The Five Year Forward View and Commissioning Mental Health Services in 2015 and Beyond

Thames Valley

Strategic Clinical Networks

February 2015

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Commissioning Mental Health Services Beyond 2015

Rationale for this document

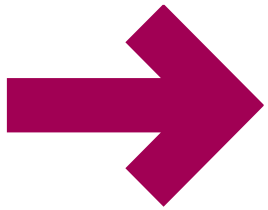
- In light of national uplifts to CCG budgets and an expectation to increase MH spend in 2015/16
- Raised focus on mental health and achieving real parity of esteem in the Five Year Forward View
- A need to raise the standard of children and young people mental health services in line with adult services

Aims of this document

- To support commissioners in their local decisions

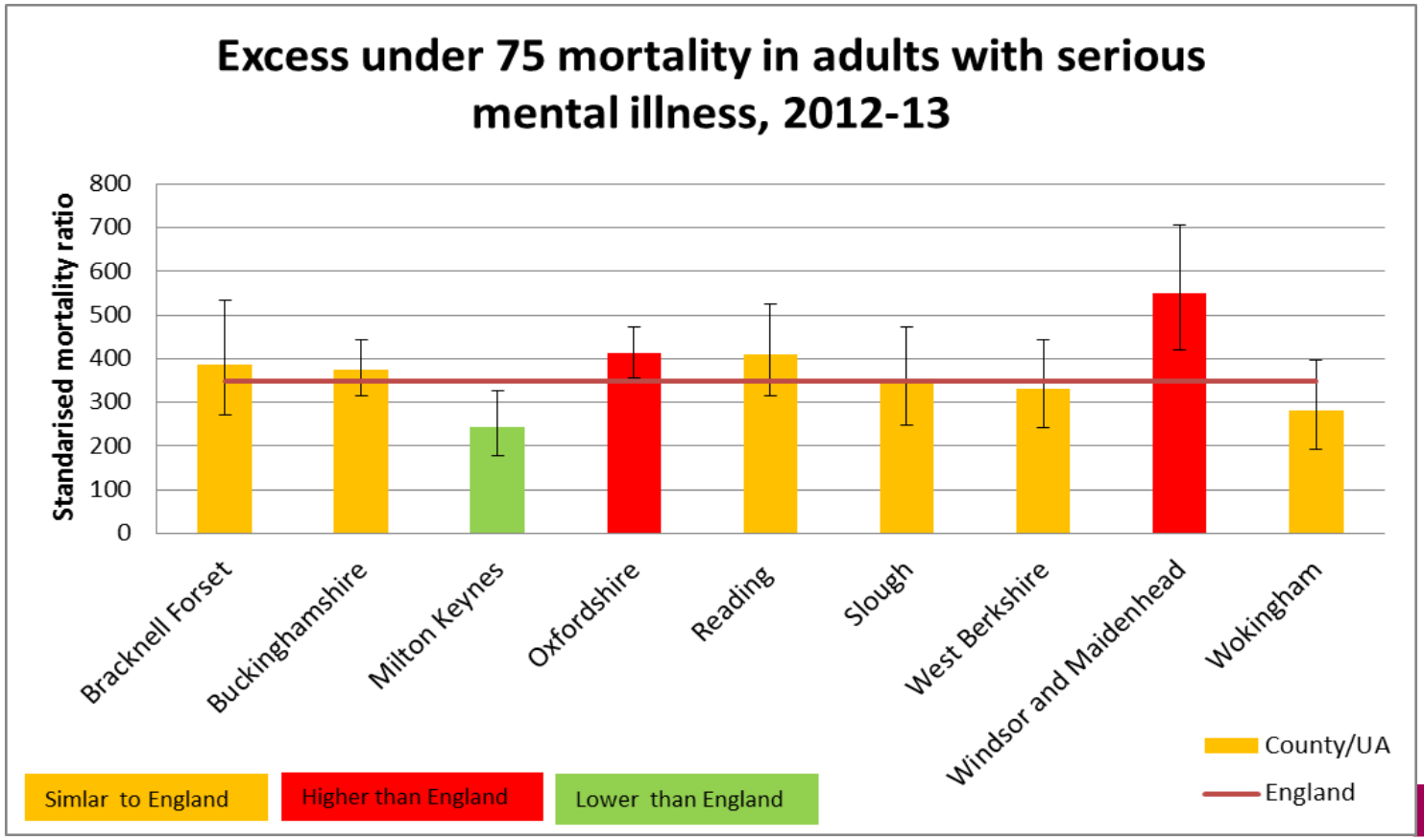
Intended audience

- CCG and local authority commissioners for mental health and children's mental health services and associated social care services



Excess Under 75 Mortality Rate (mental health)

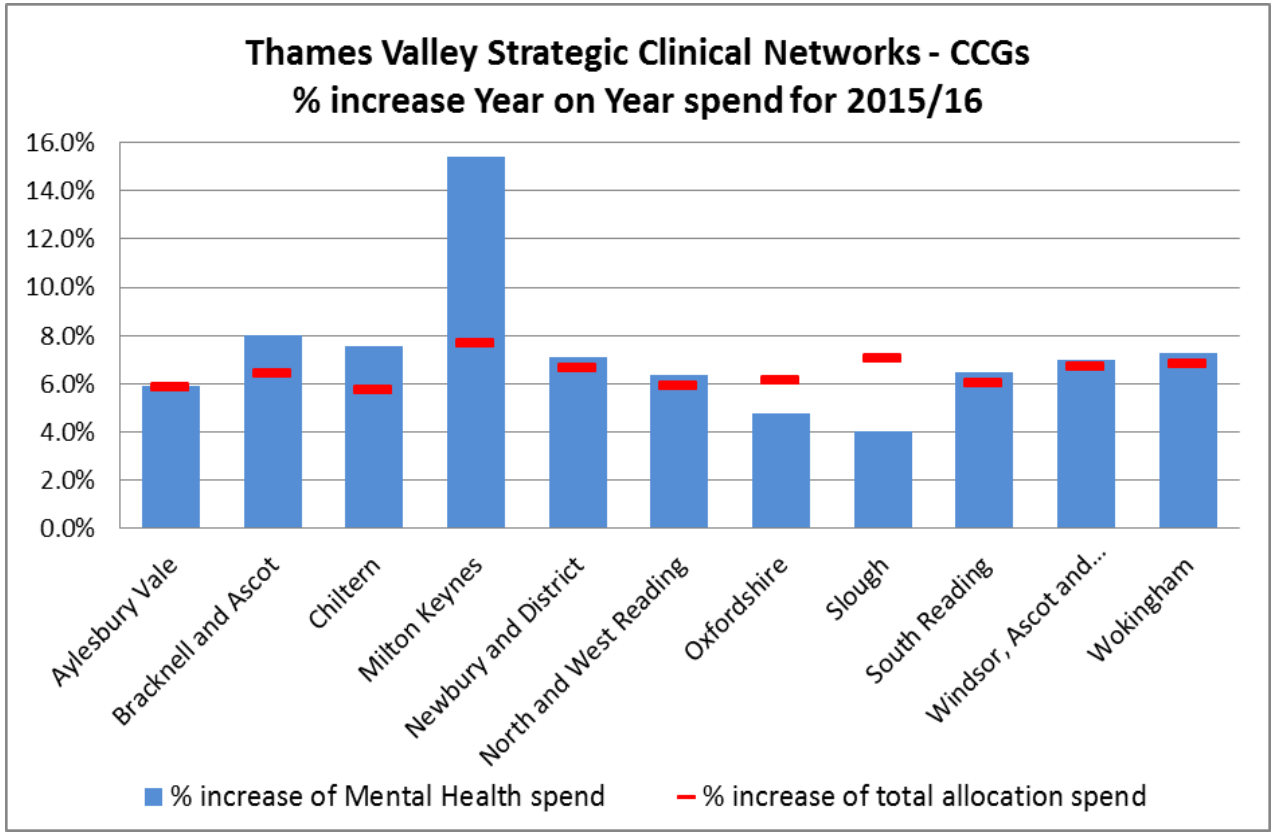
FYFV sets a clear ambition to achieve parity of esteem by 2020 "people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England."



Data source: NMHDNIN - Severe Mental illness Profiles

The Imperative to Increase Mental Health Spend

THE *FORWARD VIEW* INTO ACTION - PLANNING FOR 2015/16: We expect each CCG's spending on mental health services in 2015/16 to increase in real terms, and grow by at least as much as each CCG's allocation increase.



CCG's planned % increase of MH spend should therefore equal or exceed the % increase of total allocation

The Forward View Into Action also suggests how that additional spend might be targeted across mental health services

Data source: Thames Valley Area Team and Milton Keynes CCG - Finance

Five Year Forward View Priorities for Mental Health

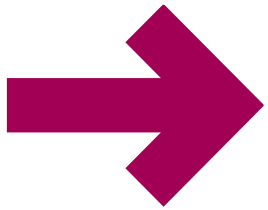
"Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem." FYFV

Inclusive of children, young people and adult mental health

- Parity of esteem by 2020
- Improving Access to Psychological Therapies (IAPT)
- Crisis Care Concordat
- Liaison psychiatry
- Maternity (perinatal mental health)
- Children and adolescent mental health services (CAMHS)
- Eating disorders
- Alcohol
- Dementia

Plus

- Prevention
- New access and waiting standards
- Choice and constitutional rights – CQC Website
- and the mental wellbeing of the NHS workforce



The Forward View Into Action: Planning for 2015/16

Achieving parity for mental health

- 4.13. introduction of access and waiting time standards to be fully implemented from April 16.
  - 50% of people experiencing a first episode of psychosis to receive treatment within 2 weeks. **£40m** additional funding available to support this nationally.
  - 75% of IAPT patients to be in treatment within 6 weeks and 95% within 18 weeks. **£10m** additional funding to support this nationally
  - **£30m** targeted investment in 2015/16 to support liaison psychiatry. Need to agree SDIPS to ensure "appropriate levels of liaison psychiatry in acute settings"
- 4.19 NHSE to coordinate programme to spend **£30m** already announced in Autumn statement to establish community based specialist teams for CYP with eating disorders

NHS England waiting time standards guidance published 12 February:

MH Resilience Funds Awarded November 2014

NHS England

The recent MH resilience funds made available over £1.8M across Thames Valley projects

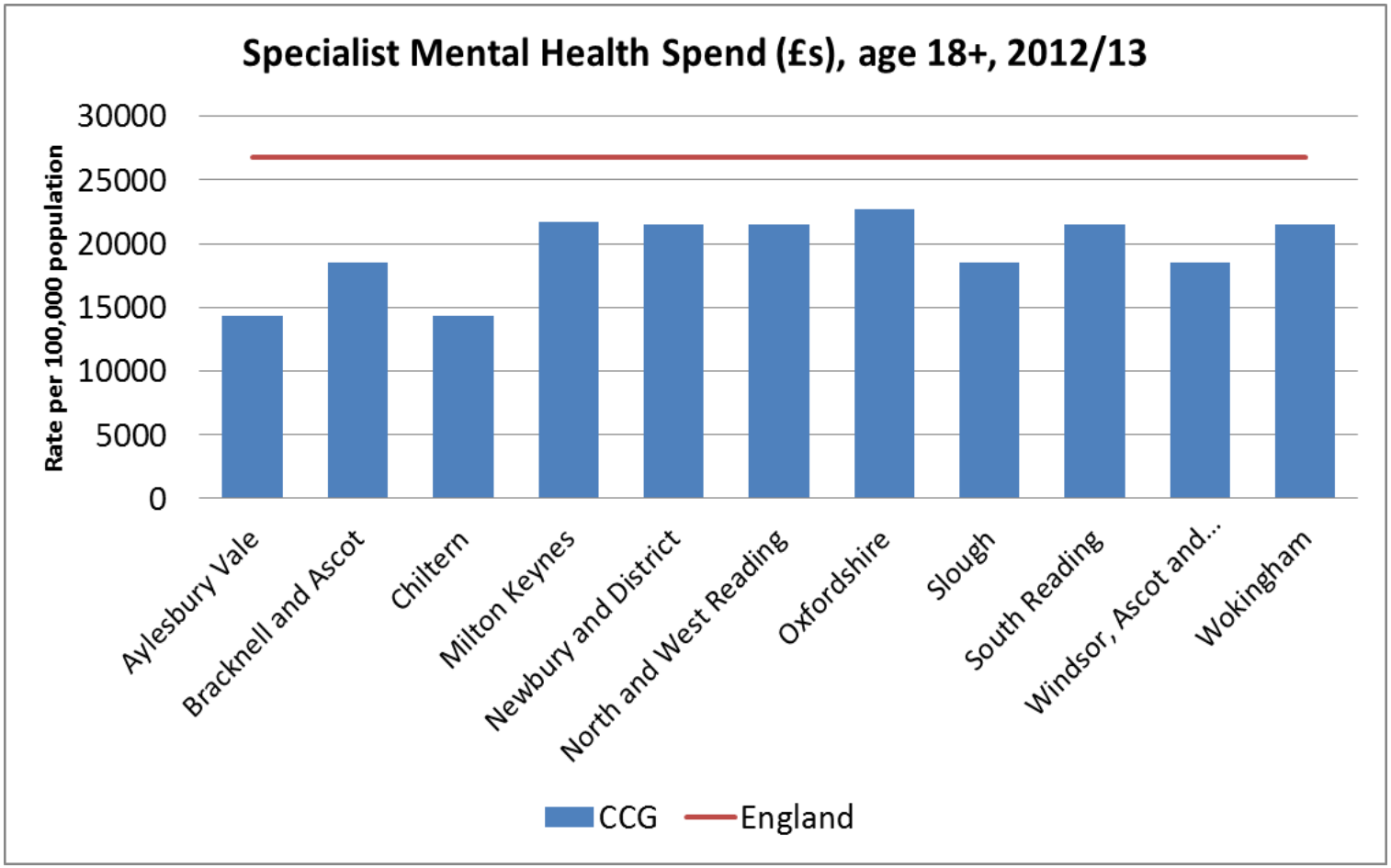
SRG/ CCG	Scheme	Budget Allocation	Duration
Buckinghamshire	Street Triage	411,427	Full year effect
Buckinghamshire	Psychiatric In reach Liaison Service (PIRLS) - Expansion to 24hrs	205,714	Full year effect
Oxfordshire	Enhancing the Emergency Department Psychiatric Service (EDPS)	249,998	12 months
Oxfordshire and Buckinghamshire	Ambulance Triage	195,918	12 months
Berkshire West	Creating capacity in Crisis Resolution and Home Treatment Team (CRHTT)	81,160	5 months
Berkshire West	Early Intervention in psychosis Rapid Access for Assessment	58,198	5 months
Berkshire West	A&E self-harm	211,902	5 months
Berkshire East	A&E self-harm	211,902	5 months
Berkshire East	Creating capacity in Crisis Resolution and Home Treatment Team (CRHTT)	61,396	5 months
Berkshire East	Early Intervention in psychosis Rapid Access for Assessment	49,637	5 months
Berkshire East	Psychological Medicines Service (adolescents)	99,492	5 months

CCG Mental Health Spend – 2014/15

Area Names	Populations (ONS mid 2013)			Spend FOT 2014/15 £000's	£ Spend per head (all ages)
	All Ages	Age 0-17	Age 18+		
NHS Aylesbury Vale	199,461	45,405	154,056	17,123	85.85
NHS Bracknell and Ascot	134,359	31,874	102,485	12,762	94.98
NHS Chiltern	319,442	73,137	246,305	23,144	72.45
NHS Milton Keynes	261,357	65,262	196,095	22,149	84.75
NHS Newbury and District	105,712	24,358	81,354	12,494	118.19
NHS North & West Reading	99,907	23,195	76,712	12,142	121.53
NHS Oxfordshire	652,323	137,206	515,117	62,911	96.44
NHS Slough	143,024	39,014	104,010	15,566	108.83
NHS South Reading	109,020	23,251	85,769	13,944	127.90
NHS Windsor, Ascot and Maidenhead	139,865	30,166	109,699	14,106	100.85
NHS Wokingham	157,866	36,497	121,369	15,662	99.21
Thames Valley SCN	2,322,336	529,365	1,792,971	222,003	95.59

Data source: Thames Valley Area Team and Milton Keynes CCG - Finance

Specialist Mental Health Spend 2012/13



Data source: NMHDNIN – Community Mental Health Profiles, Programme Budgeting mapped from PCT

Social Care Spend 2013/14

Adults aged under 65 with mental health needs

UA / County	Population projections Year 2013: Age 19-64	Net Total Cost 2013-14 (£ thousand)	Costs per head
Bracknell Forest UA	72,820	£ 2,225	£ 30.55
Reading UA	101,839	£ 4,609	£ 45.26
Slough UA	90,915	£ 2,944	£ 32.38
West Berkshire UA	92,673	£ 2,155	£ 23.25
Windsor and Maidenhead UA	86,531	£ 2,882	£ 33.31
Wokingham UA	96,576	£ 3,236	£ 33.51
Milton Keynes UA	158,937	£ 3,339	£ 21.01
Buckinghamshire	298,502	£ 6,629	£ 22.21
Oxfordshire	401,695	£ 8,424	£ 20.97
England	**32,576,427**	**£ 1,066,107**	**£ 32.73**

Data source:
The financial data is Revenue Outturn (RG) Specific and Special Revenue Grants: 2013-14 data
The population data is Interim 2011-based Subnational Population Projections

SCN Priority Recommendations

To achieve the aspirations of the FYFV, the SCN recommends a number of areas which CCGs and providers are able to influence.

First and foremost:

- To maintain the stability of core services
- To build on the excellent improvements to MH provisions in recent years

To further build:

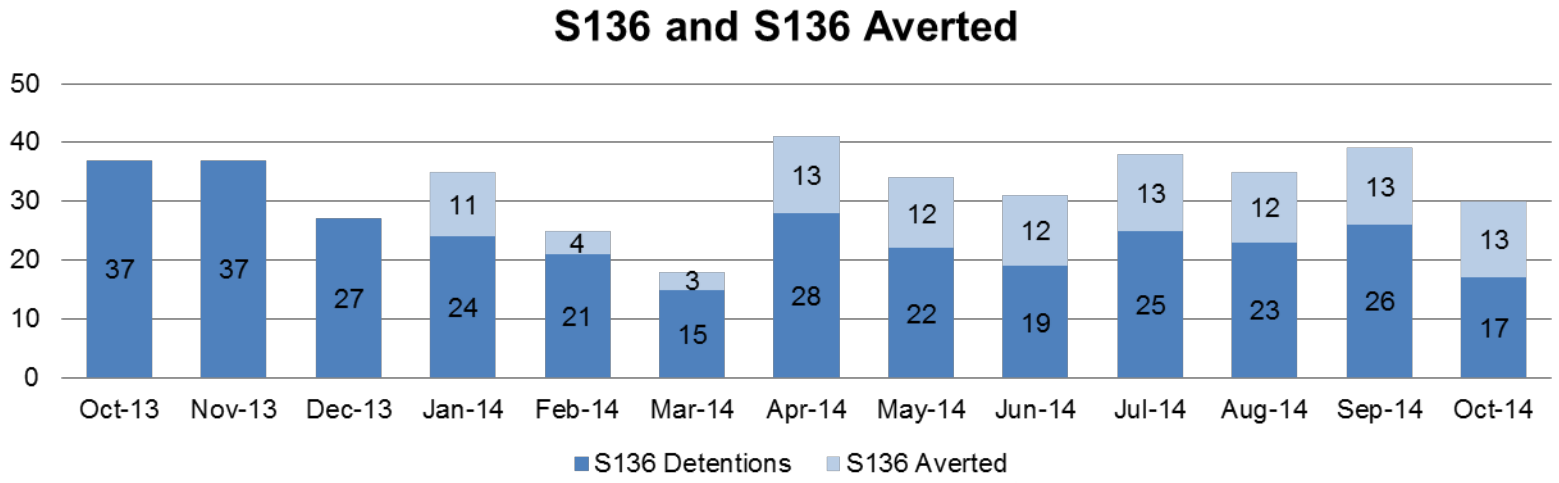
- System Integration: health system and public service sector
- Self Management: promotion and enabling
- Improving mental health services in Primary Care
- Children and adolescent mental health services – joint strategy local authority/CCG
- Perinatal mental health services

System Integration

- Developing real and effective service integration, particularly with social care
- Implementing whole-system changes which encourage wider partnership working across both organisations and sectors:
  - Refining and embedding the evidence for **street triage** (slide 13)
  - Creating new evidence for models of care such as **liaison psychiatry** by varying scale and impact to best effect (slide 14-15)
  - Introducing **mental health clinicians in A&E** to improve immediate care and target a longer-term reduction in repeat attenders
- Supporting new projects enabled by the **MH Resilience monies** (slide 7)
  - Fully evaluating their impact, exploring scalability options, reaping the benefits, demonstrating patient outcomes, and embedding system change/reforms
- Integrated professionals and **harnessing multi-disciplinary expertise** i.e. greater integration with pharmacists and medicines optimisation
- Using to collaborative implementation and subsequent effect of whole system approaches such as the **Crisis Care Concordat**
- **Early intervention services** to be exemplars for the holistic management of patient health and social care needs and recovery
- Real and seamless integration of **technologies** between systems of care

System Integration – Street Triage

S136 Detentions have been falling due to the Street Triage team's ability to make informed decisions and find alternative pathways



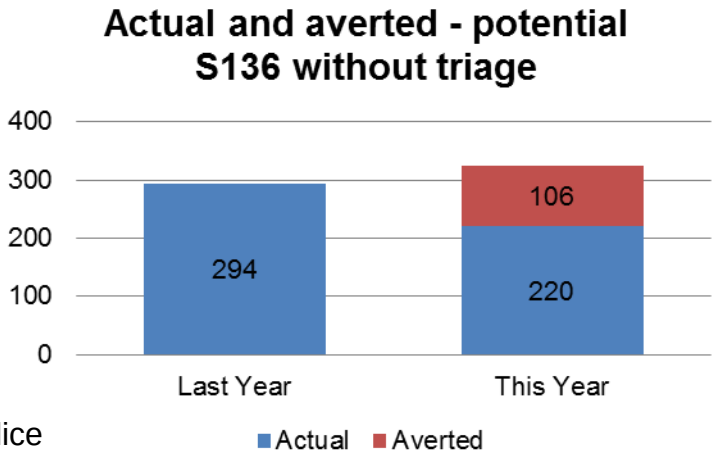
During the 10 months of the Pilot there have been 220 Detentions made

Had Oxfordshire not had the benefit of Street Triage this would have been 336 (as 106 were considered averted)

With Triage there has been a 25% decrease in S136 detentions

Without Triage this would have been a 10% increase

Far fewer S136 detentions were averted in Feb/Mar when the MHP was not accompanied



Source: Thames Valley Police

System Integration - Liaison Psychiatry

- No Health Without Mental Health - 25% of those admitted to hospital with a physical condition also have a mental health condition
- 80% of all hospital bed days are occupied by people with co-morbid physical and mental health problems (Royal College of Psychiatrists, 2013).
- Encourage Trusts to create more variety in evidence models, core through to comprehensive
- Liaison pathway to also include home setting: care and self management;
  - http://mentalhealthpartnerships.com/wp-content/uploads/sites/3/3-developing-models-for-liaison-psychiatry-services.pdf
- For the patient, Liaison Psychiatry positively supports and improves care for dementia, alcohol and drug misuse, depression, self harm, and psychosis
- It can also reduce length of stay, increase diversion at A&E, increase rates of discharge at MAU and from wards, reduce rates of re-admissions, promote independence and improve rates of discharge to own homes

Liaison Psychiatry – Models of Delivery and their Effectiveness and Return on Investment

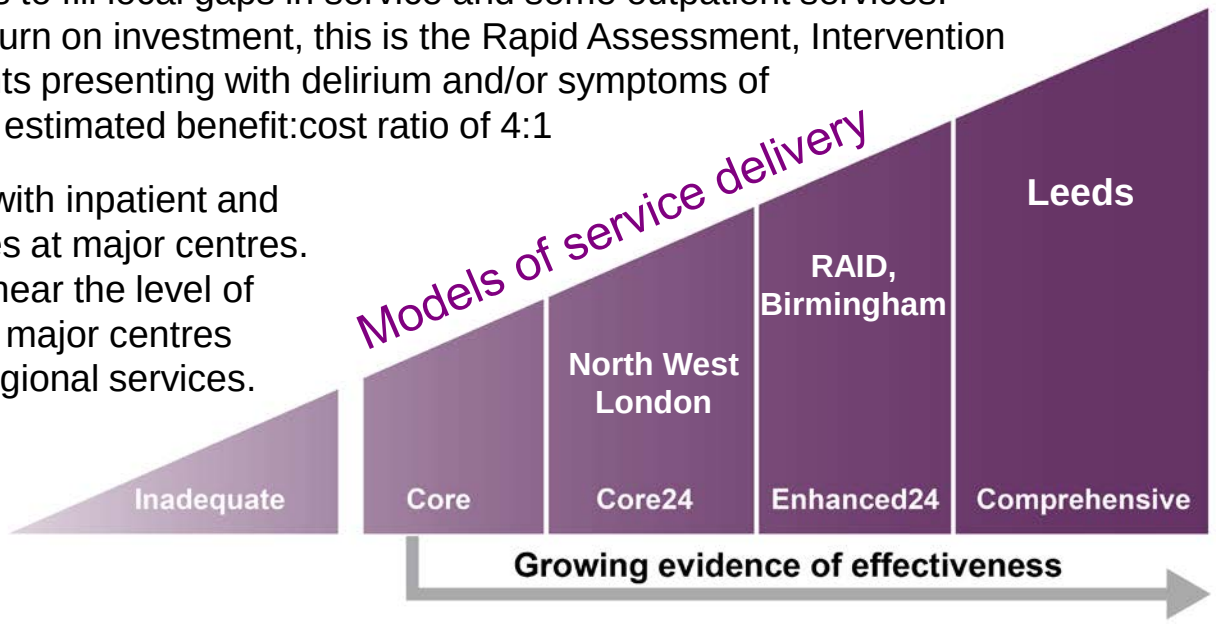
The sporadic and unplanned growth of liaison psychiatry services …means that in many places rudimentary liaison psychiatry services exist. Whilst they employ some service elements that other models have indicated would produce quality and cost effectiveness, it is suggested that they are at a level for which there is no evidence of likely return on investment.

1. **Core** working or extended hours only. Provided there is no … 24 hour demand, these services should be expected to return on investment but at a lower level.

2. **Core24** twenty-four hours, seven days a week. There is evidence that this service model, applied where there is 24 hour demand for services, will return on investment at or near the level of RAID.

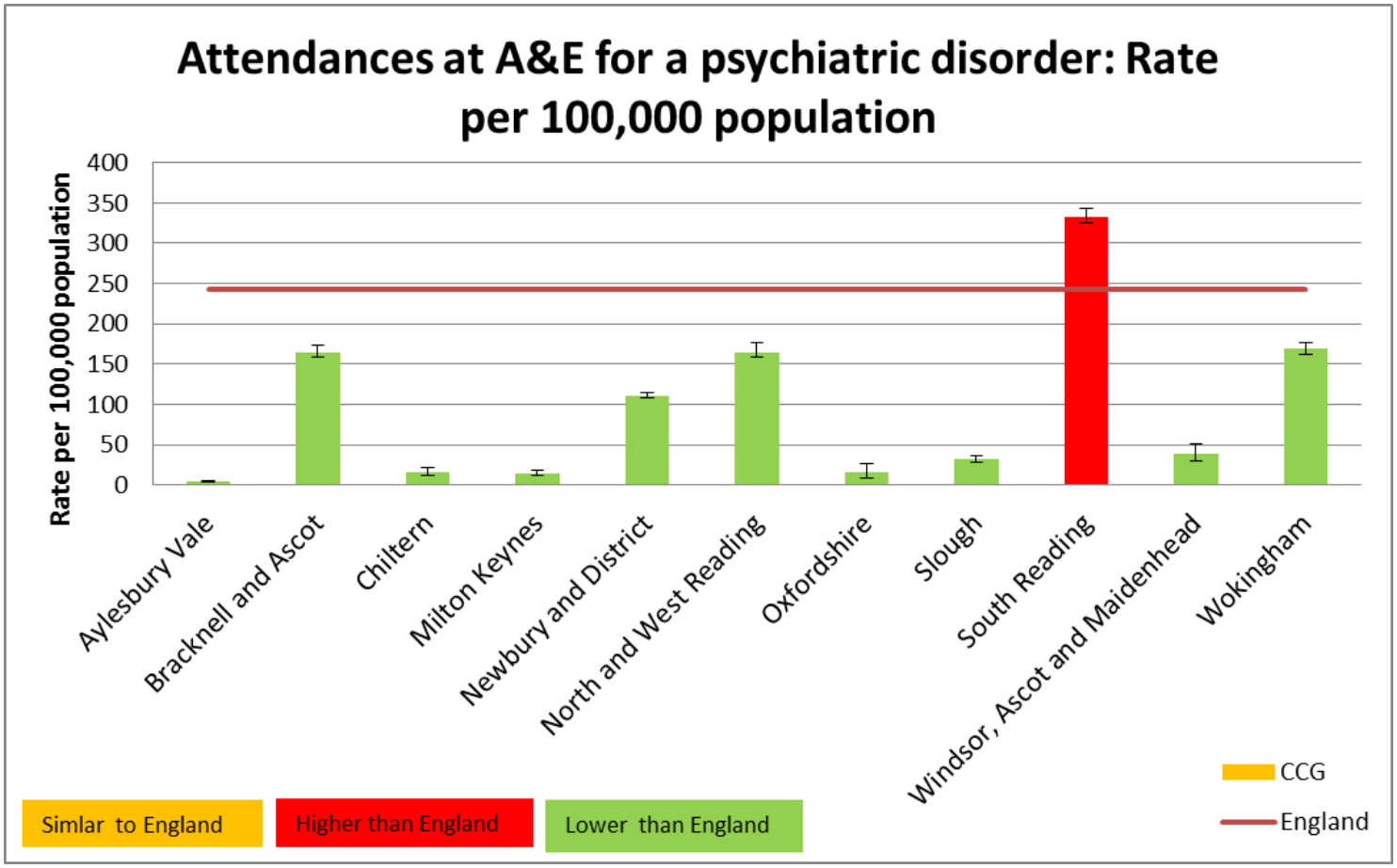
3. **Enhanced24** with extensions to fill local gaps in service and some outpatient services. Clear published evidence of return on investment, this is the Rapid Assessment, Intervention and Discharge model for patients presenting with delirium and/or symptoms of dementia (RAID). RAID has an estimated benefit:cost ratio of 4:1

4. **Comprehensive** enhanced with inpatient and outpatient services to specialties at major centres. Will return on investment at or near the level of RAID. Key elements are based major centres providing regional and supra-regional services.



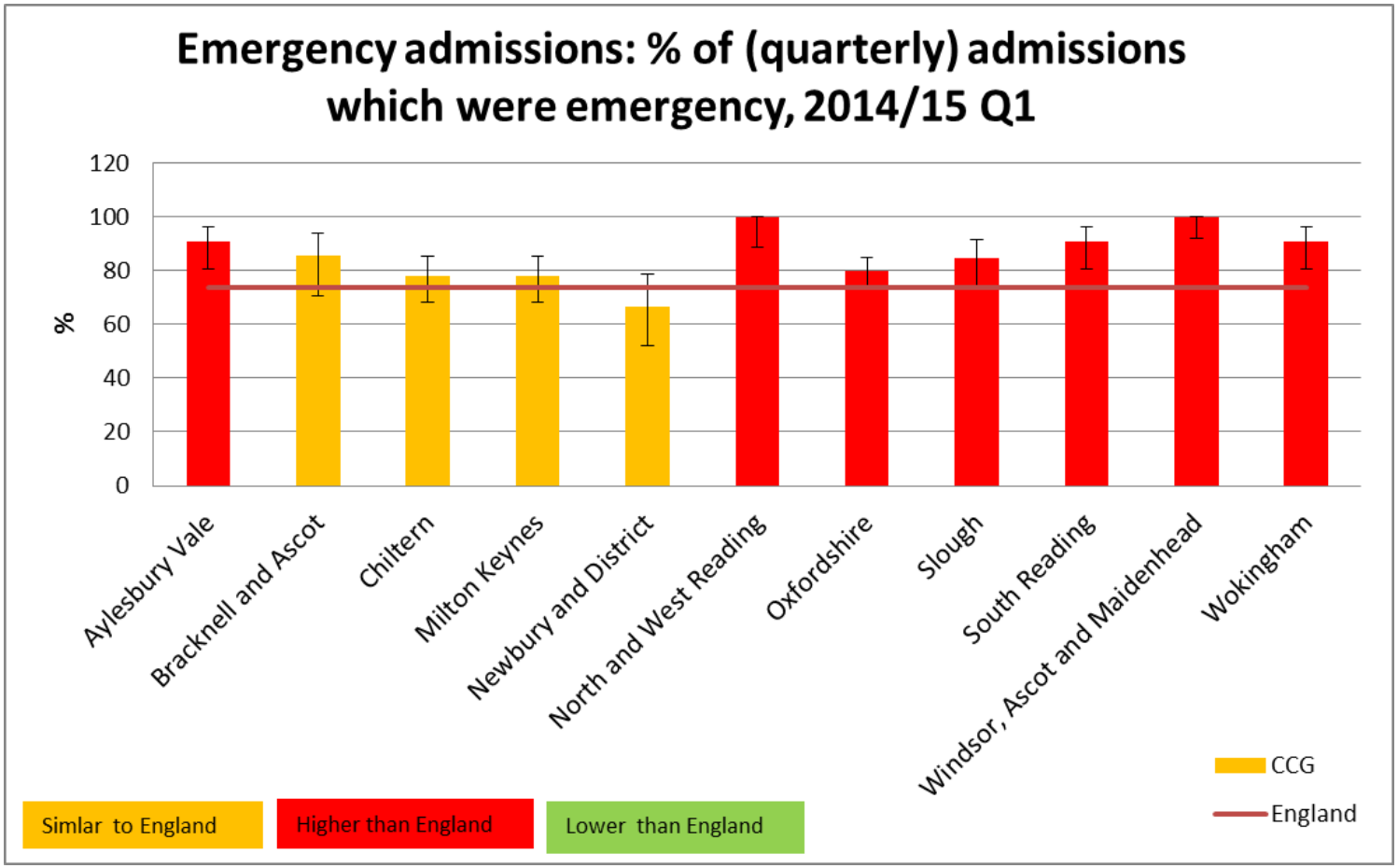
Source: Developing Models for Liaison Psychiatry Services – Guidance; Dr Peter Aitken, Dr Sarah Robens, Tobit Emmens; South West SCN

A&E Mental Health Attendances



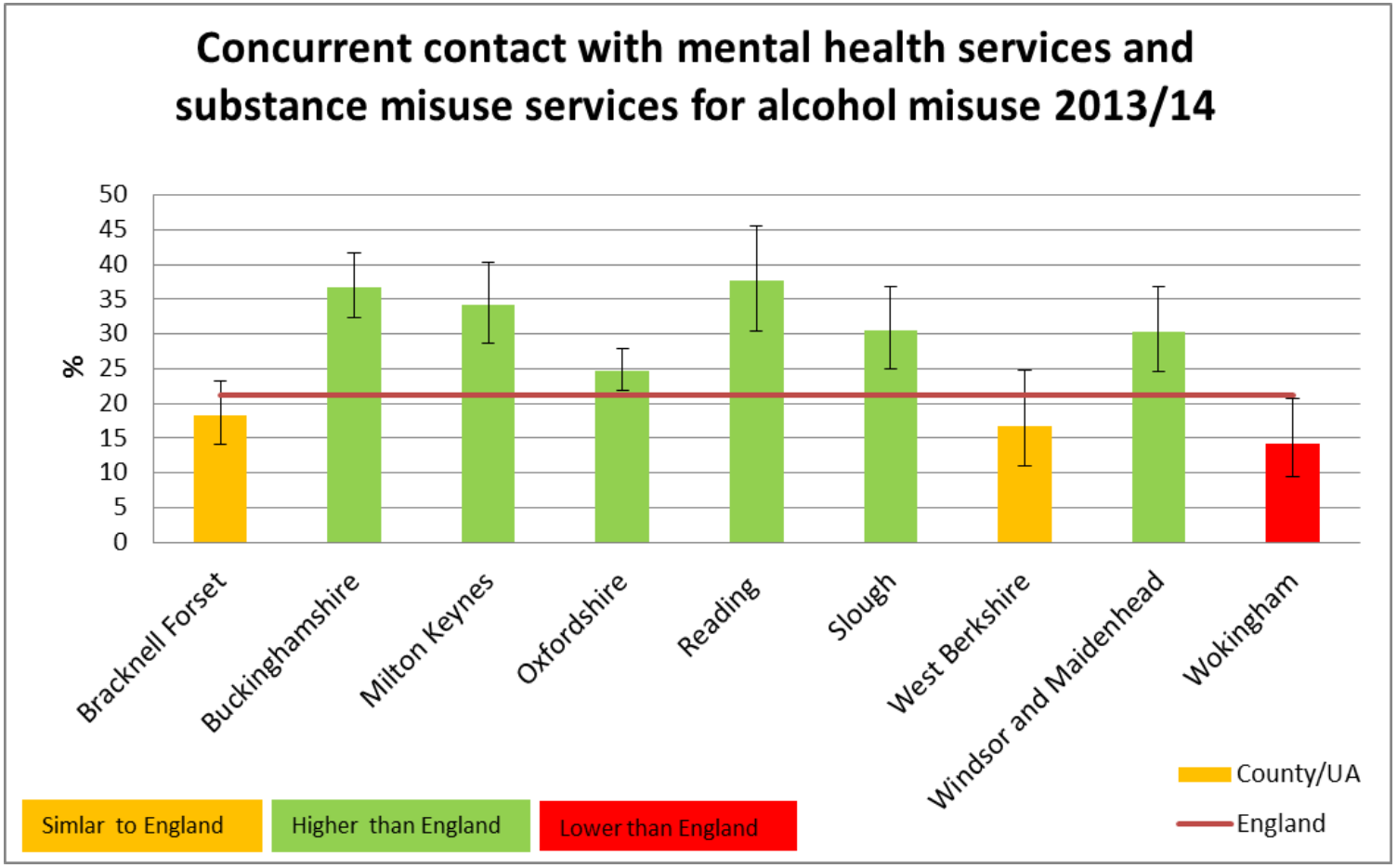
Data source:
NMHDNIN – Community Mental Health Profiles
- A&E Attendance to acute trusts

A&E Mental Health Attendances



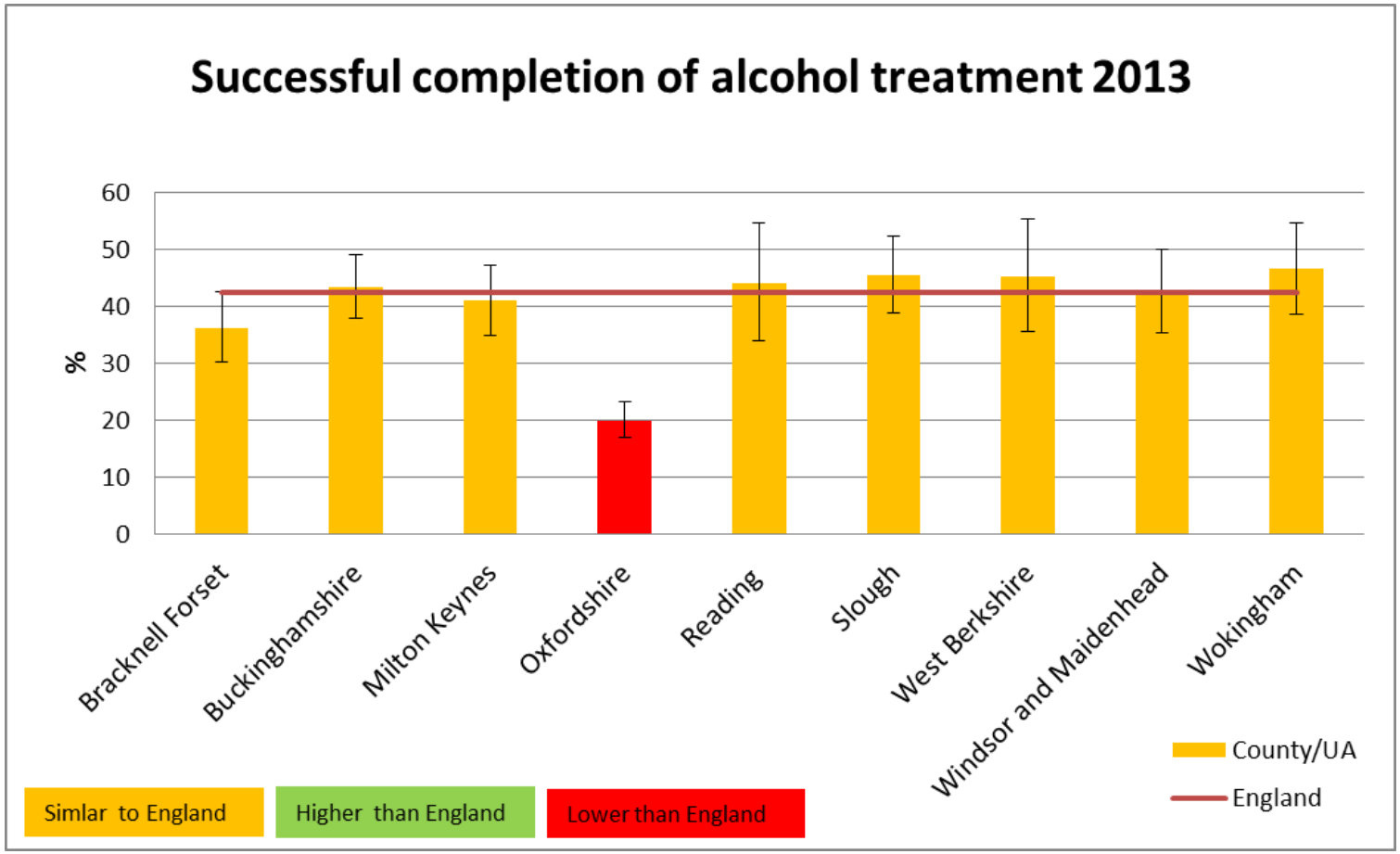
Data source:
NMHDNIN - Severe Mental illness Profiles
based on Monthly Mental Health Minimum Data Set (MHMDS) Reports, submitted by Mental Health providers

Alcohol



Data source: NMHDNIN - Co-existing substance misuse and mental health issues

Alcohol

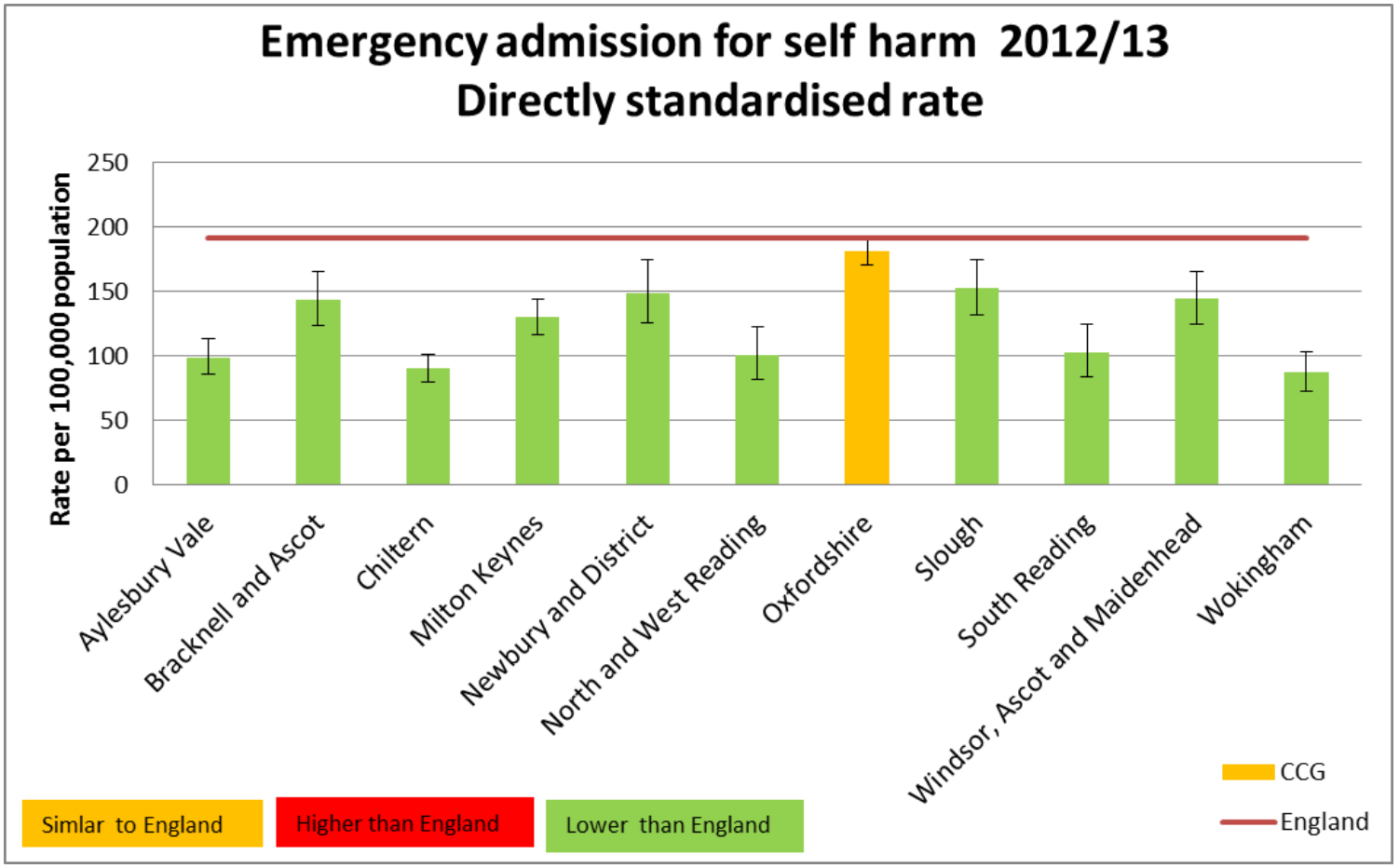


Data source: NMHDNIN - Co-existing substance misuse and mental health issues

Suicide and Self Harm Prevention and Reduction

- Effective suicide prevention strategies are **multi-agency**, including: Thames Valley Police, ambulance, local authority, third sector, criminal justice system, education/schools, media, etc.
- Work with local authorities and embed **suicide prevention strategies**
- Introduce and improve services for those bereaved by suicide
- Align to the Suicide Prevention and Intervention Network (**SPIN**)
- Support improved **data capture** and understanding
- Improve **risk assessment tools** and training of frontline staff
- Mental health first aid training
- Crisis response systems and the Crisis Care Concordat

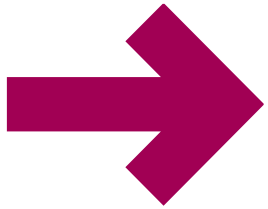
Suicide and Self Harm



Data source: NMHDNIN – Community Mental Health Profiles

Promote Self Management

- Supporting people to manage their emotional distress and avoid crisis interventions
  - Comprehensive care plans
  - Personal contingency planning
  - Self-management tools
- Supporting patients equally with their physical health: lifestyle choices, medications, health checks
- Supporting patients effectively in home settings and continuation of care
- Recovery being patient-led and appropriate for the individual
- Support severe mental illness patients to optimise recovery services
- Supporting patient preferred technologies
- Introducing technologies which enable patients to self-manage



Primary Care

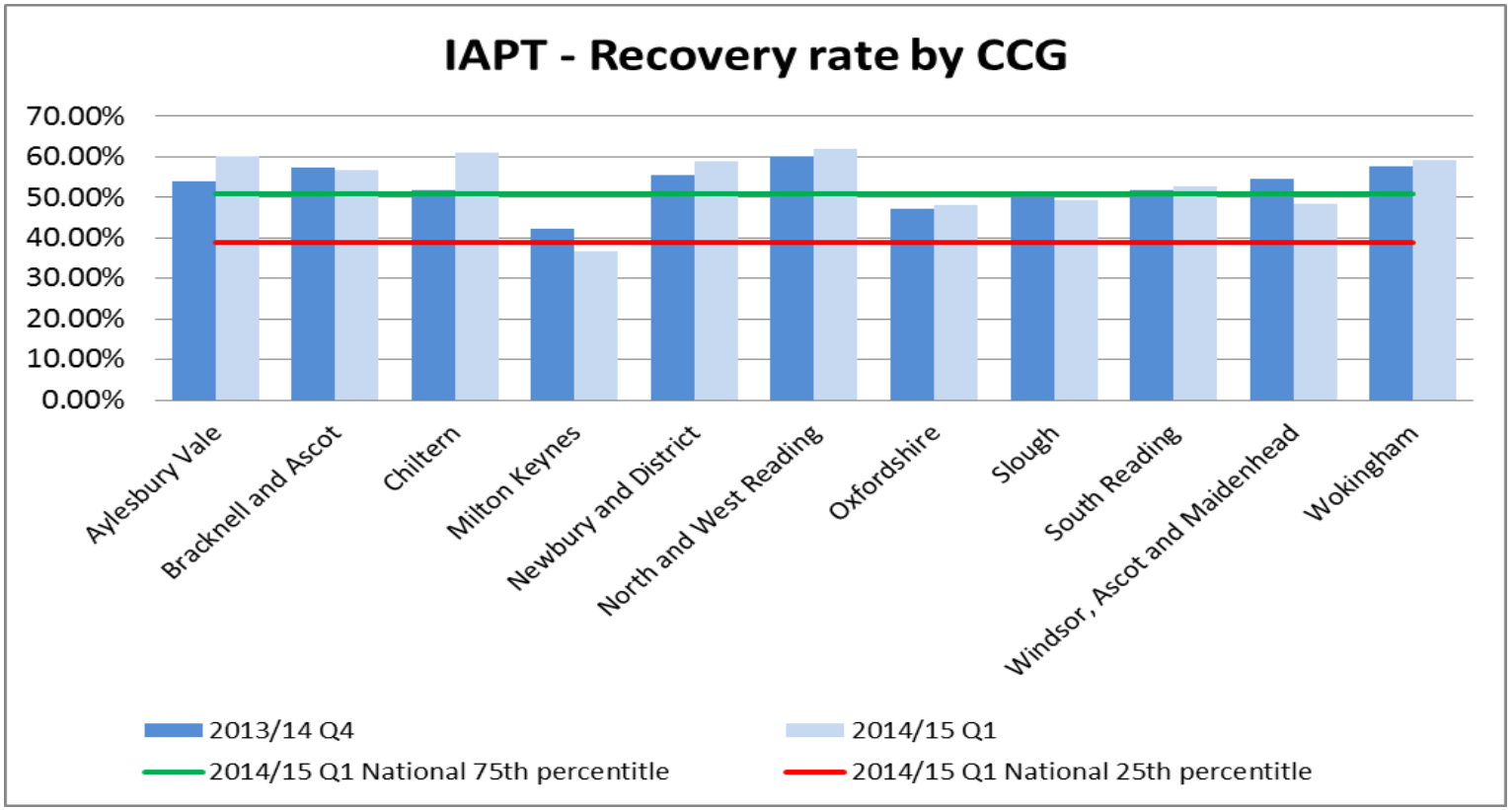
- Better mental health education in Primary Care, such as:
  - Providing ten-minute CBT
  - Mental health first aid
  - Focus on prevention
  - Physical health checks for all
- Models of Primary Care – maximising the range of skills and staff, not just Doctors
- Dementia Friendly practices
- Focus on post dementia diagnosis care

Other priorities

- Eating disorders – waiting times
- Meaningful outcome measures
  - Reliable recovery in IAPT
- Suicide prevention and removing access to means in secondary care
- Perinatal mental health (see previous commissioning guidance – later slides)
- Waiting time targets – ensuring outcome based
  - Timely, appropriate and effective treatment

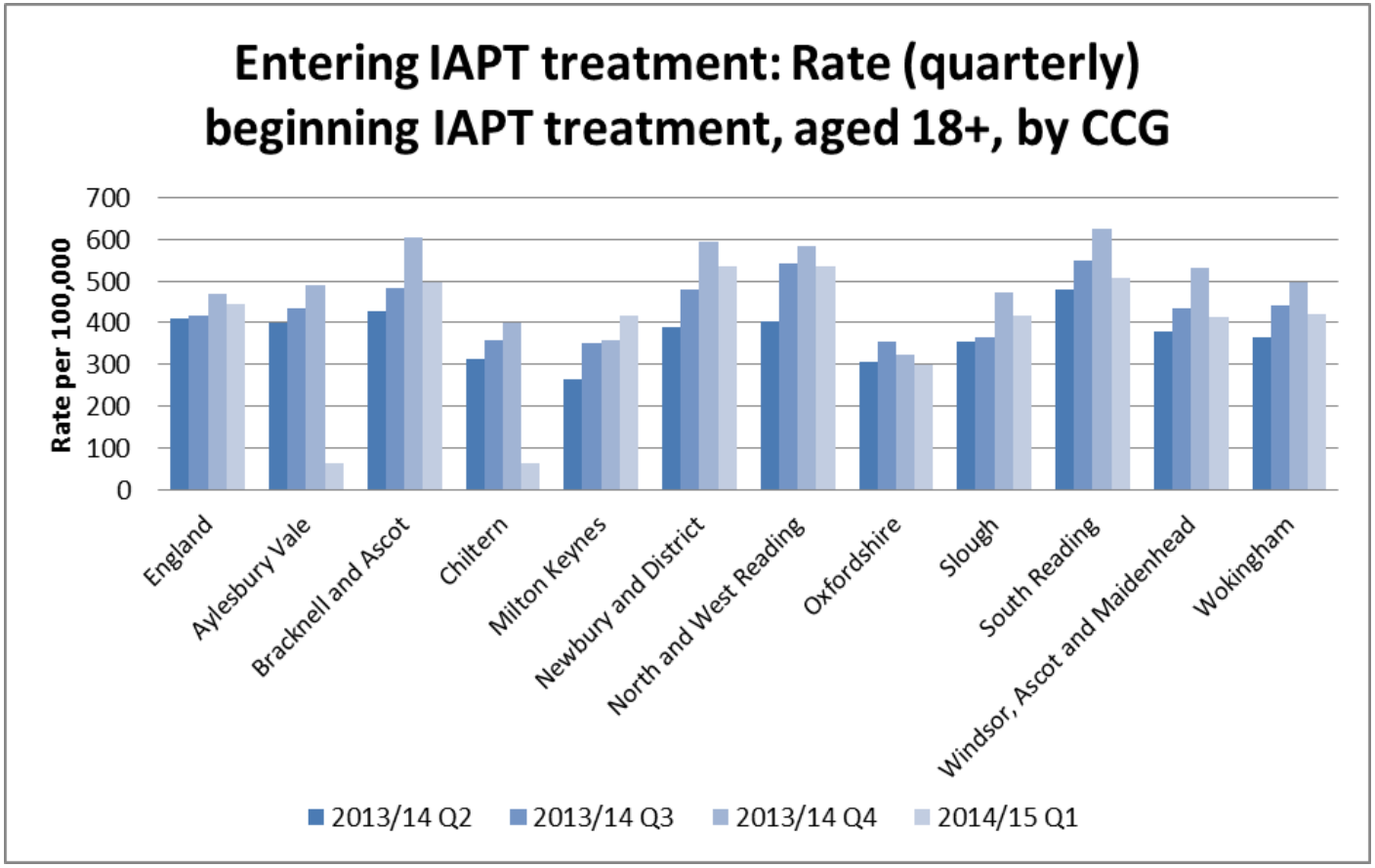
Improving Access to Psychological Services

Thames Valley is already performing very well against the national target of 50% recovery rate for IAPT by 2015.



Data source: NHS England – IAPT Information Pack

Improving Access to Psychological Services

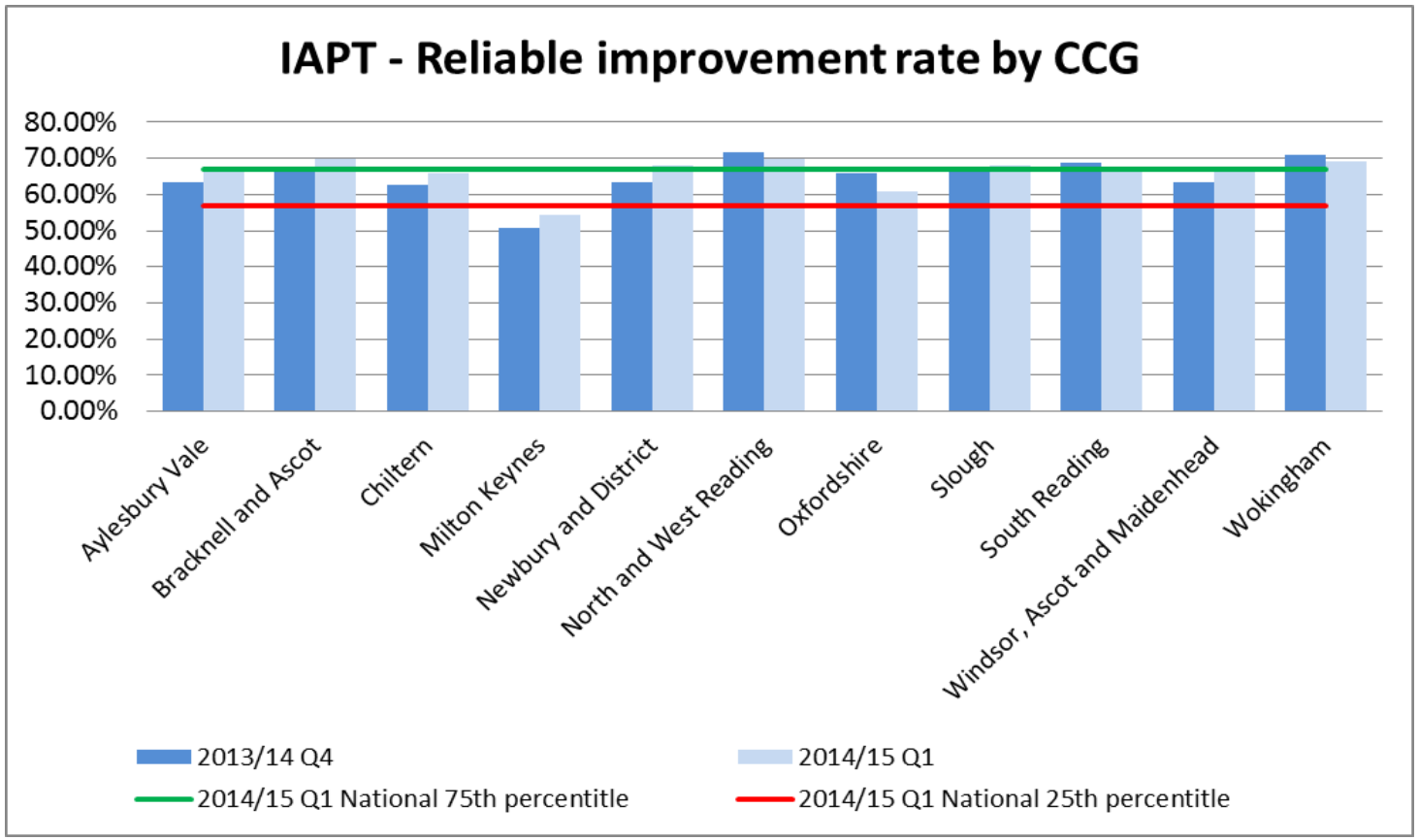


TFVIA states: "At least 75% of adults should have had their first treatment session within six weeks of referral, with a minimum of 95% treated within 18 weeks. A £10m additional investment is being made available to support these standards."

Data source: NMHDNIN - IAPT

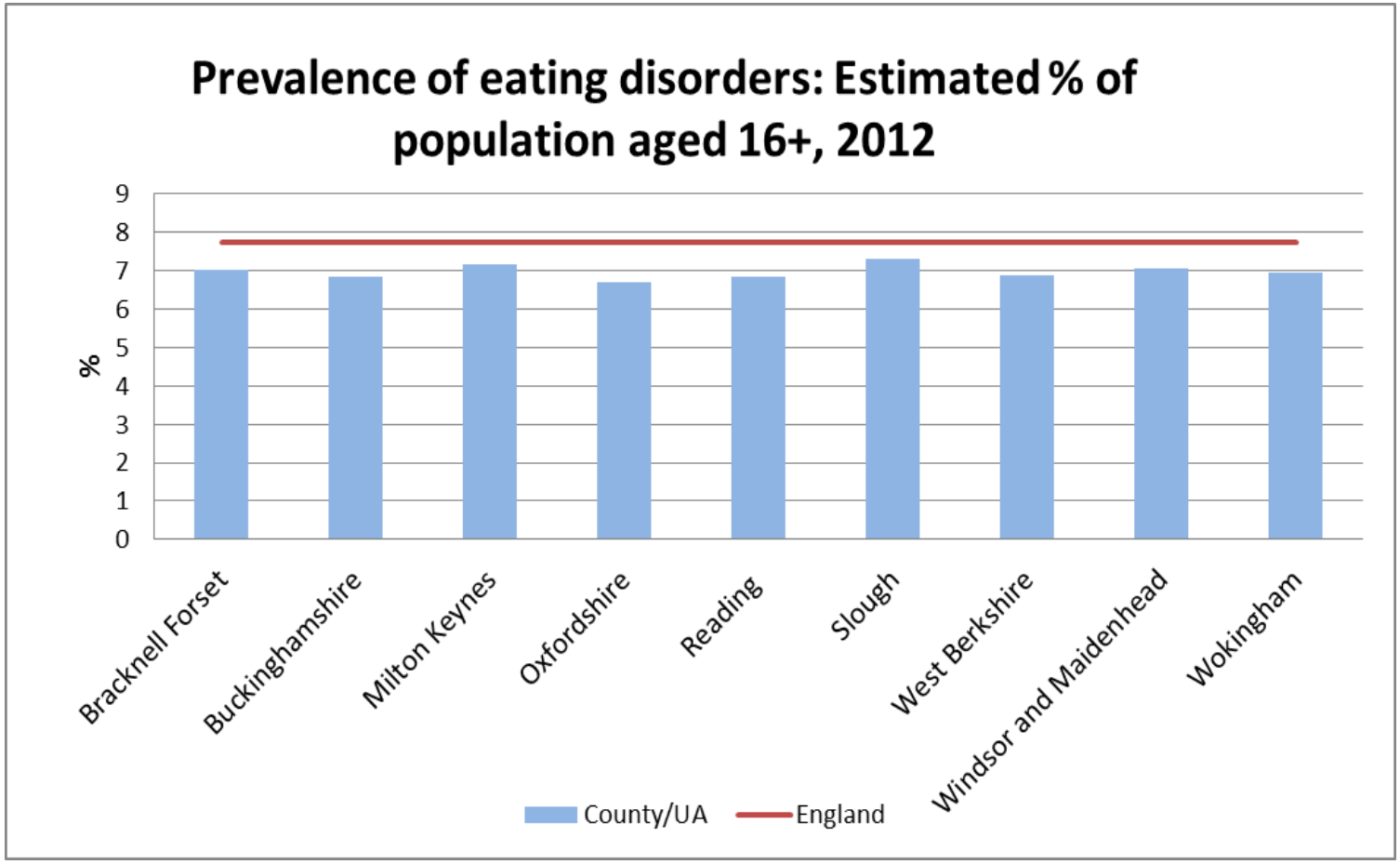
Improving Access to Psychological Services

Reliable Improvement: How many people have shown any degree of real improvement



Data source: NHS England – IAPT Information Pack

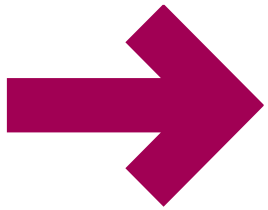
Eating Disorders



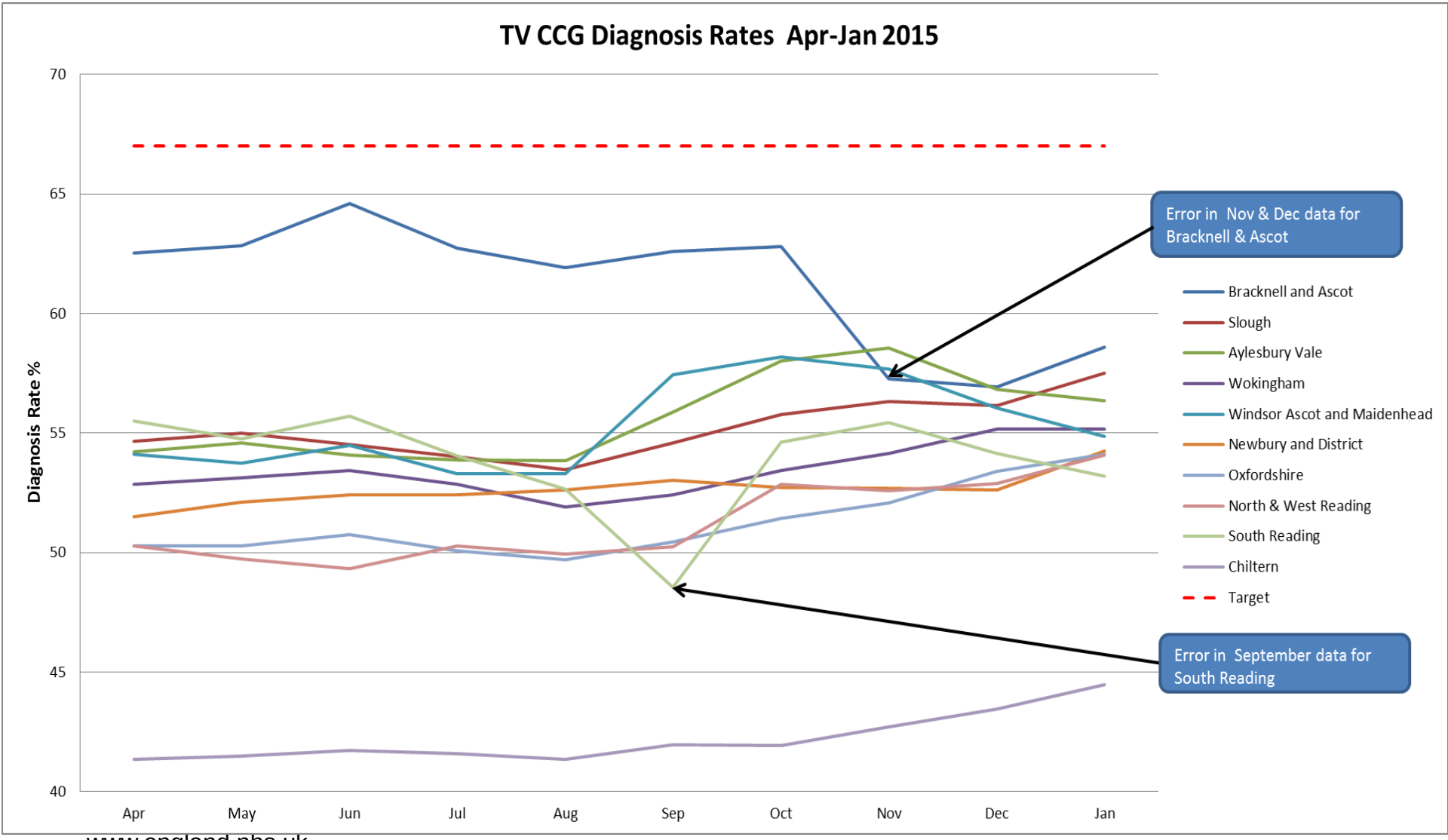
Data source: NMHDNIN - Severe Mental illness Profiles

Dementia

- Early diagnosis
- Care planning and support tools
- Maintaining independence
- Preventing crisis
- Post diagnostic support
- Signposting to services
- Embed consistent standards
- Supporting families and carers
- Providing service information and developing Dementia Roadmaps



Thames Valley CCGs: Dementia Diagnosis Rates



Children and Adolescent Mental Health Services

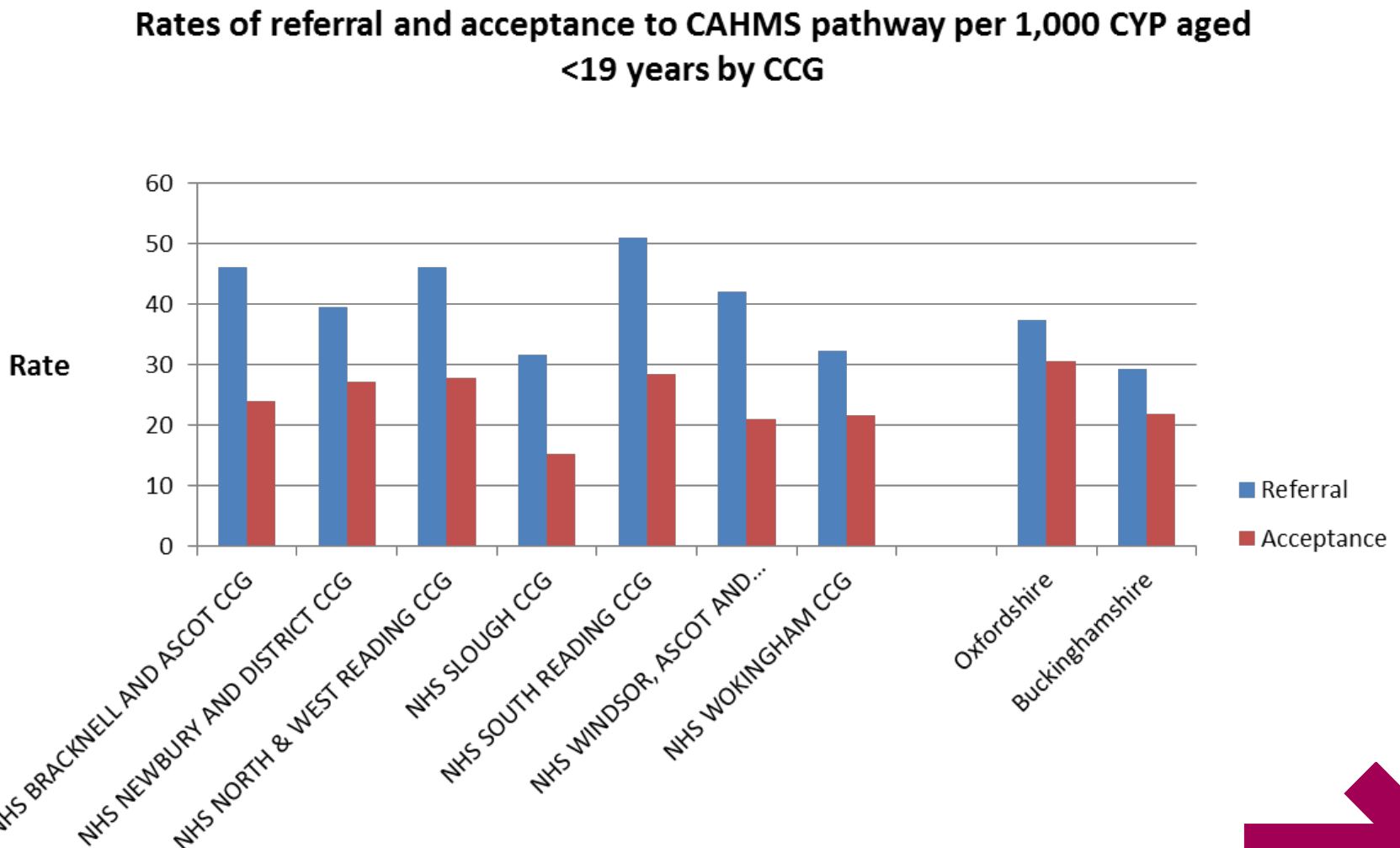
Background

CAMHS has a high place on the national agenda with abundant evidence that early treatment and prevention services work and are cost effective. The demand for mental health services ,cuts in funding in local authority and increase in mental health issues is putting extra pressure on the CAMHs system. (see the next 2 slides)

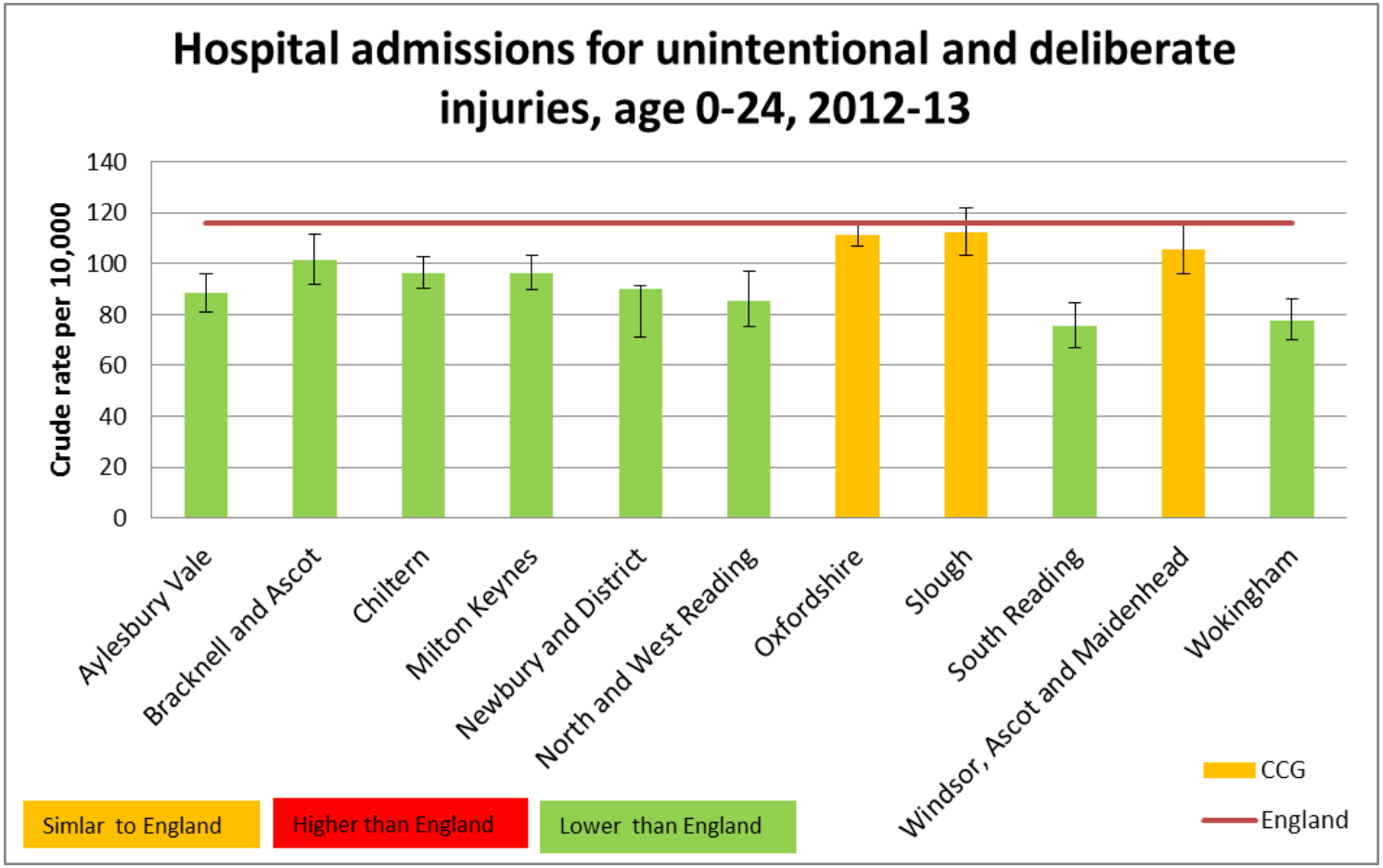
SCN recommendations

- Commissioners should prioritise CAMHS as a joint commissioning initiative across agencies (LA.CCG) to ensure integrated provision in all areas.
- Commissioners should adopt an “invest to save” strategy with a focus on Tiers 1 and 2. Emphasis on Public health early intervention and prevention
- There is a clear need for investment in the provision of children and young people in crisis and ensure that there is a plan for Young people on the Crisis Care concordat
- **Paediatric liaison psychiatry** services should be commissioned to be available to all acute paediatric units. The first priority must be to establish a robust clinical emergency service with weekend and bank holiday capability.
- Improving the transition of young people from paediatric to adult services has high profile nationally across 4 workstreams – including CAMHs. This is a high priority for AMHs

CAMHS – based on Tiers 2 & 3



Children's Mental Health



Data source: NMHDNIN – Community Mental Health Profiles

Perinatal Mental Health

By Thames Valley CCG: Specialist Community Perinatal Mental Health Services as determined by the Maternal Mental Health Alliance (MMHA) July 2014

	Aylesbury Vale
	Bracknell And Ascot
	Chiltern
	Milton Keynes
	Newbury And District
	North & West Reading
	Oxfordshire
	Slough
	South Reading
	Windsor, Ascot And Maidenhead
	Wokingham

LEVEL COLOUR CRITERIA		
5		Specialised perinatal community team. Perinatal Quality Network Standards Type 1 **http://www.rcpsych.ac.uk/pdf/Perinatal%20Community%20Standards%201st%20edition.pdf**
4		Specialised perinatal community team that meets Joint Commissioning Panel criteria http://www.rcpsych.ac.uk/pdf/perinatal_web.pdf
3		Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours
2		Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1		Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0		No provision

Perinatal Mental Health

Background

- No county has an established specialist perinatal mental health service that fulfils guidance requirements (see diagram)
- Training of maternity and primary care staff in perinatal mental health is highly variable within and across counties/CCGs
- The available specialist inpatient facilities in Hampshire are underused with mothers who have a primary diagnosis of puerperal psychosis admitted to other hospitals in Thames Valley

SCN recommendations:

1. For maternity service providers – they should ensure that;

- All midwives are trained and feel confident to;
    - Ask the right questions to detect mental health problems prenatally and postnatally
    - Know when to refer and how and who to refer to
- They have an identified specialist mental health midwife
- They have evidence of a continuing educational development programme in perinatal mental health available to all staff

2. For CCGs:

- Each CCG should ensure their population has;
    - Access to an identified perinatal mental health service which follows national guidance and has at its core minimum
        - A Consultant Perinatal Psychiatrist
        - One or more perinatal community psychiatric nurses.
- Access to a mother and baby unit for all cases where the mother needs to be admitted
- Primary care staff (General practitioners and Health visitors) who feel confident to
    - Ask the right questions to detect mental health problems prenatally and postnatally
    - Know when to refer and how and who to refer to
- Evidence of a continuing educational development programme in perinatal mental health available to all primary care staff.
- And that they commission their services to be compliant with NICE guidance