

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
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BRIEFING UPDATE ON KEY CURRENT LOCAL MENTAL HEALTH WORKSTREAMS

R E C O M M E N D A T I O N S	
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<p>It is recommended that the Health Scrutiny Committee notes this update report on the 2017-18 deliverables of the Sustainability and Transformation Plan (STP) Mental Health Strategy Document “Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years”.</p>	

1. ORIGIN OF REPORT

1.1 This report was produced at the request of the Health Scrutiny Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is to update the Health Scrutiny Committee on mental health commissioning in and around Peterborough.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 INTRODUCTION

This briefing paper updates the Committee on the main NHS deliverables for 2017/18, as defined by the national policy (Five Year Forward View for Mental Health) and local mental health strategy, in particular:

- Collaborative work for mental health commissioning across NHS and local authorities
- Improving Access to Psychological Therapies (IAPT) performance
- Early Intervention in Psychosis services
- Mental health crisis services
- Enhanced Primary Care Services for Mental Health, known locally as PRISM
- Access of young people to mental health services
- Access of young people to eating disorder services.

Collaborative work for mental health commissioning across NHS and local authorities

The STP Mental Health Strategy Group provides the opportunity for commissioners of services for children, young people, and adults of all ages from Peterborough City Council, Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG):

- to meet with service user and carer representatives and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) as the main mental health services provider
- to agree and progress priorities, and to develop a strategic view of the current status of services and priorities for improvement
- to provide both co-ordination between the many and varied mental health service developments and initiatives underway across Cambridgeshire and Peterborough
- to interface with the STP workstreams in which specific improvement areas for mental health services feature e.g. Urgent and Emergency Care, Primary Care and Peri-natal mental health care.

All mental health services commissioned by Peterborough City Council, Cambridgeshire County Council and the CCG have been mapped – service type, provider, and investment. The next step is to analyse this across Cambridgeshire and Peterborough and identify and address gaps, synergies, and duplication. This mapping is being used to inform the re-tendering of the Wellbeing and Recovery and Employment services through which approaches to joint commissioning are being tested.

3.4 Main NHS deliverables for 2017/18

Local areas must plan to deliver in full the implementation plan for the Five Year Forward View for Mental Health, including commitments to improve access to and availability of mental health services across the age range, develop community services, taking pressure off inpatient settings, and provide people with holistic care, recognising their mental and physical health needs.

The Mental Health Plan introduces incremental changes to mental health services during the period of five years, starting from 2015/16 until 2020/21, with specific targets for each year.

The main priorities for 2017/18 and performance associated with these priorities are set out below.

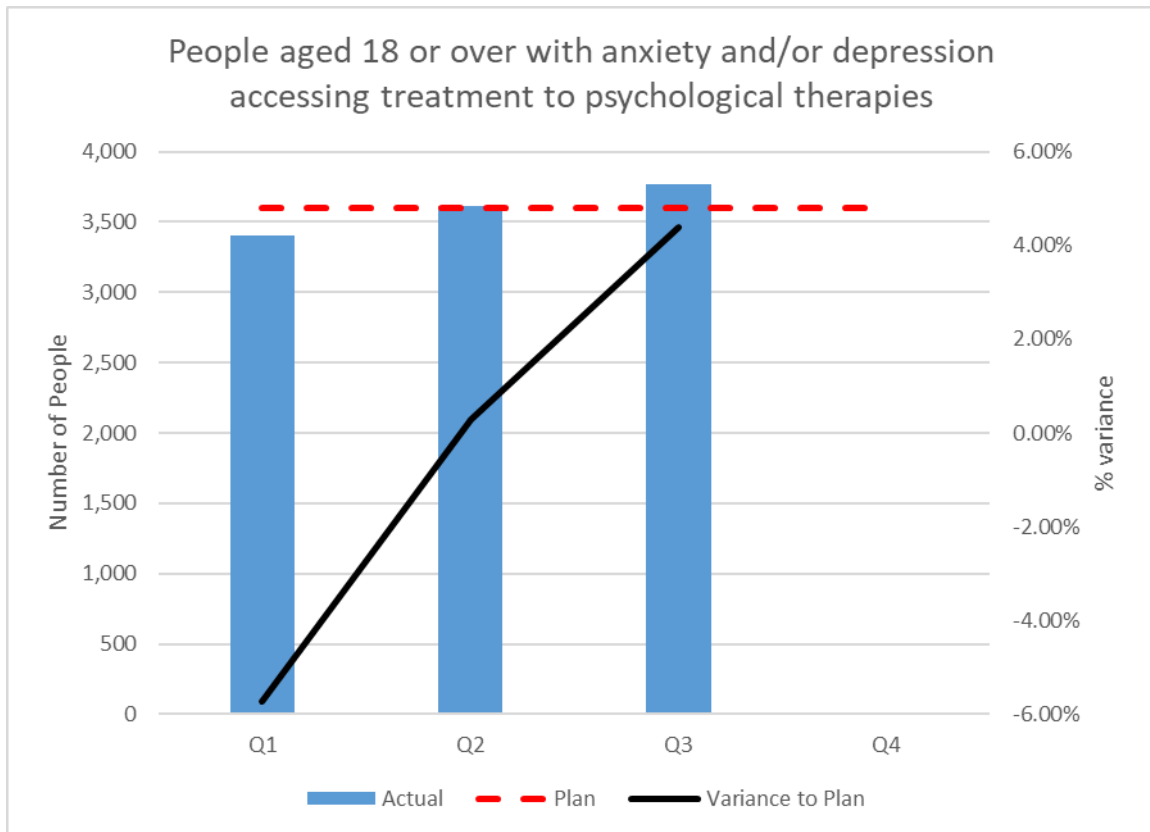
Psychological Therapies

We need to ensure that 16.8% of people with anxiety and depression access treatment to psychological therapies. This means an increase of 1.8% from 2016/17.

For our CCG this means:

Number of people 18+ with depression and/or anxiety:	93,934
Target (%):	16.8%
Target (number):	15,781

Our performance:

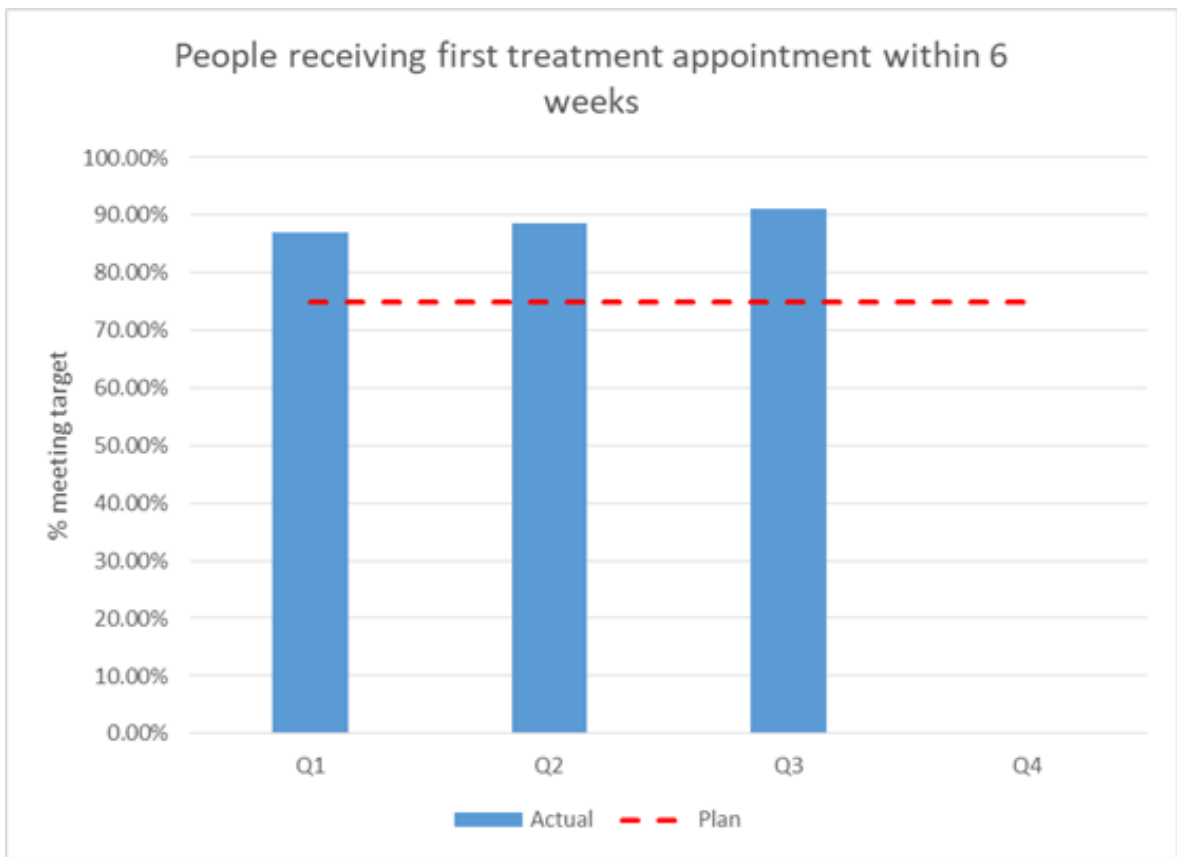


	Q1	Q2	Q3	Q4	YTD
Actual (Volume)	3,405	3,611	3,765		10,781
Actual (%)	3.62%	3.84%	4.01%		11.48%
Plan (Volume)	3,600	3,600	3,600	3,600	10,800
Plan (%)	3.83%	3.83%	3.83%	3.83%	11.50%
Variance to Plan (Volume)	-195	11	165		-19
Variance to Plan (%)	-5.73%	0.30%	4.38%		-0.18%

We need to ensure that of those who are referred to psychological services, 75% do not wait more than six weeks and 95% do not wait more than 18 weeks for treatment.

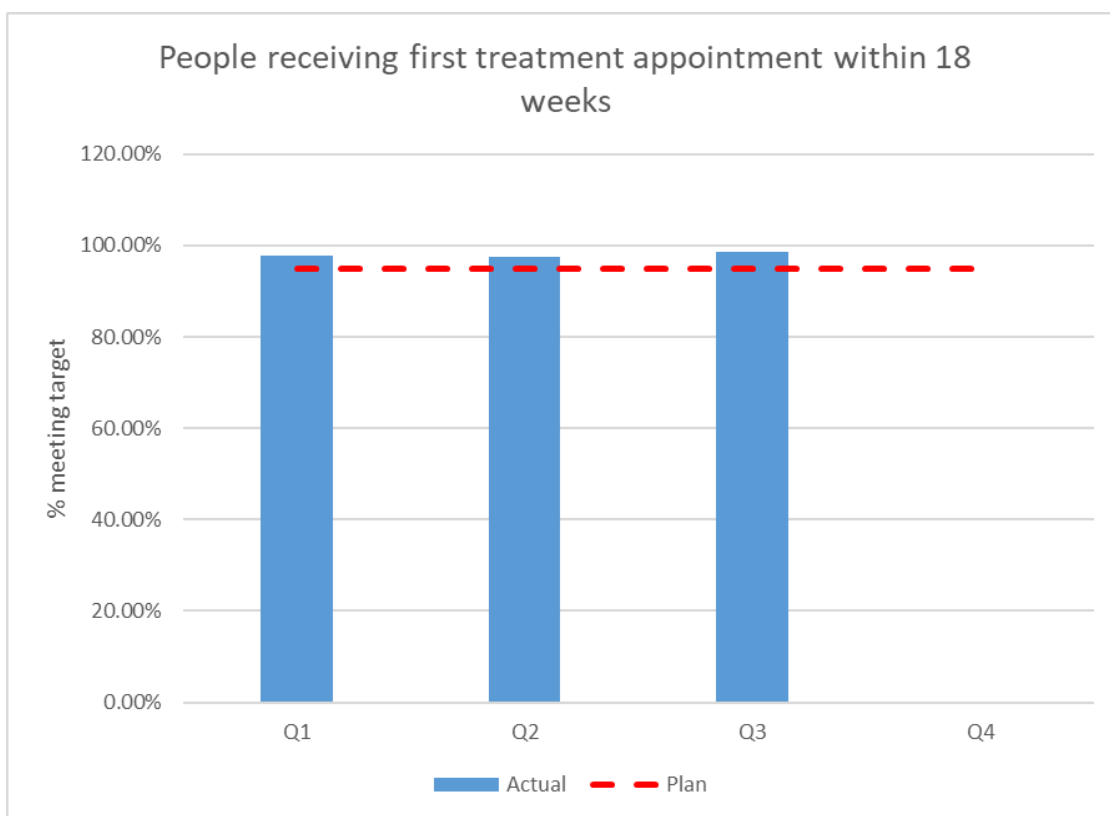
Our performance for six week wait:

	Q1	Q2	Q3	Q4	YTD
Number receiving first treatment appointment in six weeks or less. (Actual)	1374	1613	1439		4426
Total (Actual)	1580	1820	1580	0	4980
Percentage (Actual)	87.0%	88.6%	91.1%		88.9%
Number receiving first treatment appointment <=six weeks. (Plan)	1350	1350	1350	1350	5400
Total (plan)	1800	1800	1800	1800	7200
Percentage (plan)	75.0%	75.0%	75.0%	75.0%	75.0%



Our performance for 18 week wait:

	Q1	Q2	Q3	Q4	YTD
Number receiving 1st treatment appointment in 19 weeks or less weeks. (Actual)	1544	1776	1560		4880
Total (Actual)	1580	1820	1580	0	4980
Percentage (Actual)	97.7%	97.6%	98.7%		98.0%
Number receiving 1st treatment appointment <=18 weeks. (Plan)	1,710	1,710	1,710	1,710	6840
Total (plan)	1,800	1,800	1,800	1,800	7200
Percentage (plan)	95.0%	95.0%	95.0%	95.0%	95.0%



We need to ensure that at least 50% of those who enter treatment show clinical signs of recovery.

Our performance (please note that the national average is 46%):

	Q1	Q2	Q3	Q4	YTD
Actual	50.07%	48.25%	49.12%		49.10%
Plan	50.00%	50.00%	50.00%	50.00%	50.00%

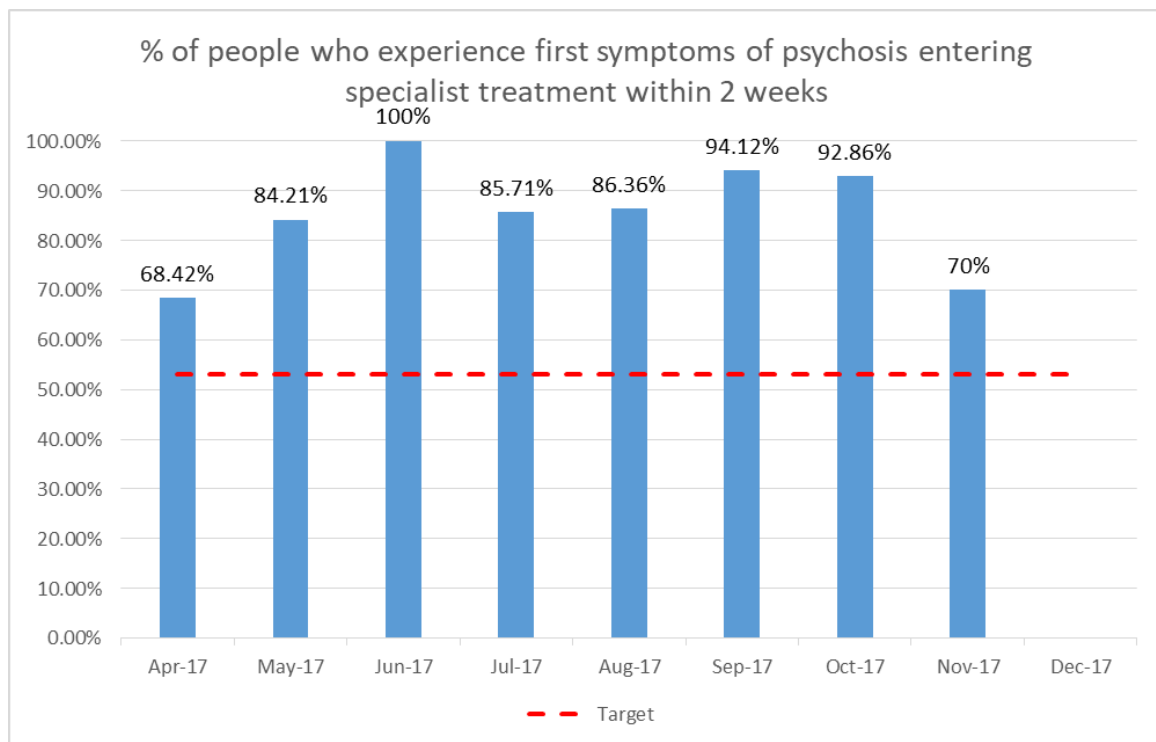
Other information to note:

- The CCG was successful, as one of the only two sites in the East of England, in securing the transformational fund to support expansion of psychological therapies for people with long-term conditions, specifically diabetes, heart conditions, and respiratory conditions.
- Our service delivery in this area was recognised by NHS England as an example of outstanding practice, championed by the Mental Health National Clinical Director and published in the Health Service Journal.

Early Intervention in Psychosis Services

We need to ensure that at least 53% of people who experience first symptoms of psychosis enter specialist treatment within two weeks of being referred.

Our performance:



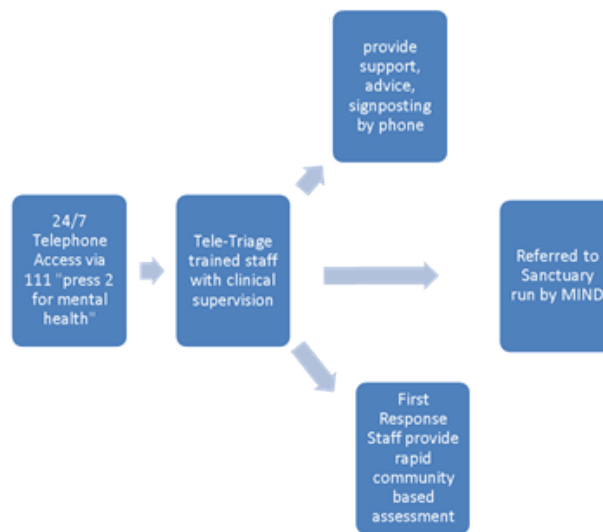
3.5 Additional Main Mental Health Projects

3.5.1 Crisis Prevention

The Crisis Care Delivery Manager's role was extended for another year to support the work of the Mental Health Crisis Concordat Group. Significant work has been undertaken to improve the crisis and acute pathway within and at the front end of secondary services through the First Response Service (FRS) development.

3.5.2 First Response Service for Mental Health Crisis

The model is live and operating. The FRS provides immediate telephone triage and support for people in mental health crisis. The service welcomes referrals from everyone in the CCG's area of all ages and is accessed through 111 and selecting option 2 (which diverts directly to the service, avoiding the need to go through usual 111 triage pathway).



Impact of the service:

- The service has demonstrated an immediate decline in the use of A&E for mental health with a **20% reduction in attendance** despite the local context of many years of rapidly increasing figures.
- There has also been a **26% reduction** in the numbers of mental health patients **admitted** to acute hospitals from A&E.
- Reduced ambulance call outs, assessments, and conveyances to A&E for mental health patients
- Reduced need for Out of Hours (OOH) GPs to see mental health emergencies
- Positive impact on the urgent and emergency care system is predicted to increase once the service becomes more established.

The service is now responding to people previously unknown to traditional mental health services, meaning we are starting to treat our future mental health populations today. This has created a public expectation on the health system to achieve parity of esteem for mental health.

The service has changed the way that our patients and professionals are using services. Health visitors, drug and alcohol services, and GPs now have a service to which they can refer people which means a reduction in their time.

3.5.3 Suicide Prevention

The information in this section is from the report to the Peterborough Health and Wellbeing Board. The suicide prevention strategy has been refreshed for 2017-2020 and the action plan has been updated with an aim to reduce suicide rates by 10% from 2016/17 numbers. The work is coordinated by the Public Health and local authority Mental Health Commissioning Teams, supported by the CCG.

A new bereavement support service for people bereaved by suicide has been implemented and

is receiving referrals. Training in suicide prevention for GPs is in development with planned roll-out from April 2018. Other workstreams are continuing for example, the STOP suicide campaign and website and suicide prevention (ASIST) training.

A Zero Suicide Ambition now underpins the Suicide Prevention Strategy. A proposal that delivery of this ambition and the Suicide Prevention Strategy should be governed by the Cambridgeshire and Peterborough Safeguarding Executive will be considered at the May meeting of that group. This will give both initiatives senior support and guidance.

The Zero Suicide initiative will also aim to drive up quality of care by facilitating a learning culture and forum for suicide prevention, whereby both good and bad practice examples will be shared between organisations.

Where are we starting from?

Indicator	Peterborough trend	Current status	Current time period	Peterborough current (#)	Peterborough current (indicator value)	England value
Suicide rate - persons (directly standardised rate per 100,000)	▲	Statistically similar to England	2014-16	54	10.9	9.9
Suicide rate - males (directly standardised rate per 100,000)	▼	Statistically similar to England	2014-16	36	14.2	15.3
Suicide rate - females (directly standardised rate per 100,000)	-	Statistically similar to England	2014-16	18	7.7	4.8

3.6 Enhanced Mental Health Primary Care Services (PRISM)

The PRISM service is improving mental health service delivery in primary care and support to GPs to manage service users aged 17-65 with mental health problems, usually of moderate to high severity, where the service user's needs can be met appropriately in a primary care setting.

The service is arranged into 12 PRISM virtual teams, each one providing service to a group of between five and 12 GP surgeries. Each GP surgery in Peterborough has access to the resources of the PRISM team.

The First Phase – Core Team Roll out Across the CCG

The first phase of PRISM commenced roll out from May 2017. This phase included the roll out of the service where mental health staff are aligned to and working in GP practices.

The staffing model rolled out provides:

- Primary Care Mental Health Practitioners
- Mental Health Liaison Practitioners
- Peer Support Workers

- Administration staff.

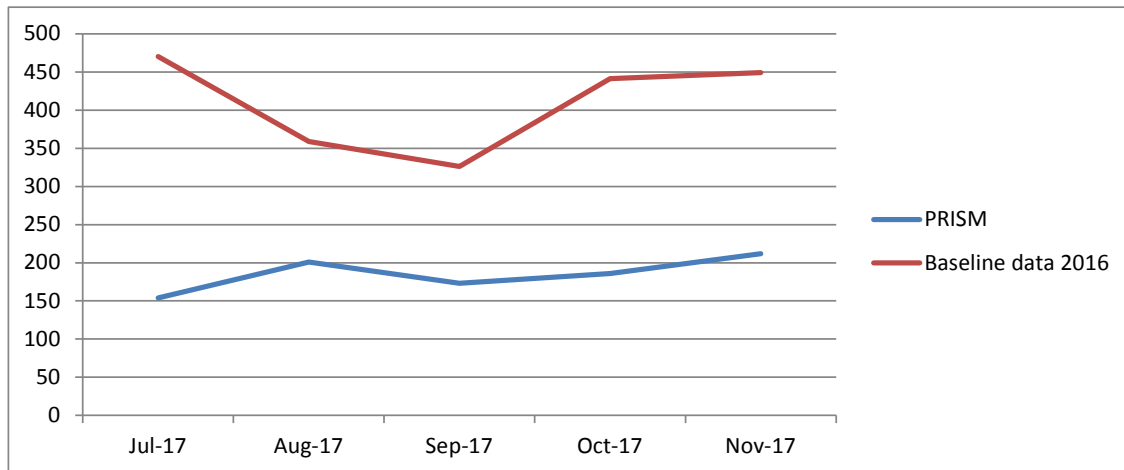
The roll out of PRISM was completed at the end of December 2017 and the service is now running in all surgeries across the CCG's area. For some areas PRISM has been running for over six months, whereas others have recently commenced with the service.

The roll out started in Huntingdon and Peterborough, followed by the Cambridge surgeries.

Early Outcomes from Phase One

There is a small subset of data available from GP surgeries with PRISM. Initial feedback and data shows:

- the time to assessment has dropped from 17.76 days in September 2016 to 12.96 days in November 2017.
- positive GP feedback on consultant involvement and pilot of case discussions.
- a reduction in referrals to secondary care. The following chart shows referrals to secondary care from PRISM where a GP surgery now has the PRISM service compared to baseline data from 2016. On average there is a 50% reduction:



Number of referrals to CPFT before and after introduction of PRISM

GP survey/feedback so far

Improved GP experience of mental health services is another of the PRISM aims, therefore we have asked 50 of the early implementer GP practices for their views on the service and will continue to monitor feedback on an ongoing basis.

We are working on a GP communication outlining the feedback and the solutions going forward. Phase 2 of PRISM is now underway and includes realignment of consultants and secondary care locality teams which will increase the availability of specialist advice, support, and interventions

Next Phases

The continued development of PRISM will be through delivery of Phase 2 and will include supporting people to step down from secondary care services when there is clinical agreement between primary and secondary care. Evidence-based interventions will be clearly defined and guidelines on where these will be provided put in place so that expectations of the service are realistic.

Phase 2 will be achieved by increasing capacity in secondary care as a result of a reduction in assessments allowing increased treatment and developing/following robust relapse prevention plans. Phases 2 and 3 will incorporate the redesign of the Adult Locality Teams and alignment with PRISM teams, thereby enhancing the overall provision of community mental health services to people in the Cambridgeshire and Peterborough area.

Associated developments with PRISM

New wellbeing service – linked to Phase 2 service development

A re-tender of the local authority and CCG third sector service portfolio (in the region of £1m, no change to current cost envelope) is being undertaken jointly by the CCG and our two local authorities.

A draft wellbeing service specification has been developed which focuses on services that will fully integrate with PRISM and provide additional support e.g. for patients with personality disorder. Key priorities include: preventative services, post discharge support, and trusted assessment enabling PRISM staff to directly book into the appropriate third sector service without the need for multiple assessments.

The CCG financial contribution ensures equitable resources for the Peterborough population.

Physical Health Checks

One of the aims of PRISM is to improve the physical health outcomes of patients with Serious Mental Illness (psychoses) by providing physical health checks with a focus on the PRISM worker supporting patients to attend the health check appointment and actively engage with interventions e.g. smoking cessation service.

A PRISM physical health HCA role is being piloted at Boroughbury Medical Centre to investigate how this might work in terms of the patient pathway and commissioning, contracting, and governance issues.

Other developments include PRISM pharmacist, GP clinic population pilot, and Digital Technology considerations.

3.7 Children and Adolescent Mental Health Services (CAMHS)

Access Target for Children

We need to deliver more high-quality mental health services for children and young people so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.

Our Performance

The performance data is from CPFT Child and Adolescent Mental Health (CAMH) data and it is noted to be behind target. The CCG is in discussion with CPFT to understand the rationale and the plan to pull back the figures by year end. The NHS access target is calculated nationally from the mental health services data set; however, our current figures only include CAMH services. The overall target is compiled from a range of providers of evidence based interventions and work continues both locally and with the national data team to ensure this information is collected and counted to truly reflect the number of young people accessing mental health support.

	Apr -17	Ma y- 17	Jun -17	Jul- 17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	17/1 8 - Total new CYP	17/18 - Total Individual CYP
n	152	186	207	164	155	181	179	205	131				1560	TBC at YE
Target	184	184	184	184	184	184	184	184	184	184	184	184	2208	
Variance	-32	2	23	-20	-29	-3	-5	21	-53				-96	

Eating Disorder Services for Children and Young People

We need to commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases and one week for urgent cases. Attached to this report at Appendix 1 is a report given to Cambridgeshire Health Scrutiny Committee by Cambridgeshire and Peterborough Foundation Trust following the Health Service Ombudsman's report into the care and treatment provided for Averil Hart. Averil died on 15th December 2012, following a four year history of anorexia nervosa and the Ombudsman's report looked at the care provided by a number of organisations.

Our Performance

All young people awaiting an urgent referral are seen within one week, which is the national target. There is a delay in those awaiting a routine appointment within four weeks and we are working with CPFT to understand and address this drop in performance.

Length of time in weeks that patients have waited for an assessment where referral urgency is Urgent (<= 7 days)

Actual numbers

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18 Year to date
0-1 week	0	0	0	0	1	0	1	1	0				3
1-2 weeks	0	0	0	0	0	0	0	0	0				0
2-3 weeks	0	0	0	0	0	0	0	0	0				0
3-4 weeks	0	0	0	0	0	0	0	0	0				0
5-6 weeks	0	0	0	0	0	0	0	0	0				0
6-7 weeks	0	0	0	0	0	0	0	0	0				0
7-8 weeks	0	0	0	0	0	0	0	0	0				0
8+weeks	0	0	0	0	0	0	0	0	0				0
Total	0	0	0	0	1	0	1	1	0				3
Within Target	0	0	0	0	1	0	1	1	0				3
Within Target %					100.00%		100.00%	100.00%					
Target	50%	50%	50%	50%	50%	50%	50%	50%					

Length of time in weeks that patients have waited for an assessment where referral urgency is Routine target is 4 weeks (<= 28 days)

Actual numbers

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	2017/18 Year to date
0-1 week	2	3	2	3	1	3	7	2					23
1-2 weeks	1		3	3	5	1	2	5	3				23
2-3 weeks				2		1		2	1				6
3-4 weeks	1	1		1	1	1	2						7
4-5 weeks					1			1	2				
5-6 weeks			1		1		1	2					5
6-7 weeks			1	2					1				4
7-8 weeks					1								1
8+weeks	2	2		1	1	1	1						8
Total	6	6	7	12	11	7	13	12	7				77
Within Target	4	4	5	9	7	6	11	9	4				59
Within Target %	66.67%	66.67%	71.43%	75.00%	63.64%	85.71%	84.62%	75.00%	57.14%				76.62%
Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

A few examples of use of Mental Health Services in Peterborough

3.9.1 Referrals to the First Response Service – Community Crisis Support Services

Of the registered CCG Peterborough practice population 1.55% have accessed our crisis response service so far. This is lower compared to the rest of localities.

This is an increase from 0.75% access rate from the last report.

This increase is showing that the dedicated BME access workers operating specifically in the Peterborough area are having an impact on the crisis care access rates.

Locality	Count	Population (Practice)	Percentage
01 - Borderline	1556	110414	1.41%
02 - CamHealth Integrated Care	1313	88523	1.48%
03 - CATCH	3596	232910	1.54%
04 - Hunts Health	1263	70003	1.80%
05 - Hunts Care Partnership	1979	123338	1.60%
06 - Isle of Ely Health Consortium	1662	95996	1.73%
07 - Wisbech Practices	411	48424	0.85%
08 - Peterborough City	2246	144779	1.55%
Practice Unknown	623	-	-

Basic demographic profile of patients accessing Mental Health Crisis Care First Response Service in Peterborough

- Twice as many women as men access crisis care services.
- Significant majority of the people accessing the service are aged 18-64.
- Please note the November to January increase in calls to mental health crisis services.

This is in line with the service modelling due to:

- Higher prevalence of mental illness among women.
- The service started as an adults service, with access to children's services still being implemented.
- Winter months account for increased activity levels across the NHS.

Gender / Age	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Grand Total
Female	765	974	940	935	807	817	844	954	971	1054	189	9250
0-15	4	9	10	4	8	16	14	13	11	8	3	100
16-17	20	33	27	18	22	35	21	28	15	20	5	244
18-64	702	868	849	859	710	709	746	857	886	958	172	8316
65plus	39	64	54	54	67	57	63	56	59	68	9	590
Male	457	542	533	539	538	530	501	535	514	571	132	5392
0-15	6	10	12	8	6	14	10	13	8	18		105
16-17	12	13	12	5	14	5	17	15	11	18	3	125
18-64	401	467	457	487	471	473	434	459	458	497	117	4721
65plus	38	52	52	39	47	38	40	48	37	38	12	441
Unknown							2		2			4
18-64							2		2			4

Gender / Age	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Grand Total
Not Specified								1		2		3
18-64								1		2		3
Grand Total	122	151	147	147	134	134	134	149	148	162	321	1464
	2	6	3	4	5	7	7	0	7	7		9

3.9.2 Psychological Therapies

Number of people entering the treatment in 2017/18 to 6 February 2018

GP Area	Referrals/ Entering Treatment	
Cambridge	4734	42.61%
Fenland	1124	10.12%
Herts	349	3.14%
Huntingdon	2124	19.12%
Peterborough	2780	25.02%
Total	11,111	100.00%

Intensity of Treatment Breakdown

GP Area	Referrals into low (step2) and high (step3) intensity treatment				
	Step 2		Step 3		Total
Cambridge	4738	70.16%	2015	29.84%	6753
Fenland	1055	68.33%	489	31.67%	1544
Herts	366	65.47%	193	34.53%	559
Huntingdon	2086	69.65%	909	30.35%	2995
Peterborough	2358	69.39%	1040	30.61%	3398
Total	10603	69.53%	4646	30.47%	15249

Step 2 treatment is mild depression and anxiety, Step 3 is more moderate and some severe depression and anxiety that does not need specialist secondary care.

Referrals Source

People in Peterborough tend to utilise GP referral more than self-referral compared to other localities:

GP Area	GP	Self	Other
Cambridge	9.67%	82.33%	8.00%
Fenland	7.26%	81.48%	11.26%
Herts	13.47%	79.08%	7.45%
Huntingdon	11.08%	80.54%	8.38%
Peterborough	13.96%	73.20%	12.85%
Total	10.93%	79.42%	9.65%

3.10 SUMMARY

The implementation of the new service models is progressing well, although there remain many operational challenges ahead.

The CCG is working in full partnership with the local authorities' mental health and Public Health commissioning and other stakeholders, including voluntary sector organisations.

The local Mental Health and Learning Disability NHS service is on track to meet all the 2017/18 national performance targets, although maintaining quality and patients' experience remains a challenge in the current financial climate.

The focus of children's services is to ensure implementation of transformation plans and ensure that local performance targets are recovered.

The CCG and the local authorities, in addition to the national requirements, are implementing two significant services to support early intervention and holistic mental health care on the one hand, and a very proactive community based crisis care service on the other hand. These services are crucial for the local mental health sustainability.

4. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

4.1 Five Year Forward View for MH services:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Implementing the Five Year Forward View:

<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years (attached).

5. APPENDICES

Appendix 1 – Cambridgeshire Health Committee Report dated 16 January 2018