

## West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: <b>5 September 2017</b>		Agenda item: 15/2017	
Report title:		<b>Mental Health Work Programme update</b>	
Joint Committee sponsor:		Helen Hirst	
Clinical Lead:		TBC	
Author:		Emma Fraser, Programme Director	
Presenter:		Emma Fraser and Helen Hirst	
Purpose of report:			
Decision		Comment	<b>Y</b>
Assurance	<b>Y</b>		
Executive summary			
<p>The purpose of this paper is to provide the CCG Joint Committee with an update on the West Yorkshire &amp; Harrogate Health and Care Partnership Mental Health Programme, drawing out both strategic considerations and also commissioning aspects that are likely to require future decisions.</p> <p>The programme is now well established and has a clear aim and ambition. The relationship between the six place based plans and West Yorkshire and Harrogate is critical requiring each place to deliver a strong local offer for people with mental health needs. Supporting people in crisis as close to their own home as possible is the ultimate aim. We acknowledge that this may require a scaling up of local services to be available across West Yorkshire as well as bespoke services developed on a West Yorkshire footprint.</p> <p>As well as understanding and endorsing the objectives within each work programme the committee is invited to consider whether it would support a review of our current commissioning arrangements in order to strengthen them and improve our ability to deliver the benefits of the mental health work programme.</p>			
Recommendations and next steps			
<ul style="list-style-type: none"> <li>• Endorse the continued work of the programme and the collaborative approach to Mental Health in WY&amp;H.</li> <li>• Support the proposal to develop improved system oversight approach to Mental Health to further support improvements to services and delivery of Mental Health 5 Year Forward View.</li> <li>• Support the development of the NCMs for CAMHs &amp; Adult Eating Disorders specifically ensuring we make best use of the collective resources as a system to make service improvements.</li> <li>• Advise on the approach to be taken as to developing commissioning</li> </ul>			

**Delivering outcomes:**

The Mental Health Programme is framed within the ambition of developing a local service framework for mental health in WY&H; reducing local variation in the quality of services and providing a consistent pathway for patients.

Working in this way will ensure that our services provide the best value for money and release efficiencies through economies of scale which can be reinvested in Mental Health services as part of our commitment to the mental health investment standard.

As a system we have agreed a number of priority areas, mainly secondary care mental health services, where it makes sense to take a WY&H approach and do the work once. The majority of transformation and delivery of the 5YFV for mental health will be delivered in local place.

**Impact assessment**

Clinical outcomes:	See programme overview
Public involvement:	Place based engagement is evident in local plans (see engagement summary produced for the partnership). Service change linked with the programme will be coproduced with people. A full public involvement plan will be developed to support WY&H wide proposals.
Finance:	Each CCG with their mental health provider gave assurance earlier in the year that the Mental Health Investment standard was being met. Any additional investment required from the programme will form part of a business case for decision. There are no financial implications as a result of the recommendations in this paper. CCGs are aware of the likelihood that additional resources will be required to address unmet needs in respect of ASD/ADHD.
Risk:	There is a risk that each place does not make the changes required to reduce the variation in outcomes (particularly out of area placements) which compromises the plans being developed at a West Yorkshire level. There is a programme risk register overseen by the Mental Health Steering Group.
Conflicts of interest:	Conflicts of interest are currently managed effectively within the programme.

# West Yorkshire and Harrogate Joint Committee of CCGs

## Mental Health Programme Update

### 1. Introduction

The purpose of this paper is to provide the CCG Joint Committee with an update on the West Yorkshire & Harrogate Health and Care Partnership Mental Health Programme, drawing out both strategic considerations and also commissioning aspects that are likely to require future decisions.

### 2. Background & Overview

Mental health is both a national priority and a local priority. The mental health five year forward view clearly sets out the service transformation required and was as reaffirmed in the national Five Year Forward View Next Steps document.

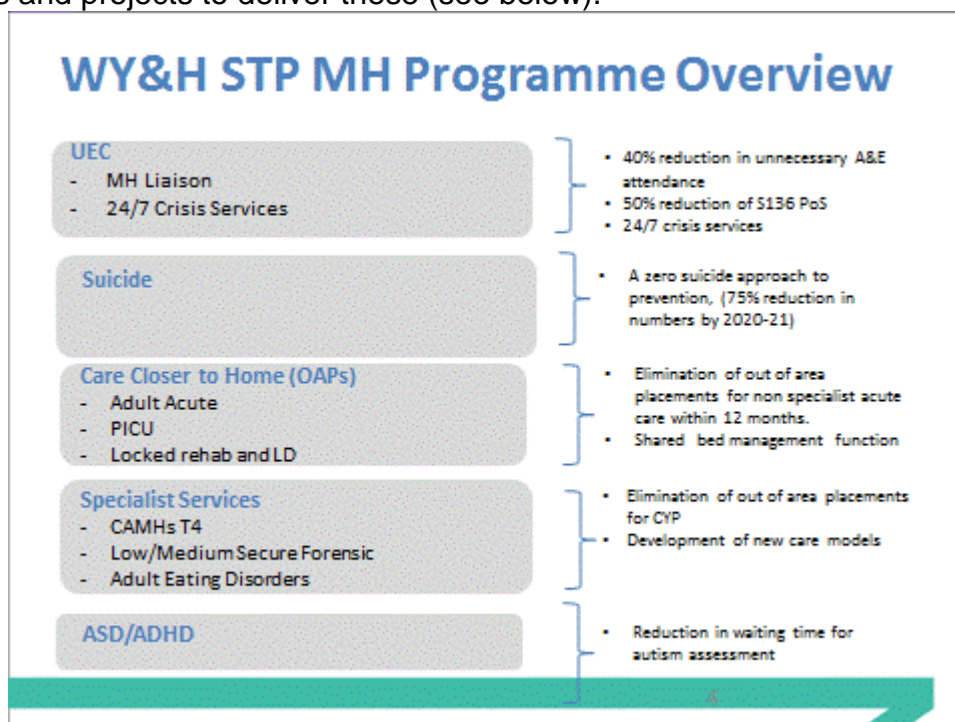
The Partnership has agreed to work at a WY&H level on mental health in order to share best practice, reduce variation and achieve better outcomes for the people of WY&H.

The Mental Health Programme is framed within the ambition of developing a local service framework for mental health in WY&H; reducing local variation in the quality of services and providing a consistent pathway for patients.

Working in this way will ensure that our services provide the best value for money and release efficiencies through economies of scale which can be reinvested in Mental Health services as part of our commitment to the mental health investment standard.

As a system we have agreed a number of priority areas, mainly secondary care mental health services, where it makes sense to take a WY&H approach and do the work once. The majority of transformation and delivery of the 5YFV for mental health will be delivered in local place.

The aims of the programme have been established along with a number of work streams and projects to deliver these (see below).



The Mental Health Trusts in West Yorkshire (Bradford District Care Foundation Trust, Leeds & York Partnership Foundation Trust, South West Yorkshire Partnership Foundation Trust and Leeds Community Healthcare NHS Trust) are committed to the development of standardised operating models that achieve benefits from collaborative working. Tees, Esk and Wear Valley Foundation Trust, the main provider of services to the Harrogate CCG population, also engages with the programme where it makes strategic and operational sense.

The interconnectivity between the WY&H programme and the 6 places is essential. The premise is that there is a local offer that is delivered consistently in each of the 6 places ensuring people are managed to prevent crises and, when someone is in crisis, ensure that that the offer to them is as local to that person as possible – hopefully in place but where necessary in West Yorkshire.

Reducing variation and supporting each other to ‘level up’ in place is critical. We know there is variation in quality and service offers across the patch and we have committed to understand this in more detail. Some of this variation will be warranted in line with local needs or reflect a different operating environment. Where it results in worse outcomes for people with no clear and accepted rationale then the programme regards this as unacceptable.

### **Recommendation**

*In order to be cohesive as a system it is proposed that we establish a clear performance framework that takes a strategic view of mental health service delivery in WY&H and ensures the partnership is making best use of its collective resources supporting both place based and WY&H delivery.*

*This will support the approach being taken by NHS England and NHS Improvement who are now looking more to STPs for delivery against national priorities. For example, we understand there will be a need to set STP trajectories for reducing out of area placements in the autumn.*

## **3. Update on Key Workstreams/Projects**

### **i) Urgent Care**

Develop and implement a blueprint for WY&H crisis services (as per the aspirations established as part of the UEC WY Vanguard). This will be developed with local partners including how we ensure we develop new creative solutions with the voluntary sector. This will build on established crisis care concordats.

The development will include a WY&H A&E Liaison service model that will extend mental health screening at the front door of ED departments across the region at the point of triage and presentation within ED. This scaled-up model of mental health liaison will involve hospital in-reach screening and training for hospital clinical staff. We were successful in receiving transformation funds to support this development of Core 24 A&E liaison team in Leeds, Calderdale & Huddersfield and Mid Yorkshire hospitals. Whilst this will be delivered locally and is part of wider UEC plans being developed by A&E Delivery Boards we will develop a WY&H business case to ensure a sustainable MH liaison.

**ii) Care Closer to Home (Out of Area Placements)**

We will take forward our committed to eradicating acute area placements in line with national direction. This has already been achieved in some parts of the region and we will capitalise on this by sharing the learning and best practice across the system. The principle of accessing a bed locally in place underpins the approach alongside the development of a shared approach to bed management ensuring all people can be treated in WY&H.

Managing people in recovery and rehabilitation (locked rehabilitation) units a long way from home has both quality of care and financial implications. We will develop a consistent case management approach and explore opportunities to bring people back closer to home. A similar approach is being taken for people with learning disabilities under the transforming care programme across a Yorkshire and Humber footprint and there may well be opportunities to collaborate further on this area of work.

**iii) New Care Models for - CAMHs T4 and Adult Eating Disorder Services**

The Partnership has recently been successful in becoming a national new care model site for tertiary mental health services. This means that secondary mental health providers will manage care budgets for tertiary mental health services (currently commissioned by NHS England Specialised Commissioning) under a central programme taking an 'accountable care system' approach to managing and redesigning care for the local population. The combined budget for the two services is c£12m. Leeds Community Healthcare NHS Trust will be the lead provider for CAMHs T4 and Leeds & York Partnership Foundation Trust will be the lead provider for Adult Eating Disorders.

This is an opportunity to develop high quality integrated services locally, in the least restrictive setting close to home, eliminating costly and avoidable out of area placements. Both business cases set out how the development of a new care model; increased community services (Tier 3.5) providing a standard level of service and outcomes, will reduce admissions and out of area placements.

The ongoing funding for these services is predicated on this reduction. There is more work to do to understand the level of financial risk and agreement on how we best manage this in the future.

**iv) ASD/ADHD**

Each local place/CCG is challenged by providing a timely service to people waiting for a diagnosis and assessment of autism/ADHD. The CCGs have agreed to collaborate on this area to develop a WY&H commissioning strategy based on a robust needs assessment and a specification for a diagnostic and assessment service. This work will also require providers to identify how they can collaborate to create improvements in current access times as well as delivery against the revised specification. It is only through collaborative efforts that we can mitigate some of the additional costs of meeting the increasing prevalence of ASD/ADHD.

## **Recommendation**

*That CCGs support the ambition of the new care models and the commitment to making best use of the collective resources to improve care across WY&H.*

### **4. Better Integration of Mental & Physical Health**

In addition to the specific improvements to mental health services being taken forward by the programme we can't lose sight of the wider system opportunities and benefits to people in WY&H by ensuring we support physical and mental health in a more integrated way. This is something that needs to be addressed by all place based and WY&H programmes.

We discussed the case for change and potential opportunities in WY&H of better integration at the last Healthy Futures leadership day and look to all the other programmes to consider how they will contribute to improving the health outcomes, care experience and life chances of people with mental health conditions and people with learning disabilities.

Specifically we are looking at Liaison Mental Health Services as mentioned above and, following discussion at a CCG collaborative meeting earlier in the year are scoping the opportunity relating to better management of medically unexplained symptoms.

### **5. Approach to Mental Health Commissioning**

The collaborative approach to MH transformation described above and supported through the ongoing development of the WY&H programmes is likely to require a different commissioning response in the future. MH providers have driven the programme of work thus far and commissioners need to develop a shared view on what the future commissioning arrangements for MH could look like and where there is benefit in a collaborative commissioning strategy alongside place based commissioning approaches. CCG resources (human) in mental health commissioning are often quite sparse when compared to the resources in physical health commissioning and there could be an opportunity to maximise our collective commissioning resource which would benefit the whole population.

## **Recommendation**

*That CCGs are invited to comment on the view that commissioning of mental health services would benefit from a review.*

### **6. Recommendations:**

The Joint CCG asked to:

- Endorse the continued work of the programme and the collaborative approach to Mental Health in WY&H.
- Support the proposal to develop improved system oversight approach to MH to further support improvements to services and delivery of MH 5YFV.
- Support the development of the NCMs for CAMHs& Adult Eating Disorders specifically ensuring we make best use of the collective resources as a system to make service improvements.
- Advise on the approach to be taken as to developing commissioning