

MEETING: GOVERNING BODY MEETING IN PUBLIC

AGENDA ITEM: 2.2

DATE: 16 SEPTEMBER 2014

TITLE: FUTURE CCG COMMISSIONING INTENTIONS FOR SPECIALIST PERSONALITY DISORDER SERVICES

**FROM: DR EMMA TIFFIN
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FOR: APPROVAL

1. ISSUE

- 1.1 The Governing Body will be aware of a range of issues that have arisen during 2014 in relation to local specialist pathways for people with personality disorder. This paper seeks Governing Body endorsement for recommendations agreed by the Local Commissioning Group (LCG) GP Mental Health Leads and the Clinical and Management Executive Team (CMET) as to future CCG commissioning intentions for these services.

2. STRATEGIC AIMS/EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

- 2.1 This paper links to Strategic Aim 1 - Quality and Patient Safety
- 2.2 This paper also links to EDS Goal 2 – Improved Patient Access and Experience.

3. BACKGROUND, KEY POINTS AND RECOMMENDATIONS

- 3.1 There have been discussions locally since January 2013 between CCG/LCG GP mental health commissioning leads and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to review local community-based mental health services in order to provide them closer to primary care and improve links with GPs and community services. The most important requirement of the CCG as CPFT's main commissioner has consistently been that any new service model ensures equitable access to all commissioned services throughout the CCG area.
- 3.2 As part of these discussions, it was agreed in 2013 that there would continue to be a specialist service for people with personality disorders. The CCG consistently specified that the priorities for any new service model should be that:-

- it is equitable throughout the CCG area rather than just being largely Cambridge-based (as is the case at present) - i.e. it is based on patient need and not where a patient lives;
 - there would be a stronger focus on clinical interventions that are evidence-based as set out in the most recent NICE guidance.
- 3.3 While there had not been any detailed discussions with commissioners about the future service model, there was a shared understanding with CPFT that any alternative model should (as with all community services) be based on a time-limited treatment pathway in line with the evidence base and the “recovery” model of mental health care.
- 3.4 The CCG was notified in early March that a “sit-in” had been started at “Lifeworks” in Cambridge in response to a CPFT decision to close the service. “Lifeworks” was one of several services available for local people with personality disorder as part of a “Complex Cases” service. It offered a structured program of social and recreational activities, emphasising peer support. The service has recently only been available in Cambridge, and reliably run two days a week. In addition to Lifeworks, the Complex Cases service provided an open clinic between three and five times a week, which allowed service users to contact the service for a fifteen minute consultation if they felt in need of support or advice.
- 3.5 CPFT subsequently acknowledged that in retrospect the proposed closure should also have been formally discussed with current service users to gain their views. In response to concerns raised by the CCG, Cambridgeshire County Council Health Committee, Healthwatch, advocates and other organisations, CPFT agreed to set up a consultation process, working with the CCG, on the future options for local personality disorder services. A transitional support programme including access to crisis support was also established for the duration of the consultation period.
- 3.6 To end the sit-in CPFT agreed to form a Joint Proposal Project Group with the service users to develop an agreed model for future provision which would be submitted to commissioners for consideration, and to maintain the Lifeworks Service in Cambridge for 5 years.
- 3.7 The feedback from the consultation exercise was reviewed by the CCG mental health commissioning lead at a meeting on 31st July also attended by representatives of both Cambridgeshire and Peterborough Health Committees and Healthwatch Cambridgeshire. In summary, feedback from health and social care professionals who responded was strongly in support of the original proposal to establish an equitable and evidence-based CCG-wide specialist personality disorder service with the resources available. The majority of responses favoured the retention of “Lifeworks”, citing the lack of available support after discharge from the “specialist” service as their key issue. Most such responses were from the Cambridge area and there were very few responses from Peterborough and Fenland in particular.
- 3.8 CPFT have produced a consultation report (Appendix 1) and the main themes of the feedback to the consultation are;
- a. Need for lifelong support and stability. Concern about post-discharge support, access to crisis support and the role of GPs and other organisations.

- b. Need for social support interventions and opportunities to socialise
- c. Greater equity welcomed but is the offer sufficient to meet needs?
- d. Service users need to be treated as individuals. Offer seems rigid and too medically driven
- e. Consultation unsatisfactory and information not clear.
- f. Service user participation in service design.
- g. Review and evaluation of new pathway is required
- h. Concerns about the funding for mental health services, including but not exclusive to personality disorder services and the view that funding in mental health may create savings in the wider health economy.

3.9 Discussions about the service have been had with Local Commissioning Groups (usually at regular quarterly update meetings held with the mental health commissioning team). The consensus at these discussions has been that:-

- a. the CCG must commission a model that provides equitable access across all localities;
- b. the CCG cannot agree to “ring-fence” resources for any period to support any service that is not evidence-based or is only available in one locality.

3.10 The LCG GP Mental Health Leads have also discussed this issue at length and, in addition to endorsing the two key points above, made the following additional comments:-

- this group of patients consume significant resources elsewhere in the local health economy, it is likely that continued support post-discharge from specialist services would be a cost-effective intervention;
- the lack of post-discharge support is a recurrent theme highlighted by primary care as an issue across all mental health pathways and has already been identified as a priority to address during the forthcoming QIPP/Five Year Plan re-design process;
- it is possible that the voluntary sector would be able to provide some components of post-discharge support and this possibility should be fully explored as part of the QIPP/Five Year Plan re-design process.

3.11 The LCG GP Mental Health Leads and CMET have endorsed the following two **key recommendations** to be submitted to the CCG Governing Body:-

- a. the CCG priority must remain the redistribution of the available resource to provide equitable specialist personality disorder expertise in each locality. The original Commissioning Intention for an equitable and evidence-based CCG-wide specialist personality disorder service should therefore be implemented.
- b. to acknowledge that there are significant gaps in services supporting people recently discharged from specialist mental health services and that investment in these services is likely to be cost-effective. This is an issue common to all mental health pathways and should be a priority within the re-design process to deliver the CCG Five-Year Plan. It would not be sensible to commission any post-discharge support for personality disorder pathways in isolation. Therefore the work which is being developed by the Joint Proposal Project Group will form part of the 5 year plan as long as its proposals are:

- equitable and county wide as outlined above
- in line with National best practice
- meet the needs of local service users
- demonstrate potential to make savings in other areas of healthcare.

4. RISKS

4.1 The following key risks and mitigating actions have been identified by the mental health commissioning support team:-

- the redistribution of the available resource for specialist expertise in personality disorder may not provide sufficient capacity to meet the level of need for such specialist expertise CCG-wide. This is being mitigated by developing a “hub and spoke” model whereby staff delivering other community-based pathways are able to access this expertise when required;
- inability of providers to deliver an equitable CCG-wide service to the required specification within the available resource. In such a circumstance we would explore alternative options, possibly involving the voluntary sector, in order to make the best possible use of the available resources;
- the Five Year Plan re-design process may be unable to identify sufficient opportunities to release resources for post-discharge support whilst maintaining a safe and sustainable core mental health service. We will therefore seek as part of the planning process to identify the wider system savings to support this provision.

5. SUMMARY

5.1 Local specialist services for people with personality disorders have been recognised as important and discussed at length by the Local Commissioning Groups, LCG GP mental health leads network and CMET

5.2 The Governing Body is asked to endorse the two key recommendations of the LCG GP Leads as set out in 3.11 above.

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