North West London Mental Health and Wellbeing Programme

Draft Programme Initiation Document

[Please note: this PID will be updated during programme mobilisation]

DOCUMENT CONTROL

VERSION	AUTHOR & DATE	COMMENTS
0.1	*Eleanor Wyllie 090914*	*Initial draft*
0.2	*Thirza Sawtell 150914*	*Review and amends*
0.3	*Eleanor Wyllie 160914*	*Update to reflect TS comments*
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0.7	*Eleanor Wyllie 301214*	*Includes economic impact of MH, and demographic info in section 1*

DOCUMENT APPROVAL

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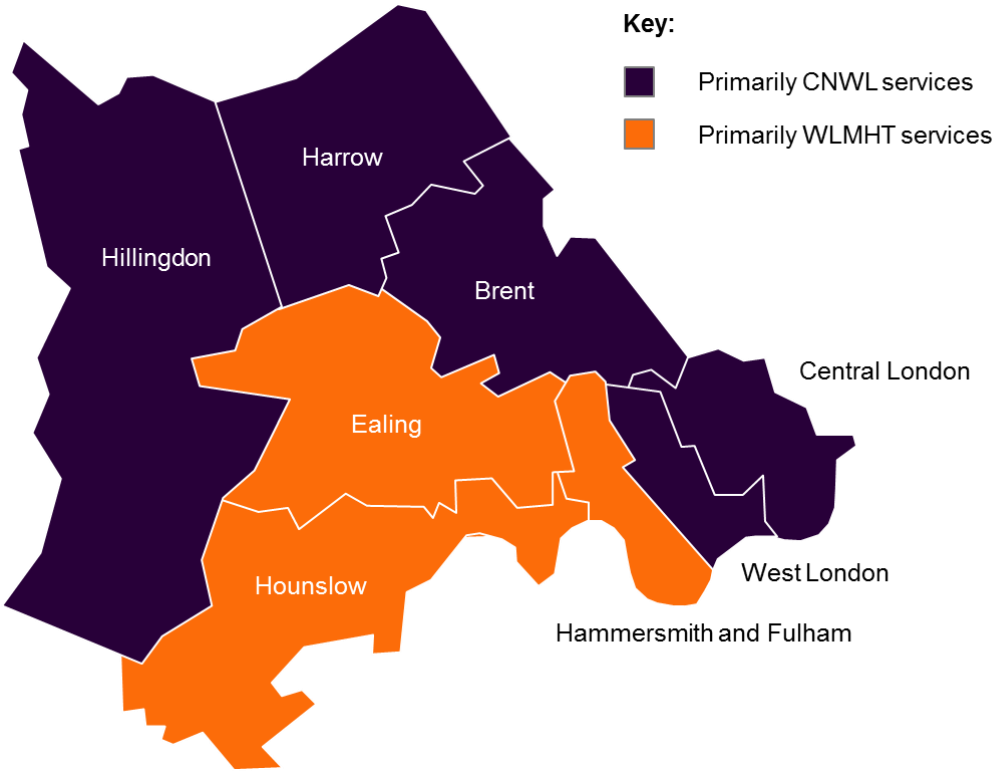
Contents

1. Background / context

North West London comprises eight boroughs. The NHS in North West London (NWL) serves a population of 1.9m and has two mental health providers, 10 acute and specialist hospital trusts and two community trusts. NWL covers 8 boroughs, and has 8 Clinical Commissioning Groups (CCGs), which are broadly co-terminus, with the exception of Central London CCG (which comprises the majority of Westminster) and West London CCG (which comprises Kensington and Chelsea and part of Westminster).

The two mental health trusts are Central and North West London NHS Foundation Trust (CNWL) and West London Mental Health NHS Trust (WLMH), and the primary areas they serve are shown in the figure below.



- In 2012/13 mental health accounted for almost 12.5% or £460 million of the total NHS spend across NW London, with spend on learning disability costing £56 million; together they account for 14% of NHS NWL spend (although this varies from 9.4% in Hillingdon to 19.7% in Westminster)[1].
- The estimated prevalence of common mental health disorders such as depression, anxiety, and obsessive–compulsive disorder (OCD) in the CCG population ranges from under 14% in Harrow to over 21% in Central London.[2]
- Rates of serious mental illness (SMI) are estimated to be 1.08% across NWL (compared with 0.84% in England). Inner boroughs do have higher rates, with West London having the 4th highest rate of SMI in the country (1.46%)[3].
- Within NWL Local Authorities, there is variation in the effectiveness of spend and outcomes on public health and other services, which can impact on NHS services.

[1] **Source: Programme Budgets, 2012/13**
[2] **Common Mental Health Disorders, Public Health England, 2014.**
[3] **QOF 2012/13, Public Health England**

1.1 Impact of poor mental health and wellbeing

- Poor wellbeing leads to low educational attainment and employment levels, anti-social and criminal behaviour. It also leads to worse mental and physical health, often resulting in increased mortality.
- Mental health problems are common and expensive:
  - At least one in four of us will experience a mental health condition at some point in our lives and one in six adults has a mental health condition at any given time.
  - One in ten children (aged 5-15) has a mental health condition and half of all people with lifelong mental health conditions have developed them by the age of 14.
  - Mental illness accounts for 23% of the total burden of disease in the UK; more than cardiovascular disease or cancer.
  - One in three people over 65 will develop dementia; two-thirds of whom will be women.
  - Sickness absence due to mental health problems costs the UK economy £8.4bn a year and also results in £15.1bn in reduced productivity.
  - The cost of mental health in England is estimated to be £105bn and the cost of health services to treat mental illness could double over the next 20yrs.
- Changing demographics, including an ageing population, mean the demand for services is increasing, creating pressure on service quality and outcomes, as well as on the sustainability of the current system over time.

1.2 Strategic context

In 2012, NW London agreed a three year strategy for mental health services 'Shaping Healthier Lives'. The strategy was innovative and ahead of its time in its approach and provided the coalescing factor bringing together, through the NW London Mental Health Programme Board led by Dr Fiona Butler, clinical leaders (both commissioners and providers), strategic leaders from across health and care (both commissioners and providers), key partner organisations such as the Metropolitan Police Service and lay people.

'Shaping Healthier Lives' focused on three priority themes, each targeting a different part of the mental health care system:

- **Shifting settings of care**, which aimed to move patients to less intensive settings of care, as appropriate to their needs;
- **Acute psychiatric liaison**, which improved access to mental health care for patients in general acute hospitals and support acute hospitals to identify and treat mental health patients; and
- **Improving physical and mental health integration**, which provides tailored support to improve patient outcomes.

The 'Shaping Healthier Lives' strategy concludes in 2015. An interim, high level review of the implementation of the strategy confirms good progress has been made against many of its key strategic deliverables:

- **Shifting settings of care:** Primary Care Plus has been designed, developed and implemented across CWHHE, to provide enhanced primary mental health services for patients who no longer need to be treated in acute settings. Improving Access to Psychological Therapies (IAPT) has been rolled out across all 8 CCGs. [DN some data available for this – awaiting it] Urgent care pathways are being redesigned to deliver shifts in settings of care, and business cases for the redesign are currently with CCGs (as at November 2014).
- **Acute psychiatric liaison:** standardised services are in place in all 10 acute sites across North West London, delivering a more efficient model of care. By applying standard costs across all 8 CCgs, savings were made for BHH of c£1m (25% of contract price), although Hammersmith and

Fulham had additional costs of £6-700k due to not having a service in place. Data is starting to be reported (from Nov 14).

- **Improving physical and mental health integration:** this strand of the strategy is being taken forwards by the Whole Systems Integrated Care Early Adopter pilots, which are in early stages of development. There are two pilots focussing on long term mental health conditions, in Hounslow and West London.

Implementation of these changes has however exposed the need for future areas for change across the system and the requirement to ensure that all these changes are undertaken through a coordinated, whole system approach to ensure that the best outcomes are achieved for service users and carers, in a way that demonstrates the best value for money.

Looking forward it is important that any North West London Whole System Mental Health and Wellbeing Strategic Plan should be developed within the wider London and national context for mental health improvements, so that we value mental health equally with physical health (parity of esteem). Most obviously, the NW London plan needs to build from the six unambiguous objectives set put in the mental health strategy 'No health without mental health' published by the government in 2011; the mental health strategy implementation framework and suicide prevention strategy published in 2012, the work undertaken through the 'Time to Change' campaign and the first mandates to NHS England and Health Education England.

The NW London plan also needs to take on the challenge set out in the DH document 'Closing the Gap: Priorities for essential change in mental health' published in February 2014. It needs to acknowledge and bridge the gap between long-term ambition and short term action. In doing so the plan will need to capture the shared long-term ambitions of people and pioneer partners across NW London and also address areas where partners need to work together to achieve the twenty-five areas set out in 'Closing the Gap' where people can expect to see, and experience, the fastest changes over the next one to two years.

The plan should build on the evidence set out in the 2013 Annual Report of the Chief Medical Officer: Public Mental Health Priorities: Investing in the Evidence, take note of the 14 recommendations outlined therein, and act on them where appropriate (particularly recommendations 1-4, 12 and 13).

Within its report 'Better Health for London' (Oct 14), the London Health Commission used as one of its organising constructs segmentation of the population which closely aligns to the NW London population segmentation approach. It is therefore entirely aligned to continue to use this approach in the development of the NW London plan. The London Health Commission report focussed on both health and wellbeing and set ambitious aspirational goals for London. All mental health trusts in London have committed to a set of shared ambitions for mental health care:

- they have set the goal to reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 10% within 10 years.
- they will lead an all-London, all-agency pledge to identify and treat psychosis in half of cases within two weeks and all cases within eight weeks of the first signs and symptoms.
- they pledge to work with commissioners to proactively offer access to smoking cessation, blood pressure monitoring and treatment, cancer screening and treatment, and effective weight management programmes for people under their care.

It is anticipated that NW London localities will both adopt any aspirational goals agreed and will also want to enhance these goals, using a similar approach, with NW London 'ambitions' developed as part of the programme through co-design with the people of NW London. In addition, the NW London plan will build upon the work being led across London by Dr Geraldine Strathdee on developing mental health intelligence networks.

It is clear that mental health is a complex area; the figure below outlines local, regional and national initiatives, programmes and guidance that the development of this strategic plan will need to take into account of (some of which have been described above).

1.3 Vision for Mental Health and Wellbeing in North West London

Earlier this year, the NW London Mental Health Programme Board suggested a refreshed vision for mental health services:

> '**Excellent, integrated** mental health services to **improve mental and physical health**, secured through collaboration and determination to **do the best** for the population of North West London. Services that:
>
> - Are responsive, focussed on the person, easy to access and navigate.
> - Provide care as close to home as possible, with service users at the heart; where and when it is needed.
> - Improve the lives of users and carers, promoting recovery and delivering excellent health and social care outcomes, including employment, housing and education.'

In addition, in June 2013, thirty-one partner organisations across North West London entered together into the North West London Whole System Pioneer Integration Programme[4]. The programme was built upon a shared vision:

> 'We want to improve the **quality of care** for individuals, carers and families, **empowering and supporting** people to maintain independence and to **lead full lives** as active participants in their community'

Since that time NW London pioneer partners have worked together to develop a co-designed framework for how integrated care in NW London could look. This framework is captured in the NW London Whole Systems Toolkit[5] which was launched in May 2014. The co-design phase developed ideas and solutions based on the best intentions, knowledge and experience of all involved.

Both visions are clearly closely aligned and completely interdependent. Both also take a whole systems approach to mental and physical health and wellbeing.

A North West London Whole System Mental Health and Wellbeing Strategic Plan will be developed within the context of the NW London Whole Systems programme. This strategic plan will encompass all population groups, including children and young adults, with a focus upon both mental health and wellbeing for all population groups. It will provide a foundation for further work being planned across the whole systems programme, most notably in relation to children and young people. The strategic plan will acknowledge and celebrate the diverse communities of NW London and will have a commitment to delivering outcomes that will have meaning for local communities.

To fully achieve this, the pioneer programme will widen its scope to include not just the health and social care community in relation to the transformation of the support and care available to people with mental health problems but also more actively involve the public health community, with local government in the lead, to ensure mental health and wellbeing promotion and prevention is given the attention required to deliver the outcomes agreed.

Following the ethos of the NWL Whole System Pioneer Programme, the development of the plan will be undertaken using a genuine co-design and co-production approach (see section 2.5 below). It will also recognise the sovereignty of each locality (borough and CCG) and will seek to bring partners together to support the delivery of local ambitions and plans, agree plans that can only be achieved at pace across a wider geography, seek to share learning and agree outcomes or ambitions that resonate across NW London to complement local outcomes and ambitions. It will be a significant piece of work, and will require a proportion of the Shaping a Healthier Future budget to be delivered.

[4] http://www.healthiernorthwestlondon.nhs.uk/news/north-west-london-selected-national-pioneer-joined-care
[5] http://integration.healthiernorthwestlondon.nhs.uk/chapters

2. Objectives and expected benefits

2.1 Programme objectives

The overarching objective of the NWL Whole System Mental Health and Wellbeing Strategic Plan is to bring together local commissioners, providers, users and carers and other local stakeholders to identify, test and refine the optimal approach to delivering mental health and wellbeing services across NWL and to transition to implementation of this solution.

Achieving this will require other objectives to be met, namely:

- Ensure the strategic plan addresses the mental health and wellbeing all population groups, including children and young people
- Review and refresh 'Shaping Healthier Lives', with a focus on wellbeing and prevention of poor mental health
- Modernise our approach to wellbeing and maximise local authority impact on public mental health
- Co-production approach with service users and carers ('Lay Partners'), clinicians and staff.
- Effective engagement of clinical and non-clinical stakeholders, driven by improvements to quality of clinical care and non-clinical outcomes.
- Share learning and agree outcomes that resonate across NWL to complement local outcomes and ambitions across health and social care
- Alignment of local delivery plans and strategies with wider NWL transformation programmes, including for NHS NWL:
  - the overarching Whole System Strategic Plan,
  - SaHF hospital reconfiguration programme,
  - Primary Care transformation programme (including the Better Care Fund and Prime Minister's Challenge Fund)

  and across the councils:
  - regeneration
  - place shaping
  - employment and skills agendas.
- Alignment of strategic plan with NWL financial strategies within each Council (medium term financial strategies), CCG (including Better Care Fund recovery plans) and mental health trust (long term financial models).
- Greater ownership; how individuals, families and communities can help themselves look after themselves
- A transparent and rigorous process for moving from a long-list of options to a short-list
- Transparent and well-informed decision-making
- An open and compliant statutory consultation (if applicable)
- A well-planned hand-over to providers for effective and timely implementation

2.2 Programme outcomes

By the end of the programme we should have:

- Addressed the case for continuity and change in a way that best delivers the desired clinical standards and broader benefits, within the constraints affecting the sector (e.g. financial) and that provides a blueprint for sustainable future mental health and wellbeing services across health and social care
- Co-developed a mental health and wellbeing strategic plan that is in line with the wider Whole System programme and other transformational programmes across NWL.
- Developed a vision and case for continuity and change based on a population needs assessment and best practice evidence
- Achieved a greater understanding of wellbeing and what we as the public sector can do to improve this.
- Delivered this activity in a way that will stand-up to external scrutiny and challenge
- Delivered within agreed timescales, effectively managing the transition of programme ownership during the course of its lifetime
- Successfully created the necessary impetus and structure for implementation and to have handed this over to the team that will lead that implementation.

2.3 Long term programme benefits (post-implementation)

The programme is being established to ensure that the ambitions for mental health and wellbeing in NWL are covered by the NWL Whole System Pioneer programme, to ensure 'parity of esteem' between mental health and physical health conditions. It will be important to define, track and realise the benefits the programme seeks to deliver.

Specific benefits will also be dependent upon the agreement of the scope of the programme; in particular, identification of the specific services in which changes will take place. However, this type of programme typically aims for the following benefits for the services in which changes are made:

- More integrated whole system approach to delivering mental health and wellbeing services
- Improved experience and outcomes for patients accessing mental health and wellbeing services;
- Greater ownership; how individuals, families and communities can help themselves look after themselves (eg dementia friends)
- More people being treated in primary and community settings where this leads to improved quality of care;
- More effective integration of care across different settings and providers;
- Early intervention to reduce crisis attendance in acute settings for certain conditions;
- Greater opportunities for clinicians to enhance their skills, where applicable;
- Improved utilisation of buildings; and
- Improved deployment of clinical staff, supporting them to provide better care to patients and carers.

These benefits should collectively deliver better outcomes for the NWL health and social care economy, such as:

- Increased patient satisfaction;
- Increased social capital or wellbeing measures about people's lives, eg patients reporting they have 'had a meaningful day'
- Increased patient resilience – i.e. a greater ability to deal with life's problems and a reduced risk of developing mental illness or committing suicide;
- Improved relevant public health outcomes[6]
- Reduction in crisis non-elective admissions through better management of conditions;
- Reduction in delayed transfers of care – particularly for acute mental health admissions.
- Reduction the variation in life expectancy for people affected by serious mental illness (such as psychosis);
- Reduction in the high percentage of years of life people spend with a disability due to a mental health cause;
- Reduced criminal behaviour, anti-social behaviour, risk-taking behaviour (e.g. smoking), and sickness absence;
- Reductions in readmission of patients;
- Improved patient educational attainment and outcomes, greater productivity and remaining in employment, improved cognitive ability and quality of life, and improved social connectedness;
- Improvement in self-reported happiness index of NWL population
- Support mental health indicators within the Better Care Fund recovery plans.
- Increased staff satisfaction; and
- Improved financial sustainability of the local health economy.

Development and agreement of a benefits framework for NWL will form part of the programme, and will be shaped by both the case for continuity and change and the clinical vision. A mechanism for tracking and managing benefits realisation will need to be defined and established during the later stages of the programme.

[6] For example:
1.02i - School Readiness: The % of children achieving a good level of development at the end of reception
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate
1.05 - 16-18 year olds not in education employment or training
1.18i and ii - Social Isolation: % of adult social care users (or their carers) who have as much social contact as they would like
2.13i - Percentage of physically active and inactive adults - active adults
2.23i-iv - Self-reported well-being indicators – low satisfaction, low worthwhile, low happiness and high anxiety

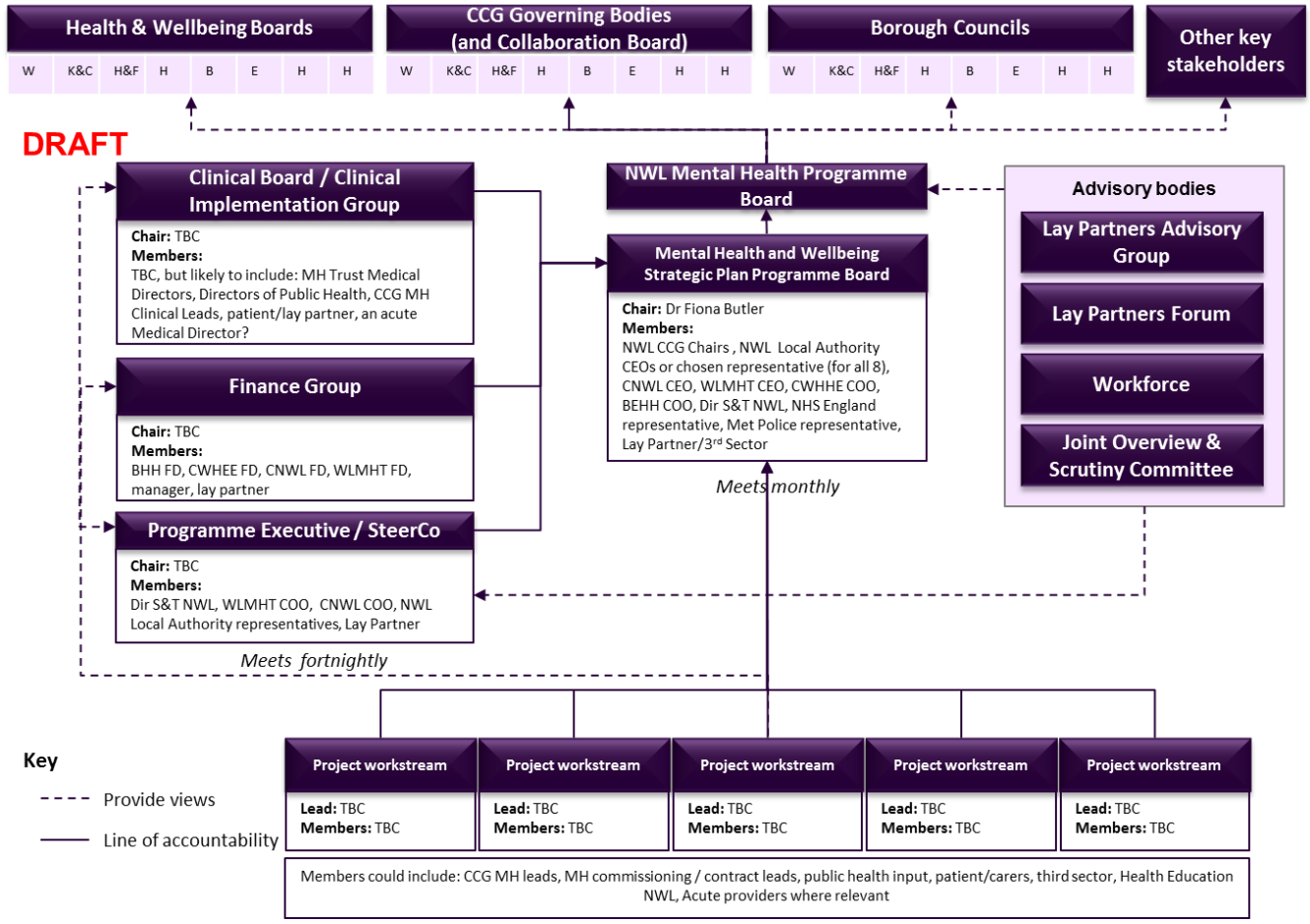
2.4 Governance

[DN: The below assumptions could change depending on the outputs of the Board Development work carried out by Carnall:Farrar, and following programme mobilisation once the external resource is in place]

Key principles underpinning Programme governance arrangements:

- Ultimate commissioning decisions will be made by CCG Governing Bodies, local authorities and NHS England (for specialist mental health services) as appropriate and in conjunction with local Health and Wellbeing Boards
- Although providers have no legal role in the decision-making process, it is very important that they are engaged with and supportive of the process. Local providers must have the opportunity to influence decision-making and involve their staff in the development of informed solutions that reflect actual provider circumstances. In the development of a whole system strategic plan for NWL, all partners have to own it, and it has to deliver the changes required to ensure a financially sustainable solution to mental health and wellbeing services in NWL. Providers will therefore be active partners in the development of the plan. Care will be taken to ensure there is no conflict of interest post as the strategy nears commissioning/contracting stage.
- It is proposed that the Mental Health Programme Board (MHPB) is amended such that a Strategic Mental Health Programme Board is established, dedicated to developing the Strategic Plan. This strategic board will align closely with the Delivery MHPB [DN: subject to change following C:F review]. As a minimum the Clinical Responsible Officer for the programme will chair both components of the board and the clinical leads from each CCG will be members of both components (strategic and delivery) of the board.
- The MHPB Strategic Board will act in an advisory role to the CCGs.
- Clinical leadership of the programme will be facilitated and senior local clinicians (CCG mental health leads, Medical Directors and equivalent) given the opportunity to influence the development of solutions; ensuring that they are clinically sound.
- Service users, carers, clinicians and staff will co-design and co-create the strategic plan and the solutions within it.
- Lay partners will be present on the MHPB Strategic Board, the Clinical Board and all working groups below that. This is in line with the Embedding Partnerships approach taken by the NWL Whole System Integration programme.
- The public health community, local government and the police will be actively involved, and will be members of the MHPB Strategic Board.
- Where possible, existing forums and meetings will be used when setting up the governance arrangements, to reduce the burden on busy people's time.

The proposed Governance structure is set out below [DN subject to change following C:F review].



The **CCG Governing Bodies** will have formal decision-making responsibility. [DN suggestion to include timescales and clearly articulate process for decision making] This will include responsibility for:

- Setting out the overall scope, aims and timescales for the programme
- Signing-off key programme deliverables
- Taking the final decision on whether to proceed to consultation (based on PCBC)
- Ultimately, taking the final decision on whether to proceed with proposed service changes

However, if the proposed service model(s) require changes to services that are commissioned by Councils and NHS England, then sign-off will be required by these organisations also.

Whilst this governance structure makes use of existing arrangements where possible, it is necessary to establish additional groups to manage, support and scrutinise programme delivery:

The **MHPB Strategic Board** (part of MHPB) will:

- Set the strategic direction of the plan
- Oversee delivery of the programme in line with the scope, aims and timescales set out by the Collaboration Board; in particular managing cross-organisational issues, risks and dependencies

- Oversee development of programme deliverables
- Ensure that decisions/proposals are consistent with changes and transformation that are occurring across NW London and within individual organisations, such as the WLMH site consolidation project
- Bring together partner organisations to jointly oversee the strategy development
- Ensure appropriate links are made with other strategic programmes and groups within NHS NWL; in particular the London Health Commission analysis and the Imperial College Health Partners analysis.
- Act as a forum for managing the most serious risks and issues and handling issues that relate to inter-organisation and inter-programme dependencies
- Provide final approval of key outputs and deliverables.

The **Clinical Board (or Clinical Implementation Group)** will ensure the programme develops robust clinical proposals and make clinical recommendations. [DN due to the distributed leadership arrangements for clinicians within MHPB, there may not be a need for a separate clinical board – instead clinicians could sit on all groups and report back to the programme board and agree next steps.][DN: Subject to change following C:F review] Specifically they will:

- Review and agree the vision and case for continuity and change
- Develop the evidence base for good quality care, and agree a definition of what good care looks like (in terms of outcomes and quality care)
- Agree the NWL ambitions for mental health and wellbeing
- Develop options for how mental health services should be provided to achieve the agreed ambitions and outcomes
- Develop options for the future configuration of mental health and wellbeing services (if applicable)
- Develop and recommend criteria for the assessment of options for the future configuration of services to the MHPB
- In addition the Clinical Board / Clinical Implementation Group will:
    - Provide expert clinical advice on other programme deliverables; including expected clinical benefits
    - Ensure there are clinical advocates for proposals in each relevant service area

The **Programme Executive** will:

- Manage programme delivery in line with the scope, aims and timescales set out by the Collaboration Board.
- Utilise wider stakeholder engagement, expert advice and act as a ‘critical friend’ to:
    - Assist risk mitigation and issue resolution
    - Work through barriers that surface during development of the Strategic Plan
    - Provide quality assurance during development of the Strategic Plan
- Facilitate the flow of information and feedback across the programme, to support the development of outputs
- Provide direction and challenge to any workstreams

The **Workstreams** will:

- *Workstreams to be confirmed during programme mobilisation.*
- *XXX*

2.5 Advisory and/or collaborative bodies

[DN: To be confirmed during programme mobilisation phase – possibly including HWB / Healthwatch / 3rd sector / Acute Trusts etc?? . JOSC, Lay Partners, Finance & modelling, workforce]

- 'Critical Friend' role – an external advisory and/or collaborative body that reviews key programme outputs [to be elaborated on after discussion with CM/SS/FB].

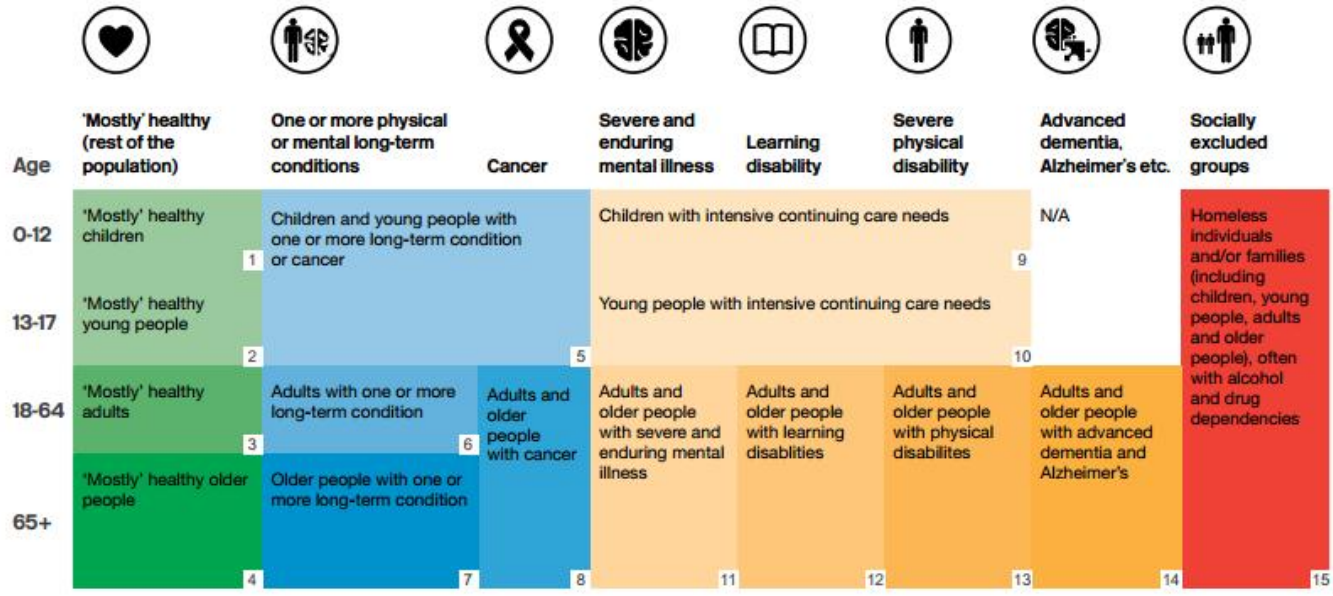
2.6 Embedding Partnerships

The NWL Whole System Mental Health and Wellbeing Strategic Plan will use the embedding partnerships approach taken by the Whole System Integrated Care Programme. Embedding partnerships is founded in principles of co-design of solutions with partner organisations, patients, carers, clinicians, staff and a wide range of stakeholders at every stage.

Through Embedding Partnerships we will:

- Co-produce the programme with patients, people who use services and carers as partners, as well as with clinicians and staff
- Represent the voice of patients, people who use services and carers and educating other stakeholders
- Consider specifically the role of self-management in delivering Whole System Mental Health and Wellbeing services
- Hold the programme to account and ensure that Whole System Mental Health and Wellbeing services deliver improved outcomes and experience for patients, people who use services, and carers

We intend to recruit additional patients with a mental health condition, and their carers, to the existing Lay Partners Forum. We will then draw members from this to sit on all groups within the governance arrangements. We will recruit members from existing patient groups, such as CCG PPGs, Mental Health Trust Groups, HealthWatch groups, Council groups, police groups and third sector groups. We will try and ensure that the lay partners we recruit are representative of the NWL population (referring to the population segments below), but where this isn't possible (ie for hard to reach groups, or children and young people), we will attend existing forums (for example, through the mental health trusts or third sector groups) to ensure that all views are heard.
Population segments set out in the London Health Commission report 'Better Health for London' (Oct 14):



3. Scope

3.1 Programme scope and context

The initial scope of the programme is broad, encompassing mental health and wellbeing services for all population and age groups within North West London. It is intended that through development of the case for change and vision, the programme board will identify priority areas to focus on, and these will probably become the programme workstreams and the focus of new service models.

The NWL Whole System Mental Health and Wellbeing Strategic Plan will be developed within the context of North West London – in particular within the financial context. The short, medium and long-financial strategies of each CCG, Council and mental health trust will be considered when developing the plan, so that it is deliverable within the financial constraints, and will therefore be realistic and financially sustainable.

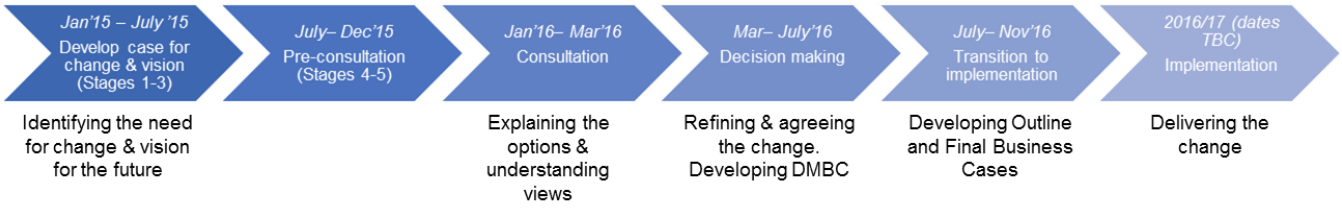
The Plan will also be developed within the context of the other transformational programmes currently underway in NW London – including Reconfiguration, Primary Care, and in particular the Whole System programme:

- Encompassing all population groups, including children and young adults with a focus upon both mental health and wellbeing for all population groups.
- Providing a foundation for further work being planned across the Whole System programme, most notably in relation to children and young people.
- Acknowledging and celebrating the diverse communities of NW London
- Committing to delivering outcomes that will have meaning for local communities.

To fully achieve this the pioneer programme will widen its scope to include not just the health and social care community in relation to the transformation of the support and care available to people with mental health problems, but also more actively involve the public health community, with local government in the lead, to ensure mental health and wellbeing promotion and prevention is given the attention required to deliver the outcomes agreed. It will also embrace the Embedding Partnerships approach taken within the wider Whole System programme, and involve Lay Partners, clinicians and staff in the co-design and co-production of the Strategic Plan.

3.2 Programme

The overall timeline for the programme is broken down into six phases as follows:



During this period there will be a general election (7 May 2015). If there is a change in government as a result, then there may be changes to local and national organisations, across health and social care. The programme will need to plan for and respond to such changes as they take place; ensuring an appropriate fit with new arrangements as part of the overall NWL response to the changes. Most critically we will work with emerging stakeholders at an early stage to build understanding of and buy-in to the programme.

The Programme will be considered complete and can be closed down when:

- The CCGs (and Councils and NHS England, if appropriate) have approved a final proposal for service change (if applicable)
- Any review process has been concluded (if applicable)
- It has been identified who will lead implementation
- Hand-over to the implementation phase is confirmed, including:
    - Development of implementation plans by providers
    - Establishment of provider governance structures to own and drive forward these implementation plans
    - Oversight of implementation (including benefits realisation tracking) built into commissioning arrangements (governance, contracts, KPIs / performance reporting, etc.)

Alternatively, the NWL CCGs may take the decision to close down the Programme before it is complete if, for example, the NWL commissioning strategy alters significantly.

3.3 Inclusions

The programme will be commissioner-led and will manage the process for commissioners to design and agree proposals for service change across NWL to improve mental health and wellbeing services for patients through increased clinical quality and financial sustainability.

3.4 Exclusions

The programme will exclude any programmes being specifically developed and delivered within single CCGs / boroughs, although if they are directly relevant then we will ensure alignment between the programmes.

3.5 Dependencies

The following dependencies for the development of the NWL Whole System Mental Health and Wellbeing Strategic Plan have been identified:

- NWL Whole System Pioneer Programme
- WSIC Early Adopter project for Long Term Mental Health needs
- 'Shaping Healthier Lives' projects and workstreams
- WLMHT Site Consolidation
- Carnall:Farrar (Laying the Foundations) work in WLMHT and CNWL
- Carnall:Farrar Board Development work for MHPB
- Imperial College Health Partners analysis into Psychosis, and actions arising from that.
- London Health Commission report 'Better Health for London' (Oct 14).
- 2015/16 Contracting round
- Public Health England's Health and Wellbeing Framework for England (was due August 2014)
- Health Education NWL re-procurement of five year Mental Health Nurse training contract over the next 6 months.

- Reduction in MH Nurses planned by providers (compiled by Health Education) NWL will be submitted to Health Education England.

In addition, the interaction between the NWL Whole System Mental Health and Wellbeing Strategic Plan and the local strategies of organisations within NWL will need to be considered, for example:

- Direction and priorities
- Communication and co-ordination
- Resource and support
- Decision-making and assurance

3.6 Assumptions

Assumptions made in the development of the PID include:

- That the programme will be able to secure sufficient resources to deliver the Strategic Plan to the agreed timetable.
- That the partnership organisations will lead and work together to drive development of the Strategic Plan, sharing experiences and learning lessons together.
- That the two MH providers, and possibly some of the acute providers, the CCGs and the Councils will contribute data and resources to inform the case for continuity and change, and any options appraisal in a timely manner.
- That the partnership organisations will actively participate in developing the Strategic Plan, taking responsibility for content development, risk mitigation, issue resolution and shared leadership.
- That the approvals process can be flexed to fit tight programme timescales in order to expedite key decisions and / or approval of key deliverables, e.g. by running extraordinary meetings of the Collaboration Board and Programme Board
- That there are no major changes in national or local policy during the planned lifetime of the programme.
- That issues arising during consultation (if required) can be resolved in a timely manner.

4. Programme resources

4.1 Programme design

The programme will need to interact with, and take account of, the other NWL-wide programmes, such as SaHF reconfiguration, primary care (including the Prime Ministers Challenge Fund), Whole Systems Integrated Care and the Better Care Fund within health. In addition, within social services some of the big programmes focus on regeneration, place shaping ,and employment and skills.

The workstreams to deliver the Strategic Plan are yet to be determined (see governance structure in section 2.4). These will be agreed during programme mobilisation, and resources agreed accordingly.

4.2 Programme team

The Programme will have a Programme Management Office (PMO) consisting of primarily internal staff, including:

- Programme Director
- Programme Manager
- Programme Administrative Support
- Public Health Consultant and registrar input
- User Engagement & Equalities leads
- Communications and engagement lead

There will also be external support within the PMO – likely to be in the form of a Programme Manager and a Programme Officer.

In addition, the Programme will include the following Leadership roles:

Role	Who	Responsibilities
Senior responsible officer (SRO)	Thirza Sawtell, Director, NWL Strategy and Transformation Team	• Set strategic direction & ensure programme prioritised & issues resolved • Champion proposals locally, influencing key stakeholders where required
Programme Director	Internal post – yet to be appointed	• Oversee programme delivery*; chairing and coordinating programme executive [DN – or would this be the role of CRO/SRO?]* • Champion proposals locally, influencing key stakeholders where required
Programme Manager	Internal post – yet to be appointed	• Lead Programme Delivery activities and ensure products meet acceptance criteria • If required, ensure programme fully supports NHS London assurance process, delivering all requirements of NHS England Guide 'Planning and delivering service changes for patients', including PCBC and consultation document

Role	Who	Responsibilities
Clinical Responsible Officer (CRO)	Fiona Butler Mental Health Lead for NWL [DN: any additional clinical leads?]	• Chairing Mental Health Programme Board, and Strategic Board • Ensure expert clinical advice provided on programme deliverables • Ensure proposals are clinically sound and will deliver improved service quality, building clinical consensus & support • Explain and champion proposals to other local clinicians building their support for change • Explain and champion proposals to local and national stakeholders, the media, patients and the public; working closely with the NHS NWL Communications lead [DN will this be required?] • Ensure there are clinical advocates for proposals in each service area
Communications & Engagement Lead	Internal post – yet to be appointed	• Lead Communications and Engagement activities and ensuring delivery of products to meet acceptance criteria • Ensure the programme adopts the Whole Systems Embedding Partnerships approach; ie co-design and co-production of programme materials and decisions. • Recruit lay partners as required, to ensure that a broad spectrum of mental health users and carers are represented within the programme. • Ensure that the programme plans and undertakes appropriate engagement with relevant stakeholders at each stage • Ensure that statutory requirements to engage stakeholders in the programme are met so that a compliant consultation process is delivered • Ensure consistency of communications between stakeholders as part of managing the internal communications of the Programme
Finance & Business Planning Lead [DN may not be a specific role within the programme]	To be confirmed	• Ensure the programme works with local leads for financial, capital, estates, productivity and workforce • Ensure programme proposals and deliverables in particular the options development and appraisal, are based upon robust modelling and assumptions • Ensure the financial, capital, estates, activities and workforce implications of proposals are fully understood, for the sector as a whole and at site level and that provider CEOs are fully sighted on these implications • Ensure programme deliverables have appropriate input from provider leads for finance, capacity / estates planning and workforce

These programme leaders will be supported by appropriate resources which are expected to vary to meet the needs of each stage of the programme and to consist of a variety of internal resources and specialist external resources. Resources to support the programme through to consultation are being procured.

4.3 Programme costs

This is a significant piece of work with considerable costs attached, and will commit a large proportion of the SaHF budget – programme benefits and deliverables and prioritisation of money needs to be fully considered. The 2015/16 SaHF budget needs to ensure that there is sufficient funding for this mental health programme.

In addition to the resources described above, other programme costs might include:

- Legal advice - the programme will require access to legal advice to help it to ensure statutory requirements are met
- Communications activities and materials - such as programme branding, public events costs, printing, consultation materials, and wider communications beyond legal consultation to underpin wider change across mental health services.
- Clinical time – organisations participating in the programme are expected to bear the cost of clinicians participating except in exceptional circumstances.
- Expenses for lay partner involvement, in line with embedding partnerships expense reimbursement policy.

5. Approach

5.1 Principles underpinning our approach

The approach to develop a robust Whole System Mental Health and Wellbeing Strategic Plan for North West London, will be based on the following principles:

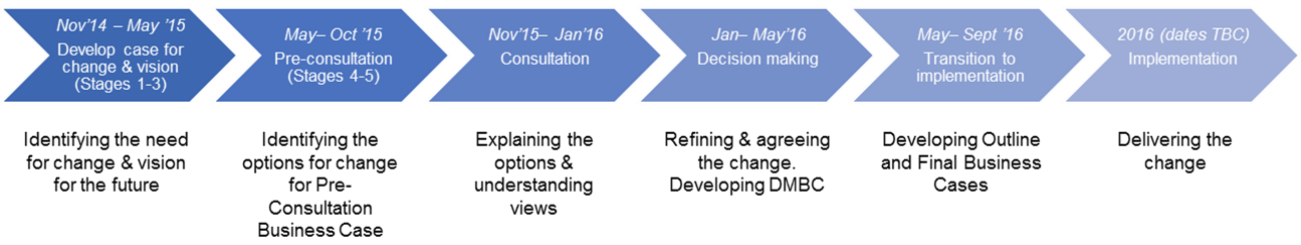
- **Whole Systems** – the Strategic Plan will cover the 'whole system' of care for mental health and wellbeing in North West London, and so will be developed with a wide range of stakeholders, including health, social care, public health, voluntary sector and the police. We will modernise our approach to wellbeing, and maximise local authority impact on public mental health. Co-production with local authorities will be essential in the development of this plan.

- **Co-design and co-production** – the plan will be designed and created with service users,carers, clinicians and staff. Lay partners will not be merely consulted on the proposals, they will help develop solutions. We will adopt the Embedding Partnerships approach used within the Whole Systems Integrated Care programme, and will utilise existing forums and groups where possible. We will undertake a formal public consultation (if required), for at least 12 weeks, during which we will explain our proposals to the wider public and listen to their views on the implications of those proposals. This will include specific work to understand the implication of proposals on different equalities groups, in particular traditionally under-represented groups.

- **Robust and transparent process underpinned by a sound clinical evidence base** – the vision and case for continuity and change will be based on a sound evidence base for good quality care. We will develop a robust, evidence-based process for developing and appraising options for continuity and change that we will share with stakeholders at each stage of its development; working in particular with senior local clinicians [DN – through the Clinical Board / CIG] to ensure any options are clinically sound. This will also include testing the impact of proposals on patients and the public – for example, for residents of each borough, for inequalities, for patients with specific mental health and wellbeing needs etc – assisted by the embedding partnerships approach.

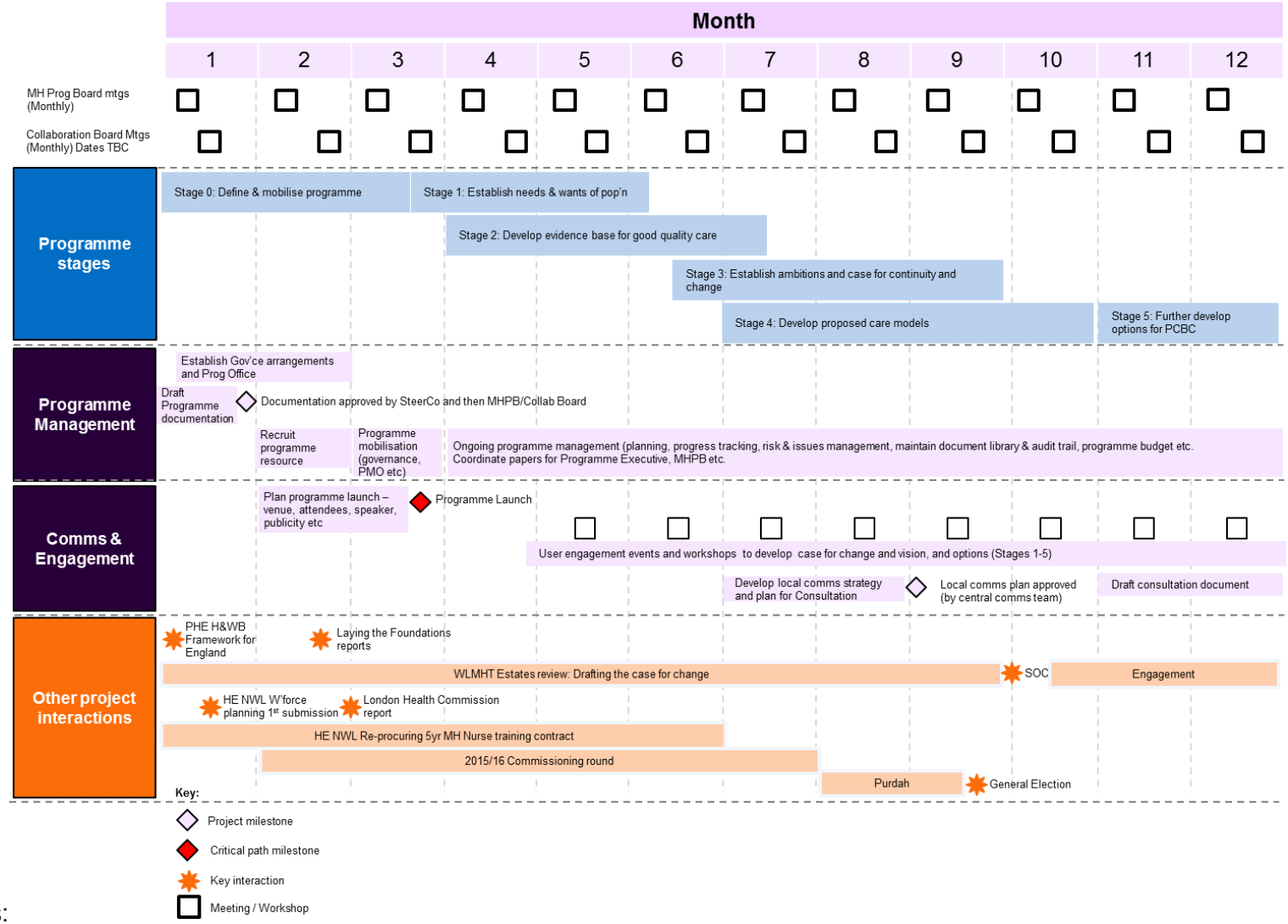
5.2 Programme plan

The overall timeline for the programme is broken down into six phases as follows:



Detailed plans will be developed and maintained for each phase in the lead up to and during that phase. This will be the responsibility of the Programme Manager.

A high level plan (as at 25 November 2014) for the work required up to the launch of any public consultation (if applicable) is as follows:



Draft plans for stages 0-5 are provided in the appendix to this document. The stages are outlined below.

5.3 Stages within the programme

Stage 0: Define and mobilise programme
Support the mobilisation of the programme including:

- Establishing appropriate governance, resourcing and workstream arrangements
- Establish detailed programme plan, interdependencies and deliverables
- Establish ways of working including with wider team
- Agree and submit data requests (to providers, CCGs, Local Authorities etc, for both financial and activity data).

Stage 1: Establish the needs and wants of the population in NW London
Taking a population health based approach:

- Establishing the disease burden and how this varies across the population of NW London
- Understanding the wants of different parts of the population
- Understanding the experience of service users, their families and carers
- Understanding the experience of people with mental health needs within the justice system
- Understanding what outcomes are achieved today and how they vary (for both health and social care mental health and wellbeing service provision)

Stage 2: Developing the evidence base for good quality care
Using the population health based approach:

- Agreeing a definition of what good care looks like
- Identifying through literature review, interviews etc examples of evidence-based practice
- Understanding and quantifying the potential for improvement across NW London

Stage 3: Establishing the ambitions and the case for continuity and change
Across the NW London geography:

- Agreeing the NW London ambitions for mental health and wellbeing
- Establishing the potential for improvement across NWL – how NWL compares to best practice and meeting needs
- Establishing the need for change to meet the identified improvement gap and achieve the agreed ambitions
- Establishing what works well today and should be retained in the future
- Establishing what does not work well and needs to change
- Defining principles of care and benefits framework
- Drafting case for change

Stage 4 (in parallel with stage 3): Developing the proposed care models
Using the agreed population segmentation approach:

- Agreeing how the mental health and wellbeing needs of each segment should be addressed – including the role of the mental health services
- Identifying how mental health services should be provided to achieve the ambitions and outcomes, including in-depth understanding of the resources required across the settings of care

Stage 5: Establishing the required infrastructure to deliver and identifying options for change (Options Development for Pre-Consultation Business Case (PCBC))

- Confirming scope of pathways to be reviewed
- Defining and agreeing quality standards and proposed care models

- Agreeing evaluation criteria for proposed options, conducting modelling and other assessments and testing and developing any short listed options
- Agreeing plans to address the key enablers to change including workforce, capital, information and payments
- Identifying the estates solutions required to deliver the improvements
- Development of consultation materials (if required)
- Drafting PCBC
- Carry out equalities impact assessment

The stages below are dependent on the outcome of stages 1-5.

Consultation (if required)

- Ongoing programme of activities to consult with the public and other stakeholders.

Decision making

- Report on consultation findings.
- Development of Decision Making Business Case (DMBC) to include response to consultation findings.

Transition to implementation

- Agreeing the required implementation plans, including timescales and alignment and ensuring alignment with whole system programme timeline
- Identifying for all aspects of the implementation the geography and the interdependencies
- Taken account of any external factors likely to impact upon implementation
- Integrating implementation into business-as-usual commissioning
- Establishing provider implementation plans and governance arrangements

5.4 Programme deliverables

The production of the North West London Mental Health and Wellbeing Strategic Plan and other key documents as outlined in the stages above and the table below. The case for continuity and change will need to identify solutions that best deliver the desired ambitions, benefits and outcomes within the constraints of NWL (eg financial) and that provides a blueprint for sustainable future service provision.

In producing the documents, the PMO will need to ensure buy-in from key stakeholders – the plan needs to be realistic and owned by each of the organisations that are to deliver it and achieved in a way that will stand up to any external scrutiny and challenge. Genuine co-design and working in partnership with all stakeholders is therefore crucial.

The key deliverables within each of these stages are as follows:

Stage	Milestone	Planned Date
0: Mobilisation	Established governance, resourcing and workstreams for programme	Jan 15
	Programme plan signed off	Jan 15
	Programme launch	Feb 15
	Programme mobilisation	Nov 14-Jan 15
1-3: Case for change & vision	Clinical & public engagement events	
	Vision and Case for change	July 15
	Proposed Clinical service models	Nov 15
4-5: Pre-consultation	Benefits framework	
	Options development & appraisal process	
	Long list options (if applicable)	
	Evaluation criteria & weightings	
	Shortlist of options	
	NCAT, OGC and initial four test reviews (if required)	*Nov 15*
	Pre-consultation Business Case (PCBC)	Dec 15
	Four tests evidence	*Dec 15*
	Integrated impact assessment	Dec 15
	Consultation documents (if required)	Dec 15
Consultation (if required)	Ongoing programme of activities to consult with the public and other stakeholders	Jan 16-Mar 16
Decision making	Report on consultation findings	Apr 16
	Decision making business case (DMBC) including response to consultation findings	July 16
Transition to implementation	Outline and Final Business Cases drafted	Aug-Dec 16
	Integrate implementation into business-as-usual commissioning	Aug-Dec 16
	Provider implementation governance established	Aug-Dec 16
	Provider implementation plans	Jan 17 16

5.5 Progress management and reporting

Each workstream will provide a fortnightly report on workstream progress, risks and issues to the Programme Executive. [DN – or should the PMO just compile one progress report and send it to the Programme Exec?]

The Programme Management Office will also provide a fortnightly report on progress against key programme deliverables to the Programme Executive.

The Programme Management Office will produce a summary programme progress report (drawing on workstream reports) as part of the papers for the monthly MHPB Strategic Board.

5.6 Equalities

We will ensure that work undertaken in developing the Mental Health and Wellbeing Strategic Plan adheres to and follows the principles of the Equalities Act of 2010. The Equality Duty has three aims and the Act requires public bodies to have *due regard* to these aims. Which are to:

1. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it
3. Foster good relations between people who share a protected characteristic and people who do not share it.

This will mean that our future approach to service transformation will include the following:

1. We will continue to seek the views from patients, their representatives and from protected groups to ensure that they are involved in helping to design future service change
2. We will ensure that all workstreams should consider equalities and engagement issues and these are imbedded in the work and plans they develop. All decisions on future service change should show how equalities issues have helped to determine service change.
3. Each workstream should have a robust process for engaging with and responding to the needs of patients, carers and the public, this will include specific work with protected groups particularly those affected by the changes.

We will utilise the existing Whole System approach to embedding partnerships, such as the Lay Partners Forum, to ensure that those likely to be impacted by any changes brought about by the Strategic Plan are considered from the outset of the programme. We will appoint recruit additional mental health representatives to the Lay Partners Forum, and then appoint lay partners from this to sit on all forums and groups within the programme governance. There will be an equalities lead appointed as part of the Programme Management Office.

An Integrated Impact Assessment will be carried out by an external company.

6. Risks

The Programme Manager will ensure that programme and workstream level risks are regularly identified and that appropriate mitigation strategies are in place; escalating risks and issues through the programme governance structure where appropriate to ensure timely resolution. The workstreams will maintain risk logs, which will inform the programme risk log. The Programme Executive will receive a copy of the programme risk log on a fortnightly basis, and high level risks will be submitted to MHPB Strategic Board meetings. However, it is vital that all organisations participating in developing the Whole System Mental Health and Wellbeing Strategic Plan are collectively responsible for managing risks and resolving issues.
[DN: how to escalate risks that might lie within individual organisations or localities?]

Key programme level risks identified at the start of the programme were identified as follows.

	Risk	Mitigation
1	Unable to access data required to develop case for change	- Programme mobilisation phase of c.3 weeks to assess data requirements and submit data requests - Utilise alternative sources of data (such as that used by ICHP or other S&T programmes)
2	Insufficient stakeholder engagement results in insufficient buy-in / support of the Strategic Plan.	- Embedding Partnerships approach; co-design of programme - Detailed stakeholder engagement plans to be developed and delivered.
3	Insufficient clinical support for proposals.	Establish Clinical Board / CIG, active clinical input to case for change, clinical service models; actively engage clinicians in options development and appraisal
4	If the Strategic Plan is not co-designed with users and carers and Lay Partners, it will not have the intended impact in transforming mental health and wellbeing services for the NWL population.	Embedding partnerships approach; co-design of programme. Lay partner membership on all key groups.
5	If potential service changes include services commissioned by Councils (such as public health and wellbeing services), then the affected Council(s) will need to sign off the proposals	- Identify early-on in the programme which mental health and wellbeing services the Councils commission - Incorporate sign-off by Councils into Governance structure if required
6	Time allocated to the Strategic part of MHPB may be insufficient to discuss all programme outputs and make recommendations	Review with MHPB
7	Setting-up Clinical Board / CIG may delay the programme	- Review programme timelines during programme mobilisation phase - Utilise existing clinical forums if appropriate, or continue with distributed leadership model, and not have a Clinical Board/CIG.

7. Stakeholder engagement and communications

The programme management office and the communications and engagement lead will work together to maintain a view of key stakeholders and to deliver proactive and reactive engagement with these stakeholders.

7.1 Stakeholder engagement map

The approach to stakeholder engagement and communications needs detailed planning and consideration. Initial thinking is set out below.
[DN: DRAFT – work in progress]

Group	Subgroup	Approach
CCGs	Chair / AO CFO MD/COO Executive Governing Body	Membership of MHPB Strategic Board Briefing to Collaboration Board + MD/COOs
CCG Collaborative / Federation / Collaboration Board	CWHHE Chairs Forum CWHHE SMT BHH Chairs Forum BHH SMT Collaboration Board	As above, and offer to attend forums / SMT meetings for key programme updates
WLMHT CNWL	CEO / Chair Executive Trust Board Clinical leads	Membership of MHPB Strategic Board and Programme Executive CEOs disseminate to Executives Clinical leads input to Clinical Board / provide clinical input to programme groups.
Local Authorities	CEO DPH DASS / DCS Executive structure H&WBB	Membership of MHPB Strategic Board (CEO, DPH, DASS, DCS) and other groups as required Public Health consultant as part of internal programme resource. Possible DPH membership on Programme Executive Provide key programme updates to Health & Wellbeing Boards
NHSE / PHE	Specialist commissioning Public health commissioning PHE	NHS England membership of MHPB Strategic Board, due to commissioning role for specialist MH services
Other health partners	ICHP	Briefing to Chief Executive Possible membership of MHPB Strategic Board
	Other NHS providers	Raise at SAHF Implementation Board
Other providers	TBC	
Lay people	Healthwatch (PPRG) WSIC Lay Partners Other user groups	Membership of MHPB, Programme Executive, Clinical Board / CIG and any workstream groups Attend existing forums for under-represented / hard-to-reach groups
Justice System	Police	Membership of MHPB Membership of sub-groups as required
Wider Pioneer community	Pioneer partners	Regular briefings and updates provided
Third/voluntary sector	Mind/ Rethink/ Depression Alliance etc.	Possible membership of some groups within governance structure. Co-production of programme outputs Regular briefings/updates provided
External leaders / supporters	TBC	

8. Quality assurance

The programme may deliver changes to NHS and social services and as such will be subject to rigorous quality assurance, both internally and externally.

Internal quality assurance will include:

- Programme Manager / Director reviewing key deliverables as they develop and prior to submission through formal approval routes
- Discussion of major programme deliverables with a wide range of stakeholders through programme governance – as set out in section 2.4 (Governance).

External quality assurance will include:

- External clinical peer review of the clinical proposals (via the Clinical Board/ CIG)
- 'Critical Friend' role – an external advisory and/or collaborative body that reviews key programme outputs.

If required:

- An Integrated Impact Assessment to test the impact of proposals on equalities groups, the environment etc [exact requirement TBC]
- Scrutiny by a Joint Overview and Scrutiny Committee (representing Health Overview and Scrutiny Committees for boroughs covered by the Strategic Plan).

9. Programme documentation

The programme will need to establish systems to:

- Maintain well-structured records of papers and minutes of key programme / decision making meetings including clear record of decisions made and who took those decisions
- Maintain records of other programme events (e.g. clinical or public engagement events), including who was invited, who attended, what was discussed, what concerns or issues were raised and the programme's response
- Document programme attendance at external meetings and events, including obtaining records of those meetings and keeping records of any information presented by the programme
- Maintain an audit trail showing the development and approval of key documents and deliverables (from the PID to final decision making business case) – including documenting how the views of clinicians and the public have been considered at each stage
- Manage any requests for information under the Freedom of Information Act.

[DN need to develop a document and version control process and store on the shared drive.]

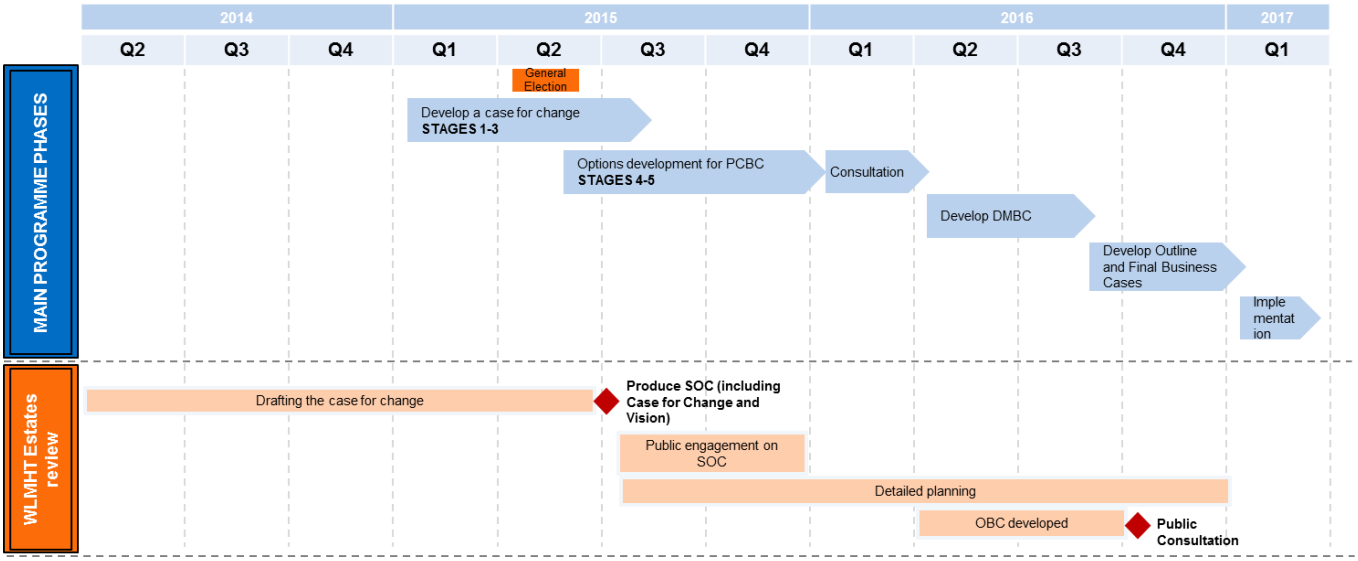
Programme management tracking (including project plans, risk and issues logs) will be through PM3 software.

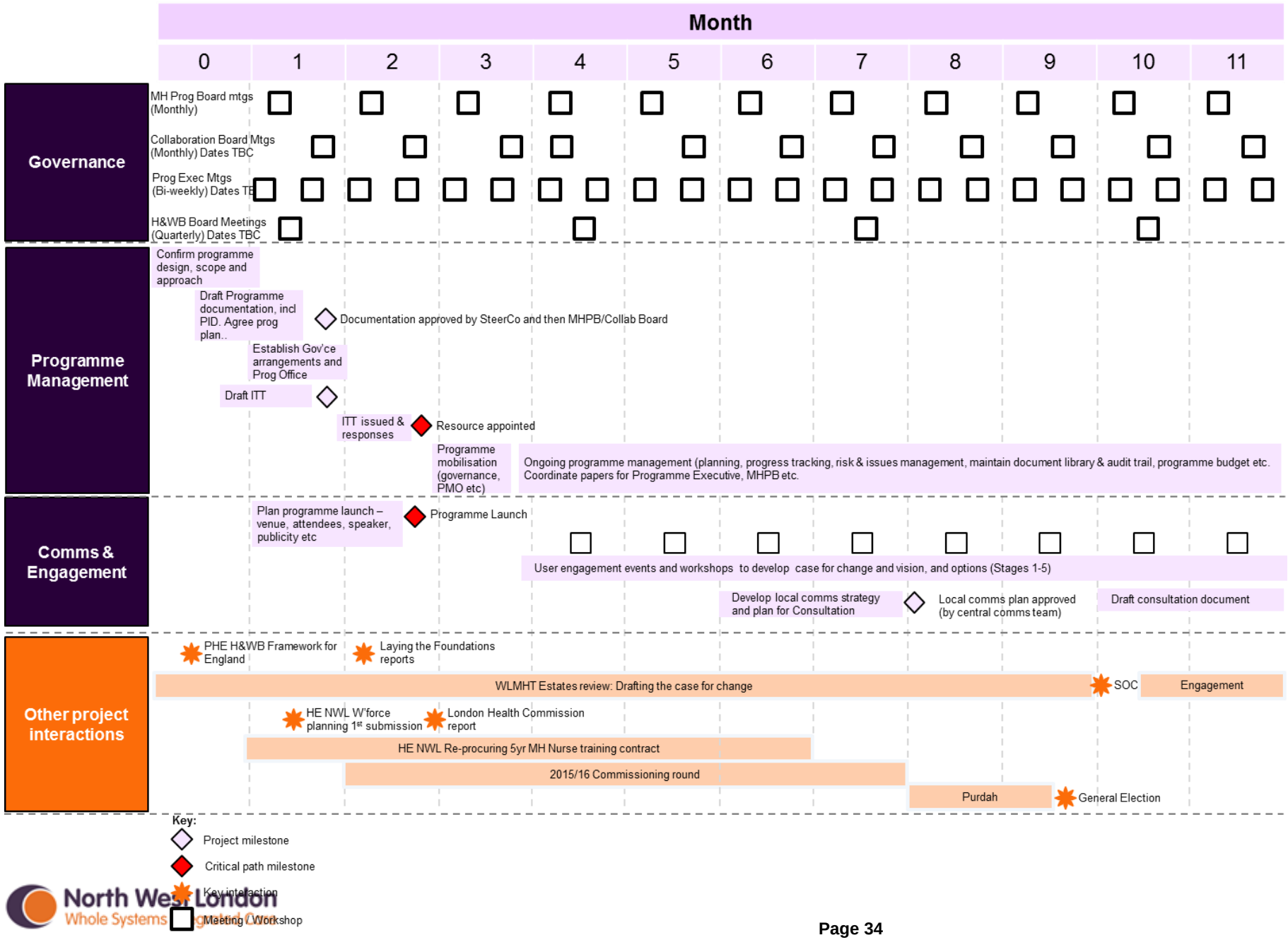
APPENDIX: Programme plans

Initial plans are set out below for:

- The overall Programme, showing interaction with the WLMHT site consolidation review
- The Governance, Programme Management, Communications & Engagement and key project interactions for the first year
- More detailed programme plans will be developed during programme mobilisation.

These are the plans as at December 2014. Latest versions of plans are held on the shared drive at [\\Wpct.local\CCG\CWHHE\Strategy & Service Transformation\4. Mental Health\004. (e) MH & WB strategic plan\7. Project Plans]:





North West London Whole Systems Integrated Care