

# GM Mental Health and Wellbeing Strategy Investment Proposition

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# **GM Mental Health and Well-being Strategy Vision**

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities.

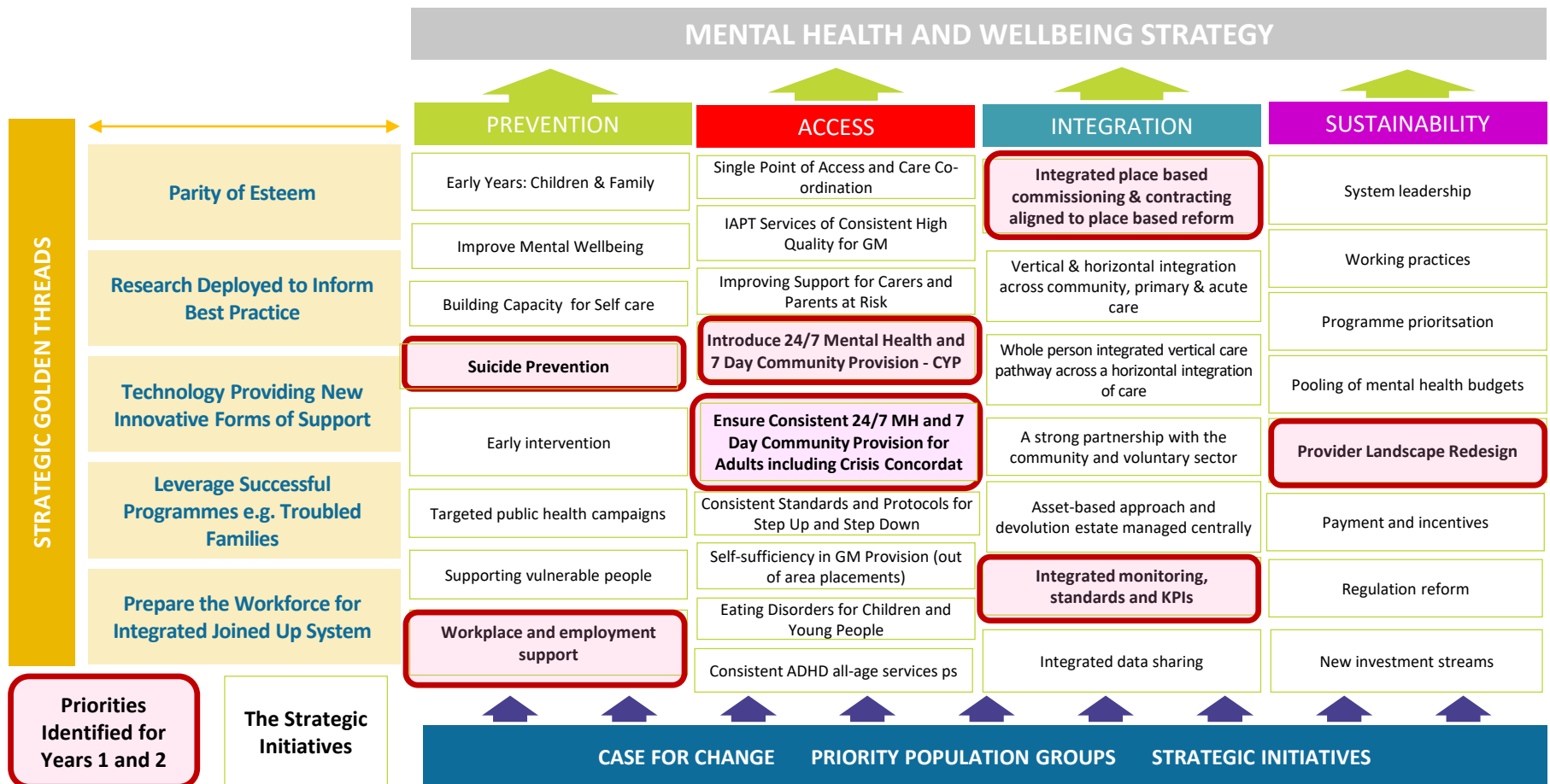
Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system.

Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well-being of GM residents.

# GM Mental Health and Well-being Strategy – The Plan on a Page

## CHARACTERISTICS TO UNDERPIN VISION

PREVENTION	Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
ACCESS	Responsive and clear access arrangements connecting people to the support they need at the right time
INTEGRATION	Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations
SUSTAINABILITY	Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles



# GM will Deliver Our Share of the National Five Year Forward View Ambition ...

**3,920 more children will access evidence-based mental health care interventions** – including better access for ADHD, eating disorders + those with disabilities

**Intensive all-age home treatment will be available in every part of GM as an alternative to inappropriate hospital admissions**

**No GM acute hospitals without all-age mental health liaison services, and specialist sites all meeting the national 'core 24' service RAID standard + RADAR**

**At least 1,680 more women each year can access evidence-based specialist perinatal mental health care + additional local parent-infant MH support pathways**

**30 people fewer or 10% reduction suicides and all areas will have multi-agency suicide prevention plans in place (including acute hospital standards) by 2017**

**Increased access to evidence-based psychological therapies to reach 25% of need - 33,600 more people helped** – primary care and LT condition care pathways

**1,624 people with SMI who can access evidence-based Individual Placement and Supported Employment will do so - and GM Work & Health model support**

**15,680 people with SMI will have access to evidence based physical health checks and interventions** – targeting smoking and obesity

**60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks**

**Inappropriate out of area placements will be eliminated for adult acute mental health care** - with targeted city-centre action, expanded local GM MH rehab specialist units + GMP/L&D triage

**New models of care for tertiary MH will deliver quality care close to home, reduced inpatient spend, increased community provision and new crisis care models for children and young people**

**Right number of CAMHS/Eating Disorders/LD/Secure T4 beds in the right place** – esp reducing the number of inappropriate out of area placements for children and young people

# Investment Framework

## (GM-wide Collaborative and Locality Delivery Programmes)

We have aligned local, GM and national objectives to inform the proposed priorities of this package. The objectives are organised according to:

- Improving Mental Wellbeing & the Resilience of Communities
- Integrating physical and mental health programmes
- Children and Young People's Mental Health
- Perinatal Mental Health
- Adult Mental Health: IAPT
- Adult Mental Health: Community, Acute and Crisis Care
- Suicide Prevention
- Work & Health
- Health & Justice
- Older People and Dementia

# GM Mental Health Strategy Investment Programme Priorities

## 1. GM CCG and Locality Baselines Funded Programmes (MH must do's) – mandated programmes of work set out in the 5YFVMH that Localities are committed to deliver FYFV national programme outcomes (Up to £77.683m )

- Treatment Access - Additional psychological therapies
- High quality MH services - CYP IAPT
- Expand Capacity – Psychosis treatment
- Individual Placement Support into Secondary Care – Severe mental illness
- Referral to Treatment - Community Eating disorder teams
- Eliminate Out of Area Placements for non-secure for non-specialist acute care
- Reduce suicide rates
- Increase baseline spend on MH to deliver MH Investment standard
- Dementia diagnosis rate/post diagnostic care & support
- MH Access & Quality standards – 24/7 access to community, home & liaison teams

## 2. Transformation Funding (Up to £56.225m )

Areas of the 5YFVMH and GM MH Strategy have been prioritised to receive significant transformation funding in addition to what exists in locality baselines. It is proposed that programmes listed in I and II are coordinated at a GM level, with input of colleagues across the system:

### 2.1. CCG Locality Plans to Deliver 5YFVMH and GM MH Strategy (Up to £10.800m excluding MMH £4.0m + and slippage in 2.2 & 2.3)

- Enhanced Adult Crisis & Urgent Care programme options
- Integrated IAPT/Primary Care RAID programmes

### 2.11. GM Coordinated Programmes of Work to be Delivered through the Theme 1 Population Health Work Stream of the GM 'Taking Charge' Strategy and Other Transformation Boards (Up to £6.800m)

- Suicide prevention, overcoming MH stigma and Supporting Communities of Identity
- Work and Health across the life-course
- Dementia United
- Health and Justice

### 2.111. GM Coordinated Programmes of Work to Deliver 5YFVMH and GM MH Strategy ( Up to £34.625m)

- 24/7 Community-based access and Crisis Care (children and young people)
- GM iThrive Network and CYP MH Workforce development (NHS, LA and VCSE)
- Improving mental wellbeing, building capacity and resilience of communities
- GM Perinatal and Parent-Infant mental health
- Liaison Mental Health – Core 24 access GM

For the programmes listed in 2.1 it is proposed that transformation funding (usually allocated for STP-wide programmes) is awarded directly to GM

# **Mental Health Investment Proposition**

## **1. GM CCG and Locality Baselines Funded Programmes**

## Locality-based Investment in Mental Health

- The government provided new monies into CCG baselines to support delivery of the 5YFVMH. This new CCG investment is not seen in isolation and should not be used to supplant existing spend or balance reductions required elsewhere.
- Work to understand current GM locality investments in mental health was carried out in line with the national 5YFV planning guidance. Some concerns noted in several localities about adequate baseline CCG/LA funds to meet all FYFV MH programme costs.
- GM CCGs have however confirmed work to meet the GM share of the National Five Year Forward View Ambition priorities for the period 2017-19. All GM CCGs have confirmed increases in MH funding 2017/18 in line with the required minimum requirement of the Investment Standard – that is 2.8% average.
- The specific required additional FYFV MH funding has been profiled to increase CCG allocations over time to support transformation and plan for recruitment of the additional workforce required, as set out in the indicative table on the next slide. This will now be further reviewed in conjunction with GM CCG CFOs/Deputy CFOs and DOCs – with particular reference to realignment of historic block contracts to establish accurate baseline positions, and assurance of IT and Business Intelligence support required for measurement and reporting.



# **Mental Health Investment Proposition**

## **2. 1. CCG Locality Plans to Deliver 5YFVMH and GM MH Strategy**

# Negotiated Locality Plan + Delivery Agreements - 5YFVMH/GM MH Strategy

- It has been identified that activities related to 24/7 Community-based Access & Crisis Care (Adults) and Integrated IAPT + work to deliver the 5YFVMH and GM MH Strategy outlined in 2.1 are most suitable to be considered for delivery at a locality level first. If then these are considered as GM cluster-wide, MH Trust provider or GM-wide level these can be reviewed.
- Further engagement with localities is planned to support allocation of remaining transformation funding to deliver these mental health work streams.
- Engagement with localities will be to identify mental health investment baselines , planned increases in investment and commitment to delivering the GM MH strategy and 5YFVMH. This will also support localities with refreshing their locality plans and programme budgeting over the coming years.
- This process will also highlight locality variations in mental health investments over time and support development of principles for awarding locality funding.

# **Mental Health Investment Proposition**

## **2. 11. GM Coordinated Programmes of Work to be Delivered through the Theme 1 Population Health and Other Transformation Board Work Streams of the GM 'Taking Charge' Strategy**

# Increased GM Investment Over Time to Support Transformation and Plan for Recruitment of the Additional Workforce Required

## **Suicide Prevention - by 20/21 in line with the national 5YFVMH ambition, reducing by 10% the number of people taking their own lives across Greater Manchester compared to 2016/17 baseline**

- Reduce risks in key-high risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to suicide means
- GM Suicide Bereavement Pathway - provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviours
- Support research, data collection and monitoring
- Revised local sector improvement programmes for Suicide and Deliberate Self-Harm
- Support for delivery of Acute Hospital Suicide Care Standards

## **Work, Skills and Mental Health**

- An effective early intervention system available to GM residents in work who become ill and risk falling out of the labour market
- Enable GM employers to provide 'good work', and for people to stay healthy and productive in work - Employer and Workplace Charter Support
- Early intervention for those newly out of work who need an enhanced health support offer
- Better support for diverse range of people who are long-term economically inactive in GM - intensive dedicated key worker support, bespoke /sequenced packages of support drawing on a range of local services and wrap-around personalised support provision around employment and skills landscape
- Access to the Talking Therapies Service for Mental Health and the Skills for Employment Service for improving skills and access to work placements and apprenticeships via a 1 to 1 learning mentor
- Co-commissioning with DWP - Local design input from JCP, Local Authorities, health, skills and broad range of stakeholders - Increasing signposting – greater engagement with health & skills
- Fully utilising health and skills devolution to create a new delivery 'eco-system'

# Increased GM Investment Over Time to Support Transformation and Plan for Recruitment of the Additional Workforce Required

## **Dementia United Strategy**

- Leadership, Governance & Programme Management/Coordination Support
- Stakeholder Engagement
- GM standards (Preventing Well, Diagnosing Well, Living Well, Supporting Well, Dying Well, Improving Well and Delivering Well)
- Dementia Barometer and Improvement Dashboards
- Common data collection systems to determine the 'lived experience' for people living with dementia and those who care for them
- Peer-Review Improvement programmes
- Dementia United Quality Mark programmes for Domiciliary, Residential and Nursing Home Support
- Improvement Coaching
- Digital Innovation
- Housing Partnerships

**Health and Justice - by 20/21, there will be evidenced improvement in Mental Health care pathways across detained settings across Greater Manchester – and with comprehensive access to Custody/Liaison & Diversion programmes**

- Liaison & Diversion Local Pathways across the whole Criminal Justice Pathways

**Adult MH Secure Care Pathway - by 20/21, there will be a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people who have severe MH problems and significant risk or safety issues in the least restrictive setting as close to home as possible – including developing New Tertiary Care models of care previously overseen by NHS England Specialised Commissioners for Greater Manchester**

- Secure Local Pathways
- In and Out-reach programmes

# **Mental Health Investment Proposition**

## **2. 111. GM Coordinated Programmes of Work to Deliver 5YFVMH and GM MH Strategy**

# GM-Wide Co-ordinated Mental Health Programmes

- **Perinatal and Parent / Infant Mental Health Support** – Developing and implementing GM integrated GM specialist inpatient and outreach perinatal mental health teams – linked with Mother and Baby Unit. Developing and implementing parent-infant mental health early help and attachment programmes - with extended fast-track IAPT access. Supporting perinatal mental health network leadership and engagement.
- **iThrive network and CYP MH Workforce development** – ensuring iTHRIVE model is integrated throughout GM and provides the focus for CYP services/workforce development, CYP pathway development, promotion of shared learning and system-wide effective responses to Adverse Childhood Experiences
- **Public Mental Health and Well Being - Focusing Greater Manchester Resources on Early Intervention and Prevention through Public Sector Reform Transformation Activities** - and Joint Working to Build Capacity and Resilience of Communities with Voluntary and Faith Services (eg MH Literacy, Bereavement Support)
- **24 / 7 community based access and crisis care for children & young people** – implementing CYP MH 24/7 community based access and crisis care delivering on the GM service pledges and iTHRIVE model to facilitate appropriate levels of help suited to CYP and family needs - ensuring self-help and library resources, community-based in-reach/out-reach home treatment teams, all age RAID services and CYP safe spaces/inpatient access. Intervention and support is focussed around the 4 pillars of Getting help, Getting more help, Getting risk support and Coping
- **Liaison mental health** – ensuring all-age Core-24 compliant support for acute hospitals with 24/7 A&Es and a modified Core-24 service in hospitals with Urgent Care Centres, beginning with specialist hospitals to improve early detection and treatment of mental health problems in people with existing physical health problems/ medically unexplained symptoms and people attending acute hospitals in a mental health crisis. The benefits are reduced inappropriate inpatient admissions, shorter lengths of stay, fewer delayed discharges and reduced re-admissions.

# VCSE involvement so far

- Supported the development of the GM Mental Health Strategy via a number of GM stakeholder events in 2015-16 – which VCSE were an integral part of
- Nominated representation on the Mental Health Implementation Executive from VCSE sector to ensure there is an effective voice in the key decision making processes
- Agreed a MOU with VCSE to support engagement across GM Devolution agenda:
  - A step change in the understanding & involvement of people and communities in the transformation of Mental Health
  - Increased mutual learning and continuous professional development
  - Effective development of VCSE activity



# Opportunities Going Forward

- Feedback, Engagement & Co-production will be sought in the development of business cases for the proposed GM-coordinated and locality led MH transformation projects:
  - Perinatal and Parent / Infant Mental Health Support
  - iThrive network and CYP MH Workforce development:  
**Event on the 24<sup>th</sup> August**
  - Public Mental Health and Well Being:  
**Opportunity to join a quarterly forum**
  - 24 / 7 community based access and crisis care for children & young people
  - Liaison Mental Health
- New Improvement Collaborative Network overseeing the MH programme:
  - To review the programmes of work and progress being made

# Your Views

- How do you wish to be involved
- Where do you see yourself adding greatest value
- How can we effectively support this