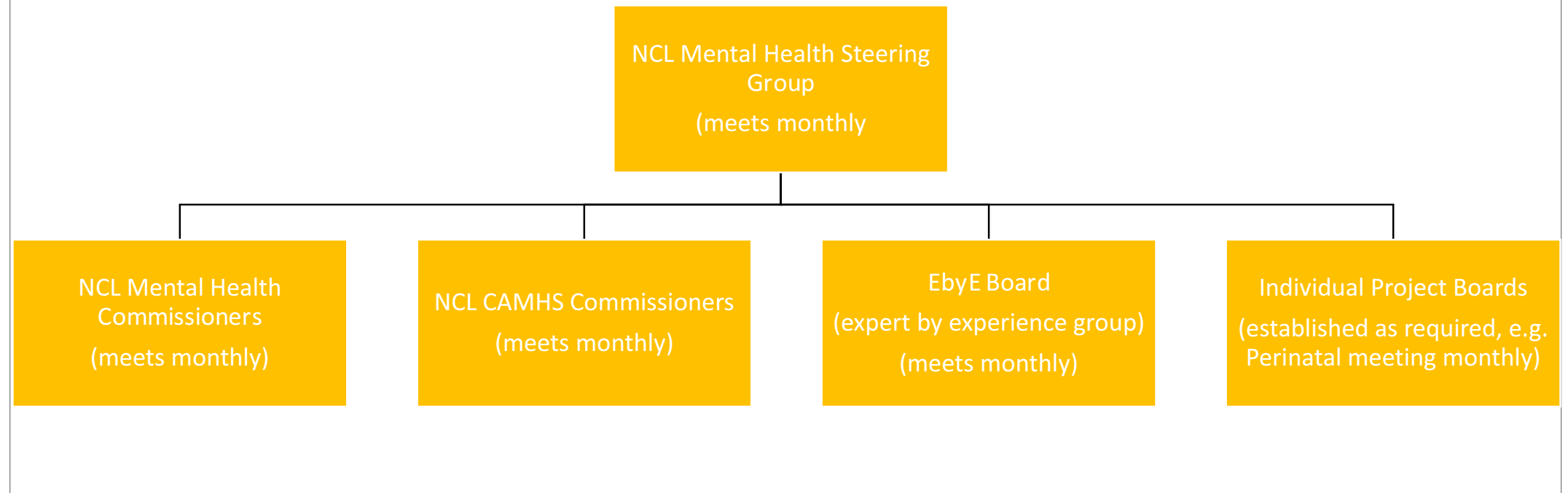
Equalities Impact Assessment



Microsoft Word
Document

Governance structure

Organisational Structure Chart



Governance group membership

Role	Name	Job Title	Contact Details	Organisation
Chief Exec T&P (Chair)	Paul Jenkins	Chief Executive	pjenkins@tavi-port.nhs.uk	Tavistock and Portman
GP Clinical Lead	Alex Warner	GP	a.warner@nhs.net	GP
CAMHS Clinical Lead	Rob Senior	Medical Director	RSenior@tavi-port.nhs.uk	Tavistock and Portman
MH Clinical Lead – C&I	Vincent Kirchner	Medical Director	vincent.kirchner@candi.nhs.uk	C&I
MH Clinical Lead - BEH	Jonathan Bindman	Medical Director	jonathan.bindman@beh-mht.nhs.uk	BEH
Chief Exec C&I	Angela McNab	Chief Executive	angela.mcnab@candi.nhs.uk	C&I
Chief Exec BEH	Maria Kane	Chief Executive	Maria.Kane@beh-mht.nhs.uk	BEH
Whittington Health	Clive Blackwood	AD CAMHs & Children's Therapy	c.blackwood@nhs.net	Whittington Health
Finance Lead	Robert Whiteford	CFO	Robert.Whiteford@enfieldccg.nhs.uk	Enfield CCG
BEH Lead Commissioner	Graham MacDougall	Director of Commissioning	Graham.MacDougall@enfieldccg.nhs.uk	Enfield CCG
C&I Lead Commissioner	Paul Sinden, Jill Britton	Director of Commissioning, AD MH	p.sinden@nhs.net ; jill.britton2@nhs.net	Islington CCG
Chair of EbyE Board	Georgina Knock	Chair	Contact programme manager if wish to contact EbyE Board	EbyE Board
ASC Rep	Sarah McClinton	Director of Adult Social Care	sarah.mcclinton@camden.gov.uk	LB Camden
Public Health Rep	Tamara Djuretic	AD of Public Health	Tamara.Djuretic@haringey.gov.uk	London Borough of Haringey
C&I Lead Director	Darren Summers	Director Strategy & Business Development	darren.summers@candi.nhs.uk	C&I
BEH Lead Director	Andrew Wright	Director of Strategic Development	Andrew.Wright@beh-mht.nhs.uk	BEH
DCS Representative	Carmell Littleton	Director Children's Services (Islington)	Carmell.Littleton@islington.gov.uk	LB Islington
Programme Manager	Pippa Wady	Programme Manager	pippa.wady@camdenccg.nhs.uk	NCL
Finance & Activity Modelling rep	Simon Goodwin	Director of Finance	simon.goodwin@beh-mht.nhs.uk	BEH
Finance & Activity Modelling rep	Dave Wragg	Director Finance	david.wragg@candi.nhs.uk	C&I
Finance & Activity Modelling rep	Rob Whiteford	CFO	Robert.Whiteford@enfieldccg.nhs.uk	Enfield CCG
Finance & Activity Modelling rep	Ahmet Koray	CFO	ahmet.koray@nhs.net	Islington CCG

NB. There is an LB Islington open invite to the other NCL CCG directors of commissioning

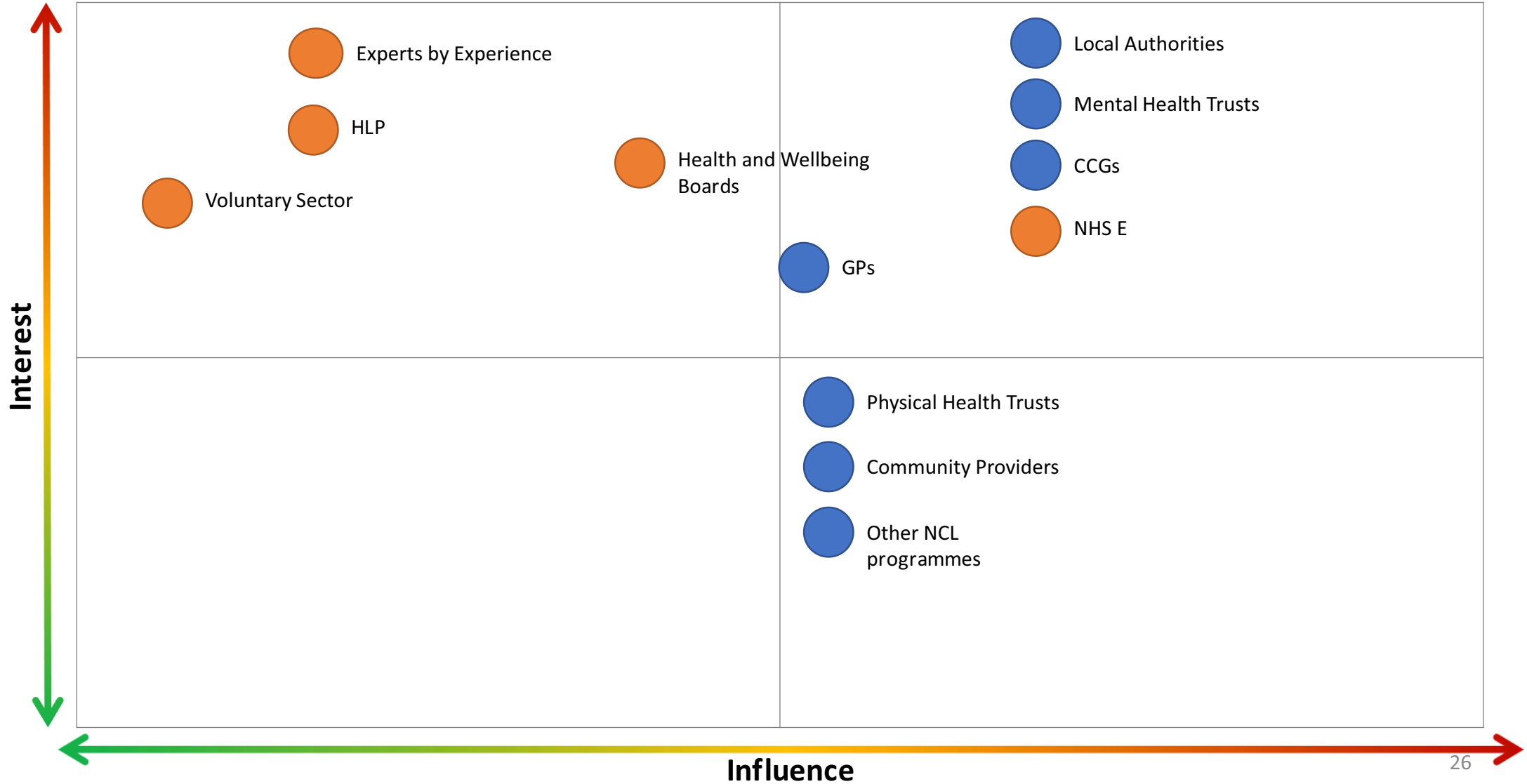
How CCGs/providers/LAs are being engaged in the period to 31 March

Summary

- CCGs, providers and LAs are all engaged through the NCL Mental Health Steering Group
- In addition to this the CCGs and LAs are engaged through the monthly adult mental health commissioner meetings, and the monthly CAMHS commissioner meetings. Across NCL there are joint commissioning arrangements for mental health and CAMHS between CCGs and LAs
- For individual initiatives, where project boards are being established, these will include CCGs, providers and LAs. The Perinatal Mental Health Project Board is beginning in March and will include a broad membership
- A number of stakeholder workshops have also been held to engage widely. Further workshops to be held before 31 March include two expert by experience workshops, and a workforce workshop
- In addition to CCG, provider and LA engagement, the NCL Mental Health Programme is committed to coproduction and experts by experience engagement, and as such has established the EbyE Board which includes service users and carers from across the 5 boroughs. This group supports the development of the programme, and is represented at the Steering Group

Stakeholder map

- Internal stakeholder
- External stakeholder



Key messages

Overarching message

- We will develop a 'stepped' model of care supporting people with mental ill health to live well, enabling them to receive care in the least restrictive setting for their needs.
- We recognise the key role and accountabilities of social care for people with long-standing mental ill health and drawing on this will be central to the success of the stepped model.
- In the development of this model of care we are committed to coproducing with those who have lived experience. We have established an experts by experience group, the EbyE Board, with representation from across our 5 boroughs. The group formed in December 2016, and going forward will be involved in all of our areas of work, and support us in further engagement and coproduction across NCL.
- By investing in community based care, we aim to reduce demand on the acute sector and mitigate the need for additional mental health inpatient beds. This will improve overall mental health outcomes across NCL, reduce inequalities for those with mental ill health, enable more people to live well and receive services closer to home and ensure that we are treating both physical and mental ill health equally
- Our ambition is that unless someone requires highly specialised care, they will be able to receive the care they need with NCL, and not require an out of area placement
- Through this work we aim to bring all of NCL up to the same level of care, so that no matter where in NCL you live, you can expect to receive the same high quality care

Outline Stakeholder Engagement Plan

Plan to 31 March 2017

Proposed engagement activity by stakeholder:

- CCGs, LAs and MH Trusts engaged through Steering Group and wider governance structure
- Experts by Experience engaged through EbyE Board and 2 workshops to be held in March
- Physical health care providers to be engaged through Transformation Board and collaborative working with other NCL programmes

Plan for 2017/18

Proposed engagement activity by stakeholder:

- As above
- Further stakeholder workshops to be held in 17/18 including specific workshops for experts by experience, as well as wider stakeholder workshops
- Connecting with other NCL programmes to ensure representation at other events
- Engagement plan to be developed for each of the prioritised initiatives









Lead for Comms and Engagement

Named lead:

Pippa Wady

Key workstream risks

RISKS

Risk	Risk level	Risk description	Mitigating action
1. Pace		External factors impact on progress / direction of the workstream e.g. national steer and direction from NHS England, policy change, regulator intervention etc. Likelihood = 3, Impact = 4	Include 'external' stakeholders within engagement plan, ensure they are briefed and up to speed with the workstream as it progresses to gain buy-in, visibility and traction; and mitigate the likelihood of external intervention through alignment of national and local objectives. Residual Likelihood = 2, Impact = 1
2. Engagement		Risk of duplication across NCL programmes L = 3, I = 3	Regular meetings being held between MH and other programmes to identify dependencies and develop shared working RL = 1, I = 2
3. Legal			
		If transformation funding is not awarded, it will not be possible to begin to implement workstreams in 17/18 and so by 20/21 there will be a need for additional inpatient beds L = 4, I = 5	A prioritised list of initiatives to be delivered has been identified as to where to focus delivery for 17/18 and 18/19, but this still requires investment L = 3, I = 4
		Risk of delay in delivering initiatives and realising benefits due to difficulty in recruiting substantive clinical workforce L = 3, I = 4	Joint working with workforce workstream to develop plan for recruitment L = 2, I = 3
4. Resource		Risk pressure on the system increases whilst delivering the programme due to potential for underlying demand increase and other pressures such as cuts to LA spending L = 3, I = 4	Working with LAs to anticipate changes in demand and provision of services L = 3, I = 3
		Risk of estates being unsuitable for delivery of initiatives, and interdependency with estate workstream L = 4, I = 3	Work with estate workstream. In development of each initiative estates requirement to be reviewed L = 3, I = 2
		Where national transformation funding has been awarded for 1 year, risk that if services do not demonstrate initial impact CCGs will be unable to commit funding L = 3, I = 3	Working closely with commissioners and data analysts to monitor savings and developing business cases for future funding L = 2, I = 2