

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

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Wards: All

Parishes Affected: All

1. Purpose and Reasons

- 1.1 The Mental Health Delivery Plan assesses the existing Swindon Clinical Commissioning Group (CCG) mental health plans against the Five Year Forward View delivery plan requirements.
- 1.2 Swindon CCG is also working with Bath and North East Somerset and Wiltshire CCGs as a Sustainability Transformation Partnership for mental health services.

2. Recommendations

The Board is recommended to:

- 2.1 Note and endorse the Swindon Clinical Commissioning Group Mental Health Delivery Plan for 2017 – 2019.

3. Detail

Extracts from the Five Year Forward View for Mental Health

7 day NHS – right care, right time, right quality

- 3.1 To develop care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions set out in this report. These standards should incorporate relevant physical health care interventions and the principles of co-produced care planning, balancing clinical and non-clinical outcomes (such as improved wellbeing and employment).

An integrated mental and physical health approach

- 3.2 Perinatal mental healthcare
- 3.3 Psychological therapies for people with long term physical conditions
- 3.4 Preventing poor physical health outcomes in people with mental illness
- 3.5 These national priorities then need to be considered against the Swindon Joint Strategic Needs Assessment (JSNA) recommendations which are contained in Appendix 1.
- 3.6 From a review of services against the Five Year Forward View for Mental Health document, some gaps were identified for Swindon as follows:

Further information on the subject of this report can be obtained from Sheila Baxter, 01793 683700, sheila.baxter@swindonccg.nhs.uk.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

3.6.1 Perinatal Mental Health

The following gaps exist:

- i. Access to specialist perinatal mental health care;
- ii. Commissioning of specialist perinatal mental health community services.

3.6.2 Adult Mental health: Improving Access to Psychological Therapies (IAPT)

No gap in service identified.

3.6.3 Suicide Prevention

The following actions have been identified across Bath and North East Somerset, Swindon and Wiltshire. These include:

- i. Improving the percentage of people receiving psychosocial assessment by mental health liaison teams following hospital attendance for self-harm.
- ii. Learning from in-depth analysis of self-harm attendances at hospital.
- iii. Responding to the recent Office for National Statistics (ONS) work on higher suicide risks in certain occupational groups, and learning from the good practice in Swindon's mindful employer work.
- iv. Sharing insights and good practice from work on gambling in Swindon.
- v. Making more proactive use of online tools and Apps for self-harm and suicide prevention.
- vi. Later this year (2017) we are expecting the publication of guidance from Public Health England (PHE) on the new Prevention Concordat programme. Once published, we will work towards ensuring we have an appropriate prevention plan in place

3.7 Current performance against a range of KPIs are as follows:

Description	National Target 2017/18	Swindon
Dementia Diagnosis Rate	66.70%	*64.3% (7/2017)
Delayed transfers of care	7.5%	**14% (5/2017)
Service users with annual review (Care Programme Approach)	95%	99% (5/2017)
IAPT Recovery	50%	49% (5/2017)
IAPT waiting times-6 weeks	75%	99% (5/2017)
IAPT waiting times- 18 weeks	95%	100% (5/2017)
Crisis – 4hr assessment wait	95%	100% (5/2017)
Referral to Treatment – early	50%	67% (5/2017)

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Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

intervention		
Waiting times for routine referrals to CYP Eating Disorder Services –within 4 weeks	95%	90.5% (2016/17)
Waiting times for routine referrals to CYP Eating Disorder Services –within 1 week	95%	100% (2016/17)

*The CCG has identified 116 people who are receiving dementia prescribed items, but are not yet diagnosed with dementia. This mainly relates to 3 practices, where follow up data checking is being undertaken.

**Delayed Transfers of Care (DToC) – weekly DToC meetings record and scrutinise delayed transfers to ensure progress and action to resolve. From October 2017 mental health DToCs are to be incorporated in the monthly Urgent Care and DToC Programme Board meeting, creating an opportunity to escalate particularly challenging delayed transfers.

Priorities and investment 2017/18 to 2018/19

3.8 Swindon CCG has invested funding to support the requirements of 'parity of esteem' which ensures that mental health services receive at least equivalent growth in funding as physical services. The Table at 3.9 identifies the priorities identified covering the period 2016/17 to 2017/18 and the schemes have been linked through to the Five Year Forward View for mental health services in sections 3.12 – 3.13 (existing commitments) and future developments from 2018/19 shown in 3.14 – 3.15.

3.9 Financials and Investments 2016/17 and 2017/18:

AWP Contributions	2016/17 £000	2017/18 £000
Main contract	13,673	13,825
Management charge	11	11
*Street triage	129	97
Section 12 (pass through)	74	74
MH ED nurse		90
Learning disability	350	350
**LD & Autism	*363	656
ADHD services (cost per case)	78	59
IAPT	834	1,614
NCA	24	
Safer staffing	85	100
CQUIN	376	387
Gross total	15,997	17,263

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Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

*Street Triage investment reduced in 2017/18 due to Wiltshire Police joining a tri-partite agreement with Swindon and Wiltshire CCG, proportionately reducing Swindon CCG's investment.

**LD and autism investment was part-year for 2016/17, full year in 2017/18.

Places of Safety (Section 136)

- 3.10 Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) has recently published a consultation outcome which include a decision (subject to AWP final board decision in September) to locate the Places of Safety suite (for people subject to Section 136 of the Mental Health Act from Swindon (Sandalwood Court site) to Devizes (Green Lane site).
- 3.11 Swindon CCG has raised a number of concerns around this outcome, and will ensure that any change to services in this area are carefully managed and evaluated through 2017/18 and 2018/19.

New service commitments 2017/18

- 3.12 7 day NHS – Right care, Right time, Right quality

3.12.1 Crisis Services

Street Triage is a real time responsive service located at Wiltshire Police Control Room that aims to offer specialist mental health intervention where police identify a potential mental health need or crisis in the community. Since implementation in September 2015 the service has had a significant impact upon the number of S136 occurrences, down from 6 or 7 per week to 1 or 2. This has reduced pressure on Place of Safety suites and also ensured more appropriate use of Section 136 of Mental Health Act, as demonstrated by a significant rise in conversion rates from Section 136 (Places of Safety) to Section 2 or 3 (detained in hospital for assessment and to receive treatment as required).

Based upon evidence of service impact, tri-partite funding between Wiltshire CCG, Swindon CCG and Wiltshire Police was agreed and the Street Triage service expanded to provide 24/7 cover from 1 July 2017. The expansion maximises the opportunity to avoid inappropriate use of services and ensure that individuals presenting with mental health needs get the right care at the right time. New KPIs (Key Performance Indicators) for the extended service are being developed.

To provide a more robust 24/7 Crisis Resolution and Home Treatment (CRHT) service Avon and Wiltshire Mental Health NHS Partnership Trust (AWP) have increased staffing numbers at night time (from one to two) and relocated staff to the Great Western Hospital (GWH) site near to the

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

Emergency Department (ED) to enable more effective intervention and collaborative working. CRHT services deliver 100% of referrals being seen within 4 hours, surpassing the national target of 95%.

3.12.2 Acute Liaison

Since April 2017 all mental health presentations at ED have been triaged, screened and assessed by a dedicated Registered Mental Nurse, located at the ED 'front door'. This service ensures timely specialist assessment of mental health needs, preventing unnecessary admissions to ED and signposting people with non-acute mental health needs to more appropriate services. Data shows that in July 2017 66% of people assessed by this service had either current or recent contact with mental health services.

This service is currently delivering 96% of referrals to assessments within 4 hours, surpassing the 95% national target. It is stretching to achieve 95% of referral to assessments within 1 hour in anticipation of a new target. Mental health admissions from ED to acute beds are showing a downward trend for the 3 months May-July 2017.

CQUIN 17/19 requires Mental Health and Acute Trusts to review the top 0.25% of all ED frequent attenders within the previous 12 months, identifying those people who would benefit from assessment, review, and care planning with specialist mental health staff and includes opportunistic assessment by mental health liaison clinicians. Q1 of this CQUIN has been achieved.

3.12.3 Trialling acute care models for 16-25s

Swindon CCG Children's and Adults Mental Health commissioners participate in a quarterly Strategic Mental Health Transitions Group which provides strategic direction for the transitions of young people from Children and Adolescent Mental Health Services from the age of 17.5 years to Adult Mental Health services, including acute services, up to the age of 25. The monthly multi-agency Transitions Panel has proven effective in implementing the agreed transition protocol and pathway.

3.13 Integrated mental and physical health approach

3.13.1 Perinatal mental healthcare

Swindon developed an Integrated Perinatal Mental Health Pathway in November 2016 to maximise commissioned services, upskilling the current workforce and providing clear expectations for referral and response times when specialist mental health assessment or intervention may be required.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

The multi-agency steering group continue to meet quarterly as a networking group, receiving feedback on the effectiveness of the pathway via case studies. The Pathway is due for review in November 2017. The networking group contributed to the Wave 2 Perinatal Mental Health funding bid for prospective Perinatal Mental Health service development.

3.13.2 Psychological therapies for people with long term physical conditions

IAPT and CCG successful bid in September 2016 to be an Early Implementer for integrated Long Term Conditions (LTCs), delivering Cognitive Behavioural Therapy (CBT)-based interventions to people with Chronic Obstructive Pulmonary Disease (COPD) and Cardiac Heart Disease (CHD), focussing upon the psychological management of the symptoms of their physical illness and lifestyle choices. The aim was to expand an established LTC service by increasing the number of referrals and integrated sites, thereby reducing use of primary care, allied care services, such as ambulance services and hospital admissions.

Although having a slow start, referrals have increased since commencement of the project. Recruitment of psychologists and recruitment and training of Psychological Wellbeing Practitioners (PWP) is progressing.

3.13.3 Preventing poor physical health outcomes in people with mental illness

Commissioning for Quality and Innovation (CQUINs) encourage service providers to continually improve the quality of care provided to patients and to achieve transparency. Commissioners reward excellence, linking a proportion of service providers' income to the achievement of goals.

Premature Mortality in People with Serious Mental Illness (PSMI) CQUIN has been retained from the 2016/17 scheme as this remains a priority. 2017/19 CQUIN retained the commitment to reduce the 15 to 20 year premature mortality in people with severe mental illness and improve their safety through improved assessment, treatment and communication between clinicians. Providers are required to ensure: (i) sustainable and high quality training programme are in place; (ii) training covers processes for assessing, documenting and acting on cardio metabolic risk factors and clear pathways for interventions and signposting; (iii) development of electronic care records is also required for collection of associated data.

Progress so far for Q1 indicates partial achievement for (i) and (ii) with (iii) not achieved.

Prospective Service Developments (2018/19)

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

3.14 7 day NHS – right care, right time, right quality

3.14.1 Early Intervention in Psychosis (EIP)

EIP service is a multidisciplinary community mental health service providing treatment and support to people experiencing or at high risk of developing psychosis for up to three years. EIP has a strong ethos of hope and whole-team commitment, enabling recovery through the individually tailored, evidence-based interventions and support to service users and their families /carers. Rapid access to effective treatment for a first episode psychosis is crucial to recovery.

National target is for more than 50% of people experiencing a first episode psychosis to be treated with a NICE (National Institute for Clinical Excellence) - approved care package within two weeks of referral is exceeded by Swindon EIP, who achieve 80%.

Referral numbers are steadily increasing and there are plans for expansion of the service to ensure achievement of targets is sustained and to enable increased ARMS (At Risk Mental State) work as per NHS England priorities, although a national target has not yet been identified for ARMS work. A business case will be proposed for an expansion of EIP and particularly ARMS work, together with dedicated Consultant Psychiatrist time, as per NHS England and CQC recommendations for approx. £140k.

3.14.2 Crisis services

Crisis Resolution & Home Treatment Team (CRHTT) currently delivers a 24/7 service, achieving 100% against national 4 hour target for 4 hour wait and 100% gatekeeping of in-patient admissions against a national target of 95%. This service alleviates the distress of individuals in crisis, pressure on acute in-patient mental health care and reducing out of area acute care.

From 2017/18 £400m is being released nationally CRHTTs to deliver 24/7 crisis resolution and intensive home treatment in communities and homes as a safe and effective alternative to inpatient hospital admission. There is ambition to maximise the opportunity to respond and home treat 24/7 as an alternative to admission. By 2020/21, CRHTTs in all areas should be delivering in line with best practice standards as described in the CORE (Crisis resolution team optimisation and relapse) fidelity criteria.

3.14.3 Acute Liaison

Liaison mental health services are specialist services providing mental health care in a physical health setting, supporting the work of clinicians

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

working in general health pathways, enabling EDs and wards in general hospitals to assess and manage mental health problems as they present or arise among people being cared for in the general health pathway. Current services meet the national target of 95% of referrals assessed within 4 hours.

In 2017/19 work will be ongoing to identify local needs and activity levels in working towards meeting the NHS England aim of every acute hospital having an all-age mental health liaison team and 50% of acute hospitals having meeting Core 24 standard by 2020/21.

3.14.4 Least restrictive acute care

Calming Cafés are a new innovation offering community-based intervention where people have a physical place they can go to, including out hours, to access help and advice for mental health issues. This allows people the opportunity to de-escalate in a calm and non-clinical environment. Successful pilots suggest that 33% of escalations have been avoided, along with 10% of ED admissions and a measurable reduction in mental health in-patient admissions. Visits to successful sites are being arranged to inform prospective commissioning plans.

Section 12 Approved doctors are an essential part of the process of assessing and detaining under the Mental Health Act 1983. Current arrangements are not subject to contract, providing unreliable response times which impact upon individuals and acute care pathways.

A contracted rota system is being worked up that will deliver a reliable and timely service that will also meet the new 24 hours target under Police and Crime Act 2017, due to be in place October 2017. AWP are developing a business case for CCG consideration. Additional costs for Swindon are estimated at minimum of £100k per annum, potentially from Q3 2017/18.

3.14.5 Secure care pathway

NHS England is leading a new programme which aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high-quality secondary care services. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- improve access to community support,
- prevent avoidable admissions,
- reduce the length of in-patient stays,
- and eliminate inappropriate out of area placements.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

AWP, along with other providers, are participating in a 12 month South West pilot, results yet to be released.

3.14.6 Suicide prevention

Overall suicide rates in England have increased, the rise is most marked amongst middle aged men and is the leading cause of death for men aged 15–49. Men are three times more likely than women to take their own lives. A quarter of people who took their own life had been in contact with a health professional in the last week before they died. Most were in contact within a month before their death. Swindon suicide rates are higher than the national average.

There is much multi-agency involvement in a number of initiatives across Swindon to address this and work towards the NHS England aim of a reduction of 10% in suicide rates by 2020/21. Initiatives include quarterly Suicide Prevention Group and Joint Wiltshire and Swindon Crisis Care Concordat which works to ensure parity of esteem response times between physical and health care. Reducing suicide rates will be further helped by access to effective and timely 24/7 mental health crises services, together with health and wellbeing support for recovery and Mental Health Prevention Concordat 2017.

3.15 An integrated mental and physical health approach

3.15.1 Perinatal Mental Health (PMH)

Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. If left untreated, it can have significant and long lasting effects on the woman and her family.

Swindon CCG are participating in a bid for NHS England Wave 2 non-recurrent funding from 2018/19 to develop perinatal mental health services in line with national recommendations to receive evidence-based treatment, closer to home, when needed, including the right range of specialist community and inpatient care. The national target is to increase the number of women accessing perinatal mental health services by 30,000 by 2020/21 – local data regarding numbers of perinatal women accessing mental health services has been collated. Submission date of mid-September 2017 has been paused by NHS England.

3.15.2 Psychological therapies for people with long term physical conditions

Improving Access to Psychological Therapies (IAPT) recovery rate is struggling to attain the national target of 50%. The Swindon localised

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

model delivers intervention for a large number of people who would be excluded from the national model which has impacted upon attaining 50% recovery rate. A relatively small recurrent investment would enable the service to continue working with this group of people and attain and sustain the 50% target. A business case is being developed by AWP.

3.15.3 Preventing poor physical health outcomes in people with mental illness

The Primary Care Liaison Service (PCLS) has made a significant improvement in access to mental health services since service re-design in 2015/16. The service provides a single point of access for referrals, achieving the national target of 95% of assessments within 6 weeks but also achieving a locally set target of 1 hour response time and offer of same day assessment.

To improve the original service specification, plans are progressing to enable PCLS to prescribe and initiate, where appropriate, mental health medication. To ensure that medication is prescribed safely and with physical checks in place, a small additional investment will be required to provide a resource to manage and carry out physical health checks according to recommendations. A business case from AWP is awaited to support a pilot.

4. Alternative Options

- 4.1 Swindon CCG has its own contract with AWP, and subject to contractual notice periods could undertake a procurement process in the future for an alternative mental health service provider.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 Table 3.8 sets out the financial investment for adult mental health services.
- 5.2 The financial commitments would have been approved as part of opening budget approval.

Legal and Human Rights Implications

- 5.3 Not applicable.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 These areas would be considered as part of a service change.

Adult Mental Health Delivery Plan 2017 - 2019

Health and Wellbeing Board

Date: 13th December 2017

Diversity Impact Assessment

- 5.5 These areas would be considered as part of a service change.

Risk Management

- 5.6 This is included within the CCGs Risk Registers.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 Five Year Forward View – Mental Health.
7.2 Swindon Joint Strategic Needs Assessment.
7.3 Contract with Avon and Wiltshire Mental Health Partnership NHS Trust.

8. Appendices

- 8.1 Appendix 1 - National priorities to be considered against the Swindon Joint Strategic Needs Assessment recommendations.