

## BOARD OF DIRECTORS MEETING (Open)

Date: 11 July 2018

Item Ref:

5

<b>TITLE OF PAPER</b>	<b>Community Wellbeing Strategy</b>
<b>TO BE PRESENTED BY</b>	<b>Dr Fiona Goudie, Clinical Director – Strategic Partnerships</b>
<b>ACTION REQUIRED</b>	For the Board of Directors to approve the Community Wellbeing Strategy for the Trust.
<b>OUTCOME</b>	To support the delivery of Trust Strategy.
<b>TIMETABLE FOR DECISION</b>	July Board of Directors meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Supports the Trust's strategy and strategic planning framework approved by the Board in June 2017. Workforce Strategy. Estates Strategy
<b>STRATEGIC AIM</b>	Strategic Aim: To work with stakeholders and partners in Sheffield to deliver new community wellbeing services that will support every citizen to flourish, contribute within their communities, and lead the life they want to lead.
<b>STRATEGIC OBJECTIVE</b>	Strategic Objective: A301 – Deliver interventions and support closer to general practice and neighbourhoods. Strategic Objective: A202 – Collaborate and work with partners to support shared aims.
<b>BAF RISK NUMBER &amp; DESCRIPTION</b>	BAF Risk Number: BAF Risk Description:
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Five Year Forward View for Mental Health (2014) Next Steps on the NHS Five Year Forward View (2017) General Practice Forward View (2017) Prevention Concordat Programme for Better Mental Health (2017) Work Health and Disability Green Paper: Improving Lives (2017)
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	To be confirmed as model develops.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Nil currently. Future changes may be indicated depending on governance arrangements with partners.

<b>Author of Report</b>	Dr Fiona Goudie
<b>Designation</b>	Clinical Director for Strategic Partnerships
<b>Date of Report</b>	20 June 2018

# SUMMARY REPORT

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**Report to: BOARD OF DIRECTORS**

**Subject: Community Wellbeing Strategy**

**Author: Dr Fiona Goudie, Clinical Director for Strategic Partnerships**

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## 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓					

For the Board of Directors to approve the Trust’s strategy direction for Community Wellbeing.

The attached ‘plan on a page’ summarises:

- Strategy direction
- How are we doing this?
- Why are we doing this?
- Actions to support strategy delivery
- Capacity and resources
- Benefits and outcomes

<b>STRATEGY DIRECTION</b>
To work with stakeholders and partners in Sheffield to deliver new community wellbeing services that will support every citizen to flourish, contribute within their communities and lead the life they want to lead.
<b>HOW ARE WE DOING THIS?</b>
<ul style="list-style-type: none"> <li>• Extend and provide accessible IAPT interventions to provide integrated care and support across mental health and physical health care pathways</li> <li>• Support/ lead and facilitate the growth and development of employment support services ensuring accessible support for people with common and serious mental health problems</li> <li>• Actively explore with Sheffield stakeholders and partners collaborative approaches to develop a future community wellbeing service for the people of Sheffield, beginning with North practices, University practices and Porterbrook. What’s best practice, who with/how.</li> </ul>

## WHY ARE WE DOING THIS?

We know we need to look beyond health and care because the wider determinants of health have the most significant impact on health outcomes. We need to collaborate with partners to support people to build personal resilience, community-based interdependence and maintain wellbeing. Having a job, a stable place to live, a social network and opportunities to exercise and pursue interests should be of equal importance as mental and physical wellbeing.

We want to create a service where the wellbeing of the person will be valued by all partners and we all collaborate to support the person to stay well, providing support and care at the right place for the person. Care and support will be joined up and extra help will be provided as soon as the person is struggling.

The model will be primary care aligned and integrated, supporting the 16 neighbourhoods. It will integrate physical and emotional wellbeing and be based on a redefined workforce (more vocationally trained staff working within a framework supervised by professionally qualified staff) and in partnership with third sector providers.

## ACTIONS TO SUPPORT STRATEGY DELIVERY

### IAPT

IAPT expansion and recruitment	Now- Dec 17
Temporary 'hub' accommodation	Now-Dec 17
IAPT integrated care pathways in place	Now-March 18
IAPT integrated care pathways review & evaluate	April 18 – Sept 18

### Employment

Scope, appraise and define Trust governance and leadership offer	Now-Jan 18
Scope & define role re SMI IPS (direct provider or partner)	Now-Jan18
Integrated pathways re IPS and key Trust services	Jan18-Sept18

### Community Wellbeing partnerships and model

Explore and co-design with partners future wellbeing model, workforce and estate needs	Now-August 18
New model and new estate plan implemented	Sept 18-March 19

## CAPACITY & RESOURCES TO DELIVER

- Leadership from Clinical Director of Strategic Developments
- Management post to support development and transformation work

## BENEFITS & OUTCOMES

- Health outcomes (Increased referral numbers for Long Term Conditions IAPT in line with Sheffield Targets (2018/19))
- Employment outcomes (Increased IPS referral numbers in line with 'Working Win' referral targets for Sheffield (2018/19), change in health care utilisation (primary and secondary care), in line with emerging evidence based from IAPT, IPS and Social Prescribing research (2019/20))
- Workforce/Community Mental Health Team (CMHT) changes depending on outcome of IPS for SMI bid with South Yorkshire and Bassetlaw (SYB) 2019/20.
- Additional outcomes to be developed as future wellbeing model progresses with service users to include 'What matters to me'. Taking account of national view of primary care mental health.

## 2. Summary

### 2.1 Background and context

The Board of Directors' supported the development of this strategic work at their 12 July 2017 and 13 September 2017 meetings, in line with our strategic objective to deliver interventions and support closer to general practice and neighbourhoods.

This paper provides a summary of how the Trust's strategy direction for Community Wellbeing has been progressed during 2017/18 and the actions to support strategy delivery planned for 2018/19. The main focus is on expansion of the integrated IAPT Health and Wellbeing Service, developing employment support and establishing a broader community wellbeing offer in partnership with key stakeholders across Sheffield.

The Accountable Care Partnership (ACP) is committed to shifting our system to have a more preventative focus – embedding mental health as an underpinning theme in all the partner approaches and programmes of the ACP.

- 90 per cent of mental health needs are supported in primary care.
- Half of all mental health needs have been established by age 14 (75 per cent by age 24).
- Physical and mental health needs are closely linked.
- People with mental health needs and learning disabilities are much more likely to be unemployed than the general population. Psychosis is 15 times as high among people who are homeless.
- Three quarters of people with mental health needs receive no support at all.

### 2.2 How has the work been progressed?

- EDG strategy sessions and discussion 5 October 2017 and 18 January 2018 to support management capacity for development and transformation work.
- Work with partner organisations including Primary Care Sheffield (PCS) and South Yorkshire Housing Association Limited (SYHA).

**Improving Access for Psychological Therapies (IAPT) Expansion and Recruitment.** IAPT Health and Wellbeing Service is now live and integrated across 10 condition pathways with promotional materials, courses, individual support, and website information available. Courses are run across the city throughout the week as well as at evenings and weekends. Current number of patients seen 1,305 (NHSE revised target 1,384).

#### **Integrated Care Pathways in place with steering groups**

- Pain/Musculoskeletal(MSK)
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Heart Disease (CHD) - including non-cardiac chest pain
- Irritable Bowel Syndrome (IBS)
- Chronic Fatigue Syndrome (CFS)/ Myalgic Encephalomyelitis (ME)
- Generic Long Term Conditions (including Dermatology)
- Health Anxiety
- Diabetes (type 1 and 2)
- Generic Persistent Physical Symptoms
- Cancer (following successful treatment)

- ‘Shape our Service’ Service User Engagement Event – 6 September 2018.
- Temporary Hub accommodation meeting with estates, planned for 30 July 2018, to discuss and progress.
- Joint Workshop with CCG, finance and commissioners on 15 December 2017 (Acute, Mental Health and Long Term Conditions) and National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and Humber, to share learning, ideas and opportunities and focus on evaluation
- Named mini team from all 4 neighbourhood localities covering all 16 neighbourhoods. Teams include a senior team member, Cognitive Behavioural Therapy (CBT) Therapists and Psychological Wellbeing Practitioners (PWP). Work is underway to align with each neighbourhood giving consideration to demographic needs and other community wellbeing and support services on offer (employment, voluntary sector, housing, Citizens Advice Bureau (CAB), social prescribing (People Keeping Well Partnerships)).
- Successful paper to Sheffield Teaching Hospitals (STH) Business Planning Team meeting on 9 February 2018 regarding an integrated approach to working within the hospital setting
- Workforce - Staff team have successfully completed top up training in integrated care (10 days for CBT therapists and 5 days for psychological wellbeing practitioners (PWPs)).

## **Employment**

- 70-90 per cent of people with mental health needs would like to work – only 37 per cent are in paid employment – for people with Serious Mental Illness (SMI) it is 7 per cent).
- Priority groups for Sheffield are
  - 19-24 year old care leavers
  - Adults with learning difficulties and disabilities
  - People with multiple needs including mental health, homelessness, substance misuse, domestic violence, anti-social behaviour and ex-offenders.
- Trust involved in successful procurement for 3 year employment support trial “Working Win”. SYHA has secured the contract for this trial of Individual Placement and Support (IPS) to support 7,500 South Yorkshire and Bassetlaw residents over a 3 year period. Working Win Health Led Employment Trial started in May 2018. Sheffield Health and Social Care NHS Foundation Trust is co-locating a number of these workers within our teams (Memorandum Of Understanding (MOU) is in the process of being drawn up and agreed with both parties) and is providing the NHS Research and Development trial

governance advice and support for South Yorkshire and Bassetlaw.

<https://www.workingwin.com/>

- Active involvement as co-chair of city wide Employment Services Support Group, members include representatives from Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield NHS Clinical Commissioning Group (CCG), Sheffield City Council (SCC), Department for Work and Pensions (DWP), and Primary Care.
- Scope and Define Role re: Individual Placement and Support for Serious Mental Illness. The NHS England (NHSE) Mental Health Five Year Forward View identified transformation funding to establish IPS for those with serious mental health needs. The target is to double access to IPS by 2020/21. South Yorkshire and Bassetlaw task and finish group is developing the wave 2 model and funding bid to the NHS England Transformation Fund.  
<https://www.england.nhs.uk/2018/06/nhs-england-announces-areas-to-receive-new-funding-to-improve-employment-support-for-people-with-severe-mental-illness/> and <https://www.thetimes.co.uk/article/nhs-will-help-to-find-jobs-for-patients-lbxvqn02l>.
- Integrated pathways for IPS and key Trust services. The Five Year Forward View for Mental Health and the Mental Health Foundation identify potential savings/work force changes based on reduced length of stay on mental health caseloads.
  - Sheffield was successful in securing funding from Public Health England to be part of a national IPS AD (Individual Placement and Support - Alcohol and Drugs) randomised controlled trial. 3 Band 5s and 1 Band 6 Employment specialists have been recruited and are co-located with the Sheffield Treatment and Recovery Team at the Fitzwilliam Centre.
  - It is expected that the transformation funding and IPS trials will enable the trust to contribute to robust evaluation and support improved outcomes by enabling improved access to employment support for service users either directly by employing the appropriate skilled workforce or working in partnership with accredited organisations.

### 3. Next Steps

#### 3.1 Developing Community Wellbeing Partnerships and Model:

We will do this by extending beyond our IAPT service across mental and physical care pathways, supporting the development of employment services and collaborating with partners to deliver community wellbeing services, which could include benefits advice, housing advice, social prescribing in line with the emerging evidence base in this area.

- Agree neighbourhood or hub approach to encompass our own and other primary care community services, taking into consideration demographic variations, across the city and wider determinants of wellbeing (see Fell (2018), Buck and Gregory (2018), Stacey (2018)).
- Lead the discussions regarding community wellbeing within SHSC and with interested partners (Primary Care Sheffield (PCS), SYHA, National Centre for

Sports and Exercise Medicine (NCSEM)).

- Continue to lead Employment Support Services for mental health and learning disabilities in Sheffield and across South Yorkshire and Bassetlaw. Agree Trust relevant pathways and outcomes and impact of Universal Credit.
- Internal Task and Finish group on Employment IPS (which encompasses benefits advice, and vocational alternatives) to include service users.
- Collaborate on, and support, research opportunities currently in development.

#### 4. Required Actions

For Board of Directors to review and approve the Trust's Community Wellbeing Strategy.

#### 5. Monitoring Arrangements

Fiona Goudie, Clinical Director – Strategic Partnerships  
Toni Mank, Head of IAPT, Associate Clinical Director – Planned and Scheduled Care  
Michelle Horspool, Senior Research Manager  
Mental Health and Learning Disabilities Delivery Board  
Employment Services Support Group  
Executive Directors Group

#### 6. Contact Details

Fiona Goudie, Clinical Director – Strategic Partnerships: [Fiona.goudie@shsc.nhs.uk](mailto:Fiona.goudie@shsc.nhs.uk)  
Toni Mank, Head of IAPT: [Toni.mank@shsc.nhs.uk](mailto:Toni.mank@shsc.nhs.uk)

#### References:

Buck, D., Gregory, S. (2018). **Housing and Health – Opportunities for Sustainability and Transformation Partnerships**, The King's Fund. Available at: [www.kingsfund.org.uk/publications/housing-and-health](http://www.kingsfund.org.uk/publications/housing-and-health)  
Fell, G. (2018). **Health Inequalities in Sheffield – a background briefing**, Sheffield City Council.  
Stacey, T. (2018). **How can Housing and Health work better together?** South Yorkshire Housing Association Limited

# Community wellbeing - focus

Whole systems model focussed on the community

Urgent & emergency care



## Wellbeing services

### Partners

Social prescribers  
Housing/  
Debt  
Flourish  
Education  
exchange

- Information, advice, signposting
- Active monitoring
- Support for self-recovery
- Physical activity
- Housing support
- Debt advice and management
- Employment support and coaching
- Smoking cessation
- Recovery education
- Community based activities, living skills, interests
- IAPT low and high intensity interventions integrated within physical health
- On-going peer support

## HOW... over next 18 months...

1. Explore and build with partners... establish the coalition of the willing
2. Extend and provide accessible IAPT interventions integrated across MH&PH
3. Support/ lead and facilitate the growth and development of employment support services