

PAPER F

Isle of Wight Health and Wellbeing Board

1. The Isle of Wight Mental Health Strategy 2014-19 (No Health without Mental Health) Bi-Annual Action Plan Report
 - 1.1 General publication
 - 1.2 Date of Board – 28th September 2016
 - 1.3 Author of the Paper and contact details

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2. Summary

- 2.1 The Isle of Wight Mental Health Strategy 2014-2019 is the Islands multi-agency strategy identifying actions that need to be taken to ensure Island residents can:
 - Manage their own mental health and well-being
 - Quickly and easily access treatment and help when they need it
 - Recover with support if required, to become as independent as possible
 - Live in families and communities without fear of stigma or discrimination
- 2.2 The priorities identified from consultation with partners, stakeholders and the general public are:
 - More people will have good mental health- by finding ways to reduce loneliness.
 - More people with mental health problems will recover – by quick and easy access to diagnosis and care.
 - More people with mental health problems will have good physical health - by providing physical health checks for hard to reach groups.
 - More people have a positive experience of care and support by having prompt access to specialist mental health services.
 - Fewer people will suffer avoidable harm - by supporting family's communities to help themselves and build self-confidence.
 - Fewer people will experience stigma and discrimination- by helping communities to build confidence and resilience
- 2.3 This is a five year strategy, with a action plan, reviewed bi-annually by the Isle of Wight Health and Wellbeing Board. The Action Plan which is now in year two has successfully completed over 80% of the agreed actions.

Highlights include;

- The awarding and implementation of the mental health Recovery Prospectus. Real shift in empowering people using the services and their carers to have their voices heard and influencing partners' decisions for delivery and provision.
- Single point of access 24/7 was implemented in April 2016 by the IOW NHS Trust
- Mental Health Crisis Care Concordat Steering Group has been recognised as good practices by Wessex, including Serenity, Sims, 24/7 single point of access and emergency department 4hour target (zero breaches).

2.4 There are a number of changes in the national and local commissioning and operational environment that might have a significant impact on the future actions to ensure implementation of the strategy between now and 2019:

- Sustainability and Transformation Plans (STPs) are the mechanism to help delivery The *Five Year Forward View for Mental Health (MH5YFV)* and *Dementia Implementation Plan* which was designed to give the NHS a blueprint for realising improvements by 2020. Please see appendix 1, paper taken to Clinical Exec Meeting on the 18th August 2016, Implementing the Five Year Forward View for Mental Health.
- There are 44 STPs in England, the Isle of Wight is part of the SHIP STP (Southampton, Hampshire, Isle of Wight and Portsmouth)
- Isle of Wight Whole Integrated System Redesign (WISR) for health and social care also highlights areas of change:
 - Mental Health Schemes:
 - Safe Havens
 - Complex Care
 - Integrated 24/ Response
- Payment by results - local tariff model to be implemented from April 2017
 - Work stream progressing

3. Decisions, recommendations and any options

3.1 To note report - The Isle of Wight Health and Wellbeing Board are requested to note the progress on the Isle of Wight Mental Health Strategy Action Plan.

4. Relevant Information

4.1 Legal

N/A

4.2 Finance

N/A

4.3 Equalities and Diversity

- 4.3.1 The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

http://wightnet.iow.gov.uk/equality_diversity/Default.aspx

http://wightnet2000.iow.gov.uk/staff/personnel_services/images/Diversitypages2011-12v2Apr2011.rtf

- 4.4 Partners who may be affected by the report;

- 4.5.1
- Isle of Wight CCG
 - Isle of Wight Local Authority
 - Isle of Wight Trust
 - Third Sector representative
 - Police
 - Fire Service
 - Prison Service
 - Probation
 - Chamber of Commerce
 - Department of Work and Pensions

- 4.5 Key Performance Indicators

- 4.5.1 At least 60% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral – National Constitutional Target

- 4.5.2 At least 75% of people with relevant conditions to access talking therapies in six weeks and 95% of people with relevant conditions to access talking therapies in 18 weeks - National Constitutional Target

- 4.5.3 The number of people with a serious mental illness who have a health check and follow-up intervention increases from 30% to 50% - National Constitutional Target

5. Supporting documents and information

- 5.1 See appendix 1 – Clinical Executive Briefing – Implementing the Five Year Forward View for Mental Health

- 5.2 Implementing the Five Year Forward View for Mental Health, NHS England

Publication.

<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

5.3 See appendix 2 – The Isle of Wight Mental Health Strategy Action Plan, produced by the Isle of Wight Mental Health Strategic Partnership

5.4 See appendix 3 – Isle of Wight Mental Health Strategic Partnership Group Terms of Reference

5.5 The Isle of Wight Mental Health Strategy can be viewed or downloaded by using the following link:

<http://www.isleofwightccg.nhs.uk/Downloads/publications/Mental%20Health%20Strategies/No%20Health%20Without%20Mental%20Health%20Strategy.pdf>

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APPENDIX 1

Clinical Executive

Implementing the Five Year Forward View for Mental Health

<p>Sponsor:</p>	<p>Helen Shields – Chief Officer</p>
<p>Summary of issue:</p>	<p>Following the publication of the Five Year Forward View for Mental Health in February 2016, NHS England has issued the ‘Implementing the Five Year Forward View for Mental Health’ in July 2016. This document sets out a roadmap for delivering the commitments made within the Five Year View and enables organisations to align against a blueprint to deliver the aim of an additional one million people receiving high quality care by 2020/21.</p> <p>There are 7 chapters covering the key focus areas, e.g. children and young people, adult common mental health problems and suicide prevention. Within each chapter there are details surrounding the additional funding allocations that will be available either in direct funding or as part of CCG allocations as well as anticipated savings.</p> <p>There are 3 additional chapters regarding levers available to support the transformational activity required, including new models of care, healthy workforce and infrastructure & hard-wiring. Pilot sites are set up across England which will drive forward improvements for the NHS as a whole.</p> <p>The final chapter sets out the support being offered by NHS England, including increased collaboration with Public Health and development of assurance activity to enable benchmarking of services across the network.</p> <p>The attached paper and power point provide an overview of the key elements of each chapter as well as summary of the advances already made and being made by the CCG in terms of delivery against the Five Year Forward View for Mental Health. It is evident that the Island has made significant progress in already delivering aspects of the Five Year Forward, e.g. the Isle of Wight Suicide Prevention Strategy and plan is already in place; the Island’s IAPT service is continuously outperforming its peers within the Wessex region; the liaison activity, in particular Serenity, has seen significant improvements in the lives of people in crisis with the benefits to the health economy clearly evidenced since 2012.</p>
<p>Action required/ recommendation:</p>	<p>The Clinical Executive is requested to formal support the activity required to deliver against the Five Year Forward View for Mental Health and the Implementing the Five Year Forward for Mental Health</p>
<p>Principle risks:</p>	<p>Failure to deliver on key strategic initiatives across the Mental Health spectrum. Deterioration in the mental health of the Island’s population; with the knock on impacts to the health economy/Island £</p>

Other committees where this has been considered:	N/A
Financial /resource implications:	<ul style="list-style-type: none"> • Mental health currently benchmarking high financially and potential significant QIPP. • CYP CAMHs Transformation funding and Psychosis funding in 2017/17 Operational Plan.
Legal implications/ impact:	N/A
Public involvement /action taken:	Ongoing and active stakeholder and experts by experience involvement in WISR workshops that have looked at what's required in the Forward Vision and Implementation Plan.
Equality and diversity impact:	Compliance with Equality Act 2010
Author of Paper:	Sue Lightfoot & Liza Amies
Date of Paper:	8 th August 2016

Date of Meeting:	18 th August 2016		
Agenda Item:		Paper number:	

Executive Summary

Following the publication of the Five Year Forward View for Mental Health in February 2016, NHS England has issued the [‘Implementing the Five Year Forward View for Mental Health’](#) in July 2016. This document sets out a roadmap for delivering the commitments made within the Five Year View and enables organisations to align against a blueprint to deliver the aim of an additional one million people receiving high quality care by 2020/21.

The document has twelve chapters setting out the activity required by the various stakeholders, e.g. NHS England, regional networks and local CCGS. Within each chapter there are details surrounding the additional funding allocations that will be available either in direct funding or as part of CCG allocations as well as anticipated savings.

Chapters 2 – 8 set out the requirements for the specific area of attention, e.g. Perinatal, Adult Mental Health, Health & Justice etc. Chapters 9 – 11 provide information regarding the levers available to support the transformational activity required, including new models of care, healthy workforce and infrastructure & hard-wiring. Pilot sites are set up across England which will drive forward improvements for the NHS as a whole. Chapter 12 sets out the support being offered by NHS England, including increased collaboration with Public Health and development of assurance activity to enable benchmarking of services across the network.

The Chapters are as follows, with summarised information contained within each area:

1. [Introducing the implementation plan](#) (page 4)
2. [Children and young people’s mental health](#) (page 4)
3. [Perinatal](#) (page 5)
4. [Adult mental health: common mental health problems](#) (page 6)
5. [Adult mental health: community, acute and crisis care](#) (page 7)
6. [Adult mental health: secure care pathway](#) (page 9)
7. [Health and Justice](#) (page 9)
8. [Suicide Prevention](#) (page 10)
9. [Sustaining transformation: Testing new models of care](#) (page 10)
10. [Sustainable transformation: A health NHS workforce](#) (page 11)
11. [Sustaining transformation: Infrastructure and hard-wiring](#) (page 11)
12. [Our support offer](#) (page 12)

The Island has already made significant strides in terms of delivering against the View; within each Chapters summary details of the specific activity within the Isle of Wight community is detailed.

A challenge for the Island, in terms of implementing the plan will be the ability to recruit and retain appropriate staff to deliver new models of care, the new pathways and the expanded community based services. Currently there are 37 open vacancies within the IW NHS Trust mental health services; significant workforce development and training is required. Alongside strong programme management and leadership.

In terms of investment, the IoW is currently benchmarking a £2 million overspend; it is therefore vital that there is strong and effective collaboration across the STP to drive forward the necessary change programme. It is essential that the QIPP activity is based on WISR priorities and modelling. However, in-year savings may need to be negotiated with the IWNHS Trust from significant vacancies

Data provision continues to be an area for development for the Island with gaps in MHSDS data uploads (IW NHS Trust currently complying with minimum data requirements). The capitation/PbR activity is due to be shared and is required to agree baselines; this activity is currently behind plan.

1. Introduction to the Implementation Plan

Extracts taken from the Implementing the Five Year Forward View for Mental Health:

“The journey to fully transform mental health services – as the *Five Year Forward View for Mental Health* said – should be thought of as longer than a five-year programme. This roadmap prioritises objectives for delivery by 2020/21 and therefore describes the next stages in that journey.”

“The *Five Year Forward View for Mental Health* is a single programme which contains numerous different, related elements across the health system for all ages: it gives a clear indication to the public and people who use services of what they should expect from the NHS, and when”

“Delivery of the *Five Year Forward View for Mental Health* is underpinned by significant additional funding, and the implementation plan sets out in detail where and when this money will become available. However, this is not the only investment in mental health services. This new money builds on both the foundation of existing local investment in mental health services and the ongoing requirement – repeated in the 2016/17 NHS planning guidance – to increase that baseline by at least the overall growth in allocations. Additional funding should not be seen in isolation and should not be used to supplant existing spend or balance reductions elsewhere”

“Common theme across many objectives is of building capacity within community-based services to reduce demand and release capacity from the acute sector and in-patient beds – whilst in parallel moving the commissioning model for in-patient beds in mental health towards a more ‘place-based’ approach so that pathways and incentives are better aligned and efficiencies more readily realised.”

2. Children & Young People’s Mental Health

By 2020/2021:

- There will be a significant expansion in access to high-quality mental health care for children and young people.

- At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.
- Evidence based community eating disorder services for CYP will be in place in all areas ensuring that 95% of children in need receive treatment within one week for urgent cases and four weeks for routine cases
- In-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated.

Delivering the Objectives

- NHSE to transform the model of commissioning so that general in-patient units are commissioned by localities on a place basis (either as stand-alone or as part of STP or defined group)
- IoW CCG is to develop collaborative commissioning plans with NHSE's specialised commissioning team by December 2016
- National programmes for vulnerable groups being established, with funding available for localities involved in the programmes.
- The Island has in place it's local Children's Transformation plan, covering implementation of CYP Improved Access to Psychological Therapies, Eating Disorder Pathways and Paediatric Pathways – however as part of the implementation activity there is a requirement for the plans to be reviewed, expanded, refreshed and republished by October 2016; to include how local areas will use the extra funds committed to support their ambitions across the whole local system

Workforce requirements

- Significant investment in terms of WTE increase and staff training – NHSE estimate at least 1,700 more therapists and supervisors required.
- IoW CCG and Providers should ensure that joint agency plans are in place by December 2016 for ensuring continuous development of existing staff over the next 5 years
- Baseline levels for 2016 – with 100% increase for 2017/18, stabilise in 2018/19 then decrease as proactive investment from 2016-2019 materialises in reduced need 2019-2021
- By 2018 all services to be working within the CYP IAPT Programme

Investment & savings

- Pump-prime investment from NHSE during 16/17 for 24/7 crisis resolution and liaison mental health services
- Progress trajectory to be set in November 2016 by NHSE
- Funding a mixture of CCG baseline through LTPs and national funding, the latter focussed on workforce development & CYP IAPT delivery
- Savings will be through the eradication of need for in-patient facilities which releases funds to reinvest in local mental health services

Data, payment & other system levers

- Baseline of current eating disorder performance against new access and waiting times standards 16/17
- National data on CYP mental health services now in MHSDS (gaps in reporting for IoW NHS at this time – will replace current 'transformation indicators')

- New currency for CYP mental health services in development IAPT and PbR

3. Perinatal Mental Health

By 2020/2021:

- There will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

Delivering the Objectives

- The Island is, as part of its Children's Transformation plan putting in place activity around perinatal and infant mental health.
- NHSE has put a five year trajectory of increases in number of woman able to access evidence based treatment
- Health Education England is leading work to develop a competence framework describing the skills needed in the workforce – this is due to complete by October 2017

Workforce requirements

- NHSE has established staffing levels for a community team and eight bedded mother & baby with birthing levels of 10,000 – 15,000 p.a. which will lead to a requirement for care for between 300-500 women
 - Community: 23.5 WTE (including consultant psychiatrist and medical staff, nurses, psychologies, OT, nursery nurses, social worker, operational managers and administrators)
 - In-patient: 33.4 WTE (including consultant psychiatrist, nurses, psychologies, OT, nursery nurses, operational managers, administrators and housekeepers)

Investment & savings

- IoW CCG & local partners have established a Perinatal Steering Group who are reviewing current provision in line with guidelines and plans in place to deliver necessary improvements – STPs can provide a robust footprint for planning the types of specialist services required
- Perinatal community development fund is proposed to be set up during 2016/17 to invite bids from localities (including STP footprints) to begin to develop specialist teams and to improve quality, with a particular focus on areas of under-capacity: bids invited in Autumn 2016 for investment for up to 3 years – from 19/20 this will be mainstreamed into CCG allocations
- Realised savings from investment in perinatal mental health services are assumed to fall outside of the five year period

Data, payment & other system levers

- NHSE to publish available data (which is limited) during 2016/17 and complete a bespoke collection to support transparency
- Data improvement plan to be formalised, with early indicative metrics establish to monitor achievement of objective across locality and/or STP

4. Adults Mental Health: Common mental health problems

By 2020/2021:

- There will be increased access to psychological therapies, so that at least 25% of people (or 1.5 million) with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare. As part of this expansion, 3,000 new mental health therapists will be co-located in primary care, as set out in the General Practice Forward View.
- IOW currently delivering 22% access rates and will maintain quality in services;
 - including meeting existing access and recovery standards so that 75% of people access treatment within six weeks,
 - 95% within 18 weeks;
 - 50% achieve recovery across the adult age group.

Delivering the Objectives

- The IOW already has in place an IAPT service, which is continuously outperforming its peers within the Wessex region. NHSE is piloting integrated services which will then be rolled out to all CCGs from 2018/19
- NHSE will be setting out, in autumn 2016, a programme for digitally-enabled IAPT. IOW currently rolling out Silver Cloud.

Workforce requirements

- NHSE as part of General Practice Forward View are seeking an additional 3,000 mental health therapists to be located within the primary care setting
- Focus is on increasing the numbers of psychological wellbeing practitioners and High Intensity therapists over the five year period as well as training existing staff to maintain current workforce

Investment & savings

- During 2016/17 & 17/18 funding is held centrally – enabling a targeted approach to develop the new integrated psychological therapies service.
- From 2018/19 funding will be within CCG baselines
- It is anticipated that new integrated service models will deliver substantial savings with services becoming self-sustaining: over the longer term fewer complications will result in reduced demand across the pathway

Data, payment & other system levers

- Data reporting already established for IAPT via IAPTUS
- Outcome based currency for psychological therapies for common mental health has been developed and is already available for local use – the tariff will be applied in shadow form in 2017/18 and implemented in 2018/19

5. Adult Mental Health: Community, acute and crisis care

By 2020/2021:

- Adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors.
- All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient

admissions. Out of area placements will essentially be eliminated for acute mental health care for adults.

- All acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum.
- All NHS-commissioned mental health providers will have armed forces champions and a specific named clinician with an expertise in military trauma. There will be a network of specialist collaborative providers that have been co-commissioned with CCGs to provide accessible bespoke care for the armed forces community. This will include accessible services for complex post-traumatic stress disorder and other complex presentations that are bespoke for the armed forces community.

Delivering the Objectives

- The IoW has to deliver outcome focussed evidence based cluster PbR specifications, a culture shift and workforce training.
- The Hampshire and IoW Mental Health Crisis Concordat Action Plans will ensure provision of crisis resolution and home treatment teams (CRHTTs) are resourced to operate in line with recognised best practice to deliver a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions. Out of area placements will essentially be eliminated for acute mental health care for adults
- The IoW liaison activity, in particular Serenity, has seen significant improvements in the lives of people in crisis with the benefits to the health economy clearly evidenced since 2012.
- The Employment support services provided by OSEL provide assistance to those with mental health problems, enabling them to retain and obtain employment.
- The ongoing work around the Mental Health reablement pathway and activity around Mental Health Day Services will further support the delivery of this element of the Implementation plan
- DoH, NHSE, NHS Improvement and NHS Digital have been working with stakeholders to agree a first national definition of OATs alongside a new data collection that will enable accurate measurement and analysis, including placement type, reason, duration and cost
- During 2016/17 STPs should develop their approach to liaison mental health; including which Acute hospital can serve as 'centres of excellence'
- New service development for those within the Armed Forces community with co-commissioned services between MoD (active personnel) and CCGs (veterans and non-mobilised reservists). Sue Lightfoot is named Veterans Commissioner and attends IOW Veterans Covenant Steering Group.
- HEE to deliver a programme to ensure sufficient numbers of appropriately trained staff in place by 2020/21
- NHSE to work with HEE and IPS specialists to develop a competency framework and workforce strategy to support expansion
- Additional investment provided to train and support primary care staff in dealing with mental health and co-morbidity issues
- NHSE and HEE will work to build up the IAPT SMI programme

Workforce requirements

- IoW CCG & IWNHS Trust to review current provision during 2016/17 against CORE standards and develop plans to ensure full compliance

Investment & savings

- Transformation funding for mental health liaison will be made available from 2017/18: funding modelling to be undertaken by NHSE during summer 2016 with findings published in October 2016. Most of the funding will go into new staff to improve capacity. IOW have been developing local requirements with SHIP colleagues
- Additional £1.2b over next five years in funding either in baseline allocations or through STF monies or national programmes
- Across NHSE geographies expected accumulated five year savings of £864m by 2021

Data, payment & other system levers

- IoW CCG putting in place plans during 2016/17 to ensure robust monitoring of OATs for all bed types to demonstrate reduction in Acute OATS by March 2017
- Updated MHSDS reporting requirements (IoW provider currently not fully compliant with MHSDS reporting)
- NHSE undertaking an audit of employment services in secondary mental health service – outcome will help to inform IoW CCG work and the 2016/17 CQUIN on improving physical healthcare to reduce premature mortality in people with SMI to be extended

6. Adults Mental Health: Secure care pathway

By 2020/2021

- NHS England should lead a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people who have severe mental health problems and significant risk or safety issues in the least restrictive setting as close to home as possible. This should seek to address existing fragmented pathways in secure care, increase provision of community-based services and trial new co-commissioning funding and service models.
- There will be evidenced improvement in mental health care pathways across the secure and detained settings. Access to liaison and diversion services will be increased to reach 100% of the population, whilst continuing to ensure close alignment with police custody healthcare services.

Delivering the Objectives

- As detailed previously the Island's Serenity service has seen significant improvements to the health economy and by focussing on high intensity users has cut the callouts to this cohort to minimal numbers
- Focus on expanding community based services to prevent avoidable admissions and support step down and ongoing recovery
- New models of care within the secure care pathway being developed

Workforce requirements

- Workforce strategy being produced based on community service model

Investment & savings

- Additional funding of £94m from 2017/18 to 2020/21; CCG allocation of £58m in 2020/21 for Secure care pathway and £36m in centrally held national programme (secure services transition fund)
- Savings to be realised in reduction in use of secure placements and out of area placements within primary year of activity
- Quantification of savings to be undertaken once new model of care established

Data, payment & other system levers

- Comprehensive individual level and provider level data collection and analysis of current use of secure care services reporting in summer 2016
- NHSE 12 month trial of new provider-led commissioning approach for medium and low secure services, incentivising least restrictive care, closer to home; outcome to inform new model of care
- Ongoing work in respect of payment for outcomes in secure in-patient care
- Oxford Health NHS a pilot area – Solent NHS included in remit

7. Health & Justice

By 2020/2021

- There will be evidenced improvement in mental health care pathways across the secure and detained settings. Access to liaison and diversion services will be increased to reach 100% of the population, whilst continuing to ensure close alignment with police custody healthcare services.

Delivering the Objectives

- NHSE working with MoJ to support the justice reform agenda – including work to identify and meet need at the earliest opportunity
- NHSE securing robust and articulated pathways across the secure and detained estate for moving between establishments and in community based services for those returning to their communities
- Commitment to expanding liaison and diversion services

Workforce requirements

- Nursing standard frameworks being developed as part of a redesign of the provider landscape backed by an intensive recruitment drive
- Potential 45% increase in liaison and diversion workforce

Investment & savings

- Additional centrally held £92m funding for liaison and diversion over the next five year period; will enable a target approach to delivery and will be via direct transfer of funds to CCGs
- Savings are to be quantified – this will commence in August 2016.

Data, payment & other system levers

- Data for this cohort already collected and acted upon (Health & Justice Indicators of Performance – HJIP)

8. Suicide prevention

By 2020/2021:

- The *Five Year Forward View for Mental Health* set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2017 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners.

Delivering the Objectives

- Local suicide prevention plans should be in place with close working across NHS sector and partner organisations, building on priorities established in the National Suicide Prevention Strategy as well as existing guidance.
- Local plans should have agreed indicative targets and trajectories for the reduction in suicide
- The IoW has a Suicide Prevention Strategy and Action Plan which will need to be refreshed.

Workforce requirements

- Workforce requirements to deliver local plans should already be in place, with relevant training and skills documented

Investment & savings

- A further centrally held £25m funding will be available from 2018/19 – 2020/21. Allocation information will be available in 2017/18

Data, payment & other system levers

- Data collection already in place via ONS – Suicide: age-standardised death rate per 100,000 population

9. Sustaining Transformation: Testing new approaches

- From 2016/17 a new NHS England programme aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high-quality secondary care treatment
- £1.8m 2016/17 to pump-prime the establishment of new approaches in six participating areas

10. Sustaining Transformation: A healthy NHS workforce: The Health Workforce Programme

- March 2016 NHSE introduced a £450m financial incentive to support improved health and wellbeing of NHS staff – including £150m focussed on the introduction of health and wellbeing schemes included staff's mental health wellbeing: to access providers will need to:
 - Develop plans to improve the mental health support for all staff
 - Implement an improved set of mental health initiatives for staff to access in the workplace; and,
 - Ensure that locally agreed uptake rates and access metrics are met
- Specific Mental Health initiatives include
 - Stress Management
 - Psychological therapies
 - Mindfulness
 - NHS Health checks

The Healthy Workforce Programme will share case studies and the results of an independent evaluation in 2017 to inform and drive implementation across the NHS so that the NHS has world leading mental health support for its staff by 2020

11. Sustaining Transformation: Infrastructure and hardwiring

- Workforce planning: Health Education England to develop an all age mental health workforce development strategy
- Data & transparency:
 - NHSE, NHS Improvement, PHE, NEE and NHS Digital to develop a five year data plan for mental health; including improvements to MHSDS as well as an Assuring Transformation data requirements for all age Learning Disability and/or autism in in-patient settings.
 - A Mental Health Dashboard to be published later in 2016 which will form the basis of CCG's Improvement & Assessment Framework
 - 2016 NHSE budget & financial reporting will be aligned to specific mental health priorities, thereby improving transparency
- Payment, outcome and other system levers:
 - The move towards an 'accountable payment approach' in mental health with links to quality and outcomes – implemented for adults by 2017/18
 - An NHSE guide for STP footprints to develop a suite of quality and outcomes measures – to support outcome based payment for services
 - NHSE to commission standards sets for mental health conditions – paving the way for benchmarking in mental health
 - Mental health to become a core component of the quality premium
 - National & Local CQUINs to drive improvement in mental health
 - CQC to develop and evolve their programme of inspections for mental health services and align with the Five Year Forward View for Mental Health
 - NHS Improvement developing a new single oversight framework to support mental health services
- Innovation & technology: NIB to ensure that mental health is well represented across their field of work and within the 5 year data plan
- Governance & accountability
 - New Senior Responsible Officer appointed to oversee delivery of Five Year Forward View of Mental Health
 - Governance structure in terms of Boards, Oversight Groups, Delivery Groups and Programme Board established

12. NHSE's Support Offer

Standards & implementation support

- Development of evidence based treatment pathways & supporting infrastructure to enable implement
- Pathways will enable transparent benchmarking against common standards or service ambitions
- NICE has been commissioned to provide a programme of support for delivery of new pathways
- Self-assessment tools provided for each pathway – completed self-assessments to be independently validated and scored

Promoting physical health of people with mental health problems

- PHE & NHSE to work together to support commissioners in promotion of physical health

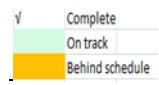
Improvement & assurance

- A co-ordinated approach to cross-ALB improvement and delivery support developed for 2017/18 onwards
- NHSE to develop a new improvement model to underpin system transformation
- NHSE providing additional funding and support for regional teams and clinical networks.
- Regional networks and implementations teams established to support CYP mental health, perinatal mental health and psychological therapies
- Various support teams and oversight boards being set up nationally and regionally to support implementation and provide assurance function

Specific supporting activities

- NHSE to deliver a national commissioning development programme for CYP mental health by 2017
- PHE to lead delivery of multi-agency suicide prevention plans by the end of 2017: along with a prevention concordat programme
- Integrated Personal Commissioning 'early adopter' programmed for looked after children will be developed with selected sites from 2016/17 – for further rollout; model for integrated personal budgets to improve mental health and wellbeing outcome for LAC and care leavers
- Expert reference group to be established, to develop evidence based pathway of support and treatment to meet the needs of LAC and adopted CYP across health, social care and education

Appendix 2 – The Isle of Wight No Health without Mental Health Strategy Action Plan.

Milestone Narrative	Action	Lead	Rating	Start Date	End Date	Status
						
Prevention	Action					
More people will have improved mental wellbeing	Scoping Local Area Coordinators	Public Health	√		Implemented	Local Area Co-ordinators in place
	IOW Employment & Skills Board working to create more job opportunities on the Island.	DWP Chief Executive Chamber of Commerce.	√		Implemented	IOW Employment and Skills board action plan in place and monitored by Chamber of Commerce.
People will know where to go to find reliable up to date information	Central location to sign post to appropriate information, support and services http://www.mylifeafulllife.com/	MLFL	√		Implemented	Directory available via the MLFL website
	Organisations to ensure their services and contact details are contained on the MLFL website		√		Implemented	Information directory included within the MLFL website
People recognise the signs of mental ill health and know what to do to stay safe and well	Mental Health awareness week. (Time to change) 10th October 2014, opportunity to educate general population on mental health first aid tools to prevent, address early signs of mental health and remain safe		√		Implemented	Awareness days held and scheduled in the future
	Head Space - article in community media about mental health first aid	Trust	√		Implemented	Articles placed in Community Media
At more difficult times of year people know where to go to for help	Organisations to develop Christmas Communication plan Christmas mental health awareness communication	ALL	√		Implemented	Awareness information made available, Displace in St Marys Hospital at relevant time
Early Intervention	Actions					

<p>More people will have improved mental wellbeing a positive experience of care and support <i>Care and support wherever it takes place, will offer access to timely evidenced - based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment</i></p>	Embedding Payment by Results pathways and linking this with the 111 hub, front door and out of hours services	NHS Trust April 2014 – March 2015 Review in February 2015	√	Implemented	Service Specifications reviewed to include outcomes completed.
	<p>People with social care needs have good access to support services for themselves and their carers.</p> <ul style="list-style-type: none"> • Adult Social Care Services will assess the needs of vulnerable adults and their carers promptly and provide access to appropriate support services. • Adult Social Care Services will provide access to support 24/7, including assessment under the Mental Health Act to support urgent admission to hospital when required. 	Isle of Wight Council	√	Implemented	<ul style="list-style-type: none"> • Community mental health services review and redesign consultation undertaken and completed. • New 24/7 front door from April 2017 agreed. • 24hr Crisis Response plans in place to be piloted Winter 2015/16. • LA reviewing pathway and social care model from April 2016.
	<p>Pro-active early identification of, and intervention for, young people who are experiencing mental health problems and appearing in Court.</p> <ul style="list-style-type: none"> • Vulnerability screenings to be completed with all young people appearing at IOW Youth Court, prior to Hearing. 	Lisa Morgan (IOW YOT Operational Team Manager) March 2015	√	Implemented	Following a successful pilot period, the Court Vulnerability screening process is now fully operational and delivered via YOT Court Duty staff.
	Development of computer based self-help and therapy packages including psychology online and positive mental health training	CCG	√	Implemented	GP Positive Mental Health programme training ongoing & service available for island residents. Silvercloud and Psychology (ieso health) online made available for patients to self-refer.
<p>Individuals and their families have access to information and are aware of the services available to them</p>	Developing a menu of choices available to patients, including self-help resources in community and 3rd sector and training staff and communities to know the 'what, how and when to' about accessing these resources	CCG	√	Implemented	CCG have produced a leaflet for options to self-refer to e-mental health solutions and IAPT, in distribution.
	Menus of Care agree and published by Provider	IW NHS Trust	√	Implemented	Menus of care have been produced and awaiting to be published Spring 2016

	<p>Adult Social Care will reduce discrimination against people with mental health problems by</p> <ul style="list-style-type: none"> • promoting participation, social inclusion and employment of people with mental health problems • supporting public campaigns to address stigma 	Isle of Wight Council	√	Implemented	Embedded within day to day services
<p>Fewer people will experience stigma and discrimination <i>Public understanding of mental health will improve and as a result, negative attitudes and behaviours to people with mental health problems will reduce and families and communities will be more confident and resilient</i></p>	<p>Improved mental wellbeing and build resilience by working through the Healthy Communities Partnership Group action plan to build and strengthen communities, families and individuals using evidence based ABCD (Asset Based Community Development) approaches. 'A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses'</p> <p>Through participatory leadership Public health will co-ordinate, facilitate and monitor outcomes of the Health Communities Group reporting directly to the Health and Wellbeing Board</p>	Anita Cameron-Smith/Heather Rowell Public Health Ongoing	√	Implemented	<p>3 Local Area Co-Ordinators in place from September 2015.</p> <p>ABCD presentations have taken place and are now becoming embedded within Public Health working programmes and location influencing/engagement activities.</p>
<p>Employers recognise when staff are emotionally vulnerable and know how to support them to recover</p>	<p>The Isle of Wight Council is committed to supporting good mental health for its staff, by encouraging a good work/life balance, providing access to confidential counselling and a supportive work environment</p>	Isle of Wight Council	√	Implemented	<p>All staff are aware of support services available to them, and effectively supported in managing their own mental health.</p>

	<p>In Dec 14 DWP introduced 'Fit For Work' providing occupational health assessments & health & work advice to employees, employers and GP's. This is to help people to stay in work or return to work after an illness. Usually kicks in if people expect to be off work for 4 weeks or more. General advice via web & phone. Specific return to work plans can be produced. Employees must consent. www.fitforwork.org</p>	DWP	√	Implemented	This is now in place.
	<p>All staff are aware of support services available to them, and effectively supported in managing their own mental health.</p> <ul style="list-style-type: none"> • Regular supervision and support provided in line with IOW YOT policy. • Promotion of positive strategies to encourage good mental health (including awareness of triggers and strategies) via Team Meetings, training etc. • Information made available regarding support services specifically for staff, and the general population on the IOW. 	Alison Smailes (Hampshire and IOW YOTs Head of Service) and Lisa Morgan (IOW YOT Operational Team Manager)	√	Implemented	In place with ongoing work taking place
	<p>Jobcentre Plus Health & Disability Work Coaches have a role in helping people to retain their current employment. They work with employers and employees to ensure that wherever possible people remain in work. This may be providing support via Access to Work or around discussing reasonable adjustments to their role et</p>	DWP	√	Implemented	<p>IOW DWP Manager member of board. In place and reported to NHWMH Strategic Board. Multi-disciplinary work stream established to improve no. of people with an SMI in employment, training. Action plan in place and monitored at NHWMH Strategic Board.</p>

An informed and effective workforce	Hampshire Constabulary to Develop a live learning site for staff and other professionals on best practice concerning Mental Health.	Hampshire Constabulary - Paul Jennings/Samantha Dunlop		Mar-15	March-2017.	Site in final stages of development and due to launch soon. The site is called inSIGHT. It will answer around 200 operational questions for frontline staff re crisis response and mental capacity. All the videos were shot last week. We are in the final stages of web development/design and loading all the videos on. Then all the videos need to be checked by the force for content. We will then launch it internally first and then test it in September. Public launch will be around October.
	250 Hampshire Constabulary staff to be trained as Mental Illness Liaison Officers (MILO), able to offer mental health support, training and advice to both front line officers and members of the public.	Hampshire Constabulary - Paul Jennings/Samantha Dunlop	√	Implemented		Hampshire Police continue to roll out its MILO training courses. Specialist courses cover personality disorder and autism.
	Training and development of practice staff and locality teams to understand and support self-management of common mental health problems including anxiety, depression, emotional distress, reactive states etc.	IW CCG/IW NHS TRUST	√	Implemented		GP training afternoon sessions undertaken
	Policies and plans support mental health and well-being in the work place; in contracts; and customer service: The FRS as a local authority service adheres and aligns to council policies and procedures. Signposting of available resources are made available to staff through the intranet and internal procedures	Isle of Wight Fire and Rescue Service	√	Implemented		IWFRS will be reviewing its policies, procedures and working practices in 2015/16 following the Strategic Partnership with Hampshire FRS which came into effect on 1 April 2015.
	Ensuring fast access to high quality psychological therapies (IAPT) to everyone who needs them, regardless of route of entry	IW CCG	√	Implemented		CCG has funded growth of IAPT service to provide access in Q4 to 22% of anxiety and depression population having access to psychological therapies and increasing self-referral routes to online e - mental health solutions IAPT services are meeting national constitutional targets.

	DWP Work Coaches to receive Mental Health First Aid Training	DWP	√	Implemented		Work Coaches have received Mental Health First Aid Training
	Staff trained and competent to work with offenders with mental health difficulties Subject to organisational change timetables, provide 15 staff in Newport office with Mental Health First Aid Training	Hampshire Probation Trust	√	Implemented		Training in place
Improved Recovery-Localities	Actions					
More people with mental health problems will recover <i>More people will have a good quality of life - greater ability to manage their own lives, stronger relationships, a greater sense of purpose, improved chances in education and employment and a suitable and stable place to live</i>	Delivery against the Isle of Wight Children and Young People's Plan 2014 - 2017	Children's Trust		Mar-15	March-2017.	Work ongoing. Reported to Children's Trust November 2015. Developing performance page with metrics/ outcomes for 2016.
	Improve mental wellbeing of children and young people linking to The Children and Young People emotional health and wellbeing strategy - Through the Public Health business plan implement a review of currently and soon to be commissioned services for school nursing and health visiting to focus on a holistic family centred approach to improving mental well-being	Eleanor Bell/Carol Foley	√	Implemented		Development of The Family Platform programme is underway and work with physical activity leads is underway. Mental health is considered within all commissioned services. Dedicated Public Health Lead for Mental Health now in place (Carol Foley)

<p>The Isle of Wight Jobcentre Plus offices are targeted to get people in to work. Work Coaches will continue to work with customers to address their barriers to work and to take steps towards employment. To assist them with this they will use various providers/provision available to them at the time (these vary due to funding etc.). For mental health issues this would include referrals to IAPT and DWP commissioned programmes. In addition other provision may be relevant such as a referral through Strengthening Families, IRIS etc.</p> <ul style="list-style-type: none"> • With regards to Welfare Reform to ensure that partners know what changes are coming and how we/they can support people with mental health issues via Universal Support – Delivered Locally etc. • To work with our partners around filling any gaps in provision that we have identified. • To continue to work with employers, encouraging and supporting them to take on people with health conditions and disabilities and to promote ways to do this using various methods such as Work Experience. 	<p>JCP Health & Disability Teams at Ryde & Newport JCP. Paul Clement. Kerrie Honey Partnership manager</p>	<p>√</p>	<p>Implemented</p>	<p>IOW DWP Manager member of board. In place and reported to NHWMH Strategic Board. Multi-disciplinary work stream established to improve no. of people with an SMI in employment, training. Action plan in place and monitored at NHWMH Strategic Board.</p>
<p>To support those who cannot work and ensure they receive the correct benefits. To follow existing procedures in identifying customers' needs and when appropriate identifying vulnerable customers and making sure they receive the correct service at the right time via the right channel.</p>	<p>Adviser Team Managers within JCP.</p>	<p>√</p>	<p>Implemented</p>	<p>IOW DWP Manager member of board. In place and reported to NHWMH Strategic Board. Multi-disciplinary work stream established to improve no. of people with an SMI in employment, training. Action plan in place and monitored at NHWMH Strategic Board.</p>
<p>Reablement: will integrate health, social care and housing support to develop a coordinated mental health reablement pathway. The pathway will offer a recovery focused approach, enabling people to acquire the skills they need to achieve a fulfilling and meaningful life.</p>	<p>NHS Trust Review March 2015</p>	<p>√</p>	<p>Implemented</p>	<p>Now multi-disciplinary team in place, service specification agreed, outcomes and metrics monitored via Section 75 BCF.</p>

	<p>Mental health needs of young people known to the YOT are assessed, and regularly reviewed, to ensure appropriate interventions are secured at the earliest stage.</p> <ul style="list-style-type: none"> All young people known to YOT will be subject to comprehensive initial assessment (via Asset/Asset plus) and regular review in line with National Standards for Youth Justice 2013 and the IOW YOT Vulnerability Assessment and Management Policy. 	<p>Lisa Morgan (IOW YOT Operational Team Manager)</p>	<p>√</p>	<p>Implemented</p>	<p>All staff are aware of support services available to them, and effectively supported in managing their own mental health.</p> <ul style="list-style-type: none"> Regular supervision and support provided in line with IOW YOT policy. Promotion of positive strategies to encourage good mental health (including awareness of triggers and strategies) via Team Meetings, training etc. Information made available regarding support services specifically for staff, and the general population on the IOW.
<p>People with complex mental health needs will have access to suitable sustainable accommodation</p>	<p>LA Adult Social Care & Housing Lead to explore option of contracting with private landlords a rent guarantee scheme for people with complex mental health needs to enable them the option of entering the private rental market where rent guarantee is unavailable through friends and family to enable access to housing where other options are unavailable.</p>	<p>Commissioner for Housing needs (Val Bell/ Karen Kerley)</p>	<p>√</p>	<p>Implemented</p>	<p>Significant work undertaken, currently being embedded. DTOC protocol and pathway in draft with all partners.</p>
<p>More people will have a positive experience of care and support Care and support wherever it takes place, will offer access to timely evidenced - based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment</p>	<ul style="list-style-type: none"> Review of Community Mental Health Service pathways to deliver best value, evidence based PbR and evidence of increase in positive patient experience 	<p>IW CCG</p>	<p>√</p>	<p>Implemented</p>	<ul style="list-style-type: none"> Community mental health services review and redesign consultation undertaken and completed. <ul style="list-style-type: none"> New 24/7 front door from April 2017 agreed. 24hr Crisis Response plans in place to be piloted Winter 2015/16. LA reviewing pathway and social care model from April 2016.

	<p>Young people known to YOT can access relevant mental health services in a timely way.</p> <ul style="list-style-type: none"> Liaison with relevant partners to design and deliver pathways for support and access to services (including youth to adult, and custody to community, transitions). 	Alison Smailes (Hampshire and IOW YOTs Head of Service) with IOW YOT Management Board and partners.	√	Implemented	YOT Mental Health Nurse (MHN) in post since April 2015 after a 12 month period of vacancy. Internal referral system now in place to ensure YOT clients can access relevant service if not known to others. YOT MHN working closely with CCAMHS colleagues and alongside YOT Substance Misuse Officer to develop other pathways (e.g. EIP).
	<ul style="list-style-type: none"> IOW Third/Public Sector (Trust and IOW Recovery Partnership Forum) partnership to develop and implement a Recovery HUB and pathways 		√	Implemented	IOW recovery partnership forum and pathways have been developed
<p>More people with mental health problems will have good physical health</p> <p><i>Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health</i></p>	Physical Health Check clinics commenced in the community setting (East Cowes medical centre) to facilitate access to follow up physical screening.	IW NHS TRUST	√	Implemented	Health Passport and clinics have been implemented.
	Delivering against the Commissioning for Quality and Innovation (CQUIN) indicator on improving physical healthcare to reduce premature mortality in people with SMI. The indicators include promoting better communication between primary and secondary care, ensuring patients safety and addressing physical healthcare to reduce premature mortality.	IW NHS TRUST	√	Implemented	Trust have amended communication to write to patients and CC in healthcare professionals to support patient to manage their own condition, physical health check clinics have been implemented

	<p>Improve the physical health of people with mental illness diagnosis. Evidence shows that people with mental health diagnosis have higher levels of alcohol misuse, smoking and obesity than the population as a whole. Through the Public Health business plan implement a review of currently commissioned health improvement programmes with the intention to re-commission in a holistic family centred integrated service that is incentivised to target health inequalities and outcomes for people with mental health conditions</p>	Anita Cameron-Smith/Louise Gray Public Health	√	Implemented		In place with ongoing work taking place
People are involved in the development and feedback of services	<ul style="list-style-type: none"> Development of Mental Health Service Users and carers forum with the Service User & Carer Link Co-ordinator 	Service User & Carer Link Co-ordinator April 2014 – March 2015 Review in February 2015 NHS Trust	√	Implemented		Group formed with representative attending from Trust
	<p>Engagement to refresh the communication strategy for the implementation of payment by results with relevant public and third sector organisations as well as patient user groups, in order to ensure patient choice for recovery and outcome focused services.</p>	IW CCG -Sue Lightfoot		July - 2015.	July - 2016.	Work ongoing
	<p>Stakeholder events to inform statutory workforce development to underpin the delivery of the My Life a Full Life principles</p>	IW CCG - Helen Figgins	√	Implemented		Parity of esteem workshop held on 8th July 2015. Well attended by all the islands stakeholder organisations, action plan has been developed and shared.
An informed and effective workforce	<p>All Fire and Rescue professionals working with children and young people have training so they can attend to their emotional health and well-being needs The Fire and Rescue Service (FRS) will continue to build upon skills to support this area. Consideration will be given to key staff undertaking Mental Health First Aid awareness training</p>	Isle of Wight Fire and Rescue Service	√	Implemented		Safeguarding refresher training being undertaken by staff at respective levels dependent upon role. Training tracker online awareness has already been completed by all operational staff.

	<p>Frontline YOT staff are trained and feel confident in working with young people who are known to the youth justice and experiencing mental health difficulties.</p> <ul style="list-style-type: none"> All frontline staff to attend and complete Mental Health First Aid training (and, where possible, Youth Mental Health First Aid). 	Lisa Morgan (IOW YOT Operational Team Manager)	√	Implemented	All staff offered opportunity to attend in 2014/15 via local provision. Service Review resulted in new posts being added, alongside vacant secondments now filled, so this will be reviewed in line with staff training needs. In addition IOWYOT Team Manager currently exploring alternative options with YOT MHN (e.g. MIND provision).
People feel that organisations work together to support them when they are vulnerable	<p>“Mental health friendly” accredited organisations working together, sharing information and staff training</p> <p>The FRS works with key partners through its involvement in working with and identifying vulnerable persons irrespective of age, who are more at risk from fire.</p>	Isle of Wight Fire and Rescue Service	√	Implemented	Existing networks and representation at specific meetings ensures referrals are made to and by the FRS, to support vulnerable persons.
	<p>Community networks supporting people with mental health problems in non-institutionalized environments; housing or work places</p> <p>E.g. Community watch: attended by statutory and non-statutory agencies, where information is shared within a secure environment to identify and make resources available for individuals, include those with mental health problems.</p>	Isle of Wight Fire and Rescue Service	√	Implemented	As above: Existing networks and representation at specific meetings ensures referrals are made to and by the FRS, to support vulnerable persons.
	<p>Lead, co-ordinate and facilitate the My Life Full Life Partnership Development Group to support effective delivery of the NHWMH Strategy outcomes identified.</p>	IW CCG	√	Implemented	Active and In place

<ul style="list-style-type: none"> • Third and independent sector engagement through stakeholder events to develop alliance • Business case to support the development of the Alliance required to be presented at the Clinical Executive • Prospectus developed • Consider medium to long term commissioning options 	IW CCG	√	Implemented		Prospectus has been awarded, IOW Recovery Partnership formed and prospectus outcomes being monitored by NHWMH Strategic Board. Mental Health Crisis Concordat Steering Group established and action plan developed and being monitored.
<p>Collaborative partnership working, resulting in coordinated service delivery</p> <ul style="list-style-type: none"> • Strengthening communication and relationships with multi agency partnership (such as Serenity project IW NHS Trust and Hampshire Constabulary) 	IW NHS Trust	√	Implemented		Partnership working in place, Serenity operational 6 days per week, CCG and Hampshire Constabulary joint funding specialist police constable.
<p>Probation services are a committed partner to support the improvement of mental health and wellbeing on the Island</p> <p>Probation Trust will respond positively to developing partnership arrangements with Island services .</p>	Hampshire Probation Trust		Mar-15	March-2017.	Ongoing - CCG looking at the Hampshire Liaison and Diversion Pilot
<p>Improved communications and cooperation with partner agencies in support of vulnerable adults.</p> <p>Adult Social Care Services will work in partnership with other agencies to ensure prompt and effective access to support for vulnerable adults.</p> <p>Adult Social Care Services will collaborate with the Police and NHS Mental Health Services to ensure appropriate support is available for service users who present in crisis regularly or with high frequency.</p>	Isle of Wight Council	√	Implemented		Embedded as part of service

	<p>Partnership working is effective in ensuring access to services for young people who have offended and experience mental health difficulties.</p> <ul style="list-style-type: none"> • Establish pathways for support/provision of services. • Identification of gaps in service provision to inform commissioning and purchase. 	Lisa Morgan (IOW YOT Operational Team Manager with IOW YOT Management Board)	√	Implemented	<p>YOT MHN will work closely with services to build 'local' knowledge and establish/develop pathways as appropriate. Gaps will be highlighted through line management and clinical supervision.</p> <p>Additionally, YOT completed a Health Needs Analysis in 2014/15 which identified a number of actions to be taken forward by the IOW YOT Management Board (including Health representatives).</p>
Urgent MH Assessment and Care	Actions				
People who are admitted to hospital are assessed and supported appropriately	Scoping Rapid Assessment Interface and Discharge	IW CCG	√	Implemented	MH Liaison team extended to 7 days a week in February and March, RAID being scoped and stakeholder workshop carried out.
More people will have a positive experience of care and support Care and support wherever it takes place, will offer access to timely evidenced - based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment	As part of the Community Mental Health Services the rapid Emergency response will be reviewed and remodelled and scoped for a single point of access	IW CCG	√	Implemented	<p>Community mental health services review and redesign consultation undertaken and completed.</p> <ul style="list-style-type: none"> • New 24/7 front door from April 2017 agreed. • 24hr Crisis Response plans in place to be piloted Winter 2015/16. • LA reviewing pathway and social care model from April 2016.

<p>Serenity to be in operation at peak times: A joint IW police and NHS Trust initiative to improve responses to mental health crisis calls received by the police, where police officers and mental health practitioners respond to calls together. Its aim is to provide the best possible response to people in crisis and, through improved diagnosis on scene, reduces the time spent dealing with such incidents and in reducing the need for inpatient admissions.</p>	<p>Hampshire Constabulary - Paul Jennings</p>	<p>√</p>	<p>Implemented</p>	<p>Serenity extended to 6 nights a week until March 2016 at band 6 grade. Jointly funded by CCG and DAAT. Police liaison officer 3 days a week- non recurring 50/50 funding in place until 31st March 2017.</p>
<p>As part of the Public Health strategic vision linking to the IW five year integrated health and social care plan develop a holistic family focused platform. It is envisaged that these principles will lead to new kinds of community based working; they could also be used to refocus many existing council and health service programmes.</p> <p>Implement Local Area Coordination enablement approach to empower vulnerable people to improve mental, physical and social wellbeing through using personal and community assets to develop non-service solutions.</p>	<p>Anita Cameron-Smith/Heather Rowell Public Health</p>	<p>√</p>	<p>Implemented</p>	<p>Development of The Family Platform programme is underway and work with physical activity leads is underway. Mental health is considered within all commissioned services. Dedicated Public Health Lead for Mental Health now in place (Carol Foley). 3 Local Area Co-Ordinator posts in situ</p>
<p>To develop the Integrated Recovery Pilot; to reduce the impact of high frequency patients upon public services through robust personal management.</p>	<p>Hampshire Constabulary - Paul Jennings</p>	<p>√</p>	<p>Implemented</p>	<p>The IRP pilot ended in Feb 2015 and showed consistent potential over the 18 months, documented in a 10000 word report SIM course (Serenity Integrated Mentoring). We are now in the process of identifying 25 High Intensity Users across the force and their respective MH community care co-ordinators and will then be running the final module before commencing the force wide programme.</p>
<p>Development of a Recovery (Crisis House) and Recovery College</p>	<p>My Time CIC</p>	<p>√</p>	<p>Implemented</p>	<p>Work continues on the Recovery House Project, Recovery college has been established</p>

	<p>Development and Implementation of IOW Recovery Partnership with a recovery programme of courses and capacity building of MH services led by third sector. The targets (IOW Recovery Partnership and Older Adults) for 2015-16 are:</p> <ul style="list-style-type: none"> • 7 IW organisations achieve recognised MH quality mark. • 7 IW residents achieve recovery programme trainer status. • 3 Service User groups are established in 3 localities. • 1 network of service user groups feeding into IW service user strategy forum. • 5 new Service User led services/projects are established • 100 IW residents experiencing depression, anxiety and mental health issues attending recovery based programmes. • 10 older adults (50+) a year trained in peer support/counselling • 3 older adult peer groups in 3 localities • 20 older adults a year stepping into volunteering and employment. • 75 older adults supported by peer support volunteers. 	My Time CIC	√	Implemented	<p>The Recovery Trainers Programme is City & Guilds Level 3 Award in Education and Training delivered by IOW Council Community & Adult Learning Department. The first course started at Quay House on the 5th June 2015 with 9 Peers (lived experience) starting the 10 week programme. A further course is scheduled in September with a further 12 places. The Project target was 7 in year one and 7 in year 2 – This has already been exceeded.</p>
	Development of an Older Adults Peer Support Programme.	My Time CIC (lottery funding)	√	Implemented	The Older Adults Peer Support Programme has been established with over 60 attendees.
<p>More people with mental health problems will have good physical health Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health</p>	All patients receive a full physical health check on admission to psychiatric units	IW NHS TRUST	√	Implemented	In service specifications and embedded within IWNHS Trust provision.

Appendix 3

Terms of Reference The Isle of Wight Mental Health Strategic Partnership Group

Purpose:

The 'No Health Without Mental Health Strategy' is the Islands joint response under the Island Health and Wellbeing Board on what as partners we need to do to make sure that Island residents have good mental health and receive the correct support at the time and place when they need it to support them to recover.

The priority areas were identified as:

1. Prevention and early intervention for mental health and well being
2. Improved recovery and access to mental health support
3. Reducing stigma and discrimination through stronger communities

The strategy is a five year strategy with a two year action plan that will be reviewed annually. The purpose of the Strategic Mental Health Partnership Group is for the partners to work together to deliver each of its priorities and oversee the implementation of this action plan. The action plan will report bi-annually to the Health and Well Being Board.

The group will also be responsible for overseeing the development and delivery of the Island Crisis Care Concordat Action Plan and reporting its progress to the Health and Well Being Board bi-annually.

The 5 year health and social care vision for the Isle of Wight highlights the need for strong integrated working accompanied by the promotion of good self-management and encouraging the Island Community to support one another, building individual and community resilience.

The Mental Health Strategic Group will look at how this vision applies to Mental Health and how we can develop our community services to support those suffering from emotional distress and mental ill health. People present in various ways with distress and it is important to get all parts of the system working together and communicating well in order to make the best use of limited resources.

The group will explore models for building integrated working on the Isle of Wight and adhere to My Life A Full Life principles and methodology. The person will be at the centre of their care and engage professionals from health, social care, 3rd sector organisations, police, criminal justice services, drug and alcohol services and specialist care.

To implement truly integrated models of care will involve all parties working together using My Life A Full Life principles, to put aside organisation boundaries and prejudices and find a way forward together. It will also involve jointly solving problems as we navigate our way around the complex commissioning landscape we operate in, particularly around mental health, so that the money can flow around the system in a way that supports integrated working.

The group aims to deliver the MLFL outcomes of:

- I have access to easy-to-understand information, support and services which is consistent, accurate, accessible and up to date
- I have care and support that is directed by me and responsive to my needs
- My support is co-ordinated, co-operative and works well together
- I have considerate support delivered by competent people
- I can plan ahead and keep control in a crises
- I can decide the kind of support I need and when, where and how to receive it.

Its overall aims and objectives which will support the achievement of these outcomes are:

- To develop, implement and monitor the No Health Without Mental Health - it's everyone's business strategy action plan by:
 - To receive progress and risk updates from member organisations.
 - To report bi – annually to the Health and Well Being Board
- To identify workstreams that will:
 - Provide prevention & early intervention
 - Improved recovery focused urgent/acute mental health assessment and care
 - Improved recovery and access to mental health support in localities

Accountability:

- The Group will report to the Health and Well Being Board bi-annually.

Organisation:

- Bi-Monthly meeting - planned to be held on the fourth Thursday of the month.
- Bi-Monthly tailored agenda
- Agenda and Notes managed by the CCG
- Process for distribution of Agenda and Supporting Papers will be 5 working days before the meeting.
- All papers will be presented electronically at the meeting.
- Minutes of the meeting will be distributed within five working days of the meeting.

Attendees:

- (Chair) Head of Commissioning MH & LD, CCG
- CCG: Clinical Lead for Mental Health
- CCG: Mental Health Commissioning Manager
- CCG: Administrator
- Local Authority: Head of Adult Social Care

- Local Authority: Head of Public Health Strategy
- Isle of Wight Trust: Head of MH, LD and Community Partnerships
- Isle of Wight Trust: Consultant Psychiatrist
- Third Sector: representative
- Police: Inspector
- Fire Service
- Prison Service
- Probation
- Chamber of Commerce
- Department of Work and Pensions

Membership of the group may alter as it matures or alter from time to time as the Board deems appropriate in order to comply with statutory changes.

Other members from stakeholder organisations can be invited to attend where there are specific items that require more specialist input relevant to topic of discussion.

Quorum:

The quorum shall be at least one member representing each of the following interests:

- Isle of Wight Council
- IOW NHS Trust
- IOW Clinical Commissioning Group
- Police
- Voluntary Sector Forum

Deputies:

Deputies must be sent to the meeting, empowered to be able to challenge, prepare and develop proposals to be presented as highlights and matters for decision. This is crucial to the ongoing effectiveness of the meeting.

Review of Terms of Reference

These Terms of Reference will be reviewed annually from the date of adoption.

