HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
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BRIEFING UPDATE ON KEY CURRENT LOCAL MENTAL HEALTH WORK STREAMS

RECOMMENDATIONS	
FROM: Marek Zamborsky, Head of Adult Mental Health, Learning Disability Commissioning and Contracting, Cambridgeshire and Peterborough Clinical Commissioning Group	**Deadline date:** N/A
It is recommended that the Health Scrutiny Committee notes this update report on 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".	

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:-

- Main Mental Health (MH) strategic direction – the Joint MH Strategy for Cambridgeshire and Peterborough and collaborative working
- Main NHS deliverables for 2017/2018
- Mental Health Crisis Services and Suicide Prevention work
- Enhanced Mental Health Primary Care Services
- Psychological Therapies Services
- Analysis of MH services use in Peterborough

3.2 **The Joint MH Strategy for Cambridgeshire and Peterborough**

This report brings to the attention of the Committee the Sustainability and Transformation Partnership (STP) Mental Health Strategy Document "Working together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years". This brings together a number of existing Mental Health Strategies, and places them in the context of the Five Year Forward View for Mental Health. It has been discussed and endorsed by the Sustainability and Transformation Partnership (STP) Clinical Advisory Group, the Health and Care Executive, and the Peterborough Health and Wellbeing Board; and it will be considered by the Cambridgeshire HWB in due course.

The document incorporates key strategic aims in the commissioning of Mental Health Services including the development of an integrated primary care mental health service (PRISM); IAPT expansion and psychological input for Long Term Conditions, and the development of the First Response Service for mental health crisis. There is a strong emphasis throughout on sustainable commissioning, prevention and health promotion.

The full report is appended as Appendix 1 to this paper. It sets out a strategic approach under three headings:

- Prevention: promoting mental health and preventing mental illness.
- Community based care: developing an integrated approach to community based person centred care, focused on intervening early.
- Specialist care: timely acute, crisis and inpatient care when it's needed. Paying particular attention to admission and discharge processes, the management of interfaces between services and social services support.

3.3 **Collaborative Working**

The STP MH Strategy Group provides the opportunity for commissioners for children, young people and adults of all ages from Peterborough City Council (PCC), Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

- to meet with service user and carer representatives and Cambridgeshire and Peterborough Foundation Trust (CPFT) as the main mental health services provider
- to agree and progress priorities, 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 Peterborough and Cambridgeshire
- to interface with the STP work streams in which specific improvement areas for mental health services feature e.g. Urgent and Emergency Care, Primary Care and Peri-natal mental health care.

Work to develop a joint commissioning unit for mental health has been strengthened by the appointment of a Head of Mental Health for Peterborough and Cambridgeshire. The brief is to work with CAP CCG to align mental health commissioning and to explore the potential/benefits of establishing a joint commissioning unit. The outcomes benefit and options for establishing a joint commissioning unit are being developed. Papers will be taken through the internal governance processes of each organization when the scoping is complete. Timescales for this are to be confirmed.

In the meantime, A MH Joint Commissioning Group has been established involving key individuals from PCC, CCC and CAPCCG. Bi-monthly joint commissioning meetings have been scheduled.

All mental health services commissioned by PCC, CCC and CAPCCG have been mapped – service type, provider and investment. The next step is to analyse this across Cambridgeshire and Peterborough and to 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 2017/2018**

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 funding underpinning the delivery of the Five Year Forward View for Mental Health must not be used to supplant existing spend or balance reductions elsewhere. To this effect the CAPCCG and CPFT Chief Executive officers jointly signed the letter for the NHSE declaring that the local MH funding resources are allocated to the MH services as per national allocations for 2017/2019.

Mental Health Transformation Must Dos for 2017/2019:

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;

- 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;

- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;

- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;

- 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.

- Reduce suicide rates by 10% against the 2016/17 baseline.

- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

- Eliminate out of area placements for non-specialist acute care by 2020/21.

People with learning disabilities (these must do are for information only, and are out of scope of this paper).

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.

- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

3.5 Main Mental Health Projects

3.5.1 Crisis Prevention

A Delivery Manager was recruited for one year to support the work of the MH Crisis Concordat Group and started their role on 01.02.17. Significant work having been undertaken to improve the crisis and acute pathway within and at the front end of secondary services through the Vanguard First Response Service development.

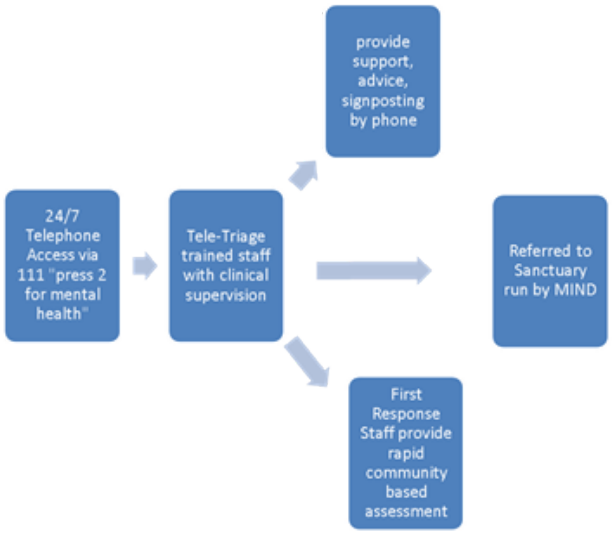
3.5.2 First Response Service for MH Crisis (FRS)

The FRS provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E – safe places in the community setting.

On 19 September 2016 the MH Crisis project moved to the last implementation stage. The Service expanded its remit to cover the whole of Cambridgeshire and Peterborough and opened to self-referral by patients via 111 telephone route.

To date FR has demonstrated that it can reduce A&E attendance and therefore provide savings for the urgent and emergency care system, as well as improve patient care and safety.

The model is live and operating. The FRS provides immediate telephone triage and support for mental health crisis. The service welcomes referrals from everyone in the CCG area of all ages, and is accessed through 111 and selecting option2 (which diverts directly to the service, avoiding the need to go through usual 111 triage pathway).



Impact so far:

- The service has demonstrated an immediate decline in the use of A&E for MH 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 numbers of MH patients **admitted** to Acute Hospitals from A&E

- Reduced ambulance call outs, assessments and conveyances to A&E for MH patients

- Reduced need for Out of Hours (OOH) GPs to see MH emergencies

- Impact on the urgent and emergency 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, GPs now have a service that they can refer people to which means a reduction in their time.

3.5.3 **Suicide Prevention**

The Suicide Prevention Strategy is being refreshed with completion in the autumn of 2017.

A key work stream within the refreshed strategy will be to seek support and sign up to a policy of Zero Suicide by organisations across Peterborough and Cambridgeshire. Work to progress this was initiated on 21.02.17. The initiative is based on East of England Region approach and support for this target. More work is needed to refine and state what the objective means – is it an approach to quality and continuous improvement and/or a target for all across the health and social care system.

The STOP suicide project commissioned from MIND is continuing.

3.6 Enhanced Mental Health Primary Care Services

The current GP interface with specialist mental health services is primarily through a single point of contact, the Advice and Referral Centre (ARC). Evidence suggests that approximately 10% of patients currently referred to the ARC will ultimately be taken on to a specialist secondary care mental health caseload. The ratio of assessment to acceptance for treatment is almost 3:1 and the significant number of assessments undertaken impacts on the clinical capacity of locality teams to provide direct care and support for service users.

A service model has been developed that will increase the presence of mental health specialists in primary care, promote early assessment, treatment and / or onward referral and be recovery-focused. The 'step-up' function of onward referral into secondary care mental health services will support service users in a timely way and service users will be supported to 'step-down' into primary care when a period of treatment in secondary care has been completed. This model has become known as Prism. Prism teams will work with GP surgeries as a primary-care facing mental health service supporting GPs across the CAPCCG area.

Prism benefits and design principles:
Prism is evidence-based, people- focused, based on need, capable, integrated and collaborative, accessible, outcomes-focused recovery-focused and community linked. Prism is intended to create capacity across primary and secondary care.

Proof of Concept:
On 15th August 2016 Proof of Concept Prism (PoC) was launched to test some of the principles and challenges of community mental health delivery within primary care.

Proof of Concept Prism contains one Band 6 Prism worker and a Band 3 Support Worker covering 5 GP Practices (6 surgeries) in the Huntingdon and Fenland area.

Between 15th August and Jan 30th 2017 300 people were referred to the PRISM service by GPs, the majority of whom were able to receive appropriate and timely interventions in a primary care setting including signposting, education and advice. Although some PoC surgeries also continued to make some referrals to ARC early indicators suggest that onward referrals to secondary care from PoC surgeries are significantly reduced.

Logistics of Implementation:
The Phase 1 roll-out of the full model underway now.

The second phase will include alignment of the voluntary sector portfolio across the CCG and the Local Authorities (including Public Health) to support Prism capacity. This phase will run throughout 2017/2018, going live on 01/04/2018. During this phase we will explore social care integration.

We envisage the full model be operating from 01/04/2018.

3.7 Psychological Therapies

The CCG MH Commissioning and Contracting Team secured £1.3m NHSE investment to expand the psychological therapies provision from 15% to 19% of the eligible population by 2018/2019.

Two thirds of this expansion will be in new 'Integrated Improving Access to Psychological Therapies (IAPT) services – providing psychological therapies integrated into physical health pathways

Delivering these new integrated services is critical to building care holistically around the needs of the person to improve their outcomes and support them to achieve wellbeing. This approach is also expected to release significant savings and efficiencies for the NHS, based on evidence which demonstrates reduced healthcare utilisation in, for example, A&E attendances, short stay admissions and prescribing costs. Identification and reinvestment of these savings will allow new services to become fully sustainable within 12 months.

The conditions for which there will be the greatest reduction in cost are those for which depression or anxiety co-morbidity leads to a 50-100% increase in physical healthcare costs. The strongest evidence is in diabetes, COPD, cardiovascular disease and for some people, chronic pain and medically unexplained symptoms.

It is expected that over the longer term, fewer complications will result in reduced demand across the pathway. In addition, expansion can further be supported by improvements in productivity of services (which varies significantly) including appropriate use of digitally-enabled therapy.

3.8 Children and Adolescent Mental Health Services (CAMHMS)

Background – Why this was a 2016/17 priority Our CAMHS Transformation Plan was refreshed and published in October 2016.	**Progress**	**Outcomes**
Autism Spectrum Disorder (ASD) /Attention Deficit Hyperactivity Disorder (ADHD) – reducing waiting times and developing a service for 11-18 year olds in Cambridgeshire,	Increased investment in ASD/ADHD capacity to reduce waiting times	Moved from 77% (July 16) to 89% (Feb 17) of Children waiting less than 18 weeks for ASD/ADHD assessment. New service spec and additional funding for 11-18 year olds

Background – Why this was a 2016/17 priority Our CAMHS Transformation Plan was refreshed and published in October 2016.	**Progress**	**Outcomes**
where previously there was a gap.		agreed for 1st April 2017. Redesigned pathway including investment in Parenting programmes
Eating Disorders – improve community based services for 0-18 year olds	Invest in new community based intensive treatment services, involving Cognitive Behaviour Therapy (CBT), Family Therapy and group sessions	Fully implemented in January 17 – Urgent cases seen within 1 week routine cases within 4 weeks
Crisis services – improve local provision and extend crisis support/assessment services into times of peak demand (evenings)	Additional investment made available to build on current provision.	New models developed, but recruitment a significant barrier to implementation, temporary solution in place, with CAMHS (agency) staff embedded in First Response Team to provide out of hours' assessments
17 year olds – Increase upper age limit of CAMHS to from 17th to 18th birthday as limited services available for 17 year olds	Background work undertaken to look at demand and current capacity for age group. Proposals developed to meet needs of this group	Costs of providing full CAMHS for 17 year olds, prohibitive. Agreement for 17/18 of increased investment into CAMHS to enable both CAMHS and Adult services to provide intervention dependant on clinical need
Early intervention – limited services available, agreement to build capacity in this area to enable cost effective intervention and reduce demand for specialist services	Develop plans and invest in prevention/early intervention services	Increased investment in Parenting Programmes Increased investment in Counselling services for 11-18 year olds, face to face and online (kooth.com) www.keep-your-head.com
Integration of Local Authority (LA) and CAPCCG commissioned services is a priority for service users and referrers who are face with complex set of arrangement which are difficult to navigate and a range of services that is not consistent across the CCG	Develop integrated services with both LA's to ensure, best use of resources and consistency of provision across CCG	Work underway to implement 'early help hubs' with LA's to form a single point of access for services and open up a wide range of provision to be offered to meet needs
Emotional Wellbeing workers – development of a new role to support work of non-specialist professional, providing consultation, information, training, support based on local needs	Development of locality based Emotional Health and Wellbeing Workers to support, schools, Primary care	Cambridgeshire Community Services (CCS) and CPFT to work in partnership to deliver service, with 7 leads based across patch. Recruitment was initially difficult, but revised model now developed which is likely to be more attractive to staff

3.9 Peterborough City Council – notable service use statistics

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

0.75% of the registered CAPCCG practice population accessed our crisis response service so far. This is lower compared to the rest of localities.

The CCG recognizes this and to this effect has an action plan in place to explore access barriers for the Peterborough patients.

Mitigations included:

- Clinical Service Lead works with the Peterborough team on regular basis (previously in Cambridge)
- Bespoke Black Asian Minority Ethnic (BAME) worker in Peterborough maps the access barriers to inform service modifications.

Locality	Count	Population (Practice)	Percentage
CamHealth Integrated Care	768	90290	0.85%
CATCH	2591	239316	1.08%
Greater Peterborough	1967	261426	0.75%
Hunts System	1517	195223	0.78%
Isle of Ely	837	97687	0.86%
Practice Unknown	125		-
Wisbech	216	49323	0.44%

Basic demographic profile of patients accessing First Response Service in Peterborough

Gender / Age	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Grand Total
F	**38**	**111**	**153**	**146**	**183**	**165**	**216**	**1013**
0-15		2	3	3	2	2		12
16-17		4	3	3	12	3	6	31
18-64	34	97	132	128	165	152	197	906
65plus	4	8	15	12	4	8	13	64
M	**28**	**118**	**118**	**96**	**212**	**188**	**194**	**954**
0-15			2			2	3	7
16-17		3	1	1	1	2		8
18-64	25	112	107	91	194	173	176	878
65plus	3	3	8	4	17	11	15	61
Grand Total	**66**	**229**	**271**	**242**	**395**	**353**	**410**	**1967**

3.9.2 **Psychological Therapies**

Number of People entering the treatment in 2016/2017

GP Area	Referrals/ Entering Treatment	
Cambridge	6753	44.28%
Fenland	1544	10.13%
Herts	559	3.67%
Huntingdon	2995	19.64%
Peterborough	3398	22.28%
Total	15249	100.00%

Intensity of Treatment Breakdown

	Referrals deemed as suitable for PWP/HIW at assessment				
GP Area	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

Referrals Source

GP Area	GP	Self	Other
Cambridge	22.18%	70.13%	7.69%
Fenland	28.04%	62.05%	9.91%
Herts	33.63%	55.64%	10.73%
Huntingdon	23.47%	68.45%	8.08%
Peterborough	28.43%	64.13%	7.45%
Total	24.84%	67.11%	8.05%

3.9.3 **Secondary MH Services for 2016/2017**

Inpatient/MH Hospital Stay

On average Peterborough patients use around 30% - 35% of the total inpatient activity, with the shorter stay than the rest of the CCG localities, against roughly 20% of the total CCG population count.

Inpatient Services	Peterborough Locality		Total CCG	
Acute Care - Assessment (3 Days)				
1. Admissions/Transfers		309		886
2. Discharges/Transfers		312		883
3. Bed Days		1251		4743
4. Avg Los		4.04		5.30
Acute Care - Treatment (3 Weeks)				
1. Admissions/Transfers		208		598
2. Discharges/Transfers		217		609
3. Bed Days		4040		12921
4. Avg Los		19.87		21.65
Acute Care - Recovery (3 Months)				
1. Admissions/Transfers		36		154
2. Discharges/Transfers		37		145
3. Bed Days		2562		10584
4. Avg Los		67.41		71.60
Personality Disorder				
2. Discharges/Transfers		1		2
3. Bed Days		305		3
4. Avg Los		452.00		781
PICU				
1. Admissions/Transfers		16		67
2. Discharges/Transfers		16		64
3. Bed Days		278		1286
4. Avg Los		15.68		22.65

Legend:

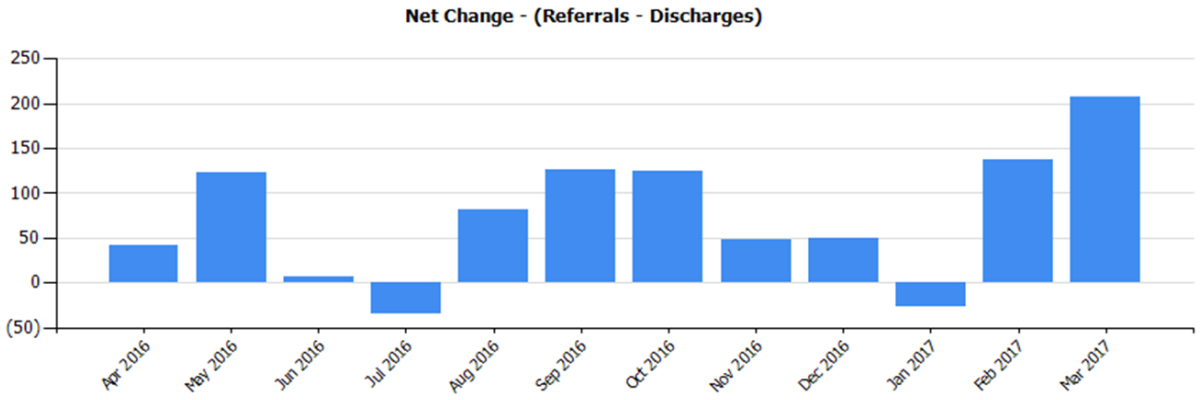
- AVG LOS = average length of stay (treatment of unit)
- FPE= full pathway episodes (from assessment to treatment and discharge)

3.9.4 Community Services

Similar trends as with inpatient services in terms of service utilisation.

Community Services	Peterbough Locality		Total CCG	
ADHD				
1. Referrals		29		189
2. FPE		101		408
3. AvgLOS		7338		6051
Affective Disorder				
1. Referrals		333		1388
2. FPE		681		1786
3. AvgLOS		5060		5400
ARC				
1. Referrals		5445		16559
2. FPE		2913		7776
3. AvgLOS		287		336
Assessment				
1. Referrals		1290		5081
2. FPE		844		3371
3. AvgLOS		580		750
CRHT				
1. Referrals		828		2714
2. FPE		827		2699
3. AvgLOS		72		65
Early Intervention				
1. Referrals		160		521
2. FPE		149		435
3. AvgLOS		1754		1653
Other				
1. Referrals		573		1255
2. FPE		475		1052
3. AvgLOS		1327		1390
Perinatal				
1. Referrals		44		208
2. FPE		43		155
3. AvgLOS		3824		2509
Personality Disorder				
1. Referrals		355		904
2. FPE		328		849
3. AvgLOS		2330		3262

Throughout 2016/2017 CPFT accepted more people into their service in Peterborough than were able to discharge. Some of the increase can be accounted by natural demographic increase, however NHS benchmarking data suggests that the CCG referral rate to CPFT is much more than the national averages.



3.10 SUMMARY

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

The CCG is unable to provide comparisons for expenditure per patient between Peterborough and the rest of Cambridgeshire as all of our commissioned contracts cover the whole CCG area and are therefore costed together.

The CCG is working in full partnership with the Local Authorities MH and Public Health commissioning and other wide stakeholders, including voluntary sector organisations.

The local Mental Health and Learning Disability NHS services met all the required 2016/2017 performance targets, although maintaining quality and patients' experience remains a challenge in the current financial climate.

Peterborough Patients utilize around 30-35% of the total CCG MH commissioned capacity against accounting for around 20% of the total CCG population count.

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

5.1 Appendix 1 Working together for mental health in Cambridgeshire and Peterborough
Appendix 2 Mental Health JSNA May 2017