

## **From Silos to Systems**

# **Report of the Project for a Regional Mental Health Service for Northern Ireland**

## **Summary**

**October 2022**

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# A Regional Mental Health Service for N Ireland

## Summary

### Background and Context

1. The Mental Health Strategy 2021-2031 was launched by the Minister of Health in June 2021 and sets the vision and future strategic direction for mental health services in Northern Ireland over the next decade. Action 31 of the strategy is to, “*Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership that is responsible for consistency in service delivery and development*”. This is to be achieved not by changing organisational boundaries but by ensuring there are structures in place to deliver regional consistency, quality and access across Northern Ireland.
2. Action 31 is identified as a priority enabling action of the Mental Health Strategy with a project established to draw up proposals for developing a Regional Mental Health Service. This paper summarises the report of that project which was co-produced with significant engagement across a broad range of stakeholders including people with lived experience as service users and as carers. It sets out the structures and arrangements necessary for a Regional Mental Health Service encompassing Trusts’ adult mental health services, primary care and services delivered by community and voluntary sector partners. CAMHS and Mental Health Services for Older People managed care networks will link in as part of the arrangements for a regional mental health service supporting an overall life span approach.

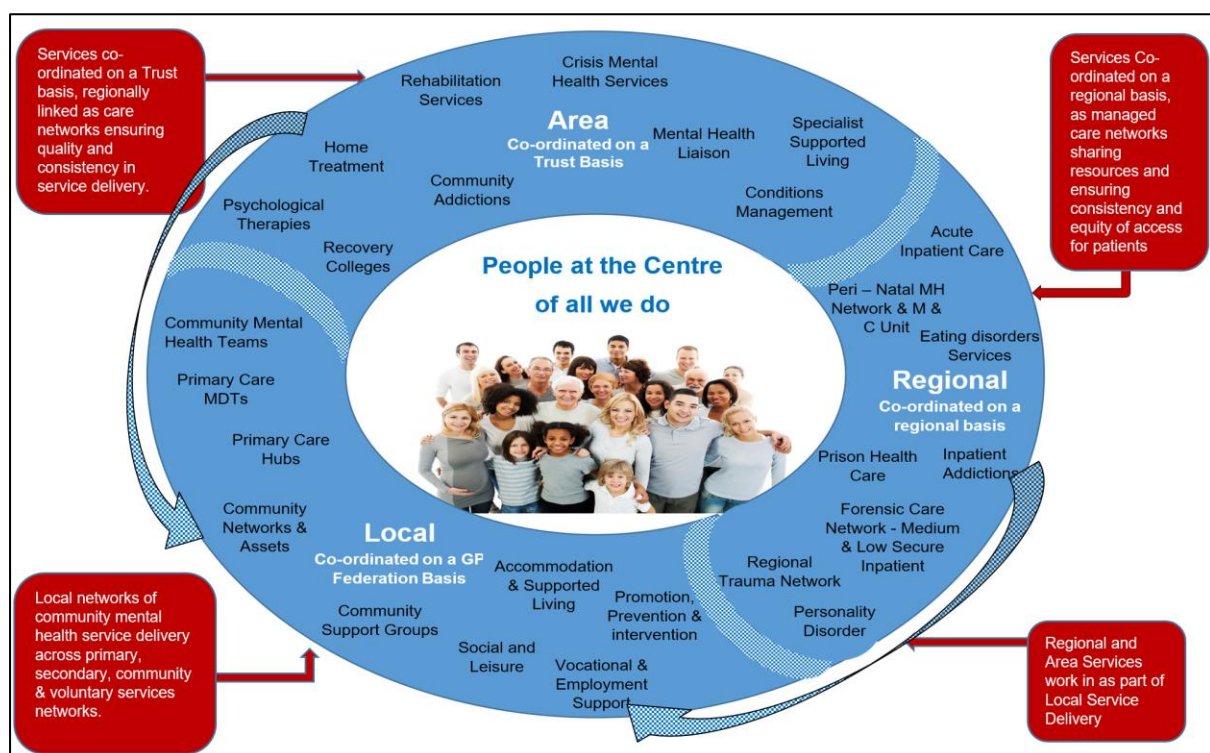
### Features of a Regional Mental Health Service Integrated Care System

3. Drawing upon the Actions in the Mental Health Strategy three core attributes of a high quality, Regional Mental Health Service were identified;
    - A regionally consistent service in terms of models, service delivery and service structures;
    - The establishment of care networks, building capacity and ensuring regionally agreed evidence based approaches with appropriate agreed care pathways.
    - Locally based service delivery working across primary and secondary mental health care with the full integration of the community and voluntary sector.
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## A Population Based Model for Mental Health Care

- Engagement with service users and carers emphasised the importance of local service delivery and access to local community supports in the organisation and delivery of mental health care. They fully endorsed regional oversight to drive consistency and address inequities though are clear that this must not mean more centralised delivery of care remote from their supports and from their local communities.
- The two concepts of Local service delivery and Area and Regional Co-ordination are brought together in a Population Based Model for a Regional Mental Health Service set out in Diagram 1 below.

**Diagram 1 Population Based Model for a Regional Mental Health Service**



- This sets out how different levels and types of services, working across statutory services, primary care and community & voluntary sectors will be co-ordinated and integrated as elements of a comprehensive Regional Mental Health Service accessible to all across N Ireland. It places people at its centre with services at all levels working together to effectively meet the needs of people where they present with those needs.
- Co-ordination and integration of services will be achieved through the establishment of care networks tasked to ensure regionally equitable and consistent access to mental health services, which are wherever possible, co-ordinated and delivered locally, close to peoples' homes and in their own communities.

## Care Networks

8. Care networks will be the drivers of regional consistency and integration across mental health services.
9. A comprehensive mapping exercise of mental health service provision was completed which highlighted regional unwarranted variations in service structure and delivery, providing a baseline for the work of the Regional Mental Health Service. This helped inform the proposed structure for networks comprising care networks for services provided discretely in each Trust, and managed care networks for services with regional care pathways. This is summarised in diagram 2 below. The mapping exercise further identified the need for co-ordinating arrangements to be created for Recovery Colleges and for Peer Support as elements of Actions 16 and 33 of the Mental Health Strategy.

**Diagram 2 Care Networks and Managed Care Networks**

Care Network	Managed Care Network
Community Mental Health Teams	Personality Disorder Services* **
Primary Care MDTs	Regional Trauma Services*
Rehabilitation Services **	Substance Use Services
Peri-Natal Mental Health**	Acute Inpatient Care incl PICU*
Psychological Therapies	Forensic Services*
Mental Health Hospital Liaison Services	Eating Disorder Services* **
Crisis Response & Home Treatment **	Dual Diagnosis**

\* A Network is currently either in place or partially in place.

\*\*Action in the MH Strategy

10. To help deliver service consistency two Common Templates for Service Delivery were developed by the project, one for use in community mental health services and one for use in inpatient services. These Common Templates for Service Delivery will support networks in developing common approaches through gathering an accurate overview of what is provided in each Trust, thereby allowing networks to build on common best practice and examining and addressing variations across services that requires further exploration and work by the network.

## Community and Voluntary Sector Partners

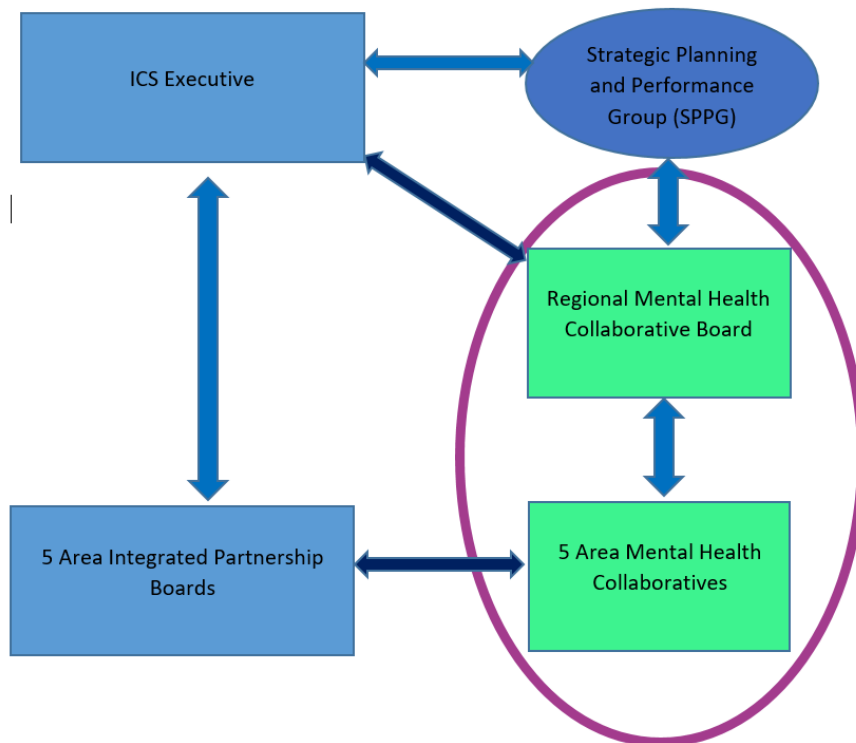
11. People with lived experience indicate the critical importance of the support provided by community and voluntary organisations. It is envisaged that the community and voluntary sector is integrated into the structures and arrangements for the regional mental health service with community and voluntary sector providers integrated alongside other partners in local service delivery.

12. Service mapping showed significant variation in the community & voluntary supports available to local populations across the region. Whilst some of this variation reflects responses to local needs, it is clear that there is inequity across the region in access to these supports. Equitable commissioning of Community and Voluntary Sector support, based on local need, is fundamental to the aims of a regional mental health service and should be addressed as a priority through the commissioning arrangements established for mental health services.

### Structure and Organisational Arrangements

13. The Regional Mental Health Service is an integral element of the Integrated Care System, having structures and organisational arrangements designed to ensure regional co-ordination and consistency of mental health services and to drive and support locally integrated care (Diagram 3). Within these structures, Trusts and other providers remain individually accountable for the delivery of their services. There are a number of strong connection points, both at a regional level and the area level, to facilitate good communication and decision-making processes and support the Integrated Care System in its business.

**Diagram 3 Regional Mental Health Service Organisational Arrangements**



14. A newly established Regional Mental Health Collaborative Board will be responsible for regional leadership and oversight of mental health services development and delivery. It will be a fully representative group, chaired and led by a full time Head of the Regional Mental Health Service Collaborative Board reporting to the Director of Hospital and Community Care (Strategic Planning and Performance Group) and into the ICS Executive. The Collaborative Board will

advise on overall regional direction and have an informed understanding of how well services are meeting the needs of service users against agreed outcomes. It will support the ICS Executive in the commissioning and direction of mental health services. It will help oversee governance and performance arrangements, develop common approaches to service challenges and advise on workforce planning and on the regional development of information systems. It will oversee the work of the care and managed care networks including approving regional care pathways. The Collaborative Board will be supported by a business unit to fulfil its functions through the collation, analysis and presentation of information and intelligence from across the region.

15. At an area level, five Area Mental Health Collaboratives reporting to the AIPBs, will be responsible for the development and delivery of integrated mental health care across services and providers within their geographical areas. They will work to build upon and further develop existing working relationships and arrangements in meeting the mental health needs of local populations. Area Mental Health Collaboratives will support and oversee the establishment of Local MH Integrated Care Arrangements, where the different organisations and services in localities come together to develop and deliver joined-up local care pathways, ensuing locally integrated care delivery which best meets the needs of their populations.

### **Leadership**

16. The Regional Mental Health Service will develop across its partners a collective leadership approach based on a shared vision and purpose and nurturing a learning and just culture supportive of improvement and the delivery of high quality, compassionate care.

### **Co-Production**

17. The Mental Health Strategy has meaningful and effective co-production and co-design as a core principle. This will be maintained in the arrangements for the Regional Mental Health Service through a forum of People with Lived Experience supported by the Patient and Client Council to act as a reference point for the Collaborative Board.

### **Quality Management, Assurance and Quality Improvement**

18. The Regional Mental Health Service will strive to ensure safe, high quality services which achieve excellent outcomes and reduce avoidable harm and deaths. Two Governance Assurance Facilitators will be appointed for a two year period to work with organisations in the development of a regional mental health assurance framework. This will include developing common systems, agreeing outcomes and objectives for the regional service and agreeing key patient safety indicators and data metrics for DATIX and patient information systems.
  19. The Regional Mental Health Service will support the implementation of a Regional Outcomes Framework (Action 34 MHS) with Care Networks contributing to this through the development of outcomes measures for their services within the regional framework.
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20. The Regional Mental Health Service will actively support innovation and quality improvement building upon existing arrangements and linking with the proposed centre of excellence for mental health research (Action 35 MHS). This will include strengthening existing links with academia and building upon relationships already established with high performing NHS Mental Health Trusts of Mersey Care and East London NHS Foundation Trusts.

## **Implementation**

21. It is essential that the arrangements for establishing the Regional Mental Health Service are co-produced and owned by the key partners responsible for implementing the recommended actions and for delivering the Regional Mental Health Service. It is envisaged that a detailed implementation plan will be drawn up involving key stakeholders through a workshop format. This implementation plan will set out key activities, timeframes and individuals/organisations necessary to take forward the recommended actions set out in this report. It is anticipated that, with approval this will be progressed over the summer with a proposed Action Plan to the Department of Health for consideration in Autumn 2022.

## **Summary of Recommended Actions**

The report identifies 16 recommended actions for the establishment of the Regional Mental Health Service. As it is most likely that the Regional Mental Health Service will be in place prior to ICS being established, the implementation plan for each of these actions will give full consideration to how it will be integrated within the ICS.

### **A Population Based Model for Mental Health Care**

1. Establish Local Mental Health Integrated Care Arrangements centred upon populations in GP federation areas with regionally agreed Terms of Reference
2. Build on the established Care Networks to create seven Care Networks and seven Managed Care Networks with regionally agreed terms of reference.
3. Establish separate co-ordinating arrangements for each of Recovery Colleges and for Peer Support workers. These arrangements to be taken forward as elements of Actions 16 and 33 of the Mental Health Strategy which relates to the support and development of these services

### **Community and Voluntary Sector Partners**

4. Review the revised commissioning arrangements for Mental Health Services to address gaps in local Community and Voluntary Sector provision across N Ireland to ensure that these supports are equitably available linked to local population needs.
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## **Leadership**

5. Establish an Organisational Development work stream, led by Health and Social Care Human Resources to support the development of the Regional Mental Health Service collective leadership and partnership working model.

## **Structures and Organisational Arrangements**

6. Establish and recruit the Head of the Regional Mental Health Service Collaborative Board.
7. Establish a Regional Mental Health Service Collaborative Board with agreed Terms of Reference
8. Establish a Business Unit to support the Regional Mental Health Service Collaborative Board.
9. Establish five Area Mental Health Collaboratives with agreed Terms of Reference.

## **Co-Production with People with Lived Experience and Mental Health Carers to inform service design and delivery**

10. Area Collaboratives to develop a bank arrangement for people with lived experience and mental health carers, who will be provided with training and support to enable them to effectively contribute through co-production to the design, delivery and evaluation of services.
11. Area Collaboratives to develop a range of peer and service user support posts at different levels. (This to be implemented under Action 33 of the MH Strategy)
12. Create a fully funded Regional Service User Consultant(s) as part of the Regional Mental Health Collaborative Board.
13. Establish a People with Lived Experience forum to act as a point of reference to the Regional Mental Health Collaborative Board. This forum will be supported by the Patient and Client Council (PCC).

## **Quality Management and Quality Improvement**

14. Appoint two Governance Assurance Facilitators for a two year period to lead on developing a regional mental health governance assurance framework. This will include supporting Trusts in the use of DATIX so there is a common data structure and application of the system to enable comparison and benchmarking.
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15. Formalise links between the HSCQI Mental Health Collaborative and the Regional TZS Mental Health Patient Safety Collaborative, building upon and developing regional Quality Improvement infrastructure and capacity.
  
  16. Develop and strengthen networks in education, training, research and quality improvement with local academia and with exemplar leaders in Innovation and quality improvement within NHS England mental health Trusts.
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