**Appendix 1**

# Leeds Mental Wellbeing Service Mobilisation Arrangements

## 1. Purpose of this report

1.1 This report provides information on key features and benefits of the new **Leeds Mental Wellbeing Service**, the service mobilisation arrangements and current progress with the mobilisation.

## 2. Background information

2.1 In July 2019 the Primary Care Mental Health/ Improving Access to Psychological Therapies (IAPT) procurement concluded, with the contract awarded to Leeds Community Healthcare NHS Trust (LCH), acting as lead contractor to a partnership as outlined in the following diagram.


2.2 The new contract is worth up to £76m over the next five years, including new investment of at least £20 million. This new investment is part of the Clinical Commissioning Group strategy for 2019-2024.

2.3 The new service is due to go live on 1st November 2019, initially for 5 years and with then option to extend for a further 2 years.

2.4 The new service will be known as the 'Leeds Mental Wellbeing Service' (LMWS) and will include the following:

- Delivery of the nationally mandated Improving Access to Psychological Therapies (IAPT) model - including support for people with long term conditions and medically unexplained symptoms.
- Delivery of primary care liaison, to enable improved access to mental health support in primary care for people with complex Common Mental Health Disorders (CMHD), people with stable Serious Mental Illness (SMI), and those who require emotional health and well-being support. This will build upon the identified benefits of the Primary Care Liaison Pilots, by up-scaling delivery of primary care liaison city wide.
- Delivery of psychological and peer support for women with CMHD in the perinatal period and their partners, -this support will be at a level below that provided for by LYPFT specialist community perinatal services, and also for those people who struggle to engage with statutory services.

## 3. Main issues

Overview of new service

3.1 The new service delivery model is developed in line with NHS Leeds CCG's Strategic Plan and entirely based around the needs of the population of Leeds. The LMWS partnership's exclusive insight into the needs of the local population has enabled them to create a model which is targeted on geographic areas of greatest deprivation and where services users can access a range of interventions according to need, including IAPT mandated treatment

and/or more bespoke support. Left shift is a key principle of the service model, with a focus on treatment within primary care and voluntary sector where appropriate, and empowering service users to self-manage at every step. The service model will promote seamless pathways between all elements of the Leeds mental health system.

3.2 Key features and benefits of the model include:

- Multiple and flexible access routes for self-referrals (including online, phone, drop in) and direct from primary care and other providers. This means open and inclusive access can be maximised.
- Citywide roll out of primary care liaison pilots, known as Locality Primary Care Mental Health. This will reduce people 'bouncing around' across the system and improve flow between primary and secondary mental health, as well as address the current gap in provision. The pilots took place over the last 18-24 months and co-located and integrated mental health services in primary care, to ensure needs-led, targeted support for people who fell in the gap between IAPT and secondary mental health.
- Enhanced self-management through an improved interface with MindWell to empower service users to get help for themselves as quickly as possible.
- Online referral available 24/7, creating an easily accessible self-referral and direct access route so that people can access the service as soon as they need it
- Simplified triage, so people can get into treatment more quickly without being over assessed, whilst ensuring clinical safety
- Increased direct access, meaning people can directly book and access interventions in their own time at a time that suits them
- Trusted assessors, where partners will be trained to start assessments for the service – this will reduce duplication between what the service and other services assess for and will mean people do not need to tell their story repeatedly. It will also reduce people being 'bounced around' the system and will get them into the interventions they need more quickly.
- Staged Assessment, so people only get assessed for what they really need to be assessed for at that time – this will reduce waiting times
- Increased online therapy offer, enhanced through silvercloud, IESO and omnitherapy webcasts which will enable access to online courses and support. This means more people can be directed into therapy more quickly and recover without having to wait for face-to-face treatment.
- Direct referrals from GPs to Locality Primary Care Mental Health Team based in practices in Primary Care Networks. This will reduce burden on primary care and speed up response times for people in most need.
- Proactive outreach, engagement and peer support with priority groups. People's experience of services, from their feedback will be embedded in the model to improve retention and outcomes for underrepresented groups.
- Helpful conversations – an underpinning approach where a helpful conversation is always available to service users and referrers to help unblock any barriers to people engaging or moving along the pathway, to help make sure they get the right treatment at the right time, ensuring the best possible outcomes
- Introducing an innovative and flexible skill mix in the workforce to ensure there is sufficient capacity at the front end of the service which helps keep waiting times down and means people don't get stuck in long assessment processes.
- An ambition to integrate the IT systems currently being used by the separate elements of the current service to streamline electronic patient records, ensuring all clinicians working in LMWS are equipped with the right information to make the best decisions and that data can flow to NHS Digital for reporting purposes.

Mobilisation Project Team

3.3 LCH have significant experience of leading large and complex mobilisations projects. The most recent being the mobilisation of the 0-19 Public Health Integrated Nursing Service which was achieved successfully to timescale.

3.4 As lead provider LCH has established the following project team from across the partnership:

| Role | Lead | Organisation |
|---|---|---|
| Project Sponsor | Sam Prince, Executive Director of Operations | LCH |
| Programme Manager | Dan Barnett, Head of Business Development | LCH |
| Project Managers | Liz Hindmarsh and Kellie Mclouglin | LCH |
| Workforce Lead | Andrea North, General Manager | LCH |
| IT and Systems Lead | Jon Davis, Director | Northpoint Wellbeing |
| Digital Therapy and Direct Access lead | Steve Callaghan, Head of Service, Operational | LCH |
| Communications Lead | Alison Kenyon – Associate Director | LYPFT |
| Estates Lead | Vicky Womack -Head of Locality Development (Primary Care Networks) | Leeds GP Confederation |
| Governance Lead | Sam Prince, Executive Director of Operations | LCH |
| Health Inequalities Lead | Richard Garland, Team Manager | Touchstone |
| Model Lead | Elaine Goodwin, Clinical Lead and Eddie Devine, Associate Director | LCH and LYPFT |

Workstreams

3.5 The project has been broken down into 8 distinct workstreams as follows:

*Governance*

3.6 Responsible for project governance; partnership governance structures of the new service; contracting and subcontracting arrangements; finances; clinical governance systems and processes.

*Communications*

3.7 Responsible for staff communications; stakeholder communications; public and service user communications; service launch; website and interface with Mindwell.

*Digital Therapy and Direct Access*

3.8 Responsible for implementing increased online therapy at step 2; additional direct access options; IESO and Silvercloud; online referral and screening.

*Estates*

3.9 Responsible for ensuring delivery at a local level, aligned with primary care through the primary care networks (PCNs). This will include ensuring there are adequate bases, hubs

and delivery sites for the whole service, underpinned by an ethos that promotes care closer to home, extended hours, and increased utilisation of clinical spaces within the Leeds city estates footprint.

*Health Inequalities*

3.10 Responsible for coproduction and peer support innovations in the new model and ensuring that bespoke approaches to access, engagement and treatment retention are designed for different priority communities. Also responsible for ensuring that health inequalities are considered by all workstreams in the mobilisation, underpinned by a health inequalities strategy and action plan.

*IT Systems*

3.11 Responsible in the short term for ensuring data can flow from primary care and other providers to the new service and in the long term that a solution is designed for an integrated system across the whole of the service.

*Workforce*

3.12 Responsible for all recruitment and retention strategies for the new service. Oversees organisational development for partnership to ensure new service is fully integrated. Responsible for a matrix management approach – which is where staff from a number of organisations will be managed in an integrated way through a single management structure.

*Model*

3.13 Responsible for ensuring service model features and elements outlined in the bid are delivered on and to address and seek to resolve any obstacles to successful delivery.

<u>Project Governance</u>

3.14 The mobilisation is overseen by a fortnightly mobilisation board, chaired by project sponsor Executive Director of Operations (Leeds Community Healthcare NHS Trust) and attended by each workstream lead and other partnership representatives. The partnership has built on the strong relationships developed through the extensive bidding period to ensure a mobilisation team that is based on the values of trust, openness, honesty and inclusivity and that there are appropriate mechanisms for ensuring accountability, tackling challenge and responding to changes in the plan.

3.15 Each workstream has its own project plan and is required to produce a highlight report that outlines progress to date, work planned, risks and issues, escalations and interdependencies.

3,16 In addition LCH are meeting monthly with Leeds CCG to provide assurance on the progress of the mobilisation. This is chaired by Kashif Ahmed and assurance is provided through:

- Highlight reports
- GANTT chart
- Recruitment plan
- Estates plan

<u>Service user involvement</u>

3.17 Throughout the bid development LCH utilised volunteers from Leeds Involving People to ensure that the service user experience influenced all aspects of model development, and this included service user participants at model design workshops and representatives on a Bid Strategy Partnership Group.

3.18 The new model includes a co-production and peer support team and these roles are currently being recruited to. When in post they will be responsible for recruiting volunteers with lived experience from underrepresented communities and deprived Leeds. They will influence how the service is delivered in future and help address barriers to access and treatment.

3.19 During mobilisation there is a plan to utilise the Leeds CCG service user volunteers and to also engage with service users on the current caseload to help test key touch points into the service, such as direct access, online therapy and online screening - using experience based design.

## 4. Consultation and engagement

4.1 Prior to commencing the service procurement process, an extensive engagement process took place between 29th June and 29th September 2018. This engagement sought the views of current and previous service users of PCMHS, carers, the wider public and other stakeholders about existing PCMHS in Leeds.

4.2 Findings from this engagement were used to help commissioners to make sure that the new Service meets the needs and preferences of the people of Leeds. This was done through the development of the specification for the Service which was a central part of the procurement process and will also form part of the contract with the provider for the delivery of the Service.

## 5. Conclusions

5.1 The new Leeds Mental Wellbeing Service will go live on 1st November 2019, initially for 5 years and with option to extend for a further 2 years.

5.2 The new service model will deliver an enhanced and integrated model, based around the needs of the population of Leeds and targeted at geographic areas of greatest deprivation, with a focus on left shift, improving self-care and enabling people to access the right support when they need it.

## 6. Recommendations

6.1 The Scrutiny Board, Adults, Health and Active Lifestyles members are asked to review the content within the report and provide any feedback and comments.

## 7. Background documents

7.1 None used

**Dan Barnett, Head of Business Development, Leeds Community Healthcare NHS Trust**

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