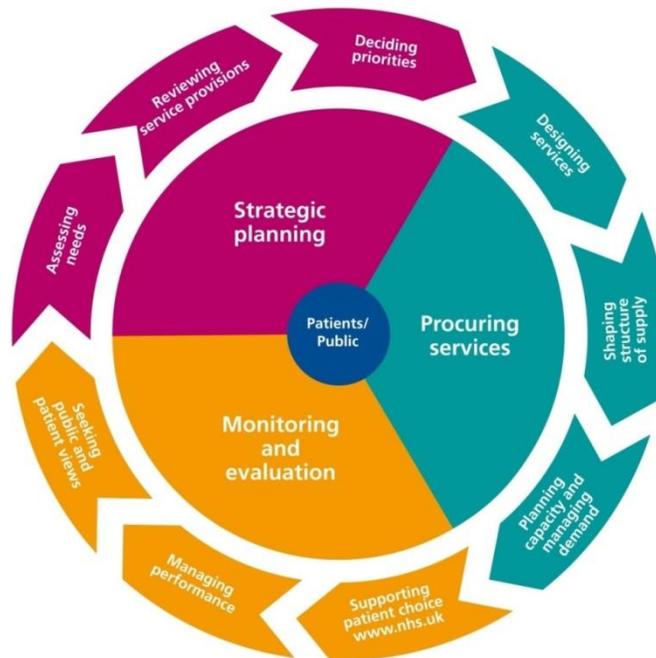


Engagement in CCG Delivery Plans Template

This template is designed to help you take into account all the elements of the commissioning cycle, as captured in the diagram below:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Name of Delivery Plan:	Mental Health
CCG Lead Officer:	Stephen Emmerson – Head of Strategy and Delivery/Mental Health and Dementia
Date of EEC Review:	5 September 2019
Please give of summary of the engagement which has already been undertaken¹	
<p>Mental Health Improvement Plan</p> <p>Events were held in Doncaster to engage partners in the development of the Doncaster Mental Health Improvement plan 2018-2021 which was accepted and authorized by the Health and Wellbeing Board in late 2018. The purpose of the plan was to bring together a number of practical actions to improve mental health services delivery across Doncaster, in the context of the 5 year Forward View for Mental Health and building on the principles of the Crisis Care Concordat and the Prevention Concordat for Better Mental Health. Partners involved in its development included current service users of mental</p>	

¹ This can be with staff, members of the public, service users, patients, carers or any other group of stakeholders

health services, statutory and non-statutory agencies and community/voluntary agencies and the faith communities including Person Focused Group (PFG), Mind, darts, Changing Lives and more.

This improvement plan is complementary to individual plans held by contributor organisations. This represents not only a consolidation of activity with improved visibility but also an expansion of opportunity through better connected joint working. The plan is a joint approach to mental health service improvement, in the context of an agenda of closer joint working of health and social care organisations. The improvement Plan is a live document informed by service user involvement through existing forums and focus groups.

The Mental Wellbeing Alliance is now well established and played an active role in the development of the Doncaster Improvement Plan. The Alliance tests and challenge the actions detailed in the plan and further contribute to its evaluation, by ensuring the service user voice is heard, in order to make a positive difference to the lives of people with mental health needs in Doncaster and ultimately aim to improve mental health services.

Members of the Alliance are informed on a regular basis of current status updates in all areas of the plan which provides assurance that plans are being progressed and implemented.

The Alliance provides a forum for people with lived experience to have their view/concerns/issues heard on an ongoing basis in order to shape future service provision effectively. A patient story is presented at each monthly Alliance which is either acted upon if appropriate or feeds through into future commissioning discussions.

A System Perfect week was held in March 2019 across Doncaster and Bassetlaw Health and Social Care communities. The aims were to better understand people's mental health needs, to understand local services available and to identify any gaps and areas of opportunity and improvement. A wide range of a stakeholders across Doncaster and Bassetlaw were engaged in the week and a large number of patients and public took part in surveys providing their thoughts on Mental Health Service. The full report is available here. <http://www.doncasterccg.nhs.uk/your-care/mental-health/mental-health-systemperfect/>

Suicide Prevention – Lead by Public Health

Year 1 & 2 ICS funding has been used to build on local progress made so far with 3 proposed SYB level projects agreed by the Mental Health and Learning Disability Executive Steering Group spread over 3 years. The development of a SYB Bereavement Support Service, SYB Suicide Audit and Real Time Surveillance system.

Local work continues with providing Self-Harm & Suicide Prevention Training for front line staff and an agreement to fund RDASH Physical Health Staff with STORM/Harm ED Training. Also promoting FREE Zero Suicide Alliance.

A Mens awareness suicide video was also produced by Doncaster Borough Council in August 2019 which was available to the Doncaster population. Link here to view: <https://www.doncasterroversfc.co.uk/news/2019/may/suicide-prevention-campaign-reminds-that-there-is-help-there-is-hope-there-is-another-way/>

In addition to this, Public Health and Primary Care Doncaster Ltd have worked in partnership to support World Suicide Prevention Day by engaging with 100% of GP Surgeries to deliver Doncaster's Suicide Prevention Campaign into the heart of the community. Surgeries have also agreed to work collaboratively with local community groups to hold Tea & Talk sessions to promote ways of improving mental health & wellbeing.

What has been the impact of this engagement?

The impact of this engagement is that Doncaster now has a Doncaster Mental Health Improvement Plan that has been co-produced with service users and partners across Doncaster. The Mental Well-being Alliance has played an active role in the development of the plan and will furthermore test and challenge the actions detailed in the plan through its implementation and further contribute to its evaluation, by ensuring the service user voice is heard, in order to make a positive difference to the lives of people with mental health needs in Doncaster. The Alliance forms a good base which ensures engagement is continuous.

A number of services have been developed and co-produced with service users including.

- Enhancement of lower level Mental health service including IAPT and IAPT LTC's services
- Front End Crisis Modernisation - Single point MH Hub, Crisis Care and Home treatment and Psychiatric Decision Unit (due live October 2019)
- Enhanced adult, older peoples and alcohol and substance misuse liaison services
- Safe Space and Peer Support Service (statutory, voluntary and peer lead support in partnership)
- Sever Mental Illness and physical health checks service (due live November 2019)

What, if anything, has changed as a result?

Services which are readily accessible and responsively matched to people level of need.

How have these changes been communicated back to stakeholders?

Changes have been communicated back to stakeholders through the Mental Well-being Alliance, Health and Well-being Board and via DCCG Engagement Annual Report.

What further engagement is planned and when?

Further engagement is planned during November/December 2019 on the access and accessibility of mental health services and to test and challenge the content of the MH Improvement Plan.

The design, format and content of the engagement will be co-produced with people with lived experience, carers, commissioners, providers, VCF organisations. A proposal will be developed through the Mental Wellbeing Alliance.

As part of World Mental Health day in October 2019 suicide awareness training will be available for all patients, public and organisations to access. The link is : www.zerosuicidealliance.com

Do you have any further comments regarding your approach to engagement and involvement or how this can be improved?

Equality and Diversity

Which of the nine protected characteristics have you engaged with:

Age	<input checked="" type="checkbox"/>	Religion or Belief	<input checked="" type="checkbox"/>	Sexual Orientation	<input checked="" type="checkbox"/>
Race	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Pregnancy and maternity	<input checked="" type="checkbox"/>
Sex	<input checked="" type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Marriage and Civil Partnership	<input checked="" type="checkbox"/>

What type of engagement will you undertake to ensure all protected characteristics are engaged:

We will take an active approach to encouraging engagement and will actively seek the views of those less likely to respond by using the members of the Alliance and the forums they are aware of which we could actively engage, i.e. Healthwatch VCF Co-coordinator, and seeking advice from Engagement Leads.

Health Inequalities

Have you utilised the

a) 'Population Health Management Heat Map'	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
NHS RightCare Pack Health Inequalities	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Illustrate your benchmarking against the Heat Map and NHS RightCare Pack.

Comparison of all areas of Mental health. Invested in services which Doncaster do not rate well on:

- IAPT – LTC's, High referral rates, waiting times

- Liaison Services – Investment in adult, older people and alcohol and substance misuse
- SMI and Physical health checks – physical health checks and care planning
- Crisis Front End Modernisation – presentation and admissions to hospital

Rightcare has re-affirmed what the patient views are on MH services. Patient's views are supported by the Rightcare packs.

What type of engagement involved members of the communities that face health inequalities?

Engagement via focus groups, events involving the communities, Mental Well-being Alliance, via MH services and through peer stories and case studies. PFG have over 400 members of people who live in Doncaster who have lived experience of mental ill health.

What is the outcome of this engagement and what improvements have been made to reduce health inequalities?

There is evidence that people with enduring mental illness are a greater risk of poor physical and reduced life expectancy compared to the general population. Reasons include wider social factors, increased behaviors, stigma, discrimination, more likely to live in less safe neighborhoods, eat less healthy, few opportunities to be involved in health activities, employment issues, low pay, more complex and urgent needs, isolation and exclusion, lack of support.

Invested in and commissioned a service for people with severe Mental Illness and Physical Health checks with RDaSH and Primary Care Doncaster. The service provides an integrated, holistic health checks for patients who will be able to provide and evidence a positive impact on health inequality and Quality of Life outcomes.