

Paper to OND Board	
Author	David Richardson
Presented By	David Richardson
Title	Agreeing prioritisation to support development of MH Partnership Group
Date of Presentation	22 October 2024

Purpose	Information	Update	Decision	Discussion	Steer
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alignment to OND Priorities				
People lead happy and healthy lives <input type="checkbox"/>	People are safe <input type="checkbox"/>	The environment is clean <input type="checkbox"/>	People live in connected communities <input type="checkbox"/>	Enhancing community self-support <input type="checkbox"/>
Improving access to high-quality education <input type="checkbox"/>	Improving access to high-quality employment <input type="checkbox"/>	Improving availability of quality homes <input type="checkbox"/>	Improving access to high-quality natural environment spaces <input type="checkbox"/>	

Alignment to ICB Themes and Programmes		
Healthy People	Healthy, safe communities	Healthy, sustainable system
Population Health <input type="checkbox"/>	Housing <input type="checkbox"/>	Recovery, Finance and Procurement <input type="checkbox"/>
Primary and Community Care <input type="checkbox"/>	Employment <input type="checkbox"/>	System Development <input type="checkbox"/>
Acute Services <input type="checkbox"/>	Community Development <input type="checkbox"/>	Workforce <input type="checkbox"/>
Health Protection <input type="checkbox"/>	Communication and Involvement <input type="checkbox"/>	Digital and Data <input type="checkbox"/>
Children and Young People <input type="checkbox"/>	Equality, diversity and inclusion <input type="checkbox"/>	Research, Innovation and Improvement <input type="checkbox"/>
Mental Health, Learning Disability and Neurodiversity <input type="checkbox"/>		Estates and Infrastructure <input type="checkbox"/>
Suicide Prevention <input type="checkbox"/>		Green Plan <input type="checkbox"/>

Situation

It is important to develop a functioning partnership group in the locality to work closely together to identify the mental health and mental wellbeing needs of the community, to work closely together to identify any gaps in the need and current delivery, and work closely to attempt to fill those gaps by supporting development of community resources, interventions at community, primary care health, secondary care health from whichever organisation.

Background

The development of the Local Implementation Group (to help implement the Community Mental Health Services Framework) in Northern Devon flowed into the development of OND LCP. The MH partnership group became a component of the LCP with a ToR aligned to the original Local Implementation Group.

Commitment to this body has been strong from the VCFSE partners, less strong from other statutory partners. This is partly due to statutory partner uncertainty over the responsibilities and autonomy of the locality LCPs, a strong feeling from VCFSE that they do not wish to be in a partnership where statutory services may ‘take over’.



There remain opportunities to develop an effective partnership organisation to coordinate intelligence and information on population need, to bring together partner organisation to meet those gaps where they can, and to escalate strongly where they cannot.

Assessment

The Eastern LCP has a partnership group operating to the enclosed ToR (appendix 1).

Recommendations

1. That OND LCP consider the role of the MH Partnership group, seeks to identify what support it requires to meet the stated needs of its members and how to meet them, and fully integrates the group into the cycle of business of OND
2. That the Board consider the enclosed draft ToR (appendix 2) as a baseline document to be consulted upon with partners
3. That the board request a proposal from the partnership group regarding its ToR and support needed by a timeframe to be negotiated

Appendix 1 – Eastern LCP Mental Health Partnership Group draft ToR



Eastern LCP Mental
Health Partnership C

Appendix 2 – draft Northern LCP Mental Health Partnership Group mandate from OND LCP Board draft



LCP%20mandate%2
0for%20MHPG.DOC

Appendix 1: National NHS Objectives	
Area	Objective
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Our NHS statutory duties	How we will meet our duties	
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.	
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each programme describes how system partners are working together to deliver joined up services.	
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood	
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan. The national financial framework sets requires a collective responsibility to not consume more than the agreed share of NHS resources.	
Financial duties	Slides 37- 42	Outline how we plan to achieve system balance.
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk. We have developed robust metrics to measure the impact of the plan through our outcomes framework and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system.	
Duty to reduce inequalities	One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this the JFP programmes outline how they will contribute to reduce inequalities, particularly in relation to Core20PLUS5 and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. To support this work, the Population Health programme has been developed.	
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care programme describes how it will use the comprehensive model of personalised care to deliver this ambition.	
Duty to involve the public	Our Working with People and Communities Strategy sets out our principles for involving local people. The communications and involvement programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.	
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.	

Our NHS Statutory Duties	How we will meet our duties
Duty to obtain appropriate advice	<p>We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.</p>
Duty to promote innovation	<p>We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.</p>
Duty in respect of research	<p>We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.</p>
Duty to promote education and training	<p>Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.</p>
Duty as to regard to climate change etc	<p>Our Green Plan programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.</p>
Addressing the particular needs of children and young people	<p>Our plan includes two specific strategic goals on children and young people and the children and young people programme outlines the wide programme of work.</p>
Addressing the particular needs of victims of abuse	<p>Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty will be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group.</p>