Mental Health Programme Mandate (V0.1)

Mental Health

The purpose of this document is to describe the work in sufficient detail in order to gain approval to proceed

SRO	Janice Horrocks
Management Lead	Rosemary Granger
Programme Manager	Gary Malone

BACKGROUND

The Vision is to deliver Better Mental Health and Best Mental Health Care and Support for the people of Cumbria, delivered sustainably.

The overarching aim is to make a real difference to people's mental health and wellbeing in Cumbria through a person centred and holistic approach. People will be treated with dignity and respect at all times. We recognise that mental wellbeing is multi-faceted, it is at the core of our approach and includes an individual's psychological, social, physical and spiritual wellbeing. Mental wellbeing is more than an absence of mental illness and is a state "in which the individual realises his or her own abilities, can cope with the normal stresses of life. Can work productively and fruitfully, and is able to make a contribution to his or her community." We aim to ensure that people accessing mental health services in Cumbria will experience "parity of esteem" in relation to service availability, accessibility and resource allocation.

In order to do this, we believe we need to:

- Create a fundamental shift in focus and resources from diagnosis and treatment to prevention, wellbeing and early intervention.
- Create a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business
- Ensure that people who develop mental health needs that require more support receive the help they need as quickly as possible to reduce the impact their mental distress has on their day to day lives, their families, friends and community.

We want to create healthy environments for all those who live in Cumbria. Environments that are inclusive, that promotes self-esteem and is non-stigmatising: in short, environments that prevent the onset of mental health problems.

APPROACH, OBJECTIVES and OUTPUTS

The mental health programme will support the delivery of the Mental Health Strategy for Cumbria 'Better Mental Health for All' and in particular the delivery of the Vision, The Model of Care and the joint commissioning of services for people with Mental Health problems. The programme will be delivered through a resourced Programme Management Office (PMO) which will provide the necessary infrastructure to support the delivery of the projects and maintain the communication and reporting mechanisms to ensure the capabilities are delivered. The PMO will ensure the risks and issues are managed through the programme plan and governance frameworks.

The main objectives of the Mental Health Programme are;

- To develop a Model Of Care for mental Health services
- To manage key projects through a mental health delivery group for
    - Primary Care Mental Health
    - A Recovery focussed model
    - Crisis Care Concordat actions
    - Third Sector Provider transformation
- To monitor and capture capabilities delivered through the following existing improvement projects, and coordinate the benefits realisation and interdependencies;

    - Liaison Psychiatry, part of the Better Care Fund Programme
    - Community Mental Health Team transformation
    - Personality Disorder Service improvement
    - Rehabilitation pathway
    - Physical Mental Health
    - Suicide prevention
- To support the development of the Joint commissioning strategy between Local Authority and Cumbria Clinical Commissioning Group.

SCOPE & EXCLUSIONS

This strategy covers the next five years 2015 – 2020 and considers the whole spectrum of mental health care and support from prevention through to service provision for those people with specialist mental health needs and their carers, but focusing on our adult population. It therefore considers:

- The whole population mental health of adults, including older adults with mental health problems but not organic illnesses such as dementia
- The transition of mental health services between children's and young people's services to adult service provision
- People who have mental health needs arising from learning disability, autistic spectrum disorders, attention deficit hyperactivity disorder, drug and alcohol misuse problems and long term physical health conditions (the term 'dual diagnosis' is often used for people with substance misuse problems in addition to mental illness but it is important to remember mental health needs can arise from other disorders and problems too).

Exclusions

- Care for people with Dementia.

This will follow a separate programme of work through the Cumbria Dementia Steering group. There is potential to report the outputs to the Mental Health Partnership Group thus providing the steering group with a valuable governance framework.

- Child and Adolescent Mental Health

This will follow the Children's and Families Programme plan which includes the development of a plan for sustainable improvements of Child and Adolescent mental Health.

ASSUMPTIONS

- Sufficient resources available to support the Programme Management office.
- All parties are committed to delivering the 'Better Mental Health for All' vision and that they can safely support the strategy implementation.
- The successful delivery of the project will be dependent of capacity being released from the partner organisations and strong governance and decision making arrangement being in place throughout the life of the programme.
- The programme will have adequate skills and experience and capabilities from the membership in terms of financial understanding, project management and clinical leadership
- Support is provided to 'Better Mental Health for All' through the structures of both Better Care Together and the Success Regime strategies and an assumption that the enabling Work-streams are across the three strategies are engaged.

BENEFITS/KEY OUTCOMES

The potential benefits and key outcomes of the Mental Health Programme are significant, for example there will be:

- Increased shift in focus and resources from diagnosis and treatment to prevention and wellbeing
- Reduced fragmentation of services
- Better-quality measures to identify gaps in service provision
- Strengthened interfaces between services/ agencies
- Enriched cultural shift in the delivery of mental health services so that professional and organisational/ stakeholder boundaries are open and transparent
- The promotion of mental health and wellbeing of the whole population, increasing the resilience of local communities, tackling discrimination and promoting equality of access to services
- Improved, holistic, recovery focused approach to all people who use mental health services, upholding the values of dignity, choice and respect
- Meeting users' requirements for assessment, treatment, care, protection, recovery and quality of life through improved access to services and resources designed around the needs and aspirations of service users and carers
- Improved clarity for all service providers about where they fit in the model of care and the role of other organisations, i.e. a framework for service providers against which to describe their service and recognise the interdependencies and impacts of any service changes.
- A value added commissioning tool to allow commissioners to see the 'big picture' of what needs to be achieved, identify gaps and commission services accordingly

The programme will support the realisation of the outcomes and it will enable the whole system to prioritise and phase implementation against a clear picture of where we are going.

The key benefit outcomes from the initial projects will;

- Improve systems and process to drive the parity of esteem agenda
- Maximise the potential benefits that excellent mental health services can deliver for physical health services
- Reduce the physical health inequalities for people with mental illness
- Less duplication of provision and promote integration
- Develop a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business

Benefits realisation

The benefits have been identified for the Mental Health Programme and it is envisaged that some benefits will take longer to materialise than others. A benefits register will be developed as part of the programme plan and should be reviewed on a regular basis.

The management of the benefits realisation should be the responsibility of the organisation which is best placed to monitor the changes in the implementation of the programme. The benefits realisation plan should also ensure the benefits align to the wider benefits realisation of the Better Care Together and Success Regime Strategies.

The realisation of the benefits should demonstrate the programme is making a tangible difference and the measurable outcomes are set correctly.

A schedule in the programme plan will determine when each benefit will be reviewed, with appropriate milestones to coincide with the programme outcomes. The Mental Health Partnership Group will receive a benefit report on progress with detail as required.

KEY MILESTONES AND TIMESCALES

The programme consists of a dossier of projects to enable the delivery of the capabilities which will achieve the programme outcomes and milestones. This will in turn support the realisation of the benefits and the programme plan will detail the deliverables behind the projects.

The programme will be hosted by the programme office and administered through an electronic project monitoring tool. The PMO will develop a share-point portal for relevant project members to access and share outputs and documentation.

Project I.D.	Project	Objective	Key deliverables	Timescale
MH_PR_P01	Programme Office and programme infrastructure	To establish systems and processes to ensure current service improvement projects are delivering and are expanded as necessary to support delivery of the Mental Health Strategic objectives and the wider objectives of the Success regime and Better Care Together	The delivery of a fully resources PMO Reporting processes in position to support CPFT reports to the MHPG Deliver the project plan for Mental Health to support the timelines within the Success Regime and BCT Align interdependencies with both BCT and the Success Regime to ensure economies of scale from the enabling Workstreams.	October 15 October 15 October 15 November 15
MH_PR_P02	Model Of Care Development	Deliver a comprehensive programme of service remodelling that would deliver efficiencies and savings to address the upcoming challenges and mitigate the developing pressures.	Improved MH awareness from all including GPs Improved waiting and referral times Improved range of therapies and treatments Improved availability of structured activity including more activities and support groups in the community Improved communication and better joint working between all services and support networks	November 2015-November 2016
MH_PR_P03	Recovery Model	A service design which supports the person to become central to	Collaborate to build an understanding of recovery (potential of everyone using	November 2015-April 2016

		their own recovery and enable them to have active control over their lives whilst allowing them to benefit from the experiences of others who have managed a successful recovery.	services to live a meaningful and contributing life) Redefine and transform the role and purpose of community mental health teams Make better use of all the resources in our communities Regular presentations to local service user and carer groups to improve the feedback received regarding local services	
MH_PR_P04	Primary Care Mental Health	Develop primary care services so they offer mental health care, treatment and support in a local setting	Develop the management of mental health in primary care settings by building primary care communities across Cumbria Upskill to support mental health knowledge and skills in primary care Ensure a more seamless response to people with mental and physical health needs Seek to expand the range of treatment options available- including self-help and online resources self-help etc for people experiencing mild to moderate mental health problems that could be effectively managed without the need to access specialist mental health services,	November 2015- November 2016
MH_PR_P05	Crisis Care Concordat	Deliver the action plan for the crisis care concordat and design an effective project plan to support the delivery of the urgent Mental Health care pathway	Improve care, support and treatment for people who have urgent mental health needs Design a better response to mental health related problems in acute hospital settings Ensure the relationship between physical health and mental health are equitable and promote the parity of esteem. Improve the physical health of people with severe and enduring mental health problems including smoking cessation and substance misuse	November 2015- November 2016
MH_PR_P06	Third Sector	Develop a clearer role	Ensure contracts with third sector	

	Transformation	for the third sector in Cumbria in relation to support for prevention and for recovery	providers reflect the priority objective-encouraging peer support and personalised responses Third sector specifications promote social inclusion of people with mental health problems, including assistance with employment, accommodation & advocacy Design of contracts promote social inclusion and challenge stigma.	

MILESTONES

KEY MILESTONES- PROGRAMME LAUNCH			
UID	**Milestone**	**Completion date**	**Owner**
M1	Programme plan and initiation document submitted to Success Regime Programme Office	October 2015	Mental Health Programme Office
M2	Programme initiation, reporting, infrastructure and implementation plan approved.	November 2015	Mental Health Partnership Group
M3	Delivery group established and terms of reference approved	November 2015	Mental Health Partnership Group
M4	Project initiation documents approved for identified work areas	November 2015	Mental Health Programme Office
M5	Enabling work streams engaged and interdependencies mapped	December 2015	Mental Health Programme Office
M6	Projects commenced and membership established	December 2015	Mental Health Programme Office
M7	Programme Outcomes report into Success regime for development of the integrated organisational models and implementation plan	March 2016	Mental Health Programme Office

ENABLING SUPPORT

Workforce Workstream.

It is essential that the workforce has a fully determined plan for training and development, including policies and protocols signed off by both Better Care Together delivery group and the Success Regime tripartite.

The training and development plan as well as the organisational development plan should ensure that all members of the services being provided maintain their knowledge and skills by keeping up to date with the best practice evidence for mental health and ensure that all professional staff are supported to undertake clinical supervision in line with the relevant statutory body requirements.

A completed gap analysis of the workforce against the anticipated activity realignment will be completed where necessary using a workforce repository and planning tool, which will align the current provision to the of the activity requirements.

The workforce Workstream will be integral to the implementation plan in ensuring mental health service provision has sufficient competences.

Estate and Infrastructure Workstream

The estates Workstream in Better Care Together and the Success Regime can assist the identification of the community estate which has capacity and necessary accommodation to support the activity proposed through the mental health programme. They can support the design of the implementation and investment plan as required and that premises are fit for purpose.

They will form part of the implementation team and ensure the estates and facilities aspects in delivering any specifications are fit for purpose. If there are minimum requirements for facilities they should meet quality standards and the estates and facilities Workstream should inform the process of the quality measures which will need to be in place.

Finance Enabling Workstream

There will be a requirement to finalise the cost analysis and any investment requirements against the activity assumptions and service designs from the projects delivering the mental health programme. The Finance group will work closely with the other Workstreams to provide a whole system cost profile and feasibility analysis before the implementation plan is agreed. Where there are unit cost proposals to work through during the implementation these should be coordinated by the finance Workstream and when the arrangements for procurement are agreed the finance Workstream should inform the implementation process of the contract arrangements.

Business Intelligence and Analytics Workstream

Any models produced to support the mental health design are refined through a clinical review process and assumptions made within any models should be accepted and signed off by the Better Care Together Delivery Group and Success regime tripartite. The Business Intelligence group can then design appropriate data capture requirements and reporting mechanisms which will work alongside the programme outcomes and also inform the IM& T Workstream for any system change requirements.

The business intelligence Workstream will be required to assist ongoing performance monitoring during the implementation stage and also develop reporting systems which are future proof and aligned to the new pathway delivery. They are integral to the developments in the IM& T strategy and should inform any development request to that Workstream group.

Informatics Workstream

The Informatics Workstream is an essential element for the success of the programme. Further work of the requirements and gap analysis is required to fully understand the interoperability issues with community mental health services, Primary Care and Secondary Care. It is important to ensure effective data flow and access to essential records is accommodated.

It is essential that the scoping of the community services and their current IT systems is brought into the IM&T strategy alongside the current interoperability programme. There will need to be strong links with the provider systems in the community to ensure the 'back office systems' are supporting the community developments particularly utilising lower tech solutions in the patient's home to support self-management.

There will need to be a link with the community provider systems and the current infrastructure solutions in place to ensure access to future IT configurations and linked and electronic information is shared securely particularly when supporting electronic referrals.

The community providers alongside the current providers of mental health inpatient services need to have equal access to the following IT developments, all of which are highlighted in the Informatics Workstreams BCT Model.

- Contact centre solution
- On line booking system
- Low tech self-care solutions
- Knowledge management system
- Referral support system
- Integrated care record (where possible)
- Information and performance management systems

All providers who deliver mental health provision also need to ensure they have access and are part of the technology infrastructure with equal access to the network.

DELIVERABILITY ASSESSMENT

A set of performance metrics will be developed to ensure the ongoing sustainability of the Mental Health Programme of work. The metrics will support the benefits realisation plan and be owned by the provider organisations with regular reporting in line with standard process for contract monitoring.

The following indicators could be used to evaluate the overall performance of the Mental health Programme:

Improved clinical outcomes for patients are detailed as;

- Improved patients' experience of all mental health services through integrated pathways.
- Providing a cost-effective service.
- Diverting a sufficient proportion of new patients with mental health problems away from existing hospital services to community settings.

- Improved patient access by providing locations closer to home
- Improved booking of routine appointments
- Improved referral support systems and advice and guidance alongside training and development for GPs in relation to the management of mental illness.

The successful delivery of the mental health programme will have a dependency on the following success criteria;

- Sufficient community venues are available and resourced with appropriate equipment and personnel
- Workforce with skills and competency to deliver the services are sustainable over the long term
- Full appraisal of community capacity is understood and necessary investment plans in place
- Full health needs assessment, reflects the areas under consideration and they are amended accordingly and future proofed
- Integrated IT system including referrals and booking management is essential for the successful implementation of the programme.
- Governance processes are robust and ensure oversight of the clinical safety and effectiveness.

RESOURCES

Description Title	**MENTAL HEALTH PROGRAMME- BETTER MENTAL HEALTH FOR ALL**
Key objectives/aims	To support the delivery of the Mental Health Strategy across Cumbria and resource the programme management office with sufficient programme and project management support
Key milestones/deliverables	• Programme plan and initiation document submitted to Success Regime Programme Office • Programme initiation, reporting, infrastructure and implementation plan approved • Project initiation documents approved for identified work areas • Enabling work streams engaged and interdependencies mapped • Projects commenced and membership established • Programme Outcomes report into Success Regime and Better Care together for the development of the integrated organisational models and implementation plans

Resource area/role	Requirements of resource	Timescale of resource
Programme Manager	Full time Programme manager to coordinate the PMO and ensure strategic links and interdependencies are mapped across the Better Care Together and Success Regime strategies. Maintain the engagement of the partner organisations and ensure the programme outcomes are achieved across all the partner organisations. Responsible for; • Completed PID and programme Plan • Management of risk and issues and	October 2015-September 2016 (review)

	escalation • Production of board highlight reports • Benefits realisation management • Lessons learned reporting and evaluation			
Senior Project Manager	Full time project manager to provide the management support to the project areas within the strategy. • Maintain support and reporting is robust from the service improvement projects • Offer direct project management to the Crisis Care concordat • Lead the development of the project plans for strategic projects and ensure progress is monitored and corrective action taken • Maintain links with the enabling Workstreams and manage the work package requests • Direct reporting to the SRO of each project			October 15-December 16 (review)
Senior responsible Owner	Accountable individual for ensuring the objectives of the projects/ programmes are met within the mental health programme. • Work closely with the Senior project manager and have the authority to direct work to ensure it aligns with the programme objectives			Dependent on the timescale of project areas (indicatively 1 day per week for the life of the project)
Clinical sponsor	Support the SRO in ensuring the clinical aspects of delivering the project outcomes and programme objectives are aligned to best practice and support the vision.#			Dependent on the timescale of project areas (indicatively 1 day per week for the life of the project)
Project Member	Members will represent the partner organisations in the project groups to deliver specific task and finish pieces of work which support the project objectives. • They will have sufficient experience in the project areas and have delegated authority to represent their organisation • Report outputs to the project manager.			Indicatively 2 days a week for the life of the project with ad hoc requirements for task and finish pieces of work
Supporting milestones	**Phase 1**	**Phase 2**	**Phase 3**	**Phase 4**
Programme initiation	**October 15**			
Programme Diagnostic stage		**December 15**		
Programme delivery Stage			**March 16**	

Programme Implementation Stage				**April 16-Onward**

INTERDEPENDENCIES

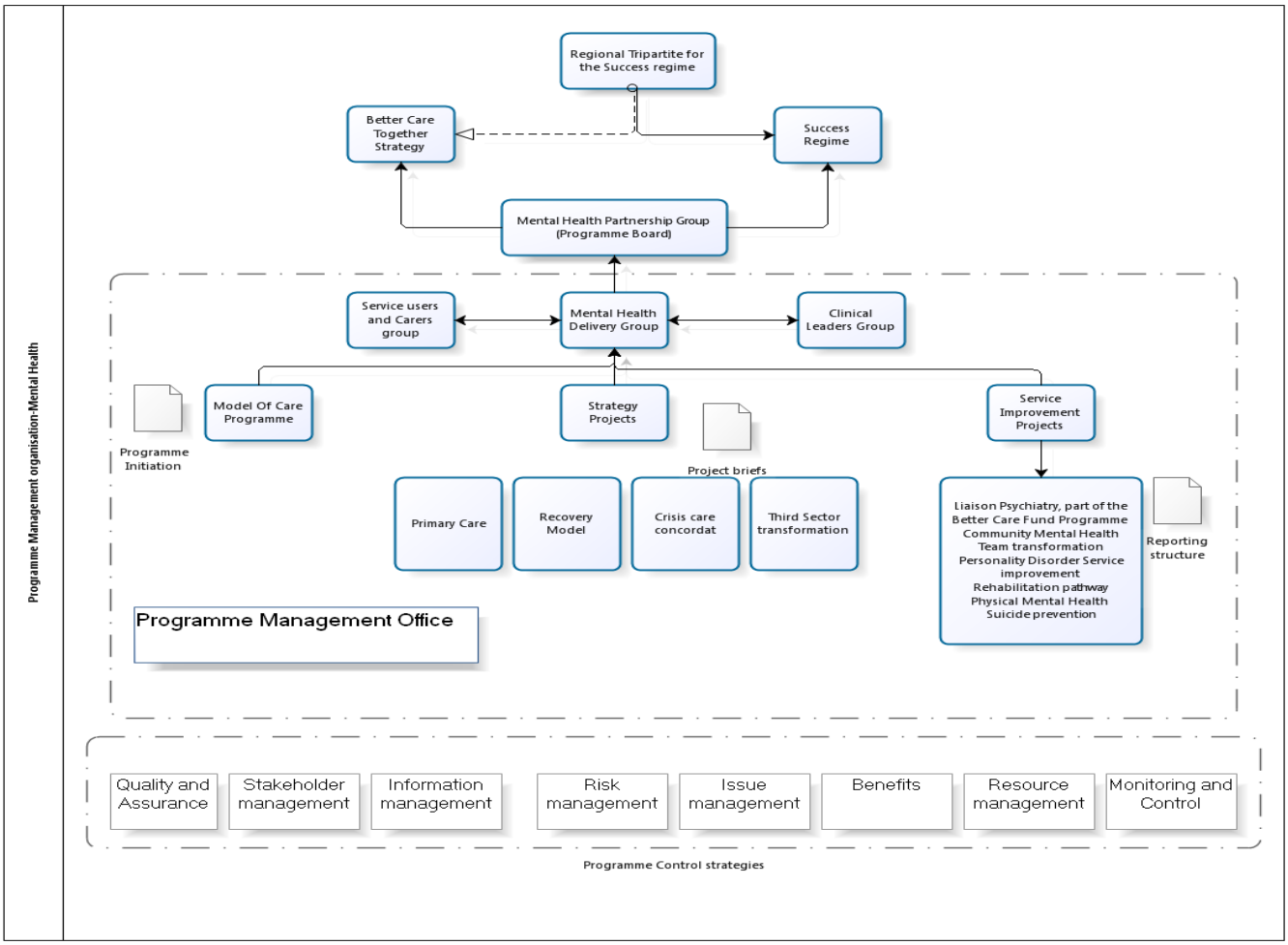
Key interdependencies are with the strategies of Better Care Together and the Success Regime

Group/ Project	Outputs	Effect on delivery
Success regime PID	Support the development of the system wide plan/ clinical models Support the development of the clinical strategy Support the improvements in relation to: • Quality of Care including patient experience • Workforce including, ongoing leadership capacity and capability • Public confidence involvement and empowerment • System wide organisational stability	HIGH
Better Care Together	The BCT Programme has identified three key challenges it wishes to resolve: • Improving the sustainability of our services to meet the current and future health needs of our local communities • Improving the quality, safety and experience of patients using local health and care services, and • Reducing the financial deficit in the system	HIGH
Finance and contract enabling group	Support to ensure changes to contracts are in line with expected outcomes and recognising financial flows through integrated management arrangements.	HIGH
IM&T enabling Group	Confirmation on the agreed IM&T solutions to support referral and 'hand off' arrangements and access to patient information	HIGH
Workforce enabling Group	Support to access required staff Change management support Training and development support	HIGH

Promoting Mental Health into a Primary Care Community	Agreement on consistent approaches and how the PCC can contribute to delivering the outcomes of recovery	MEDIUM
The women and children's work-stream	Recognising impact and alignment of CAMHS initiatives and agreement on how alignment of the task and finish work is carried out.	MEDIUM

WORK AREA ORGANISATION

The programme Office should consist of a Programme Manager, Senior Project manager and project support officers as required to deliver the portfolio of projects. The resource plan is based on the portfolio of projects and the delivery of the project capabilities. The following structure identifies the PMO as a supportive system ensuring the programme can be delivered within the same governance structure as the Mental Health Strategy.



Programme Office Role and Function

The Programme office will ensure the programme plan supports the vision and strategic objectives for 'Better Mental Health for All' and will ensure the following functions are achieved.

- Programme Infrastructure to support implementation
- Define the delivery team and reporting processes
- Identify stakeholders
- Align projects to deliver implementation
- Identify milestones to delivery
- Identify Governance arrangements
- Develop a programme implementation plan.
- Benefits management strategy
- Information management strategy
- Communication and stakeholder engagement strategy

The programme office will support the Mental Health Partnership group (Programme Board) and support aspects of assurance for the programme and provide information from a central point. This will include;

- **Tracking and reporting** progress against the plans and utilising the suite of project tools, reporting documentation and IT solutions.
- **Information management**-Hosting master copies of programme information, generating all necessary quality assurance and monitoring documentation, maintaining controlling and updating all programme documentation and holding information in an accessible informatics solution.
- **Risk management**-Ensuring there is a central risk management system and log and provide the regular updates to the Mental Health Partnership Group.
- **Issue management**-Ensuring there is a robust issue resolution process and clear escalation protocols to support issue management
- **Interface**-analysing the critical dependencies and interfaces between projects and recommend appropriate actions via the programme manager.
- **Quality Control**-establish consistent standards adhering to the programme governance arrangements, including project planning, reporting, change control, analysing risks and maintaining progress reports
- **Change Control**-register changes and ensure prompt and timely action and reporting when carried out
- **Benefits**-hosting the benefits maps, benefit profiles and benefits realisation plan to ensure the benefits and owned and quantifiable and have timescales associated with their realisation.

RISKS IDENTIFICATION AND REGISTER

Risk and mitigation	
Risk descriptor	**Mitigating action**
The new designs do not meet patients' needs	**Stakeholder Engagement-** Building on the workshops and stakeholder engagement the implementation plan should ensure clinical, patient and public engagement 'markets' the proposals and the pathways into primary and community care
The new service models are not acceptable to local GPs	
Current developed and successful Services may not be replicated.	**Workforce-**the workforce planning will be inclusive of the third sector providers and also the redesign of the pathways will ensure the access is built in. The implementation plan will include the delivery of the activity includes access to third sector providers alongside the principle community provision.

Existing providers withdraw before the new service model is ready to come into operation Insufficient community workforce able to provide services required	**Procurement-**The implementation plan will ensure the roll out of the activity is supported by robust procurement processes. Existing providers will be informed through the engagement process that a robust process will be in place to support the delivery of the new activity and there will be clear timescales to ensure providers can plan forwards to ensure they have resources in place to deliver the activity.
There is slippage in the timescale for the sign off of the implementation plan, business cases, service specification or other key documents	**Approval-**the Clinical delivery group of BCT and tripartite of the success regime could approve the 'quick win' elements of the projects to begin implementing change. There will be a clear steer to take the remainder of the work forward in a phased approach.
The Health and Care Community do not devote sufficient clinical, managerial, business intelligence or procurement support to the implementation.	**Implementation Plan-** A clear and precise implementation plan will ensure the required work areas are included in the delivery model and the expectations of the enabling Workstreams and responsibilities of the partner organisations are clearly understood and communicated.
QIPP targets are not achieved	**Performance-**performance indicators and provider contract arrangements are inclusive of the QIPP targets and any associated activity expectations and proposed benefits realisation planning.
Primary care prescribing costs may increase as a consequence of more patients being managed in primary Care for longer	**Medicines optimisation-**The implementation plan should include an enabling Workstream which will support the reconciliation of medication across all the pathways and all providers delivering the support.
Lack of suitable community venues Providers not being given access to secure electronic referral system	**Infrastructure-** There are clear requirements of the enabling Workstreams in the implementation plan and how the functionality if the IT infrastructure needs to be developed alongside the estates and facilities to ensure accredited providers have the correct facilities and equipment to implement the activity in the pathways.
Unexpected increase in demand as a result of unmet need (easier availability of access in community)	**Health needs assessment-**a responsive plan to support a health needs assessment is put in place to manage the anticipated activity and respond to the needs of the population in a proactive way using resources across public health, prevention and self-management.

REPORTING SCHEDULE

The schematic below demonstrates the flow of reporting through the delivery of the programme. Each project lead will report monthly to the PMO using a standardised template for highlight reporting which the PMO will coordinate into a programme highlight report to present monthly to the Mental Health Delivery Group. Alongside the highlight report the PMO will report risks and issues and any exceptions arising from the projects.

The reporting schedule will be managed through the Mental Health PMO and consist of a series of highlight and exception reports which will be coordinated to report in line with the reporting arrangements of the strategic groups.

Both the clinical leader group and service user group have a responsibility for delivering the Model of Care, and Recovery Model respectively and will report exceptions as required to the Mental Health Delivery Group directly if required.

The PMO will support the Mental Health Delivery Group produce the highlight report to the Mental Health Partnership Group (programme Board) for decisions, approvals and resolution of issues. A status report can then be sent to the Programme offices of both Better Care Together and the Success Regime on behalf of the Mental Health Programme.