

# HEALTH AND WELLBEING BOARD

7 July 2014

<b>Title:</b>	<b>CCG Mental Health Commissioning priorities and investment 2015/16</b>		
<b>Report of the Barking and Dagenham CCG</b>			
<b>Open Report</b>		<b>For Decision</b>	
<b>Wards Affected:</b>		<b>Key Decision: No</b>	
<b>All wards</b>			
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<b>Sponsor:</b> Conor Burke, Chief Officer Barking and Dagenham CCG			
<b>Summary:</b> <p>This paper provides an overview of the main requirements of the CCG in relation to mental health in 2015/16 in response to local needs and new national policy and guidance.</p> <p>The paper:</p> <ul style="list-style-type: none"><li>• proposes a set of shared mental commissioning priorities for the Barking and Dagenham, Havering and Redbridge CCGs</li><li>• summarises what the CCG needs to do in order to meet new national standards for mental health access and waiting times in 2015/16, what the CCG needs to do to prepare for standards that will be introduced by 2020, and how this will support greater parity of esteem for mental health</li><li>• identifies priority areas for mental health investment</li><li>• sets out what is required from the CCG and its partners to support the national crisis care concordat for mental health</li></ul> <p>Some principles are proposed for how the CCGs will work together to commission mental health services including developing a clear stakeholder engagement strategy for mental health.</p>			
<b>Recommendation(s)</b> <p>The Health and Wellbeing Board is recommended to agree:</p> <ul style="list-style-type: none"><li>• Note the new requirements for CCGs in relation to mental health access and waiting time standards</li><li>• Comment on the priorities set out in this paper</li><li>• Approve the Crisis Care Concordat Action Plan</li></ul>			

## 1. Introduction and Background

- 1.1 There has been an increasing focus on improving mental health care in national policy with the aim of achieving parity of esteem for mental health services with physical health care. Mental health has always been an area of importance for local stakeholders, and has remained a priority area for the Barking and Dagenham Health and Wellbeing Board as well as for the Barking and Dagenham CCG Patient Engagement Forum.
- 1.2 In 2014/15 Barking and Dagenham CCG has been working closely with member practices and our mental health service provider to improve the provision of psychological therapies for people with common mental health problems and to improve the diagnosis rate for people with dementia. The continued and strengthened focus on mental health care at a national policy level, including the introduction of standards around access and waiting times for mental health services and the concerns to improve the response to people in mental health crisis provides an opportunity for Barking and Dagenham CCG, by investing in mental health services, to achieve some significant service changes with our main provider and to improve outcomes for service users, their families and the whole system.
- 1.3 The Barking and Dagenham, Havering and Redbridge CCGs agreed a commissioning framework for mental health services in September 2014. The framework was developed following a high level 'Closing the Gap' assessment – looking at parity of esteem for mental health to physical health and a review of mental health policy and local service information. It identified the priority areas of:
  - Mental health crisis,
  - Psychological therapies,
  - Carers,
  - Integration (physical health and mental health)
  - Dementia.
- 1.4 The framework was intended to create common ground for commissioning decisions by the three BHR CCGs particularly in relation to commissioning services from NELFT, the main mental health services provider. The framework was approved by the BHR CCGs Joint Executive Team and the BHR Integrated Care Steering Group (ICSG) in October 2014. The ICSG noted that the framework needed to sit alongside individual borough/CCG arrangements for mental health commissioning.
- 1.5 Recent mental health policy strives for parity of esteem for mental health and physical health, in an attempt to overcome the stigma often associated in the past with mental illness and to address the description of mental health services as being the “Cinderella services” that have been seen as losing out in terms of funding and priorities to the acute physical health care sector. Important policy documents from 2014 are the cross government mental health outcomes strategy (for people of all ages) [No Health without Mental Health](#) (January 2014) and the Department of Health paper [Closing the Gap: Priorities for essential change in mental health](#) (January 2014). An important part of achieving parity of esteem has been to establish new ambitions for mental health access and waiting time

standards. Subsequent guidance has been published by DH/NHSE in the following documents:

[Achieving better access to mental health services by 2020](#)

[NHS Mandate 2015 to 2016](#)

[The forward view into action: planning for 2015/16](#)

[Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16.](#)

This guidance includes new standards for the following four mental health services:

- Early Intervention in Psychosis (EIP)
- Improving Access to Psychological Therapies (IAPT)
- Liaison Psychiatry
- Eating Disorders.

There are specific requirements for CCGs in 2015/16 against the first three service areas which are described in this paper. A central programme at NHS England is in place to improve access for children and young people to specialist eating disorder services and will be developing the standard in 2015/16 for implementation in 2016. CCGs will be expected to work collaboratively to commission these specialist services and will need to keep informed about the central programme during 2015/16 to identify requirements for 2016/17.

- 1.6 In February 2014 a national agreement was created to improve the response to people in acute mental health crisis – the [Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis.](#) The concordat focuses on four areas: access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis and recovery and staying well. Barking and Dagenham CCG and its partners have signed up to the mental health crisis care concordat and have developed an action plan to show how they will make changes to support the concordat. Further details on the implications of this are provided in section 8 below.
- 1.7 In Barking and Dagenham we know that mental health care is very important for local stakeholders. In 2013, the Health and Adult Services Select Committee reviewed the impact of the recession and welfare reforms on mental health. Our Patient Engagement Forum maintains a close interest in mental health and considerable work is underway through the mental health sub-group of the Health and Wellbeing Board to agree on common priorities that need to be addressed jointly.
- 1.8 In 2014/15 Barking and Dagenham CCG committed to improving access to psychological therapies (IAPT) for people with common mental health problems (anxiety and depression) and to improving the dementia diagnosis rate. By working closely with member practices and our community service provider we have seen access to psychological therapies improve to just under 14% (against the target of 15%) in 2014/15 with a recovery rate above the target of 50%. We have achieved a dementia diagnosis rate of just under 64%, exceeding our local target and will hit the national target of 67% in 2015/16.

## 2. CCG priorities

- 2.1 Based on the commissioning framework previously agreed by Barking and Dagenham CCG, taking into account new requirements for CCGs and the emerging findings from the Barking and Dagenham mental health needs assessment, the proposed commissioning priorities for Barking and Dagenham CCG for 2015/16 to achieve parity of esteem for mental health are:

**Improving Access to Psychological Therapies: IAPT** – meeting the new waiting time standard and maintaining the current access and recovery rate

**Early Intervention in Psychosis: EIP** – planning to meet the new waiting time and access standard by 2015 including provision of family interventions as part of NICE approved care packages

**Dementia** – ensuring that the dementia diagnosis target is achieved and services are organised to respond to the increasing numbers of people being diagnosed with dementia

**Crisis response** – ensuring that the crisis care concordat action plan is delivered and that an appropriate psychiatric liaison response is in place

**Integration** – continuing to integrate physical health and mental health care to address the mortality gap experienced by people with mental health problems.

- 2.2 To meet the requirements of the CCG and to respond to local needs, service changes will be required in 2015/16 to IAPT, EIP and liaison psychiatry services. These changes will include an increase in capacity and therefore investments in these services will be required. Improvements will also be needed to the crisis response including general improvements to how services are accessed. The programme of improving diagnosis rates and service response for dementia will need to continue. An overview of what is required for each of these services is provided below.

## 3. Early Intervention in Psychosis: EIP

- 3.1 The new standard for Early Intervention in Psychosis services requires that by 1 April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. The standard is '2-pronged', both conditions must be met i.e. a maximum 2-week wait from referral to treatment *and* treatment delivered in accordance with NICE guidelines. The standard applies to people of all ages.
- 3.2 Significant changes will be required to achieve this standard. These changes relate to the capacity of the current service to respond to the new standards and the interface with other services affected by this change. EIP is a priority area for CCG investment in 2015/16.
- 3.3 The EIP service will need to continue to work with referrers to ensure that people are able to access the service in a timely way. Referrers will need to be able to recognise the signs of psychosis and refer appropriately. The interfaces between EIP, primary care, psychiatric liaison, education and substance misuse services are particularly important as are the links with mental health crisis and access services.

- 3.4 The impact of the changes to the EIP service on other services and areas of development will need to be mapped out, for example: the impact on inpatient services; the changes required to access and crisis services (to ensure that patients with first episode of psychosis are rapidly identified and referred swiftly to EIP to start treatment within 2 weeks) and the management of staffing changes (ensuring the new staff required do not leave problematic gaps elsewhere in other services). Recruiting and training the workforce will be a significant challenge, especially given that other London services will be embarking on similar work.

#### **4. Improving Access to Psychological Therapies: IAPT**

- 4.1 The new waiting time standard for IAPT requires that 75% of people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral and 95% will be treated within 18 weeks of referral. The standard will be applied to adults and is expected to be achieved by Q4 of 2015/16. The existing access and recovery standards will be maintained (15% of adults with relevant disorders will have timely access to IAPT services with 50% recovery rate).
- 4.2 The CCG has contracted with NELFT to provide IAPT services that will meet the access and recovery standards and has an action plan in place to achieve the IAPT access targets which rests on increasing the numbers of patients that self-refer to the service. In order to meet the new waiting time standards, two main changes to services are required, additional capacity to manage patients within the waiting time (assuming access and recovery standards are met and maintained) and monitoring and reporting of waiting times.

#### **5. Liaison psychiatry**

- 5.1 The standard for liaison psychiatry (as set out in [Achieving better access to mental health services by 2020](#)) is that “all acute trusts will have in place liaison psychiatry services for all ages appropriate to the size, acuity and specialty of the hospital”. Also, from 2015/16 the Care Quality Commission (CQC) will include a specific focus on liaison mental health services and mental health care, as well as the quality of treatment and care for physical conditions when it rates acute trusts. NHSE will be assessing progress to the 2020 target in 2015/16. In 2015/16 commissioners are expected to have agreed service development and improvement plans with acute providers to ensure there are adequate levels of liaison psychiatry across acute settings.
- 5.2 The provision of effective liaison psychiatry is particularly important across BHR to support the delivery of the Barking Havering and Redbridge University Hospitals Trust (BHRUT) Improvement Plan, as effective liaison psychiatry has been shown to reduce length of stay.
- 5.3 In BHR operational resilience funding was received in the summer of 2014/15. Schemes for funding were prioritised, through the Urgent Care Board, in line with the BHRUT Service Improvement Plan and identified gaps in existing provision. Non-recurrent funding was agreed for the development of an Enhanced Mental Health Liaison service across both BHRUT sites and the funding to cover the period from 1 November 2014 to 31 July 2015. NELFT provides this service and the funding enabled the existing psychiatric liaison service to be extended to provide 24/7 cover – which is appropriate for the size of BHRUT. A proposal has been

made to the CCG Governing Body to fund an extension of the pilot to October 2015 to enable an evaluation of the full year's service to be undertaken and ensure that the model currently being developed is having the full expected impact and that it is using the most cost effective approach.

## **6. Crisis pilots and concordat**

- 6.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. It makes sure people in mental health crisis get the support they need before, during and after a crisis and make sure that the professionals they encounter treat them with respect, think about their loved ones and follow their wishes wherever possible.
- 6.2 Barking and Dagenham CCG signed the declaration in November 2014 as did Havering and Redbridge CCGs. A Barking and Dagenham action plan has been developed which spans across the local authority, police and the NHS and ensures services locally meet the principles of care laid out in the Concordat.
- 6.3 A gap analysis was conducted to compare current provision to the '*I Statements*' of the Crisis Care Concordat and generate actions. To ensure consistency across boroughs, there was a cross – analysis of service provision across BHR CCGs to identify commonalities and generate shared actions. This was then discussed at the Mental Health Sub-Group of the Health and Wellbeing Board and resulting outputs used to develop a draft action plan.
- 6.4 The draft action plan was shared with service users and stakeholders to gain their views and perspectives of the current service provision, with the resulting outputs reflected in the plan. The plan was submitted to the Crisis Care Concordat team on 13 March 2015 in accordance with NHSE request for an earlier submission. Although it was noted that a considerable amount of work had gone into developing the plans, the CCC team requested further details under the 'Quality of treatment of care' section in order for Barking and Dagenham to 'go green' on the Crisis Care Concordat Map.
- 6.5 The action plan was revised accordingly and re-submitted on 26th March. Barking and Dagenham are now 'green' on the Crisis Care Concordat Map. Mind/NHS England have agreed that the action plan will be a 'live' document and subject to continuous improvement. The action plan is in Attachment 4.
- 6.6 The Health and Wellbeing Board is asked to formally approve the action plan, which will then be re-submitted as the final plan, pending any additions the Health and Wellbeing Board would wish to make. The action plan has also been submitted to the CCG Governing Body for approval.
- 6.7 The Crisis Care Concordat action plan includes reference to the EIP and crisis pilots. These 8 pilot projects were funded through additional non-recurrent funds from NHSE. Five out of the eight projects have concluded and three are still running. These are: 24/7 clinical input to the Mental Health Direct crisis phone line; extended face to face access to 8pm for the access team; and Street Triage with mental health support to police officers.

- 6.8 Early findings from the pilots indicate that these functions (extended clinical phone access, extended face to face access and improved support to the police) are required to provide an appropriate crisis response and can benefit patients and the whole health and social care system. Continued investment in services will be considered by the CCG in the context of available resources.
- 6.9 Barking and Dagenham CCG has committed to meeting the national target for dementia diagnosis by 2015/16. This will require continued work by general practice to ensure people are appropriately identified and referred to the memory service. A programme of work led by the clinical lead for mental health is in place to support general practices with this activity.

## **7. Consultation**

- 7.1 In Barking and Dagenham the Mental Health Sub-Group of the Health and Wellbeing Board is the forum where commissioners, providers, service-users, carers and other stakeholders including Healthwatch, the voluntary sector and the Police, come together to consider mental health needs and agree collaborative responses. Recently this group has been reviewing the mental health needs assessment, the crisis care concordat action plan and agreeing priorities for mental health for Barking and Dagenham. There is ongoing work in Barking and Dagenham to develop a local strategic approach to mental health commissioning.
- 7.2 A stakeholder holder engagement strategy for the CCGs for mental health will be developed. This will include continued engagement with the CCG Patient Engagement Forum (PEF) and will extend this to develop wider engagement with mental health stakeholders across BHR including linking in with the NELFT service user forums. As well as BHR-wide engagement, each CCG will be charged with ensuring they are engaging with their local stakeholders including service users and carers, for example through the partnership arrangements, or through additional activities as required.

## **8. Mandatory Implications**

### **8.1 Joint Strategic Needs Assessment**

The [Joint Strategic Needs Assessment](#) for Barking and Dagenham shows that there is an expected increase in the numbers of people needing to access mental health services in the coming years. It also notes the important links between mental health and employment, accommodation and inequalities, amongst other factors and notes the joint work underway through the mental health sub-group of the Health and Wellbeing Board.

### **8.2 Health and Wellbeing Strategy**

The commissioning priorities outlined in this paper support the priorities in the Health and Wellbeing Strategy to improve the mental wellbeing of local residents.

### **8.3 Integration**

Mental health improvement is an intervention of the BHR 5 Year Strategic Plan and includes the aim of “full roll out of the access to psychological therapies programme by 2014/15 with the aim that at least 15% of adults with relevant disorders will have timely access to services” (*Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Strategic Plan Final Submission June 2014*).

### **8.4 Financial Implications**

Barking and Dagenham CCG spent £29.1 million on mental health services in 2014/15 which equated to 12% of the commissioning budget. B&D CCG’s spend is at roughly mid-point in their cluster (from 2013/14 programme budgeting data, NHS England). This information indicates that local expenditure on mental health is relatively modest, which is in line with the funding position of the CCG being relatively low compared to many areas of London. This does not give us any firm indication of how expenditure compares to need, and we know that need is high in Barking and Dagenham due to local demographic factors.

There is a national requirement to increase investment in mental health services. CCGs are required to invest additional resources in mental health in 2015/16 and Barking and Dagenham CCG has committed in the Operating Plan to invest £926K additional funds into mental health.

### **8.5 Legal implications**

There are no legal implications arising from this report.

### **8.6 Patient/Service User Impact**

The CCG priorities were developed following an assessment of ‘Closing the Gap’ which aims to deliver parity of esteem for mental health to physical health.

There will be significant benefits for people accessing early intervention in psychosis services more rapidly. There is good evidence that these services can help people recover from a first episode of psychosis and gain a good quality of life, this includes evidence of increased employment, reduced compulsory treatment and reduced risk of suicide. Failure to intervene early leads to poorer outcomes for individuals and families, and increased costs to health and social care services.

### **List of Appendices:**

**Appendix 1 - Crisis Care Concordat Action Plan**