Sussex
Health and Care Partnership

Mental Health Collaborative

2021/22 Transformation Plan

04th June 2021

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Introduction

The Mental Health Collaborative Programme for 2021/22 was agreed at an exceptional meeting of the Collaborative Board on the 28th April 2021.

The overarching Collaborative has **15 key programmes** within it that align with the objectives and outcomes of the Long-Term Plan and Spending Review. Total investment for 21/22 is circa **£34m**.

The Collaborative Programme has a well-established governance structure and is overseen by the multi-agency MH Collaborative Board chaired by Sam Allen, CEO, SPFT.

This slide deck summarises:

- The financial investment into the programme in 2021/22;
- High level workstreams and deliverables;
- VCSE engagement in the current programme;
- Thoughts about future opportunities.

MH LTP Fixed Deliverables for 2021/22

Service Area	21/22 Standard
Perinatal MH	Increase access from 7.1% in 20/21 to 8.6%
CYP under 18	Increase access of under 18s by 292 to 10,085
CYP 18-25	285 CYP accessing 18-25 youth appropriate services
CYP Urgent Care	Increase coverage of 24/7 crisis provision for CYP from 37% to 57%
CYP Eating Disorders	To maintain 95% ED standard (existing standard)
SMI Physical Health Checks	To increase access by 706 to 9,693
Individual Placement Support	To reach a target of 975 adults accessing IPS
Integrated Community	To reach a target of 3,851 adults accessing integrated models of care
IAPT	To increase access by 5,010 to 45,765

Funding Sources by Programme (£m)

Programmes	Total
Perinatal	1,036
CYP Community	3,104
CYP Community - Eating Disorders	387
CYP U&E	679
Mental Health Support Teams	2,208
IAPT	7,357
Adult Urgent Care	3,879
Adult Urgent Care - Transformation	919
Adult Community	5,925
Adult Community - Transformation	3,546
Rough Sleepers	300
Suicide Reduction	488
Staff Wellbeing Service	1,192
Discharge to Assess	2,550
Dementia	662
Grand Total	34,232

Proposed investment areas I

Perinatal MH Services

- Support investment in expanding specialist perinatal MH services to achieve the 21/22 LTP ambition.
- Undertake the planning required to achieve flexible LTP deliverables in 22/23 (support to partners, access to 24-months) and planning the maternal mental health service.

CYP Mental Health

- Expand specialist CAMHS in line with the demand and capacity modelling.
- Invest in range of place-based services in line with local transformation plans.
- Increase capacity to support neuro-developmental and MH pathway.
- Continue to develop CYP urgent and emergency pathway with additional investment to scope complementary/alternative crisis services with VCSE

CYP Eating Disorders

- Increase capacity in the service to recovery waiting time standard and address backlog in demand

Proposed investment areas II

IAPT

- Increase access across all 3 IAPT services. Locally agreed trajectories currently being developed in light of investment available for 21/22 (note submission made last year indicated that IAPT would not achieve national trajectory until 22/22).
- Continue to roll out psychological support for long-term health conditions.

Adult Urgent Care

- Make good investment from 20/21 in the Core-24 liaison services at Worthing, St Richards, Eastbourne DGH, Conquest and Princess Royal.
- Make good adult crisis transformation funding from 20/21:
  a) Street triage
  b) Ambulance triage
  c) Crisis cafes
  d) CRHT psychology

Proposed investment areas III

Adult Community

- Increase Early Intervention in Psychosis* services to achieve national standards and access rates.
- SMI physical health checks* – expand VCSE workforce to support outreach with vulnerable patients and increased health check completion
- Rehabilitation services* – expand services in West Sussex to increase equitability of services across Sussex
- Personality Disorders services* – expand services in West Sussex to increase equitability of services across Sussex
- Investment in pathway leadership for Eating Disorders and Neuro*.
- Trauma Informed Care – provide training and resources to ensure the principles of trauma informed care are embedded across services
- Local investment priorities – a small number of investment priorities have been identified by CCGs to be resolved through the MHIS

**this these areas were included in the Community Transformation Business Case agreed with NHSEI in January 21.*

Proposed investment areas IV

PCN Mental Health Roles

- To support the 50% funding for the MH ARRs roles through the additional spending review money identified for community MH services.

Acute MH Care

- To maintain investment in discharge to assess services set up through the pandemic for a further 12-months. Aim being to continue to reduce pressure on the inpatient system.

Dementia

- Allocate the full spending review investment to recovering dementia diagnosis rates in the three places.

Summary – 1 year data

As part of the 2021/22 national submission a 1-year workforce template is required to be completed. This template is split into three sections:

- Workforce data for SPFT as the MH Trust
- Workforce data for other NHS providers (including primary care)
- Workforce data for other non-NHS providers (e.g. VCSE)

Template	Provider	Staff in Post (Mar 21	Budgeted Est. (Mar 21)	Variance (Mar 21)	21/22 Planned Growth	Total Workforce Mar 22
MH Trust	Sussex Foundation Partnership NHS Foundation Trust (SPFT) *	3495.94	3743.54	247.6	203.76	3947.30
NHS Providers	Sussex Community Hospital NHS Foundation Trust (SCHT) **	147.96	147.96	0	53.31	201.27
Non – NHS Providers	3rd Sector Partners and VCSE ***	393.85	406.79	12.94	23.5	430.29
	ICS MH System	4037.75	4298.29	260.54	280.57	**4578.86**

** SPFT data excludes workforce situated within Hampshire ICS and non-MH workforce in Sussex*
*** There are workforce data gaps in relation to all staff groups with the exception of SPFT data.*
****Similarly, for 3rd Sector Partners and VCSE there are gaps in the baseline data and due to the nature of commissioning arrangements, with planned / expansion workforce data.*

2. Performance Summary

Metric	Plan to meet	Comment
1. To eliminate inappropriate adult **OAPs**	End Sept 21	Meets 2021/22 requirement
2. To maintain **dementia diagnosis** rate 66.7%	March 22	Standard will be met in-year
3. To increase **IAPT** access by 5,010 to 45,765 – although Sussex original plan was 43,914	TBC	Standard not met in-year. Further work underway to clarify.
4. To deliver **SMI physical health checks** to 9,693 people (60%)	March 22	Date is for 66% run rate. Reflected in activity data Sept 2022 due to rolling 12-month average.
5. 95% of **CYP with eating disorders** to be seen within 1 wk (urgent) and 4 wks (routine)	Oct 21 – urgent Jan 22 – routine	Date is for 95% run-rate. Reflected in activity data Q3 22/23 urgent and Q4 22/23 routine due to rolling 12-month average
6. At least 1,452 women (8.6%) accessing community based **perinatal MH** treatment	Aug 21	Full standard will be met in-year
7. At least 10,085 **CYP** accessing support from NHS funded community MH services	April 21	Full standard will be met in-year
8. At least 285 **young adults** (18-25s) accessing youth orientated service	April 21	Full standard will be met in-year
9. At least 3,851 adults accessing **integrated models of primary and community** MH care	March 22	Full standard will be met in-year
10. At least 60% adults with **first psychosis episode** to be treated within 2 wks	April 21	Full standard will be met and exceeded in-year
11. At least 975 adult accessing Individual Placement with Support (IPS) service	April 21	Full standard will be met and exceeded in-year

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What does this mean for VCSE?

Current Plans

Current investment plans for 21/22 include a number of key investments into a range of organisations to help to deliver the ambitions of our plans. These include:

- **Adult Community MH Transformation** – VCSE roles into 9 PCN accelerator sites
- **Rehabilitation pathway** – development of peer worker roles
- **SMI-PHC** – offer to support people post health check to access appropriate support
- **Investment in VCSE to support inequalities** – further work needed to scope proposals
- **Suicide Prevention innovation fund** – continuation of innovation fund to support grass roots projects
- **Discharge to Assess**
- **Crisis cafes**

But we need to go further…

Success of the LTP is predicated on organisations working collaboratively together to deliver this ambitious (and exciting) agenda.

We have a unique opportunity to address historic underfunding into MH services.

The Adult Community Transformation Programme is our largest transformation programme and offers a real opportunity to deliver differently.

No one organisation has a monopoly on designing and delivering the future of MH services in Sussex. We need a plurality of approaches.

There is a need to refocus investment into communities (not just statutory services) and take a much more asset based approach to delivering services.

We need to be able to account for the investment we make and be able to demonstrate the outcomes to individuals as well as wider populations.

Questions from me:

1. What is the mechanism for VCSE partners to be able to be fully participate in the Collaborative Programme?

2. How do we overcome the procurement barriers?

3. How do we overcome the current short-term nature of contracts to ensure sustainability of offers?

4. How do we overcome the cultural barriers and recognise in a lot of areas statutory services may not be in the best place to deliver the outcomes we want to see?

5. What infrastructure support is needed?

6. How do we listen, learn and engage?

PRIMARY & COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME: South Yorkshire & Bassetlaw (Sheffield)

Working With The VCSE Sector - Reflections & Learning

NHS England | Mind Sheffield – Working on behalf of the VCSE sector | Working with you to make Sheffield HEALTHIER | NHS Sheffield Clinical Commissioning Group | Primary Care Sheffield | NHS Sheffield Health and Social Care NHS Foundation Trust

The Challenge

As an early implementer site, our programme included investing into VCSE organisations within the pilot sites. Sheffield is similar to many other cities with a rich and varied VCSE sector including; city wide; community anchor and local/micro organisations. How do we work with such a vast array of providers and organisations?

We needed to link our investments to SMI and complex needs whilst recognising social needs are wide and varied. We needed to consider how we had a process that could have a focus on mental health whilst complementing existing infrastructures and/or addressing unmet or under-met needs in local communities.

Initial plans were to award set funding amounts (eg £25,000, £10,000, £5,000 etc) but this was restrictive to VCSE organisations in developing their offer. Similarly we wanted to consider how we made the VCSE providers more sustainable and to move away from a model of giving 12 months funding only.

Applying Transformation

Through engagement and codesign workshops, surveys and focus groups each PCN community set their local social priorities.

Our strategic partner, Sheffield Mind, led the VCSE funding process with CCG procurement and contracting teams providing specialist support into Sheffield Mind.

We created a new CCG procurement process that:

- Removed historic practices (pre-defined funding lots) -we transparently showied entire budget for each PCN
- Had no set service specification, VCSE orgs were free to innovate
- Has longer contract durations (2+1)
- Light touch procurement process that supported individual and collaborative bidding
- Sought to strike a balance between what VCSE providers said they wanted and what was possible within NHS procurement law

Impact

100% of needs identified by each community (physical health, employment/training/volunteering, family support, debt advice and hobbies/interests) were met.

£330,000 invested in VCSE organisations.

7 different VCSE providers commissioned (inc consortia bids) to build capacity and/or new services.

Levels of investment were population based but weighted to areas of greatest inequalities.

Covid - undertook this process lockdown, not ideal but shows it is possible!

All providers have 2 year contracts with optional extensions.

Development of IT solution to link commissioned services into wider MH care records.

Better joint understanding (VCSE to NHS and vice versa) eg why due to procurement law a tender process has to be run by public bodies.

Learning For Future

We need to consider investing Peer Support roles directly into VCSE orgs at a local/micro level to increase the reach into communities and gain Peer Support leads with lived experience not only with mental health but also within communities.

We need to refine the existing process to drive greater collaboration between large/medium and small/micro organisations (eg alliance contracts).

We need to strive to make procurement processes less paper driven and be more innovative for example presentations.

Ensuring we continue to link and evidence the learning and outcomes of VCSE organisations into the wider programme evaluation.

We need to ensure the approach to risk is relevant to the size of the investment. For example, with low level investment we should have a greater risk tolerance than awarding multi-million pound contracts.

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Thank you

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