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# **Update on NENC ICS Mental Health, Learning Disabilities and Autism Collaborative**

## **Joint Overview and Scrutiny Committee**

### **17/10/22**



Updates to the interim guidance published in August 2021 on the functions and governance of the Integrated Care Board describe how **'there will be an expectation that there will be options for an ICB to delegate its commissioning functions to collaboratives. ICBs will continue to be held to account for the way in which the function has been discharged OR for the ICB to arrange for its commissioning functions to be delegated to a joint committee of itself and another/other NHS trust(s) and/or foundation trust(s).**'

## Key Benefits of a Mental Health Learning Disabilities and Autism Collaborative include, but are not limited to:

1. **Supporting the reduction in health inequalities** and improving population health outcomes
2. **Supporting the establishment of Statutory ICSs**
3. **Sharing our commissioning expertise** to support the delegation and contracting to an MHLDA Collaborative which bring greater engagement of professionals into the planning and delivery of care
4. **Supporting Place Partnership Development** with greater and faster decision making closer to the front line
5. **Reducing Fragmentation**, joining up pathways and growing models of care that meet the health and care needs of our population
6. **Delivering our duty to collaborate and integrate** across Health and Care
7. **Reducing bureaucracy and duplication** and ensuring good value for money by applying our experiences and sharing capacity and capability
8. **Supporting system recovery**
9. **Sharing a significant level of clinical/professional expertise**, supporting service development
10. **Working together to support our people** – growing our workforce and planning together

The aim is to further develop and build on our approach over the coming year as part of ICS Development across three stages, the first as we continue to develop our plans ready for the 1<sup>st</sup> July when the ICS becomes a formal statutory body for the NENC and legislative change comes in to effect and we work within a new legislative framework; and then move into a transitional arrangement with our system partners preparing for a go live date of April 23. We are committed to the delivery of the triple aims, and feel together we can progress at pace over the coming months to develop our model for the benefit of our population.

Development of a Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative will support the ICS with the commissioning and delivery of Mental Health, Learning Disabilities and Autism Services. This will include both working with local Places to support commissioning and delivery to our local communities and system commissioning and provision.

## We have been tasked:

- To build on our experiences to date across the NENC to **further develop our approach in to a MHLDA Collaborative**
- To work throughout 2022/23 and beyond, **to design the structures and requirements of the ICS Operating Model** to grow our commissioning function and continue to deliver high quality services to the 3.1m population
- To work with our Partners to **grow the Collaborative**, creating a partnership model that spans all sectors, particularly **working with Local Authorities, the Voluntary and Community Sector**, and ensuring that we **involve service users, carers, and their families** in developing and governing our work
- To ensure we **meet our duties around the triple aims, duty to collaborate and integrate** we will engage and involve a broad range of partners in our approach including; **Places, Local Authority colleagues and Provider partners**. Designing a model that supports place and system with patients and service user outcomes as the centre of our approach

## Place based focus

- We will recognise that each place has different assets and needs, and ensure that decision making is as close to communities as possible, and integrated into place based governance arrangements
- We will reflect on variances to inform whole system intelligence gathering.
- We will share information openly and honestly to learn from strengths and address weaknesses in current service provision.
- We will make informed decisions on where to invest to achieve best outcomes.
- We will link place-based decision making with wider strategic decisions to ensure that, before any decisions are made at place, there is an understanding of the strategic level plan and vice versa.
- We will reduce bureaucracy enabling faster decision making

# Deliverables of a MHLDA Collaborative

As part of developing any proposal, we will need to consider the key deliverables from developing a MHLDA Collaborative, as set out in national policy, and developing an approach to delivering these outcomes, together across neighbourhoods, places and the system with our system partners.

- 1 higher quality and more sustainable services
- 2 reduction of health inequalities, with fair and equal access across places
- 3 reduction of unwarranted variation in clinical and care practice and outcomes
- 4 better workforce planning
- 5 more effective use of resources, including clinical support and corporate services with less bureaucracy and faster decision making

## Working together approach:

To achieve these outcomes we will come together as system Partners to reduce fragmentation, joining up pathways and services and our delivery approach to best support local populations

We will be driven by population health outcomes, and a focus on place, neighbourhoods and the wider system to continue to work together and build on our progress, to tackle the wider determinants of health by working with local authority, the voluntary sector and wider system partners. We will ensure that involvement of service users carers and families is enshrined in our model

A key opportunity for us, is around workforce planning, there is a significant shared challenge across all Mental Health, Learning Disabilities and Autism Health and Care Services and coming together to develop an all encompassing plan will benefit us to identify opportunities for shared posts, training initiatives and key enablers to support recruitment and retention

Applying the combined experiences of all partners in the effective use of resources to maximise the impact for the population we serve.

We already have a strong track record of coming together as Partners under the North East and North Cumbria Mental Health, Learning Disabilities and Autism Programmes and the Specialist Services Partnership which has demonstrated the benefits of partnership and system working

## The MHLDA Collaborative will be a vehicle for:

- Delivering Integrated planning and service provision on behalf of the ICS
- Integrating the planning and commissioning of specialised and local mental health services to reduce fragmentation across pathways
- Delivering mental health transformation at scale on behalf of the ICS and importantly through place based partnerships
- Delivering the Long Term Plan for Mental health
- Driving up quality

## The MHLDA Collaborative should:

- Have a firm relationship with partnerships at places, who will determine the needs of the local population
- Strengthen the role of the local authority and VCSE in at scale and place based transformation
- Ensure deep involvement at all levels by service users carers and their families
- Drive collaboration of MHLDA expertise to enable workforce development

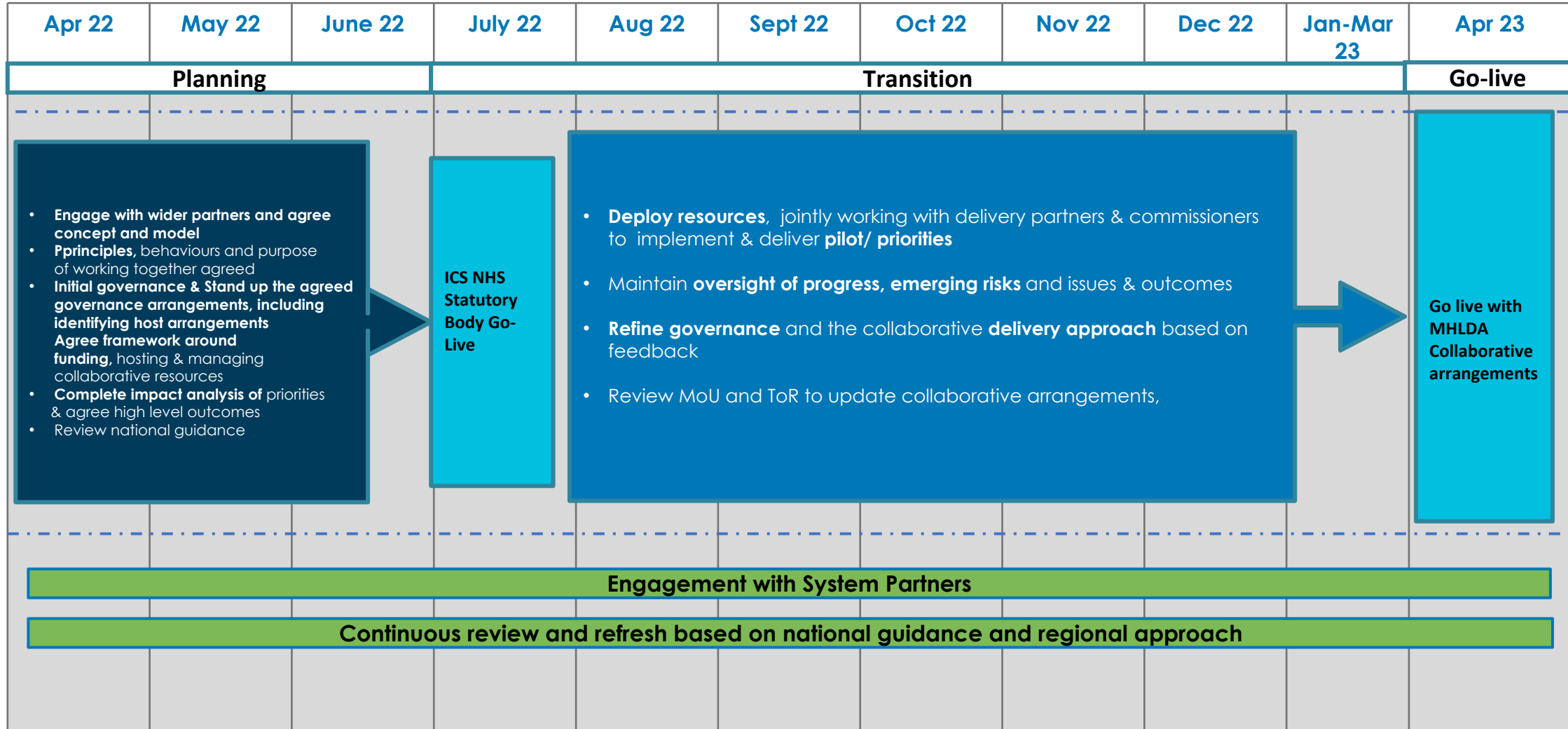
## The MHLDA Collaborative will engage and form part of both place and system development by:

- Working with our Partners at Place across health and care, commissioning and provision
- Being active members of the ICS, where we work with our wider system partners to achieve our vision
- Focussing on delivering improved outcomes, reduction in health inequalities and the provision of sustainable service
- Reducing bureaucracy and ensuring enabling faster decision making

We are committed to the provision and delivery of high quality services across Mental Health, Learning Disabilities and Autism – working with our health and care colleagues to deliver holistic services to best support our 3.1m population

# Next Steps –High level timeline

The timeline below sets out some of the key next steps and associated timeline, related to the Planning Guidance Timeline as to how we might further develop our approach. The suggested focus in the first instance, will be engagement with system partners around membership.



# Work in progress to build upon

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## Regional group looking at future options for MHLDA commissioning

- Understanding of existing place-based partnerships
- Engagement across commissioners and system partners
- Explored potential collaborative arrangements using the following principles:
  - Ensure we have the planning and delivery at the right population levels
  - Ensure we have the appropriate engagement at the appropriate level
  - Increases clinical input into commissioning
  - In line with national guidance on delegating commissioning to local providers
  - Can drive transformation at scale
  - Ensure we have oversight of the whole pathway
  - Improved VFM
- Developed a proposed future governance model (see next slide)

## North East and North Cumbria Integrated Care System Mental Health Programme

Work continues through the NE&NC MHLDA programme which started in 2018 with the purpose that we:

- Ensure that mental health is fully integrated across the 'whole system' in order to progress the delivery of 'No health without mental health' (Department of Health, 2011);
- Support the transformation process through communication, information sharing, best practice, reducing duplication and progressing system wide engagement;
- Inform locality arrangements to progress Integrated Care Systems (ICS) aligned to an informed needs profile;
- Understand variation and promote innovation and evidence based practice to address gaps.

The year 4 report for the NE&NC MHLDA programme is now ready for publication

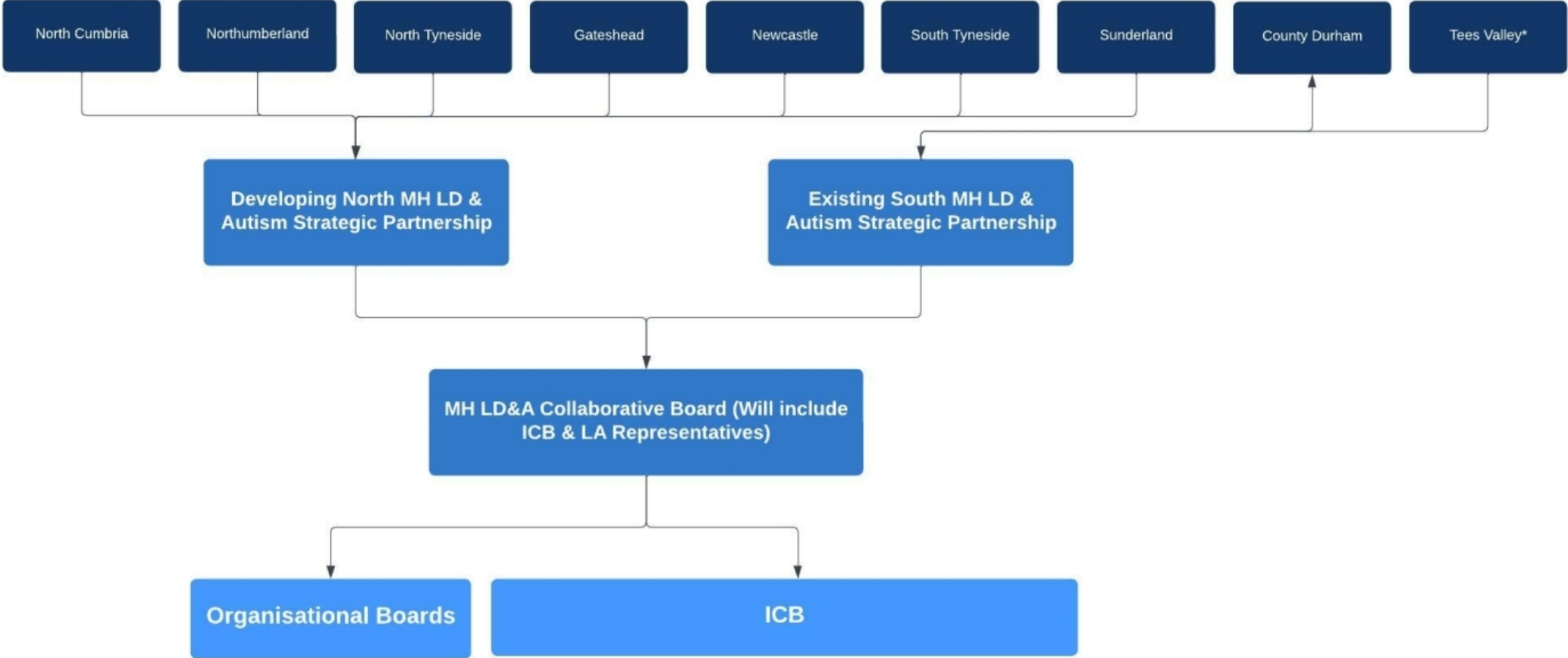
**We would see these approaches coming together as part of the establishment of the Collaborative**

# Proposed governance model



North East and North Cumbria  
Mental Health, Learning Disability and Autism Partnership

## Place: Linking with existing place-based partnerships



\* Tees Valley may need broken down further into individual LA areas



# Working in partnership with our Councils

## With our Council partners we have to date:

- Held joint sessions with NE ADDAS / NHS providers and ICB Colleagues to agree priority pathways for the collaborative to focus on:
  - Children and Young People
  - Workforce
  - All age Autism/ ADHD Diagnostic services
  - Access and early support
  - Inpatient pathways
  - High cost care packages
- Established a working party to set up a North partnership with representatives from Local Authorities which will replicate a existing partnership in the South of the ICS
- Invited Local Authority representatives to join the Provider Collaborative Board
- Agreed Local Authority representation on the Learning Disability and Autism Funding Pathway Panel

## Further Actions

- Establish the North Partnership and Collaborative Board- October – December 2022
- Agreed delegated decision making and regional governance arrangements
- Develop effective implementation plans for priority areas
- Continue to meet with ADASS and ADCSS colleagues as systems and at place
- Consider financial and contracting models and arrangements as a system particularly where there are mutual concerns around quality and value more money
- Evaluate initial arrangements in March 2023

# For Discussion

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- Can you foresee any barriers to implementation / if so how to overcome?
- How do we ensure strong Local Authority & Social Care Partnership?
- How should we further align and strengthen place based arrangements?
- What does our new joint governance structure look like, is it fit for purpose?