

# Pecyn Dogfen Gyhoeddus



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At: Cyng Carol Ellis (Cadeirydd)

Y Cynghorwyr: Mike Allport, Marion Bateman, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Andrew Holgate, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGill, Martin White, Ian Smith a David Wisinger

8 Medi 2017

Annwyl Gynghorydd,

Fe'ch gwahoddir i fynychu cyfarfod Pwyllgor Trosolwg a Chraffu Gofal Cymdeithasol ac Iechyd a fydd yn cael ei gynnal am 2.00 pm Dydd Iau, 14eg Medi, 2017 yn Ystafell Bwyllgor Delyn, Neuadd y Sir, Yr Wyddgrug CH7 6NA i ystyried yr eitemau canlynol

## R H A G L E N

### 1 YMDDIHEURIADAU

**Pwrpas:** I derbyn unrhyw ymddiheuriadau.

### 2 DATGAN CYSYLLTIAD (GAN GYNNWYS DATGANIADAU CHWIPIO)

**Pwrpas:** I derbyn unrhyw ddatganiad o gysylltiad a chynghori'r Aelodau yn unol a hynny.

### 3 BWRDD IECHYD PRIFYSGOL BETSI CADWALADR (Tudalennau 3 - 10)

I dderbyn y wybodaeth ddiweddaraf gan Bwrdd Iechyd Prifysgol Betsi Cadwaladr ac ystyried Cynllun Gweithredu ar y Cyd ar gyfer Iechyd Meddwl yng Ngogledd Cymru.

Yn gywir

Robert Robins  
Rheolwr Gwasanaethau Democraidd

Mae'r dudalen hon yn wag yn bwrpasol

# Eitem ar gyfer y Rhaglen 3

**Social & Health Overview & Scrutiny Committee Flintshire County Council**

**14<sup>th</sup> September 2017**

## **Together for Mental Health in North Wales**

### **Implementation Plan**

#### **1. Background**

A new strategy for mental health services in North Wales is in the final stages of development and approval. That strategy is known as Together for Mental Health in North Wales, and it sets out a wide range of principles and actions, to be taken forward over the 3-5 years up to 2022.

Statutory partner agencies across North Wales have agreed to secure approval of the strategy by autumn 2017, working through each agency's individual governance arrangements.

As part of this process, and to ensure that action can proceed as quickly as possible following approval, it is also necessary to prepare a joint action plan for implementation of Together for Mental Health in North Wales. This action plan should set out:

- Who will do what, and over what timescales
- How we will measure the impact of what we will do – both as outcomes for people who use our services, and performance indicators for our work
- Financial and workforce plans
- How we will work with and strengthen our relationships with our partners
- How we will continue to engage service users and their families
- How we will continue to support and engage with our workforce

The action plan to underpin delivery of Together for Mental Health in North Wales is to be launched in the autumn of 2017, with full details of our plans for 2018-19, and an outline of the plans for the years beyond this.

#### **2. Purpose of this framework**

This framework is intended to provide an essential first step in preparing the intended implementation plan. In order to agree the detail of that plan, it has been important for us to agree together the overall structure we will adopt – both to agree the plan, and then to manage and support its implementation.

### 3. Overall approach to implementation

The process of implementing Together for Mental Health in North Wales will be complex and lengthy, and will involve inputs and actions from many individuals and agencies. Frameworks to govern work of this sort can be based on two alternative approaches:

1. One where all responsibility begins with the central body, from which it is delegated as and when there is confidence that more local bodies have the skills and resources to take over that responsibility **OR**
2. One where responsibility is dispersed across local agencies, but is pooled, by local agreement, if tasks would be tackled more effectively or more efficiently by working together across a wider area.

This implementation programme is being taken forward by statutory agencies with both local and regional responsibilities – the six local authorities and the health board respectively. There will therefore be inherent “pulls” to both localise and regionalise this plan’s approach.

The proposal is that the approach to implementation should be as bottom-up as possible, and be rooted in the various communities across North Wales – with the default being local, rather than regional implementation structures. The reasons for this being preferred are:

- The strategy intends increasingly to prioritise actions to promote public mental health and wellbeing. Most of these will need to be planned and delivered at local level
- There are numerous historic and current differences between the communities and resources across the various parts of North Wales. It is essential that our work together reflects those differences, and builds on differing local strengths and assets
- Most of our staff and services are based within local teams and services, rather than regional systems and structures. A locally-driven process will find it easier to engage staff, to facilitate closer working relationships, to build trust, and thereby to promote the cultural change we are aiming to achieve
- For service users and their families likewise, engagement with processes of change will be much easier if this is primarily being handled at local level.

The proposal, therefore, is that the overall implementation architecture will default to six Local Implementation Teams (LITs), one for each of the six local authorities in North Wales. These LITs will have lead responsibility for implementation of the Mental Health Strategy for North Wales in their area; they may however pool their resources and responsibility across wider areas by local agreement.

Appendix one shows a visual picture of the proposed arrangements; appendix two sets out a “worked example” of the work arising for acute care, as an earlier priority of the implementation process.

#### **4. Establishment of Local Implementation Teams**

It is proposed that the LITs be formally established in September of 2017, including the holding of three sub-regional launch events. Prior to that, preparatory work will be undertaken, ensuring that the membership of the LITs will provide the necessary skills and leadership to local work, and that LITs have access to relevant information to support their local planning. We envisage that this information will need to include details of existing local services and resources. The Partnership Board should encourage partners to adopt an “open-book” approach to providing and sharing such information.

Workbooks will be prepared, with a structure of questions and prompts, to clarify and support LIT members in their task, prior to the formal launch of the LITs in September.

#### **5. Roles of implementation structures**

The Mental Health Partnership Board will be responsible for ensuring that each of the six LITs progresses successfully in the local implementation process. This responsibility will include:

- Regular performance management of progress
- An annual “board-to-board” face to face review with each LIT
- Provision of development support as required. This could include, for example, organisational development work, and/or data and analytics support
- Consideration of requests for resources to support implementation
- Coordination of initiatives requiring linked work across North Wales – or which form part of all-Wales initiatives

The Mental Health Partnership Board will discharge much of these responsibilities through a Delivery Group. This Delivery Group will be a sub-group of the Partnership Board, with additional programme support.

There will be multiple reporting out of the Mental Health Partnership Board including to the Regional Partnership Board.

Within BCUHB, the lead responsibility of the Mental Health Division will therefore primarily be to ensure the clinical quality and workforce development of its services, achieved through service transformation, redesign and active support of partnership working. The Division will also support the Local Implementation Teams and Partnership Board in their responsibilities. This support could include: facilitation of clinical and professional advice; data collection and analysis; local research and evaluation projects. The Division on its own will not be the lead for implementation of the Mental Health Strategy; this responsibility is a shared one with

accountability discharged through the Mental Health Partnership Board and the new governance structure.

Learning Disability and Substance Misuse services will be subject to separate arrangements, and will not be considered further through these processes.

Pathway Development Groups will be renamed Quality and Workforce groups, and will focus their work primarily on assuring the high quality delivery of services, rather than on new service strategy.

We are also proposing the establishment of a mental health commissioning group to ensure effective oversight of BCUHB's investment in non-direct services, and to manage the commissioning cycle on BCUHB's behalf, as set out in Together for Mental Health in North Wales. There will clearly be a need for regular liaison between this group and local authority staff responsible for social care commissioning.

## **6. Proposed scheme of delegation**

For this implementation structure to be effective, there will need to be a clear scheme of delegation both within and across agencies. If all decisions have to be ratified by the Mental Health Partnership Board and/or by its constituent agencies as individuals, the process of implementation will be very much delayed.

Together for Mental Health in North Wales should be seen as providing the "mandate" for this scheme of delegation, in that all agencies should be able to assume a general authority to take forward actions consistent with that strategy. Nonetheless, specific agreements would be useful as part of this implementation plan. Main headings within that scheme of delegation are proposed to be:

1. Authority to call meetings of the local and regional planning entities
2. Authority to restructure the membership or terms of reference of local and regional planning entities
3. Authority to commit financial expenditure (within clearly identified limits and overall agency budgetary constraints)
4. Authority to vire between existing budgets
5. Authority to approve models of care, service specifications, and clinical/service protocols
6. Authority to approve and implement service-specific workforce plans
7. Authority to organise and deliver public engagement processes
8. Authority to organise and deliver staff engagement processes

9. Authority to prepare performance management and key performance indicator frameworks

## **7. Next steps**

- The establishment of the local implementation teams
- The establishment of a Delivery Group
- The design of a performance and accountability framework
- The development of the scheme of delegation for all groups identified in this paper

Appendix 1: Diagram of implementation framework

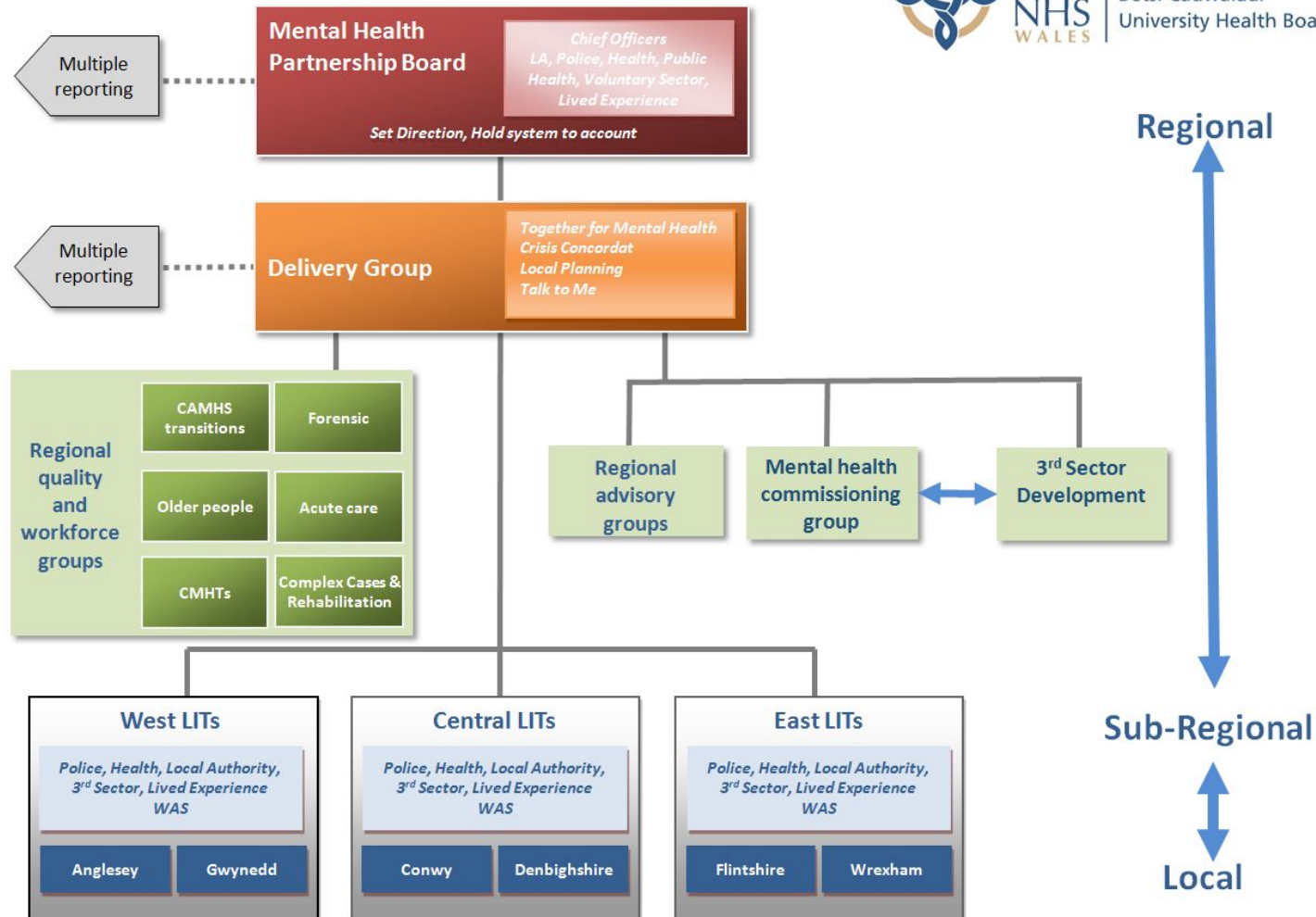
Mental Health – Implementation Structure



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Tudalen 8





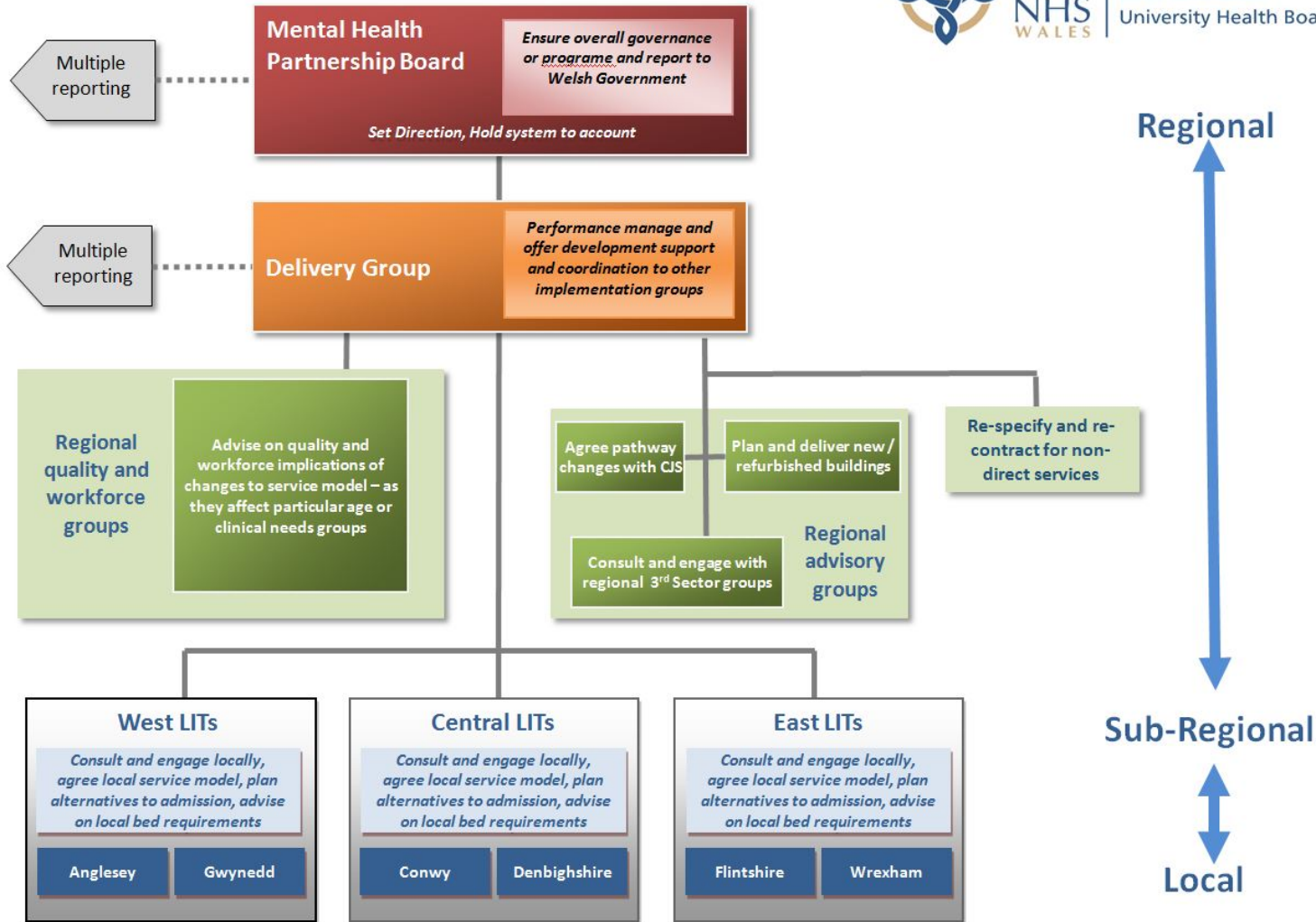
Appendix 2: Example of implementation responsibilities – acute care pathway

Acute Care Pathway– Implementation Structure



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



Tudalen 9

Mae'r dudalen hon yn wag yn bwrpasol