9.7.2

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

MENTAL HEALTH SERVICES REVIEW

Date of the meeting	16/03/2016
Author	K Florey-Saunders - Head of Mental Health
Sponsoring Clinician	Dr P French - Clinical Lead MH CDG
Purpose of Report	Following the Five Year Forward View, to outline the key points for the Governing Body.
Recommendation	The Governing Body is asked to **note** the report.
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : KFS

1. Introduction

1.1 Two significant reports pertaining to Mental Health (MH) strategy were published in February 2016: The 5 Year Forward View for Mental Health and Improving Acute Inpatient Psychiatric Care for Adults in England: Interim report.

1.2 This briefing aims to outline the key points from these for the Governing Body to consider of as they have significant bearing on prioritisation and potential investment requirements.

2. The Five Year Forward View for Mental Health

"The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to recued costs for the NHS and emergency services"

The Cost of Mental Poor Health to People and Society

2.1 The report outlines the context for its recommendations, clearly illustrating the significant lack of parity compared to physical health. It also makes clear, the impact that poor mental health has on physical health. Mental health (MH) is the leading cause of disability in England and it accounts for 23% of NHS activity but spending on secondary MH service is only equivalent to 50% of that. The taskforce have outlined that the ambition is to ensure that 1 million more people with MH problems are accessing high quality care and that an additional £1billion needs to be invested in 2020/21.

- Years of low prioritisation have led to CCGs underinvesting in mental health relative to physical health. Spending per capita across CCGs varies almost 2 fold in relation to underlying need;

- Poor mental health carries an economic and social cost of £105bn a year in England.

2.2 **Mental Health: The Current Situation**

- People with severe and prolonged mental illness are at risk of dying on average 15-20 years earlier than other people – one of the greatest health inequalities in England;

- 50% of all MH problems have been established by the age of 14 rising to 75% by the age of 24. One in ten children have a diagnosable problem;

- 1 in 5 mothers suffer from depression anxiety and some cases psychosis in pregnancy or in the first year after birth: suicide is the leading cause of maternal death;

- People with long term illnesses suffer more complications if they also develop MH problems, increasing the cost of care by an average of 45%;

- Stable employment and housing are both key factors contributing to good mental health and are important outcomes in recovery;

- Only 50% of veterans of the armed force seek help from the NHS;

- 1 in 5 older people in the community and 40% in care home are affected by depression;

- People in marginalised groups, or those who have experienced traumatic events, poor housing or homelessness or who have multiple needs such as learning disability and autism are at a higher risk;

- Suicide is rising: it is the leading cause of death for men aged 15-49.

2.3 7 day NHS: right care, right time right quality

2.3.1 People facing a crisis should have access to MH care 7 days a week and 24 hours a day in the same way that they are able to access urgent physical health care.

- Access points are variable in Dorset. The street triage pilot is intending to move the service South West Ambulance Service's call centre to better utilise technology linking ambulance, police and health.

- At present there are no access targets for admission to a bed but a 4 hour target is expected to be introduced, in line with what is delivered for physical health need. Dorset HealthCare (DHC) have one of the lowest bed bases in England, they operate at 98% and sometimes higher bed utilisation (85% is considered optimum), and they have short lengths of stay and low readmission rate. Should the system not change, it has been forecast by an external company that an additional >20 beds will be required to manage demand in a safe manner. The ACP is looking at other potential options including provision of safe spaces across the county to minimise crises, focussing on prevention and support closer to home in the least restrictive environment. The Recovery House, which has 7 beds, in Weymouth is now being utilised more fully.

2.3.2 By 2020/21 there should be 24/7 community based mental health crisis response available and these must be adequately resourced to offer intensive home treatment as an alternative to admission. This will including investing to expand Crisis Response and Home Treatment teams (CRHT) for children and young people (CYP).

- There is currently a 24/7 crisis team for adults and older people with functional mental health problems. The resourcing and demand is being looked at through the ACP, and adequate resourcing will be identified to enable high quality home treatment interventions, which also contribute significantly to admission avoidance.

2.3.3 Out of area placements (OOA) for acute care should be reduced and eliminated as quickly as possible.

- In the region of £3m will have been spent on OOA placements in 15/16 by DHC. There are community service gaps in Dorset that if invested in, could reduce the need for OOA placement for some people with specific diagnoses. Due to significant pressure on bed capacity in-county and no female PICU there is a reliance on OOA placements which have both significant negative impacts on patients due to being away from their support networks in addition to them being of a substantially high cost. The in-county female PICU should be operational by end August which will enable local placements to be made. Focus on preventing crises and supporting people more effectively in the community will also assist in reducing OOA placements.

2.3.4 24/7 psychiatric liaison service providing urgent and emergency MH response in Emergency Departments and to inpatients in acute hospitals. This must be all age by 2020/21. 50% hospital must operate 'core 24' standard as a minimum.

- There is 24/7 psychiatric liaison in Dorset but this needs to be expanded to cover all age. The core 24 service is thought, at this point in time, to be too resource intensive for the presentation level in Dorset.

- Work is being undertaken between the Mental Health and Maternity & Family Health CDGs to invest in the development of an all age Psychiatric Liaison Service. This would bring together the current adult provision, additional funding to pump prime new initiative relating to children and young people through service development and the CAMHS Local Transformation Plan

2.3.5 Delivery of the 2 weeks access target for early intervention: 2016/17 target is 50% within 2 weeks and 2020/21 is recommended as being 60%.

- Currently 83% of people referred to the EIP service are seen within 5 days from referral (local contract reporting). A Service Development Improvement Plan has been produced and clearly outlines the current state as a baseline along with required development to achieve the new standards. Additional funding to enable these standards to be met has been invested in 2015/16 to enable the provider to recruit appropriate skills to deliver NICE concordat packages of care from 1 April 2016.

2.3.6 People living with a severe mental health problem should not be held in restrictive settings for longer than they need to be. Expansion of proven community based services for all ages should be actioned so people can receive support to live safely as close to home as possible.

- There is a growing evidence base for peer support workers and safe spaces including non-residential crisis centres, as demonstrated in Leeds. The recovery house operates as a less restrictive option for people

nearing or recovering from a crisis, although there are issues regarding geographical accessibility. These community options are being looked at in the development for the acute care pathway and they would also support the need for a more flexible workforce in terms of clinically qualified/ non-clinically qualified staff.

- Key to effective recovery is stable housing and access to employment. The next review the team will be undertaking should include these, but it is important to note that areas that are not statutory for local authorities to commission, and may shrink due to the continuing financial pressures. This would lead to people not being able to be discharged effectively and/or be supported appropriately in their recovery.

2.3.7 Reduction in suicides by 10% by 2020/21

- There should be a whole system approach to reducing suicides and this should include Health Education England, public health and other organisations. The design of the mental health acute care pathway and subsequent review of the Mental Health Rehabilitation and Recovery pathway will factor in a nationally endorsed approach to the reduction of suicides by creating an atmosphere where people feel able to talk openly about suicidal ideation and that will enable services support individuals to consider other options. The Centre for Mental Health has published 'Aiming for Zero suicides'.

2.4 Integrated mental and physical health approach

2.4.1 By 2020/21 at least 30,000 more women should be supported to access evidence-based specialist mental health care during the perinatal period: including psychological therapies, and the right range of specialist community and inpatient care.

- Dorset CCG is implementing a perinatal pathway across Dorset that has been developed in partnership with patient, families, providers, midwifery services and health visitors. This will ensure that women and families are screened for MH difficulties from their first contact e.g. when pregnancy is confirmed and where there are MH concerns a process of follow up and re assessment is included in the pathway. This will ensure that the right level of support will be in place at the right time.

2.4.2 By 2020/21 at least 280,000 people live with severe mental health problems should have their physical health needs met: they should be offered screening and secondary presentations reflecting there high risk of poor physical health – the proportion of people with SMI receiving an annual health check in primary care ranges from 62-82%.

2.4.3 Mental health service should be smoke free by 2018: DHC are putting plans in place to achieve a smoke free service.

2.4.4 Increase access to evidence based psychological therapies to reach 25% by 2020/21.

- The Dorset Steps to Wellbeing Service continues to perform well meeting all the new NHS access targets, which come into force from 1 April 2016. There is continuing concern regarding the ability to recruit the required workforce as the demand continues to increase and additional funding will be required to increase the penetration rate to this level.

2.5 Promoting Good mental health and preventing poor mental health

2.5.1 By 2020/21 at least 70k more children and young people should have access to high quality MH care when they need it: greater emphasis on prevention, early identification and evidence based care. There should be measurable improvement in CYP's mental health outcomes by 2020/21.

- The Dorset CAMHS Transformational Plan aims to address these issues.

2.5.2 Young persons' improving access to Psychological therapies roll-out should be completed by 2018. An access standard will be developed for CAMHS by end 2016/17.

- The Dorset CAMHS Transformational Plan aims to address these issues including rolling out of the principals of the CYP IAPT Programme.

2.5.3 Employment rates for adults with SMI are very low: 45% vs general population being 74%. By 2020/21 up to 29k more people should be supported to find or stay in work though increasing access to PT for common MH problems (25% of prevalent population) and doubling of access to individual placement and support (IPS) programmes to reach an extra 30k people with a SMI.

- The Rehabilitation and Review pathway review will be addressing this. The previous Clinical Commissioning Programme had approved the scoping and development of an 'individual placement service' with partners which was subsequently put on hold. This will be a key part of the review. The CCG invests in vocational services and Workwise, both of which aim to support people to gain employment.

2.6 Creating mentally healthy communities

2.6.1 There is acknowledgement of the importance of the role of local government in the promotion and prevention agenda. There is a recommendation to have a local mental health prevention plan: housing is critical to prevention of MH problems and the promotion of recovery, as stated earlier. National agencies will work to develop an evidence base for specialist housing support for vulnerable people with MH problems and explore the case to use NHS land to make more supported housing available.

2.6.2 It was recommended that the priorities set out in the report should be reflected in local sustainability plans and that this should impact how the plans are assessed and influence the process for allocating and assuring funds.

3. Improving Acute Inpatient Psychiatric Care for Adults in England: Interim report

3.1 The interim report, led by Sir Nigel Crisp, is currently out to consultation and the CCG will make a formal response to it, ideally with all its partners. Five key themes emerged:

- The national bed crisis can only be managed through changes in services and management of the whole system;
- The is a spectrum of pressure and performance;
- It is clear that many patients and carer feel disenfranchised and excluded;
- There is significant data and information shortfall – making it difficult to understand what is going on throughout the system;
- There is a need for greater staff support, training and motivation.

3.2 The purpose of and inpatient psychiatric unit is to provide treatments when a person's illness cannot be managed in the community and where the situation is so severe that specialist care is required in safe and therapeutic space. Admissions should be purposeful, integrated with other services as open and transparent as possible and as short as possible.

3.3 There has been long term reduction in beds as result of national policies to introduce community based models. There are suggestions this has gone too far as OOA placement have increased, and criteria to be accepted for care has turned into rationing (39% decrease in beds between 1998 and 2012 and now the average inpatient occupancy is 101%).

3.4 Around 500 patients a month have to travel more than 31 miles (50km) for acute care and there are also difficulties in accessing alternative care in the community. The report proposes to end the practice in which some patients are treated miles from their homes and families by October 2017, as this is seen as "potentially dangerous".

3.5 There is a pledge from government that patients should face a maximum four-hour wait for admission to an acute ward or for home-based treatment, that there are fewer delayed discharges from hospitals and there would be housing to help those in short-term crisis or needing longer-term care.

3.6 The report also highlighted that there had to be increased investment in home-based treatment and a greater role for patients and carers in the services they use.

3.7 Concerns were also highlighted about the manner in which patients and carers from black and minority ethnic communities are treated by health services, linking it to the need for better staff training in cultural and ethnic differences.

4. Recommendation

4.1 The Governing Body are requested to note the national direction and potential new targets and requirements for Mental Health services, and possible financial impact of these.

4.2 The Governing Body are requested to note the significant challenges that are currently faced and recognised both nationally and locally and the need to support parity of esteem in mental health.

Author's name and Title : **K Florey-Saunders, Head of Mental Health and LD**
Date : **4 March 2016**
Telephone Number : **01202 541485**