

**Cheshire and Wirral
Community Wellbeing
Alliance**

COMMUNITIES THAT CARE



PROGRAMME UPDATE

SPRING 2022



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is...

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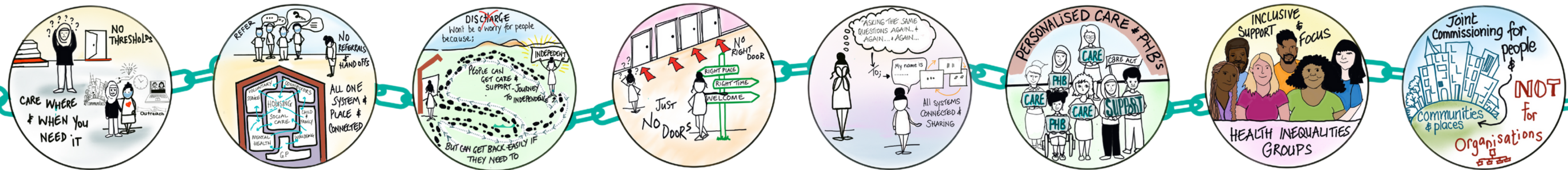
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Our ambition



A new, inclusive community-based offer based on redesigning mental health services around Primary Care Networks that integrates primary and secondary care, VCSE, and local authority services

Introduction

For most people with severe mental illness, the diagnosed problem isn't all they need or want help with. They need mental health services that go beyond symptoms and illnesses; integrated services that see a person rather than a diagnosis and that work together to promote their all-around wellbeing.

The Cheshire and Wirral Community Wellbeing Alliance is a group of organisations that have come together to make sure people in Cheshire and Wirral get good mental health support. The Alliance is supported by Rethink Mental Health as our co-production partner. Rethink support the voice of people who use services, families and carers in this work.

The core aim is to make sure people get support in a place that's right for them to keep well – supporting peoples' mental health, physical health and social needs.



Hello my name is...



Suzanne Edwards
Director of Operations
and Executive sponsor



Dr Anushta Sivananthan
Medical Director and Executive
Sponsor



Dr Amrith Shetty
Strategic Clinical Director



Jo Watts
Associate Director of
Operations for Specialist
Mental Health/All-Age
Disability services and
Senior Responsible Officer



Dr Gagandeep Singh
Consultant Psychiatrist and
Clinical Lead for CWP
Community Transformation
Programme'



Tracie Haskell
Non Medical Consultant



Emma Leigh
Programme Lead



Kirsteen Scowcroft
Transformation Manager



Jacqui Beal
Programme Administrator



Jon Parker
Transformation Manager



Steph Scholes
Transformation Manager



Sophie Burgess
Transformation Manager



Dr Duncan Campbell
Lead for Care, EmpowerED
Adult Eating Disorders
North West Provider
Collaborative



Scott Maul
Business and Value
Partner



Mark Trewin
Head of Alliance Building,
Rethink Mental Illness



Gillian Assinder
HR Buisness Partner



Nicola Jones
Communications
Manager



Darlene Martin
Community Engagement
Manager,
Rethink Mental Illness



Louise Kitchener
Head of Education, Learning
and Development



Paul Ivory
Organisational
Development Manager



Emma Barson
Co-production Manager,
Rethink Mental Illness

Hello my name is...



Arlo King
Expert by Experience



Lynsey Harmon
Expert by Experience



Chris Lynch
Expert by Experience



Zay Naghashi
Expert by Experience



Hayely Catling
Expert by Experience



Garrick Prayogg
Expert by Experience

Cheshire and Wirral Community Wellbeing Alliance

COMMUNITIES THAT CARE

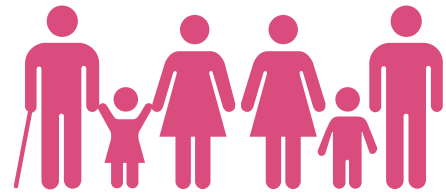


The national NHS Long Term plan acknowledges that there is a lot of work to do to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes across the UK.

The Cheshire and Wirral Community Wellbeing Alliance want to seize this opportunity to come together to make a significant difference for people in their local communities.

The transformation aims to create a care model that provides holistic, person centred care for people with severe mental illness so that people with long term needs, or specific mental health concerns will receive faster access to higher quality care.

NHS England key guiding principles to help provide good mental health care for everyone who needs it



1.

Ensuring care is flexible and personalised to reflect the local population and personal needs and preferences;



2.

Improving access to care; making it clear, simple and quick to get support when it's needed;



3.

Removing the need for people to tell their story every time they receive care and having multiple assessments;



4.

A holistic approach, putting the patient, not their diagnosis or their symptoms, at the centre of their treatment plan.



Communities that care

This programme has a particular focus on working together to support people to live a full and meaningful life. Combining access to a combination of support to provides the best chance to improve wellbeing and quality of life in the longer term



- ✓ Specialist mental health care
- ✓ Social care
- ✓ Housing support
- ✓ Employment support
- ✓ Debt and financial advice
- ✓ Volunteering opportunities
- ✓ Peer support
- ✓ Community interest activities
- ✓ Physical exercise
- ✓ Public health

This transformation involves a range of partners, who are working together to deliver a fully integrated community-based model of personalised care and support for people with severe mental illness.

Local Councils
Cheshire East,
Cheshire West and
Chester
Wirral

People with lived
experience

Voluntary and
community
sector
organisations

Our
partners

Primary
Care
Networks

NHS Cheshire
and Merseyside
Integrated Care
Board

Local NHS
mental health
provider
CWP NHS



Work programme - Core

Workstream	Description	RAG	Links to NHSE Roadmap
<p>New models of care – core model</p>	<p>A new vision for mental health in the C and W area, co-produced by EbEs and learning from, national best practice and community MH staff.</p> <p>An opportunity to develop local services based on PCNs and a Neighbourhood/ place-based model - with multi agency MDT's of all providers -VCSE, Trust, LA, Social Work, Psychology, Police, Housing Providers, GP, Social prescribers – an Integrated pathway between GP-Primary Care – VCSE and Secondary Care Integrated Commissioning with NHS, LA, Public Health, Housing</p>	<p>Emma Leigh/ Dr Gagandeep Singh</p>	<ul style="list-style-type: none"> • Model development • Joint governance with ICB oversight • Integration with primary care with access at PCN level • Integration with range of VCSE services • Integration with Local Authority services • ~67% PCN coverage for transformed model • New model design extensively coproduced by service users/carers • Shift away from CPA • Alignment of model with IAPT, CYP & perinatal



Work programme – Focus

Workstream	Description	RAG	Links to NHSE Roadmap
Complex needs service / personality disorder services	Training and development and peer support built in. Also need to include LA and VCSE partners in delivery. Focus may be on PD, however, also includes people with multiple health and support needs e.g. autism and MH; physical health needs and MH etc	Louise Gill/ Dr Amrith Shetty	<ul style="list-style-type: none"> • Increased access to dedicated function and provides consultation, support, supervision and training to wider service • Embed experts by experience in service development and delivery • Development of trauma-specific support, drawing on VCSE provision • Co-produced model of care in place support for a diverse group of users
Eating Disorders	Clinically led practice – now in year 2 of focussed delivery	Dr Duncan Campbell	<ul style="list-style-type: none"> • Increased access to dedicated function and provides consultation, support, supervision and training to wider service • Embed experts by experience in service development and delivery • No barriers to access e.g. BMI or weight thresholds • Clear arrangements in place for medical monitoring of PH • Early intervention model (e.g. FREED) embedded • Accept self-referrals, VCS referrals and Primary Care referrals • Joint working with CYP ED services including transitions
Community rehab (MHIST)	Opportunity to link housing, VCSE support, social care and MH services in the support of people with long term MH issues and link to the GIRFT project and new NICE guidelines. Based on Learning from GIRFT project	Louise Gill/ Dr Amrith Shetty	<ul style="list-style-type: none"> • Increased access to dedicated function and provides consultation, support, supervision and training to wider service • Embed experts by experience in service development and delivery • Ensure a strong MDT approach • Clear milestones are in place to reduce reliance on inpatient provision • Co-produced care and support planning is undertaken

Work programme – Baseline

Workstream	Description	RAG	Links to NHSE Roadmap
Individual Placement & Support Services	<p>CCG commissioned delivery. Currently running behind its nationally mandated delivery standards but to be embedded within the new delivery model.</p> <p>Link to all other employment support initiatives in LA and VCSE</p>	Emma Leigh	
Early Intervention Psychosis (EIP)	<p>Clinically led practice – now in year 2 of focussed delivery. Needs to be linked to LA and Housing based support for this group. Creative use of integrated personalised support. VCSE community groups will be vital in recovery.</p>	Dr Faouzi Alam	
SMI Health Checks	<p>CCG commissioned delivery – opportunity to develop follow up support with PC Networks – to work with people and follow up from PCN yearly health checks to support changes in lifestyle</p>	Steph Scholes	<ul style="list-style-type: none"> • “Must have” services commissioned at PCN level tailored for SMI • Must-have: physical health checks, employment support, psychological therapies, social prescribing, personalised care planning, care coordination, peer support, outreach for inequalities • “Additional” services commissioned at PCN level tailored for SMI • Additional: advocacy services, carer support, community assets, culturally competent services, financial advice, housing, social care, support groups, volunteering & education

Work programme – Operational

Workstream	Description	RAG	Links to NHSE Roadmap
Interoperability – digital, systems, infrastructure	<p>To be able to share some information and data across secondary and primary NHS and social care and VCSE</p> <p>There can be one single care/recovery plan that stays with the individual, equally accessed by VCSE, NHS and social care (not just read/write access – but ability for VCSE to initiate a record).Data sharing agreements across organisations to facilitate easy transfer without barriers</p>	Jonathan Parker	<ul style="list-style-type: none"> • Access data from new model (inc. primary, secondary and VCS orgs) • Personalised and co-produced care planning • Routine collection of paired outcome scores for PROMs • Waiting time standard for CMH services (core and dedicated focus areas) • Interoperability b/w primary, secondary, and VCS orgs
Workforce	<p>Develop a comprehensive workforce plan that includes VCSE, supported housing and social care.</p> <p>Ensure relevant emphasis on peer support and paid peer roles that can be hosted either in NHS, social care or VCSE</p> <p>Include HEE new roles developed</p>	Sarah Birch Gill Assinder Tracie Haskell	<ul style="list-style-type: none"> • Recruitment in line with indicative 21/22 MH workforce profile • Expand MHP ARRS roles in primary care • Staff accessing national training to deliver psychological therapies • Multi-disciplinary place based model • Should include clinical psychologists; MH nurses; MH pharmacists; occupational therapists; primary care staff; psychiatrists; psychological therapists; social workers; community connectors; paid peer support workers • Staff retention and well-being initiatives • Staff-caseload ratios to deliver high quality care
Neuro-developmental	<p>Workstream to be commenced as part of service modelling.</p> <p>LA has huge role in service provision of autism and LD so needs to be a key partner. Housing also relevant</p> <p>Need to link to EbE from this community</p>	Steph Scholes/ Maddy Lowry	<ul style="list-style-type: none"> • No rejected referrals

Work programme – Operational

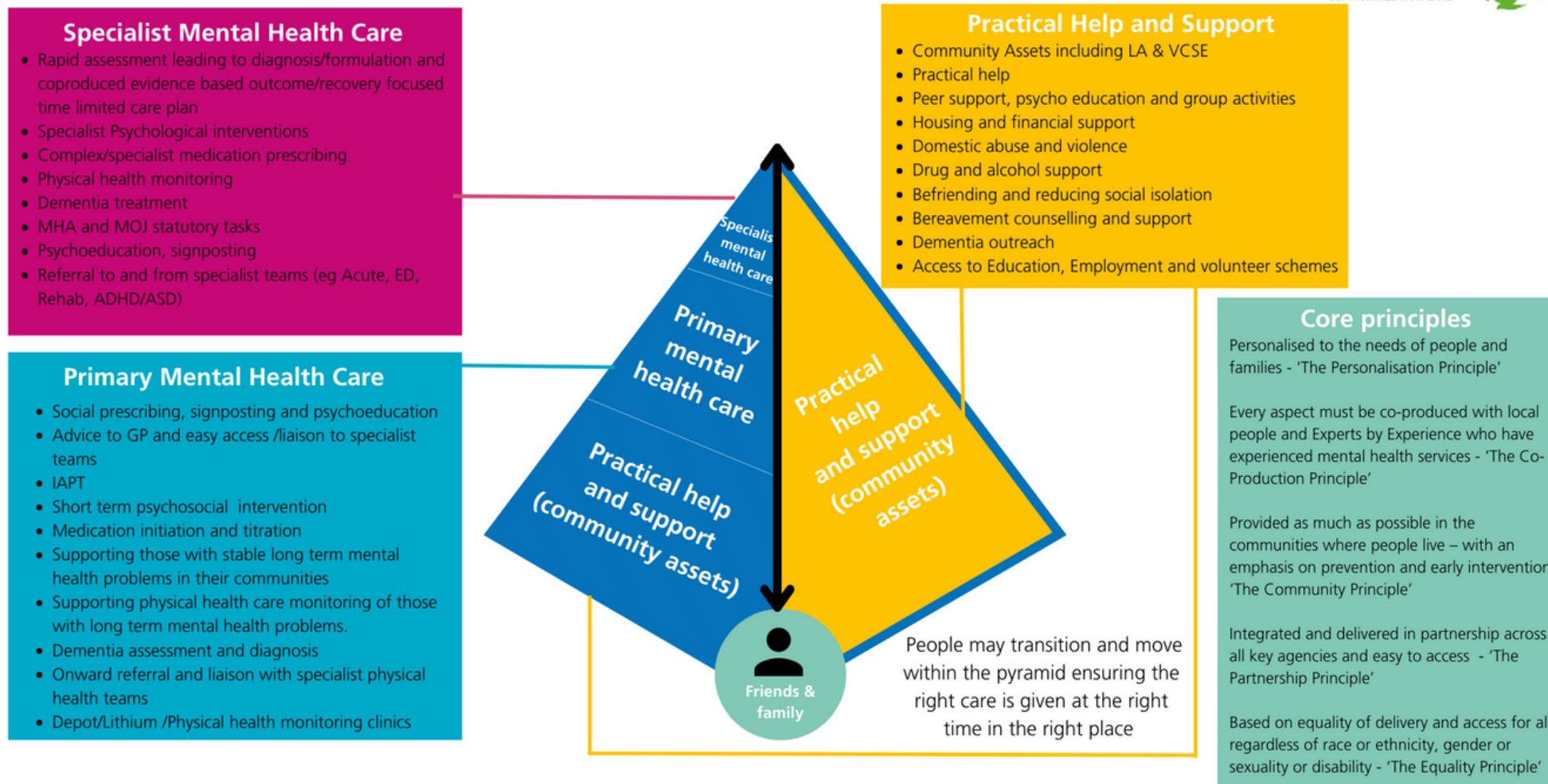
Workstream	Description	RAG	Links to NHSE Roadmap
<p>VCSE development inc Community Assets</p>	<p>Development of community of practice for the initial 14 organisations that have been awarded community asset funding.</p> <p>Link organisations to current teams and embed learning from initial work to support the development of next round of funding/ Alliance based work</p> <p>Set up 3 VCSE Alliances to work as equal partners in designing and rolling out the transformation model with CWP and LA</p> <p>Develop new procurement criteria for the next stage of development jointly with LA commissioners</p>	<p>Mark Trewin/ Steph Scholes/ Darlene Martin</p>	<ul style="list-style-type: none"> • Access data from new model (inc. primary, secondary and VCS orgs) • Interoperability b/w primary, secondary, and VCS orgs • Integration with a range of VCSE organisations
<p>Older people's services</p>	<p>Workstream to be commenced as part of service modelling.</p>	<p>Jonathan Parker</p>	<ul style="list-style-type: none"> • No rejected referrals
<p>Alcohol and substance misuse</p>	<p>The opportunity to link secondary, primary services and social care and public health together – to commission VCSE support and to reduce referral blockages for people who have drug and alcohol issues and MH in the community</p>	<p>TBC</p>	<ul style="list-style-type: none"> • Support for co-occurring needs (e.g. self-harm, substance misuse)

Work programme – Operational

Workstream	Description	RAG	Links to NHSE Roadmap
Transitions for CYP	Supporting transitions for those aged 16-25, ensuring CYP continue to be supported in their recovery journey	Sarah Towey/ Dr Fiona Pender	<ul style="list-style-type: none">Tailored offer for young adults and older adults
Housing options	Develop an 'Art of the Possible' event, to be held during early April 2022. The focus of this session is to span both health and social care and to respond to call to 'recognise housing as a mental health intervention' – Centre from Mental Health (GIRFT). Plan to implement the NHSE implementation guidance on developing supported housing as part of the CMH Transformation	Mark Trewin/ Darlene Martin/ Dr Amrith Shetty	<ul style="list-style-type: none">Integration with Local Authority services"Additional" services commissioned at PCN level tailored for SMIAdditional: advocacy services, carer support, community assets, culturally competent services, financial advice, housing, social care, support groups, volunteering & education
Communications and engagement	Inclusive of: <ul style="list-style-type: none">Phase 4 engagement and promotionPre-consultation and engagement (storytelling & video)Programme identity development and roll-outCommunity of practice PRStakeholder communications programme	Nicola Jones	

Quarter highlights

Proposed new community mental health care model



New model of care development

- Multi-agency group has met weekly since February 2022.
- Worked collaboratively and in co-production with Experts by Experience to further extend and develop the core model for community mental health transformation for Cheshire and Wirral.
- The newly extended DRAFT core model goes beyond being a proposed 'structure' and sets out the 'how' services may be accessed in the future from practical help and support within the community to rapid assessment within specialist mental health care.
- The new draft model sets out what interventions and support a person can expect to receive on their recovery journey.
- This new draft model will form the basis of Phase 4 public engagement, which aims to seek final comments and feedback on the draft core model prior to presentation to the local authority(s) Oversight and Scrutiny Committees.
-

Quarter highlights



Interoperability – digital, systems, infrastructure

- A baseline review of the digital systems which are in place across health and social care across Cheshire and Wirral has been undertaken, considering their current interoperability and limitations. Currently the team are looking at the Dialog model (<https://www.eft.nhs.uk/dialog>) developed by East London NHS Trust as a way of improving our care planning and introducing a person centred outcomes framework.
- Our challenge now is to ensure that social care assessment criteria under the care act and s117 aftercare is included or linked.
- CWP BI Analysts and Cheshire CCG have collaborated to inform the content of updated and revised Data Packs, at PCN level, which combine mental health data derived from CMHT use as well as health inequalities data. These data packs will inform workforce planning as well as ARRS Year 2 developments with PCN colleagues.

Quarter highlights



Workforce

- A baseline overview of the community-based teams has been prepared by the HR/ESR Team, alongside colleagues from Finance. This review will form the bedrock of the eventual 'management of change' plan, as well of the plans for CMH colleague engagement and involvement.
- Working with colleagues from the Neighbourhood Team a Project Plan for the delivery of ARRS Year 2 has been developed and put into action. This plan builds on the learning from year 1 of the scheme and endeavours to ensure that the recruitment of additional resource into primary care is aligned to community mental health transformation.

Quarter highlights



VCSE development – Community Assets

- The voluntary and community sector has a vital and important role in the CMH Transformation within Cheshire and Wirral. Working with our Rethink Mental Illness Partners, the transformation team are developing 3 VCSE led Alliances in Cheshire East, Cheshire West and Wirral.
- Each Alliance will be independent – made of its members and with a Terms of Reference and governance process. Each Alliance will act as a VCSE voice working in partnership alongside our NHS and LA colleagues. A VCSE Alliance can ensure that the voluntary and community groups have a joint voice in local planning and developments. The Alliance can work to respond to need – e.g. developing our approach to primary care or improving community provision in an area. A VCSE Alliance ensures that smaller organisations get a voice and that community resources are distributed more equitably.
- The team are being supported by the following local VCSE support organisations and in each area and have many VCSE organisations with an interest in mental health involved.
 - Cheshire East Social Action Partnership
 - Cheshire West Voluntary Action Group
 - Wirral Heath Watch and CVS

Quarter highlights



Neurodevelopmental

- Through our Phase 3 engagement, meeting the mental health needs of those with neurodevelopmental conditions – but not a learning disability was highlighted as a significant priority locally, with many people (and those working within services) highlighting this area as being one where needs are frequently not met.
- In discussion with NHS England, Cheshire CCG and the Wirral Public Health team the transformation team are looking to develop a pilot personal health budget project (to be led by our MH Alliances), to support this cohort of people with their mental health needs.

Quarter highlights

Cheshire and Wirral Community Wellbeing Alliance

COMMUNITIES THAT CARE



Communications and engagement

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- In discussion with NHS England, Cheshire CCG and the Wirral Public Health team the transformation team are looking to develop a pilot personal health budget project (to be led by our MH Alliances), to support this cohort of people with their mental health needs.

Quarter highlights



Programme Governance

- During March 2022, NHS England requested the final quarter reporting for 2021/22. The format of reporting has been aligned to mirror the newly published NHSE Roadmap.
- The Community Mental Health Transformation Team were able to complete the submission and submit by the deadline of the 19th April 2022.