



The Nottingham and Nottinghamshire
Integrated Care System

**EXECUTIVE
SUMMARY**

Everyone's different, everyone's equal

All-age integrated mental
health and social care strategy

2019-2024



Executive summary

Following widespread engagement, we are delighted to publish this integrated mental health and social care strategy, aiming to transform mental health and wellbeing in Nottingham and Nottinghamshire.

This document considers mental health across the whole age range but excludes dementia which will be the subject of a separate strategy. This strategy builds on the many positive aspects of services provided by NHS and local authority partners in our area, and the improvements already being made in support of NHS England's *Five Year Forward View for Mental Health* and latterly the *NHS Long Term Plan*.

Mental health and wellbeing is a continuum across the lifespan. Following a workshop in 2018 with all relevant stakeholders, we were given a clear steer to create an all-age strategy; this approach was supported by the Sustainability and Transformation Partnership (STP) Board (known since December 18 as the Integrated Care System (ICS) Leadership Board). An outline strategic approach was agreed by the STP Leadership Board in August 2018. Further work has been ongoing since to streamline and simplify the strategy and provide more focus on key actions required to achieve our vision.

The strategy represents our system's commitment to the re-shaping of services and other interventions so that they better respond to the mental health and care needs of the population. Our ambition was to develop a mental health strategy for Nottingham and Nottinghamshire that aligns health and social care, provides the framework for more detailed, collaborative work, and delivers in accordance with the *Forward View and Long Term Plan*. Ultimately we wish to seek a material transformation in the mental health landscape across the ICS, and importantly, a transformed experience for service users, carers and staff, with improvements in outcomes within a transformed system.

This strategy fully integrates with social care, reflecting a social model not just a medical model. It considers the crucial role of prevention, the interaction between mental and physical health needs, and the mental health impact of physical conditions. It considered a number of actions at ICS level, mindful of work already being advanced at other levels of the system.

There has been significant engagement with the public, patients, staff and partner organisations at all stages of the process. Using existing channels of engagement and special events, we have heard people's views and are acting upon them. This is in line with the common principles set out in the *Forward View*, emphasising co-production with people with lived experience of services, their families and services, working in partnership, and seeking to identify needs and intervene at the earliest opportunity. In particular, we are focused on designing and delivering person-centred care, underpinned by evidence, which supports people to lead, fuller, happier lives.

The process has involved stakeholder workshops, focus groups, a review of evidence, analysis of existing services, and a review of existing strategies in partner organisations. We have considered best practice from other areas of the country and how our emerging strategic framework fits in with the national direction of travel. From all this we have established a shared vision. Our vision is:

A whole system, all-age, person-centred approach, driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, where prevention is at the heart of all we do.

We will reduce inequalities and narrow the gap between SMI life expectancy and the rest of the population by 3 years and increase healthy life expectancy by 3 years.



Within this overarching vision and strategic direction, our stakeholders have identified a set of five key strategic objectives (or 'pillars') that will frame and support our subsequent work to realise our vision. They also seek to bring together key elements in the strategies and plans of our partner organisations, and meet the challenges set out in the *Forward View* and *Long Term Plan*.

We are hugely grateful to all the individuals and teams who have contributed to the development of this strategy. We are however conscious that this is only the beginning of the work required.

If we are successful in delivering this strategy then the people in Nottingham and Nottinghamshire will be able to see the difference it makes to their mental wellbeing. During the life of this strategy we would hope to see

- 170 new patients supported in an Early Intervention in Psychosis service (EiP) each year
- 2670 more Children able to access child and adolescent mental health services (CAMHS) (based on current achievement of 20%)

- Children and young people with eating disorders, if identified as urgent, will be seen within 1 week
- 140 more women supported by perinatal services each year
- All age Rapid Response and Liaison will be available in all Emergency Departments – resourced to meet 1 hour assessment targets.
- Patients would be able to access crisis support within 4 hours every day of the week, with workforce linked to caseloads.
- 66.7% of dementia patients diagnosed – 7925 patients – will be able to access appropriate after care.
- 25% of patients requiring support will be able to access IAPT (Improved Access to Psychological Therapies) services
- 4396 of the 8887 patients identified on the Serious Mental Illness (SMI) register will receive a physical health check (based on 2018/19 figures)
- Eradicate inappropriate mental health Out of Area Placements by 20/21

Much greater engagement is now required with all our stakeholders but especially those with lived experience of using mental health services. We will ensure that services users are engaged fully in the design of services and that they have maximum choice and control in the care and support they access. As a first step, the Partnership Board will establish a service user co-design group to inform, check and challenge the ongoing work.

More detailed planning work must now be undertaken to translate our objectives into actionable improvements. We will do this through establishing a small number of delivery groups with defined responsibilities, reporting to the Partnership Board. An initial implementation plan has been developed setting out the actions needed for the groups and how these interact.

This strategy needs to be factored into all relevant aspects of other ICS work if true integration is to be enabled. This includes the parallel clinical strategy work around acute, community and primary care services. This strategy represents our system's commitment to the re-shaping of services and other interventions so that they better respond to the needs of our population. We now need to plan together how to achieve this, including where to

focus our combined efforts in the short, medium and longer term. We are seeking a seamless service and a step change in people's mental health and wellbeing. Our strategy seeks to recognise that everyone is different and care and support needs to be personalised accordingly, yet everyone deserves equality (with parity of esteem in all situations and scenarios). With the foundations and strategic pillars in place, we now need to build the rest of the structure. We look forward to widening our conversations further to enable this to take place.

Julie Hankin

Julie Hankin

Medical Director, Nottinghamshire Healthcare

Amanda Sullivan

Amanda Sullivan

Clinical Commissioning Group Chief Officer



**The Integrated
Care System Office**
County Hall
West Bridgford
Nottingham
NG2 7QP