

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 6 th March 2018	Agenda item: 44/18		
Report title:	Mental Health Programme Update		
Joint Committee sponsor:	Helen Hirst		
Clinical Lead:	TBC		
Author:	Emma Fraser (Programme Director)		
Presenter:	Helen Hirst and Emma Fraser		
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		
Executive summary			
<p>This paper is intended to draw out some key elements for CCGs and also provide an update on progress relating to the development of a WY&H commissioning approach to acute mental health services. It includes examples of how the developing partnership working is resulting in other opportunities for collaboration being explored.</p> <p>The Mental Health Programme continues to drive forward the agreed transformation areas across the system in line with the national improvements set out in the Mental Health Five Year Forward View.</p> <p>The WY&H Suicide Prevention strategy was officially launched in November 17 and partnership work is now underway to deliver against this.</p> <p>The mental health provider collaboration Memorandum of Understanding for the Committees in Common will be going to each trust board in March; this will ensure there is a shared approach to decision making by providers in relation to the programme. An engagement event was held in February with trust Non-Executive and Governors from all trusts. This provided an opportunity not only to ensure people understood the programme but also discuss how we continuously engage with local citizens using trust governors and public members to do this. This approach will form part of the wider communications and engagement strategy that is being developed to support the programme.</p>			

To support the work on the acute mental health pathway we recently welcomed an offer of support from the national programme team in the form of a workshop with representatives from another mental health trust who have successfully transformed their services and as such eliminated out of area placements. This was a good opportunity to share practice and formulate thinking for our own local work. They commented positively on the relationships between partners and the way we were working as a system. This will stand us in good stead for our collaborative work to improve acute mental health services by working to develop a common community offer to keep people as close to home as possible. This is the agreed focus for commissioners and is described in the body of the paper.

The partnership is also currently coordinating bids for national transformation funding to further develop Perinatal services further (building on the money that Bradford and Kirklees, Calderdale & Wakefield received in Wave 1) and also Individual Placement and Support Services (supporting people with mental health conditions into employment).

Recommendations and next steps

The Committee is asked to receive the paper and endorse the continued collaborative commissioning work to support the delivery of the mental health programme

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

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 (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	There are a number of outcomes set out as part of the programme including eliminating out of area placements as described in this paper.
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Public involvement:	A communications and engagement plan is being developed to ensure citizen engagement in all aspects of the programme.
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Finance:	There are no financial implications as a result of the recommendations in this paper. There is more work required as described in the paper to understand the financial plan for delivery of the mental health five year forward view and mental health investment standard.
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:	N/A. Conflicts of interest are currently managed effectively within the programme.

1. Introduction & Background

The purpose of the paper is to provide an update on the West Yorkshire & Harrogate (WY&H) commissioning development to support the provider collaboration on acute mental health services, following the discussion at the Committee's September 17 meeting. It also highlights other aspects of the mental health programme that are likely to require a strategic view and/or decision from the Committee going forward.

2. Acute Mental Health Pathway

At the September meeting we talked about the ongoing work of the mental health provider collaboration on acute mental health services and how they are working to share beds across the three trusts with an aim to produce more continuity and consistency for people accessing services than emergency out of area placements. The underpinning principle being that people should have access to care in WY&H as a minimum but preferably in their local place of residence.

The providers have since put in place operational policies to support this approach and are meeting weekly to monitor the impact and to share learning and approaches to improvement.

Through the WY&H mental health commissioner forum it has been established that there is little commissioning change needed at this stage. What has been determined as a key priority, however, is a joint review of the commissioning plans (and provider response) in each place in order to understand what is required to develop a common community offer across the region to ensure we care for people as close to home as possible and avoid unnecessary admissions. This fits with the commitment of each place ensuring it has the best local support available in their community to prevent mental health crises and when someone is in crisis that the offer is as local to that person as possible.

We know from the evidence and local examples that having effective crisis and intensive home treatment along with alternative new models e.g. safer spaces are critical to managing patient flow and improving care and experience by avoiding admissions (and therefore out of area placements) and reducing attendances at A&E etc. We currently have wide variation in this local community offer from a number of perspectives - resourcing, models of care, outcomes/outputs

Going forward work will need to be undertaken on the business case to support the development of a community offer that reduces variation in outcome and changes bed utilisation. Releasing investment from reduced inpatient use and out of area placements to enable reinvestment in community is a critical aspect of an effective and sustainable mental health system. We can then revisit the case for joint WY&H commissioning of acute beds when the 'playing field' is more even.

The STP is required to submit its trajectory for out of area placements by the 23 April. Work is underway to agree this and the common assumptions that underpin it aligned to the shared improvement work. This will need to be a credible and realistic trajectory that delivers a sustainable improvement. The programme will ensure that there is the required system sign off before submission.

3. Rehabilitation and People Placed Out of Area

There are a high number of service users placed out of area in 'Locked Rehabilitation' units. There are a range of agreements (mixed responsibility CCG or providers) for commissioning these beds depending on place.

Locked Rehabilitation is often the "go to" when people can't be managed through available services. The CQC recently outlined their concerns for the sector that some 'rehabilitation' wards are de-facto long stay wards and many patients could be cared for in less restrictive setting with a better quality of life.

A team across the partnership is working on understanding more about the opportunities and improvements that could be made by reviewing the clinical needs of people placed out of area and the financial cost to the local system. The team is exploring alternative models and will develop an options appraisal to support decision making. A proposal will come to the Joint Committee once completed.

4. CAMHs

The CAMHs Tier 4 New Care Model (NCM) will develop a revised pathway across West Yorkshire, the aim being to reduce the use of Tier 4 beds with more services being delivered in the community and closer to home. Any savings that arise from the new pathway will be invested in community mental health services for children and young people. The NCM will 'go live' from 1 April 18.

The CAMHS NCM presents a real opportunity to begin the transformation of CAMHS services across West Yorkshire. Together with the planned new CAMHS Inpatient Unit over the next few years people can expect to see investment in community CAMHS services, a reduction in unnecessary admissions, reduced lengths of stay, a significant reduction in the need for out of area admissions and the promotion of best practice ideas across the region.

The NCM is a two year pilot and presents a good opportunity in terms of improved services for patients. There is also considerable and growing enthusiasm for the opportunities the NCM approach facilitates in the local system including the longer term opportunity of bringing together all CAMHS commissioning and provision in a partnership. The development of a CAMHS partnership across West Yorkshire should be considered a strategic aim of the partnership going forward.

5. Mental Health Collaboration Opportunities across the Partnership

Partnership working is resulting in a number of other opportunities being explored and driving a more collaborative way of working across the system.

It is important to recognise that these fall outside of the programme but are being facilitated where possible.

a) Learning Disabilities

A workshop was held in January with members of the mental health programme and colleagues working on the Transforming Care Programme (TCP) across the region to discuss opportunities for the three TCP's to work more collaboratively on the programme's aims/ambitions and to ascertain any potential integration between the TCP and Mental Health programme (recognising that the TCP is time limited and will end March 2019).

Following the workshop it was agreed that there were two potential areas where collaboration could be beneficial and where further, more detailed discussion, was required. These were:

- Assessment and Treatment Unit (ATU) beds within each TCP area (ATU's provide urgent assessment and support in a secure setting for adults with a learning disability who are in a crisis situation due to their mental health and/or challenging behaviour).
- The establishment of effective community models to proactively support and respond to individuals with learning disabilities and/or autism, and their carers, to prevent admission to ATU's and to facilitate timely discharge following admission to a unit.

The governance for these two areas will also need to be worked through.

b) Adoption support fund & Centre of Excellence

The local authorities in West Yorkshire share a single adoption agency across the region. This is a relatively new innovation but increases capacity, choice, quality and efficiency in matching adoptive parents and children with a need for adoption. This has an obvious overlap with our health and care partnership geography. They have recently been successful in securing funding to develop as a centre for excellence and want to use this as an opportunity to bring together social care, health and education to improve outcomes for children and families. There is also an adoption support grant to local authorities to allow the structured commissioning of psychological / therapeutic support to adoptive families and again there are opportunities for the partnership to determine how this is used to best meet the needs of children and families.

c) Dementia

People working on improving service for people with dementia are keen to explore the opportunities of collaboration across the partnership. A workshop is being held on 1 March 18 supported by the Yorkshire and Humber Clinical Network.

6. Strategic Oversight of Mental Health in WY&H

One of the outcomes of the recent 'Check and Confirm' session for the mental health programme was an ask for the programme to work through how it could take on the system oversight function for mental health (similar to the Cancer Alliance) as the partnership moves to an Integrated Care System.

It is important we develop a collective understanding across the partnership regarding the system plan for delivery of the Mental Health Five Year Forward View service improvements. We also need to gain a better understanding of the extent of, and reasons for, variation between places in levels of investment in mental health services and approaches to meeting the mental health investment standard. This work will be taken forward in the first instance with CCG leads and the lead Chief Financial Officer for the mental health programme.

7. Commissioning Development

Within the context of the broader commissioning development work, the mental health commissioners are now working together to embed a WY&H approach within their routine, place based day jobs. The relationships between CCG based commissioners are developing and individuals are starting to explore leadership roles across the WY&H partnership.

Each area of the programme has a commissioning manager aligned and individuals are now actively taking forward pieces of work on behalf of the WY&H mental health commissioning community.

8. Recommendation

The Committee is asked to receive the paper and endorse the continued collaborative commissioning work to support the delivery of the mental health programme.