

**Clinical Commissioning Group  
Governing Body  
Paper Summary Sheet**  
For: PUBLIC session  PRIVATE session

Date of Meeting: Tuesday 23 September 2014  
For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/09/18 Mental Health Briefing Paper</b>
<b>Author:</b>	Victoria Hamilton
<b>Lead Director/GP from CCG:</b>	Jo Cullen, Group Director, West Wiltshire, Yatton Keynell and Devizes (WWYKD) (with responsibility for Mental Health)  Dr Celia Grummitt, Sarum Dr Richard Hook, North and East Wiltshire Dr Debbie Beale, WWYKD
<b>Executive summary:</b>	The purpose of this paper is to provide the Governing Body with an overview of mental health commissioning across Wiltshire and sight of the Draft Wiltshire Mental Health and Wellbeing Strategy. This has already been presented to both the Executive and Clinical Executive.
<b>Evidence in support of arguments:</b>	
<b>Who has been involved/contributed:</b>	Dr Celia Grummitt, Debbie Beale, Richard Hook, Louise French, Dugald Millar, Karen Spence, Mike Naji, Miriam Turner
<b>Cross Reference to Strategic Objectives:</b>	Effective Mental Health and Dementia commission supports the four main outcomes of the Health and Wellbeing Strategy, including the dementia-themed ambitions set out in the action plan. It does this through placing an emphasis on the following: <ul style="list-style-type: none"> <li>• Making mental health and dementia everyone’s business so that people can live well in supportive and inclusive communities.</li> <li>• Providing care and support to promote people’s independence, health and wellbeing and quality of life.</li> <li>• Delivering improvements to care and health services so that they are able to deliver quality services that meet the needs of people with dementia and mental health needs.</li> <li>• Wherever possible, supporting people within their own homes, with care and support being delivered as close as possible.</li> </ul>

<b>Engagement and Involvement:</b>	A three month consultation process for the Joint Draft Wiltshire Mental Health and Wellbeing Draft Strategy will commence on 1 October 2014.
<b>Communications Issues:</b>	The consultation process for the Joint Draft Wiltshire Mental Health and Wellbeing Draft Strategy which will be managed by Public Health Wiltshire.
<b>Financial Implications:</b>	<p>The majority of the work streams set out in this paper do not have immediate financial implications the exception is as follows:</p> <p><b>Delayed transfers of Care in Mental Health and dementia services</b></p> <ul style="list-style-type: none"> <li>• In 13/14 NHS in Wiltshire used approximately <b>£1.3m</b> of mental health inpatient capacity unnecessarily on blocked beds due to delayed discharges.</li> <li>• In addition, in 14/15 there is a significant risk that Wiltshire Clinical Commissioning Group (WCCG) will be charged for the use of Avon and Wiltshire Mental Health Partnership (AWP) beds above the bed days commissioned within the block contract.</li> <li>• As more beds become blocked the risk of out of area placements outside AWP's area is becoming very high and the cost of these private sector placements will need to be paid for by Wiltshire CCG.</li> </ul>
<b>Review arrangements:</b>	The Interim Mental Health Joint Commissioning Board (MH JCB) meets monthly and will continue to review all the above work streams.
<b>Risk Management:</b>	The specific risk management arrangements are set out in the main body of the documents for each of the work streams.
<b>National Policy/ Legislation:</b>	<p>No Health Without Mental Health.</p> <p>Living well with dementia: a National Dementia Strategy (Department of Health (DoH), 2009) and the Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012).</p> <p>Mental Health Crisis Concordat (2014).</p>
<b>Equality &amp; Diversity:</b>	A full Equality Impact Assessment has not been completed but no specific implications have been identified at this time.
<b>Other External Assessment:</b>	Care Quality Commission (CQC) is due to deliver a report on their recent inspection during September 2014.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	The Members of the Governing Body are asked to note the paper.

## MENTAL HEALTH BRIEFING PAPER

### 1. Purpose

This paper is aimed at providing the Governing Body with an update on Mental Health services and commissioning in Wiltshire. In particular, to ensure that the Governing Body is aware of the clinical, reputational and financial risks around the services commissioned. This paper was previously presented to the Exec and Clinical Exec with the additional request that they approve the content of the draft Wiltshire Mental Health and Wellbeing Strategy and delegate responsibility for approving the branded document to the Interim MH JCB and David Noyes which they did. The now branded copy together with an appropriate sign off sheet, of that strategy is attached for additional information.

The areas covered in this paper are:

#### 1.1 Quality of Secondary Mental Health and Dementia Services

- The existing management mechanisms to ensure the quality of services that AWP delivers
- The work that is being undertaken to explore the barriers to delivering good mental health services and Wiltshire and the mechanisms to address them

#### 1.2 Delayed transfers of Care in Mental Health and Dementia Services including section 117 (S117) placements

- Mental Health delayed transfers of care, (DToC) are now being addressed via the central DToC work stream lead by James Roach.
- The impact of the current system of S117 decision making and the impact of the 'Who Pays' guidance on DToCs.

#### 1.3 Safeguarding & SIRIs

To note the work that Wiltshire CCG commissioners, quality and safeguarding teams are undertaking to ensure the quality of AWP services, are appropriate and note the potential financial implications to ensure compliance.

#### 1.4 Mental Health Joint Commissioning and Resourcing

The work to date and the next steps.

#### 1.5 Draft Joint Mental Health Strategy

The content of the branded Draft Wiltshire Mental Health and Wellbeing Strategy prior to a three month consultation period commencing in October 2014.

#### 1.6 Mental Health Crisis Concordat

The delivery of The Mental Health Crisis Concordat, that was published earlier this year and is one of the projects which make up the Urgent Care Programme which, in turn, is part of the CCG's operational plan for 14/15.

## **2. Summary of the background information**

### **2.1 Quality of Secondary Mental Health and Dementia Services. At the Interim Mental Health Joint Commissioning Board in May the Mental Health lead GPs expressed continuing concern about the quality of services that AWP deliver in Wiltshire. The reasons for the concerns are as follows:**

- The CQC report following a visit to the AWP recovery team in North Wiltshire.
- Increasing concerns from GPs and the use of the GP 'Grumpy' icon
- Perceptions around recent suicides and a homicide.
- Feedback about care during the recent consultation on the Dementia Strategy.

The measures in place to address the quality concerns are as follows:

- As part of the local contract Quality and Performance Meetings in Wiltshire AWP have shared their plans for delivering improvements in the quality of services. In order to monitor the delivery of the quality improvements, an AWP Wiltshire specific quality work plan has been created and this plan will be reviewed and updated on a monthly basis at the quality and performance meetings. The membership of this important meeting has been reviewed and changed to ensure effective, time bound, outcome driven management.
- Quality concerns have been escalated to the central AWP contract quality and performance meeting and if things do not improve a contract query notice will be served.
- Wiltshire CCG and Wiltshire Council commissioners are holding a series of workshops to explore the barriers to improvements and mechanisms for removing them.
- The Commissioning for Quality and Innovation (CQUINs) in the AWP 14/15 contract aim to address local system wide working with the view to improving the quality of services delivered.
- Quality concerns have been brought to the Clinical Executive for noting.

The Interim Mental Health JCB remains of the opinion that working together with the provider remains the best option for improving Mental Health Services within current budgetary constraints. A tendering process is not necessary at present, would be very costly in terms of time, resources and finance and there is a risk that it would destabilise services further.

### **2.2 Delayed transfers of Care (DToCs) in Mental Health and Dementia Services Including Section 117 Placements**

There has been a significant amount of work undertaken to address the DToC levels in Mental Health and Dementia beds across Wiltshire. It has become apparent that in order to make a real impact there needs to be a system wide approach rather than a Mental Health focused approach. In order to achieve this, it has been agreed that Mental Health should be represented within the Intermediate Care work stream. However, unless there is improved working with Wiltshire Council to address the capacity issues regarding specialist Mental Health and Dementia social care provision, it is unlikely that the desired impact on DToCs will be achieved. The need for this work to have a real impact continues to grow as, in June 2014, AWP almost went into black escalation for the first time and the risk of that occurring remains relatively high.

The placement of people requiring more specialised Mental Health Services out of County remains cause for concern as out of County provision is difficult to oversee and is under close scrutiny following the Winterbourne View report. The current mechanism for approving S117 placements is no longer providing a quick, effective decision making process and this is in part due to the new 'who pays' guidance.

Whilst there has been a small reduction in inpatient capacity in Wiltshire, the current bed stock would be adequate if DToCs were below the national upper limit of 7.5%. At one stage in the past year, approximately 40% of all dementia inpatient health beds were blocked which equates to an average of 6 dementia beds throughout the year. Delayed transfers of care in functional mental health beds are equally as concerning. The DToCs, together with a national shortage of functional mental health beds and issues with commissioning Learning Disabilities (LD) services locally, means that there are equally as big issues for DToCs in functional mental health beds as for dementia beds.

There is ample research to show that high levels of bed occupancy and DToCs represent a poor quality outcome for patients and families, but blocked NHS beds are also extremely expensive. With current mental health inpatient beds costing £420 per day, the MH / Dementia DToC list in Wiltshire in an average week represents approximately £ £44,000 worth of lost resource. On this basis during 2013-14 when DToCs are above 7.5%, the NHS in Wiltshire will have used approximately £1.3m of mental health inpatient capacity unnecessarily on blocked beds due to delayed discharges. In addition, Wiltshire CCG is using an increasing number of AWP beds over and above the bed days that it commissions due to DToCs; resulting in an increasing risk that this bed usage will be charged for in the 14/15 and beyond.

### **2.3 Safeguarding & Serious Incidents Requiring Investigation (SIRIs)**

#### **Safeguarding:**

Wiltshire CCG's Safeguarding Children and Adults team and Julie Hankin, AWP's Clinical Director for Wiltshire, are currently working together to review AWP's safeguarding arrangements to ensure that provision is in line with national requirements.

#### **SIRIs:**

NHS Wiltshire CCG has a responsibility to review and sign off Serious Incidents (SI) and hold to account AWP as a provider for their responses and organisational learning from serious incidents across Wiltshire. However, during the last year, NHS Wiltshire CCG has had difficulty supporting closure of AWP serious incidents because we have not received the required documents to gain assurance of the investigation process by AWP. There has been a significant amount of work undertaken by NHS Wiltshire and the five other local commissioning CCGs to address this with AWP.

Between the 1 April 2013 - 31 March 2014, there were a total of 37 AWP reported SIs involving Wiltshire patients, and sufficient assurance has now been received to support closure of all but 6 incidents. The CCG is proactively working with both AWP and the South West Commissioning Support Unit (SWCSU) (who support the AWP contract) to gain access to the few remaining documents. NHS Wiltshire CCG has recommended closure of 20 SIs to date. The remaining cases are open as additional assurance has been requested from AWP as insufficient information has been received/ included in the Root Cause Analysis (RCA) to date.

Additionally, during 2014-15 year to date (end July 2014), AWP have reported 15 SIs across Wiltshire. Of these, the RCAs for 4 cases have been received, and 5 RCAs are now overdue.

It has also been noted that AWP continue to report slip, trips and falls as 'aggregated' RCAs, which is not in line with 2014-15 reporting requirements. This was addressed at the August Central Quality and Performance meeting (CQPM).

Moving forward, it is anticipated that reviewing RCAs received and forming a judgement as to the quality of the reports, the robustness of the processes undertaken within AWP includes assurance that lessons have been learnt and risks of repetition are reduced, is a longer term issue and this will firmly sit in the context of 'normal business'. In order to achieve this, the six joint commissioners are currently considering their involvement in a proposed regional AWP SI review group, hosted by SWCSU (who centrally administrate AWP SIs currently). NHS Wiltshire CCG proposes this monthly meeting would replace the NHS England Area Team/CCG AWP review group, and offer an opportunity for increased rigour and provide an overview of trends and themes of SIs across the whole of AWP. The proposed review group will review SIs and make recommendations, and following this NHS Wiltshire CCG's SIs will also be heard at the internal CCG SI panel for final view and decision by the CCG ahead of closure.

NHS Wiltshire's CCG quality team offer the assurance that this issue was identified by the CCG, and although improvements have been seen, continued review is being carried out by NHS Wiltshire CCG on all serious incidents and adherence to process as well as analysis of the quality of reports.

Following a CQC Inspection at AWP in June, CQC's findings will be shared in detail at Quality Summit in September 2014. NHS Wiltshire CCG will attend the summit and establish next steps.

## **2.4 Mental Health Joint Commissioning and Resourcing**

The Governing Body is asked to note that Mental Health Commissioning is being taken forward by an Interim Mental Health Joint Commissioning Board consisting of Wiltshire CCG and Council Staff. This Interim Board is seeking to draft terms of reference to enable true joint commissioning of Mental Health and Dementia commencing in 2015/16.

A paper on Joint Commissioning Principles is going to the Better Care Board and JCB in the autumn. This work is being led by James Roach and Dugald Millar. Work has begun on identifying options for Joint Commissioning structures for Mental Health and Disabilities. Once decisions on the principles have been agreed at JCB, these will be developed into a paper for decision at October JCB. This paper for the October JCB will be discussed at clinical exec before being circulated for the JCB.

## **2.5 Draft Joint Mental Health Strategy**

The purpose of this item is enabling the Governing Body to review the content of the branded Draft Wiltshire Mental Health and Wellbeing Strategy. The Clinical Executive delegated authority for approval of the draft in its branded format to the Interim Mental Health JCB and this approval was confirmed at Interim Mental Health JCB meeting in August. The strategy will also be presented to the Health Scrutiny panel in addition to the Wiltshire Council Cabinet and the Health and Wellbeing Board.

It is intended that a three month public consultation on the draft strategy will commence in October 2014. This will consist of Wiltshire Council and Wiltshire Clinical Commissioning Group, who led the development of the strategy, issuing an invitation to the general public and interested stakeholders to participate and provide feedback on the draft document. Following analysis of the responses, a final strategy will be produced and presented for formal approval. Commissioning and action plans will then be developed to deliver the agreed strategy.

The Draft Wiltshire Mental Health and Wellbeing Strategy (see Appendix 1) provides the strategic direction for Wiltshire Council and NHS Wiltshire CCG in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next seven years.

The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

The strategy is a top level document which sets out the vision for the county and below this will be detailed commissioning and delivery plans to set out the specifics of what action will be taken, by whom and when. The development of these commissioning and delivery plans will run concurrently with the production of the final draft and the consultation period.

## **2.6 Mental health Crisis Concordat**

The 2014 Mental Health Crisis Care Concordat commits to *“working together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first”*.

This important national policy initiative proposes a range of countrywide NHS England/DoH/Home Office/CQC/Public Health England and Royal College initiatives together with a desire for local organisations to sign up to the commitment to work together to address these issues.

The S136/Place of Safety Multi Agency Group has worked well to address the specific issues around adult and child places of safety in Wiltshire and Swindon and has a good mix of police, ambulance, frontline staff, clinicians, managers and commissioners. Consequently it was proposed to build upon the expertise of this group and extend the membership to create a new Crisis Care Group to properly address the ambitions of the concordat.

## **3. Financial Implications**

### **3.1 Quality of Secondary Mental Health and Dementia Services**

No immediate financial implications.

### **3.2 Delayed transfers of Care in Mental Health and dementia services**

- In 13/14 NHS in Wiltshire used approximately **£1.3m** of mental health inpatient capacity unnecessarily on blocked beds due to delayed discharges.
- In addition, in 14/15 there is a significant risk that Wiltshire CCG will be charged for the use of AWP beds above the bed days commissioned within the block contract.

- As more beds become blocked the risk of out of area placements outside AWP's area is becoming very high and the cost of these private sector placements will need to be paid for by Wiltshire CCG.

### **3.3 Safeguarding & SIRIs**

If the existing work to review safeguarding arrangements at AWP concludes that a significant amount of additional time/input is required then there will be resource implications that AWP will seek funding for from the CCG.

### **3.4 Mental Health Joint Commissioning and Resourcing**

To be confirmed at a later date.

### **3.5 Joint Mental Health Strategy**

No immediate financial implications.

### **3.6 Mental Health Crisis Concordat**

No immediate financial implications.

## **4. Risk Management**

### **4.1 Quality of Secondary Mental Health and Dementia Services**

Contract management (quality and performance) at a Wiltshire and contract wide level.

### **4.2 Delayed transfers of Care in Mental Health and dementia services**

Continued management via the local measures. Working with the intermediate care work stream.

### **4.3 Safeguarding and SIRIs**

Work led by WCCG Quality team.

### **4.4 Mental Health Joint Commissioning and Resourcing**

Undertaking succession planning.

### **4.5 Joint Mental Health Strategy**

Supporting Wiltshire Council to deliver the strategy.

### **4.6 Mental Health Crisis Concordat**

Work and any risks are being reported into the interim Mental Health JCB.

## **5. Recommendation**

The Governing Body is requested to note the contents of this report.