

Clinical Commissioning Group
Governing Body 24 March 2015
For: PUBLIC session PRIVATE session
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For: Decision Discussion Noting

Agenda Item and title:	GOV/15/03/09 Mental Health Update 2015.
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Executive summary:	<p>Mental Health is a national priority and the CCG commissions £47m of services to meet the health needs of people with mental health problems, dementia and learning disabilities.</p> <p>This paper is to update the Clinical Executive and the Governing Body on:</p> <ul style="list-style-type: none"> • Achievements in 2014/15 • Current service issues within the Avon and Wiltshire Mental Health Partnership (AWP) contract • Commissioning Intentions for 2015/16 for Adult Mental Health, Dementia and Learning Disabilities • CQUINS for AWP and other providers 2015/16 • Priorities for investment in 2015/16 from the ring fenced allocation for 2015/16 (£1.63m). • Joint Commissioning arrangements
Evidence in support of arguments:	<p>Achievements and current issues are reflected in quality and performance management reports which are reviewed monthly (or weekly in the case of delayed transfers of care and Out of Area Placements), or through specific project governance arrangements.</p> <p>Proposals for investment are evidence based and reflect</p>

	national priorities where this is relevant to Wiltshire and are in line with delivering the Dementia Strategy and the Mental Health and Wellbeing strategy
Who has been involved/contributed:	The Mental Health Joint Commissioning Board, AWP, CCG locality Executive meetings
Cross Reference to Strategic Objectives:	The proposals in this paper are designed to <ul style="list-style-type: none"> • Support people in taking more responsibility for their health, care and treatment • Provide fair access to a high quality care and affordable system of care • Provide less care in hospitals and more care at home or in the community
Engagement and Involvement:	There has been wide engagement and involvement in the development of the Dementia Strategy 2014 – 2019 and the Mental Health and Wellbeing Strategy. Further involvement and engagement from stakeholders, including patients and their families will take place as individual service developments and service reviews progress.
Communications Issues:	There is potential media interest in the current issues identified in the paper and the proposed priorities for investment.
Financial Implications:	During 2014/15 inpatient activity has exceeded the commissioned capacity, particularly since the late summer. This has resulted in a projected overspend in 2014/15 of £918,000. For 2015/16 there are 3 different funding streams available: <ul style="list-style-type: none"> • The ring fenced allocation of £1.63m. • The 2014/15 Better Care Fund allocation of £0.20m currently committed to the Care Home Liaison Service. • The potential release of funding if Charter House is permanently closed.
Review arrangements:	The Mental Health Joint Commissioning Board will review progress. The governance arrangements for the AWP contract ensure regular quality and performance management is in place.

Risk Management:	The major risk is the ability to recruit to current vacancies and also to the new services. There is a proactive recruitment and retention action plan in place.
National Policy/ Legislation:	This paper reflects the Mental Health Priorities set out in the NHS Five Year Forward View and the commissioning priorities for 2015/16.
Public Health Implications:	Public Health is an integral part of the Mental Health and Wellbeing Strategy and the Dementia Strategy.
Equality & Diversity:	<p>In September 2014, partner organisations within Wiltshire signed the Wiltshire Declaration on improving outcomes for people experiencing mental health crisis.</p> <p>Wiltshire Declaration on improving outcomes for people experiencing mental health crisis</p> <p>Partner organisations in Wiltshire are committed to ensuring mental health issues receive parity of esteem to physical health issues, and working together to continue to improve crisis care for people with mental health needs.</p>
Other External Assessment:	Proposals outlined in this paper may be subject to Health Scrutiny and Healthwatch Wiltshire may engage with patients, their carers and the public to see what they think about specific proposals and how far the proposed actions meet the desired outcomes.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	<p>The Governing Body are recommended to:</p> <ul style="list-style-type: none"> • Note the achievements in 2014/15 • Note the current service issues and the actions being taken • Agree the Joint Commissioning Intentions for 2015/16 • Note the progress on 2014/15 CQUINS and agree the proposed CQUINS for 2015/16 • Note the funding position and risks associated with out of area placements, and the priorities for funding proposed by the Mental Health JCB on the 23rd February 2015, supporting the position to delay a decision on additional investments until the end of Q1 15/16. • Support the new joint commissioning arrangements for Mental Health, Dementia and Disabilities between the CCG and Wiltshire Council.

Mental Health Update

1.0 Purpose of report

Mental Health is a national priority and the CCG commissions £47m of services to meet the health needs of people with mental health problems, dementia and learning disabilities.

With the ring-fenced national allocation for Mental Health in 2015/16, potential resources being freed up from the possible permanent closure of Charter House and the Better Care Fund, this report makes proposals on priorities for investment from those funding streams.

This paper is to update the Clinical Executive and the Governing Body on:

- Achievements in 2014/15
- Current service issues generally and specifically within the Avon and Wiltshire Mental Health Partnership (AWP) contract
- Commissioning Intentions for 2015/16 for Adult Mental Health, Dementia and Learning Disabilities
- Commissioning for Quality and Innovation (CQUINs) for AWP and other providers 2015/16
- Priorities for investment in 2015/16 from the ring fenced allocation for 2015/16 (£1.63m).
- Joint Commissioning arrangements

2.0 Achievements in 2014/15

During the year we have achieved the following:

2.1 Adult Mental Health

- Commissioned a new service for people with Attention Deficit Hyperactivity Disorder (ADHD) that started operating in Wiltshire in July 2014
- Successfully agreed, with our partners, a Mental Health Crisis Care Concordat across Wiltshire and Swindon, and agreed a detailed action plan to implement the improvements needed in services that have been identified by the partners
- Continued to commission a successful Improving Access to Psychological Therapies (IAPT) service through the LIFT psychology service from AWP that offers open access, accessible sessions across Wiltshire for people to book onto on-line and positive outcomes

2.2 Dementia

- Improved dementia diagnosis rates from 44% in March 2014 to 53.8% as at January 2015, an increase in 9.8%, although it is unlikely that we will achieve the national (and local) target of 66.67%.
- Developed options for specialist dementia hospital care from people with advanced dementia and formally consulted on those options. The Governing Body are being asked to make a decision on the way forward in a separate paper to this meeting

- Developed a Care Home Liaison Service to support care homes to improve the quality of care for people living with dementia and worked with Care Home Managers, Wiltshire council and AWP to establish the type of support needed for the future.
- Completed a needs analysis for specialist dementia beds in care homes and developed a specification jointly with Wiltshire Council and AWP for specialist dementia beds in Care Homes to be commissioned .(in the first instance) from the new Order of St John’s Home that has just opened in Devizes.
- Jointly commissioned with Wiltshire Council a Dementia Adviser Service from the two Alzheimers Organisations covering Wiltshire
- Maintained waiting times for Memory Clinics to below 4 weeks, with the majority of people waiting for less than 2 weeks for their initial assessment

2.3 Learning Disabilities (LD)

- Successfully negotiated the transfer of LD Psychiatrist posts from Southern Health NHS Foundation Trust to AWP
- Developed the specification for an intensive support service to support people facing challenges or crises in their own homes wherever possible. The service will be commissioned from AWP from 1st April 2015.
- Agreed a specification for Community Teams for People with a Learning Disability (CTPLD) that is included in the Community Service Procurement.
- Work continues on the Daisy Project that is being developed to ensure suitable and appropriate local facilities for people that have been affected by the Winterbourne View Enquiry and other people who have complex needs and are currently placed away from Wiltshire.

2.4 Current Service Issues

The CCG commissions the majority of mental health services from Avon and Wiltshire Mental Health Partnership Trust (AWP). During 2014 pressures have emerged in the system as follows:

- The Care Quality Commission (CQC) issued 4 warning notices relating to the quality of care provided by AWP
- Recruitment and retention of staff
- In-patient bed capacity
- Delayed transfers of care
- Out of area placements

2.4.1 CQC Action Plan

In response to the four warning notices issued to AWP by CQC in the summer of 2014, the Trust developed a detailed action plan that is being driven through by the Trust. Although none of the

notices related to specific services in Wiltshire, the issues regarding environmental risks, staffing and systems are all reflected in the Action Plan for Wiltshire.

Staffing establishments for inpatient wards were not judged to be at safe levels and this will require an investment across the Trust (see priorities for investment 5.5.1 below). AWP has also made capital investment to address the environmental hazards such as potential ligature points. Systems and processes to support staff and address risks arising from significant numbers of agency staff on inpatient wards have been put in place.

2.4.2 Recruitment and retention of staff

AWP have been operating all year with a high number of vacancies, averaging 70 whole time equivalents at any one time out of an establishment of 540 whole time equivalents. Recruiting mental health nurses in particular has been challenging. While there may be 100 applicants for a psychology post, there is often a nil response to adverts for band 5 or band 6 nurses.

There is a dynamic action plan in place to address these issues, including:

- focussing on recruiting from Ireland where they have trained more nurses than they need to fill their current workforce requirements
- Golden “hellos” for new staff
- Proactively targeting areas with high living costs
- Attending job fairs and career events at Universities
- Rebranding and investing in an “up - beat “ marketing campaign

Targets for recruitment have been set and are being monitored at the monthly contract performance and quality meetings.

2.4.3 In-patient bed capacity

AWP recently commissioned a report to review the capacity across the Trust. A preliminary report was presented to AWP Commissioners on the 17th February 2015. The report sets out the current capacity, how it is being used and makes proposals to make better use of the resources by:

- Commissioning a personality disorder pathway
- Improve the dementia pathway
- Reduce lengths of stay
- Avoid admissions by increasing community services and alternative capacity in the community
- Reduce ward sizes and proactive discharge planning on admission

These proposals are all covered in our 2015/16 Commissioning Intentions (see below).

Wiltshire currently commissions:

- 41 acute inpatient beds for adults of working age
- 40 inpatient beds for older people, 20 for functional mental illness and 20 for people with organic mental illness
- 6.8 psychiatric Intensive Care Unit beds (PICU)

Although Wiltshire commission more acute beds for adults per head of weighted population than the other 5 commissioners at 19 per 100,000 population (South Gloucester 14; Swindon 14.8; Bristol 15.8; Bath and North East Somerset (B&NES) 17.4) the number of beds is low in comparison to the national median benchmark of 22.6, or the benchmark lower quartile of 20. Other CCGs commission rehabilitation facilities which Wiltshire does not.

For older adults, Wiltshire commission 62 beds per 100,000 weighted population, which is lower than Swindon (100) and South Gloucester (88) but higher than North Somerset (60), B&NES (47) and Bristol (33). The benchmarked median is 57 beds and the lower quartile is 45 beds.

During the year there have been pressures on the beds and Wiltshire have, in fact, used more capacity than the beds commissioned, which has resulted in a budget pressure projected to be £918,000.

Temporary in-patient bed closures

Difficulties in recruiting staff and staff absences through sickness and maternity leave have resulted in difficulties in maintaining safe staffing levels. AWP have even experienced difficulties in finding agency staff to cover wards in Salisbury.

As a result AWP closed 3 beds on Ashdown Ward (Salisbury) in the summer of 2014. Ashdown Ward is the Psychiatric Intensive Care Unit that is a trust wide resource, not just for Wiltshire patients. Staffing on Ashdown continues to be challenging and AWP are currently considering options including potential temporary closure or relocating the service to Bristol where qualified staff are available.

AWP also closed 5 beds on Beechlydene (Salisbury) in November 2014 due to a high number of staffing vacancies and an inability to recruit agency staff. Beechlydene is an adult acute psychiatric ward.

2.4.4 Delayed transfers of care (DToc)

During 2014 Wiltshire started to experience difficulties in finding nursing home placements for older people with dementia and other complex needs and also some highly complex adults with functional mental health problems. The numbers of delayed transfers of care have fluctuated and in the summer/autumn of 2014 were mainly older people waiting for a suitable nursing home placement. However as at 9th March 2015, there were 12 delayed transfers of care of which 4 were older people with dementia and the remaining 8 were people with functional mental health problems and complex needs.

The closure of the inpatient assessment and treatment beds at Postern House for people with a learning disability has left a gap in the available options for the few people with a learning disability when their condition deteriorates and they cannot continue to be cared for at home. A new service is being commissioned to provide intensive support and treatment, but in the meantime it has been necessary to use psychiatric inpatient facilities until suitable alternative care and treatment can be commissioned.

2.4.5 Out of area placements

There has been an increase in the numbers of people needing in-patient treatment, partly due to vacancies in the Community Mental Health Teams. There has been a noticeable rise in the numbers of people with personality disorders. With beds temporarily closed in Wiltshire (and in B&NES as a result of the CQC report) it has unfortunately been necessary to place people out of area, often as far away as Harrogate. All out of area placements are for adults with functional mental health problems. AWP make every effort to repatriate people as soon as possible.

The financial impact is projected to be in the order of £918,000 based on December figures. Of this there are 3 placements in Windswept, a rehabilitation/intermediate care resource in Swindon. The full year cost of these placements is £390,000.

As at the 9th March 2015, there were 10 Wiltshire people placed out of the AWP area.

3.0 Commissioning Intentions for 2015/16

The commissioning intentions for 2015/16 sets out the high level commissioning and contracting intentions for Mental Health during 2015/16 from the Wiltshire Clinical Commissioning Group. We aim to use the Joint Strategic Needs Assessment, including user engagement and established evidence base, working jointly with Wiltshire County Council, to plan and commission local services to meet the needs of local people.

The areas we will be focusing on in 2015/2016 are divided into two groups – those intentions which represent our on-going aims in terms of continuous improvement but which are not contractual and those intentions which will result in new or revised contractual commitments.

3.1 INTENTIONS WHICH REPRESENT CONTINUOUS IMPROVEMENT

- Improved Care Pathways between Primary Care Liaison Services and Recovery Team
- Explore the implementation of integrated personal health and care budgets in mental health
- Develop a range of appropriate housing options for people with complex needs
- Develop proposals for an integrated health and social care secondary mental health service
- Protocol for the case management of Independent Sector Residential and Hospital placement contracts.
- Consistent and ongoing quality assurance and monitoring of SIRI
- Implementation of the Dementia Strategy Action Plan
- Jointly commissioning more Dementia Nursing Home Beds with Wiltshire Council
- Parity of Secondary Mental Health Services
- Needs Analysis for people with dementia and a learning disability people
- Improve services for people with Personality Disorders by developing evidence based services that are proven to reduce longer term requirements for in-patient admissions
- Improving the transition process from Children and Adolescent Mental Health Service (CAMHs) to adult services
- IAPT Care Pathways

- Vocational, Employment Support, Training and Advocacy Service Review

Since 2009, Wiltshire Council and Wiltshire NHS have jointly commissioned three Mental Health Contracts for the provision of vocational activities, employment support, training and advocacy. The current providers are Richmond Fellowship, Alabaré Include and SWAN Advocacy. These services have been the subject of a variety of contract variations over the years but we are now in the position of legally being required to go out to procurement. A full review of the services currently provided against the original specification is now underway with the intention of going out to tender at the end of June 2015, contract let by end of December 2015 and commencement of new contract(s) by 1st April 2016. Additional elements to this review include the potential for provision of a Virtual Recovery/Wellbeing College and the opportunity to commission a separate Mental Health Employment Support Service. In undertaking this process, it is expected that the new service specifications (particularly for the vocational, employment support and training services) may look somewhat different to those from 2009. Patient Focus Groups and discussions with all relevant parties have commenced to ensure that all stakeholders are fully engaged throughout this process. The need for a robust communications plan has been highlighted to both Council and NHS Communications and this will be developed as work progresses. The necessary approvals will be sought throughout this process as required by both Council and NHS Authorities.

3.2 CONTRACTUAL INTENTIONS

- Moving towards Outcome Based Commissioning
- Advanced Dementia Care Modernisation in response to the outcomes from the formal consultation on specialist dementia hospital care.
- System wide Delayed Transfer of Care plan for Mental Health
- Post-Discharge Planning
- Reviewing arrangements for Section 12 Doctors
- Further develop Care Home Liaison service and care pathway
- Community Services – mental health input to Demonstrator Sites and integrated teams
- Medicines Management
- Full year effect of newly commissioned Psychiatry services transferred to AWP from Oxford Health in January 2015
- Commissioning of Intensive Support service for people with a learning disability.

4.0 Quality and CQUINS

There were no AWP Serious Incidents reported between end of October 2014 and mid February 2015 for Wiltshire patients, with the total serious incidents reported for Wiltshire AWP services totalling at 22 year to date. A significant number of those reported relate to self-harm or unexpected death.

In order to support WCCG and Co-commissioners requirements for increased assurance, a Trust-wide Serious Incident (SI) panel has been established. WCCG attends the panels to assist with triangulation of SI themes across the whole AWP trust wide area, and establishing some parity

with regards quality of Root Cause analysis investigations and reports, and will inform and enhance embedding of learning across the Trust.

Serious incidents will remain a standing item on the monthly Wiltshire local AWP Clinical Quality Review Meeting, with a focus on themes, and gaining assurance around embedding learning and recommendations from within the Trust for Wiltshire patients and dissemination of learning throughout AWP.

Evidenced in the Safety Thermometer data for December, the two Wiltshire AWP older adults in patient psychiatry services demonstrates that one of the wards has a harm rate of 5.56%,(harm free rate of 94.44%). A majority of these are VTE related incidents, it should be noted that the sample size for this ward is small (18 patients). The other AWP ward has a rate of 100% harm free (total of 16 patients). Both wards are below the National average harm rate for December of 5.93% and the AWP Trust wide rate of 12.5% harms encountered.

From 1st January 2015, Friends and Family Test (FFT) will be reported across mental health services and uploaded to the national database. A dataset for AWP was not available from the national database, however moving forwards it is anticipated that future reports will also include FFT response rates and scores for AWP.

2014/15 CQUINS

In addition to the National CQUINS, AWP were required to respond to 4 main project elements: a review of their community services model including Intensive, Primary Care Liaison Service, Recovery and Memory Clinics to establish gaps and weaknesses; develop and audit tool with the Substance Misuse Service to support co-morbidity; review access by midwives and health visitors and engagement with perinatal and early mental health pathways; work with Oxford Health to review and improve the transition between CAMHS and adult mental health services.

AWP responded well to these CQUINS and a significant amount of work has been achieved and remains ongoing. Of particular note, a dual diagnosis tool has been developed with the Substance Misuse Service and a transition panel has been established with Oxford Health to provide a smooth transition for teenagers just prior to turning 18. All developments/service changes will continue to be monitored during 15/16 to ensure their continued effectiveness and identify areas for further improvement as appropriate.

2015/16 CQUINS

Two of the current national mental health indicators remain with limited updating or changes, those remaining are:

- Improving dementia and delirium care
- Improving the physical health care of patients with mental health conditions

There is potential to apply some local variation to these schemes to capture the themes which most closely align against the CCG commissioning intentions and priorities.

New 2015/16 national CQUIN scheme themes concentrate on improving urgent and emergency care across local health communities and incorporates mental health by focusing on improved recording of diagnosis in A&E and reduction in the rate of mental health re-attendances at A&E. This will incorporate the use of electronic means to share transfers of care across and between care settings. Locally, the CCG is discussing with AWP the implementation of a toolkit/resource for GPs specifically designed to support and develop practice and decision making with assessment and treatment of those presenting in primary care settings.

5.0 Priorities for investment

5.1 National Background

As part of the 2015/16 financial settlement, there has been a ring-fenced allocation for Mental Health services to achieve parity for Mental Health:

- Early intervention for emerging psychosis – 50% of people experiencing a first episode of psychosis will receive treatment within 2 weeks
- Improving access to IAPT services – 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
- Psychiatric liaison services in acute hospital settings – SDIPs with appropriate providers to ensure adequate and effective levels of service,
- Crisis Care Concordat actions including provision of Mental Health integral to NHS 111 services, 24/7 Crisis Home Treatment Services and enough capacity to prevent children, young people or vulnerable adults undergoing mental health assessments in police cells
- Good transition services for CAMHS
- Community based specialist teams for children and young people with eating disorders (NHS England coordinated programme)
- In response to the Winterbourne View concordat, improving the system of care for people with learning disabilities and reducing the reliance on inpatient care

Access and waiting time standards in Mental Health are being introduced for the first time. Mental Health Commissioners will need to develop and agree service development and improvement plans (SDIPs) with mental health providers setting out how providers will prepare for and implement the standards during 2015/16 and achieve these on an ongoing basis from April 2016. These standards focus on:

- IAPT
 - Proportion of people that enter treatment against the level of need
 - Proportion of people who complete treatment who are moving to recovery
 - waiting times for referral to treatment and finishing a course of treatment
- Dementia Diagnosis rates
- CPA – proportion of people on CPA discharged from inpatient care who are followed up within 7 days
- % of people experiencing a first episode of psychosis treated with a NICE approved care package within 2 weeks of referral (*indicator in development*)
- % of acute trusts with an effective model of liaison psychiatry (*indicator in development*)
- People with a Learning Disability
 - % of people with a LD who have an annual health check
 - Total number in in-patient beds for mental health and/or behavioural healthcare
 - Numbers of admissions to in-patient beds

5.2 Local Background

Against the national priorities:

- Wiltshire already commission an early intervention service for emerging psychosis
- Wiltshire LIFT service is open access and Wiltshire invests £2.300m a year into this service.

Investment by other commissioners is:

▪ B&NES	£1.047m
▪ Bristol	£0.880m
▪ N Somerset	£1.301m
▪ South Glos	£0.601m

The service operates differently to the national IAPT model and therefore measuring the success of the service against the nationally prescribed KPIs is presenting some difficulties.

- Wiltshire invested in Acute Psychiatric Liaison services in 2013. The investment in 2014/15 was £1.058m. A review of the 3 services has commenced and is expected to report in September 2015.
- The Crisis Care Concordat was signed in September 2014 and an action plan has been agreed by the partners that include a health professional sitting in the emergency services control room to provide telephone advice and support to front line emergency personnel. This service is joint with Swindon and has non- recurring funding for 12 months. There are 2 section 136 suites in Wiltshire that provide the capacity to ensure that mental health assessments are not undertaken in police cells. The operation of this service is being reviewed as part of the action plan.
- Work is ongoing to improve the transition from CAMHS to adult services although there is still much improvement to be made
- We are commissioning an Intensive Assessment and Treatment service for people with a learning disability and also the Daisy project specifically to provide local accommodation with care and treatment for two people who were Winterbourne View patients in addition to capacity for other complex patients with learning disabilities.

Our performance against national targets is:

- We are delivering on the IAPT targets
- Dementia diagnosis rate at 53.8% at the end of January 2015 against a national (and local) target of 66.67%. There were 955 people to diagnose to meet the target.
- We are delivering on more than 95% of people discharged from inpatient care being followed up within 7 days
- We are not currently monitoring or reviewing the early intervention service

5.3 Resources for investment

There are 3 funding streams for additional developments:

- The ring fenced allocation of £1.63m.
- The 2014/15 Better Care Fund allocation of £0.20m currently committed to the Care Home Liaison Service.

- The potential release of funding if Charter House is permanently closed (£0.58m in 2015/16 increasing to £0.68m if Charter House is sold).

5.4 Proposals for investment

Mental Health Priorities 2015/16

Funding Source	2015/16			
	Total £000	Growth	BCF	Charter House
Existing Funding Streams	778	-	200	578
New Funding Streams	1,630	1,130	500	-
	2,408	1,130	700	578

Confirmed <u>Recurrent</u> Commitments	Total FY Impact £000	Cumulative £000
Redeployment costs - Charterhouse	106	106
Existing Care Home Liaison Provision	200	306
Existing ADHD Service	120	426
Safer Staffing	570	996
Rehabilitation / Intermediate Care	390	1,386
0.35% Investment (EIP / PoE)	102	1,488

1,488

TOTAL REMAINING GROWTH FUNDING TO BE ALLOCATED:

920

Against this potential of £920K growth funding to be allocated, the full year impact of current out of area placement pressures for 2015/16 has been estimated. At worst case scenario (that the out of area activity remains at the same levels costing around 150k a month for 15/16, with some mitigation by non-recurrent saving if the safer staff funding criteria was not met) we would need to use the £920k, and it would give the CCG an in-year pressure of £310k; or if the out of area activity returns to usual levels at the end of Q2, there could be some growth allocation available to commit recurrently in 15/16. From working through these scenarios it is clear that the financial pressure associated with the out of area placements activity moving into 15/16 is likely to be volatile, and so it would be prudent to delay any remaining investment decisions from the ranked list (table 2 below) until at least the end of Q1. This will allow time for further review of the likely out of area volumes, and have assurance around recruitment and staffing plans and for further discussion around the development and scope of the proposed schemes for 2015/16.

Table 2:

Remaining Ranked Priorities for Funding

Proposed Commitment	Rank	PY Effect in 15/16 £000	FY Effect in 16/17 £000
CHL Expansion	2	263	418
Specialist Beds	3	209	417
IAPT for LTCs	4	200	250
School based emotional resilience hubs	5	82	82
Section 12 Doctors Growth	6	85	150
Personality Disorder	7	323	750
PCAMHS link to Single Point of Access	8	35	35
ADHD Expansion	9	120	120
Autism NICE guidelines	10	21	21

1,338

2,243

5.5 Schemes for potential funding

Work has been undertaken to develop proposals for investment arising from the priorities in the Dementia Strategy and the Mental Health and Wellbeing strategy. There has been no focus on Learning Disabilities as decisions have been made regarding the LD Intensive Assessment and Treatment Service and the Daisy Project.

These have been considered and prioritised by the Mental Health JCB on the 23rd February 2015.

5.5.1 Safer staffing - £0.570m full year (£0.430m phased implementation in 2015/16)

Based on current bed numbers, to meet CQC standards, Wiltshire would need to invest an additional £0.570m to increase staffing levels. Investing in more community services and early intervention services could reduce the need for as many beds and hence reduce staffing requirements on wards. However this would be a medium term plan and is unlikely to have any impact in 2015/16

Recruiting to increased establishment levels in Wiltshire will be an issue and the funding will not be released until the safer staffing levels have been achieved.

5.5.2 Rehabilitation / Intermediate care - £0.390m

Wiltshire CCG does not currently commission any rehabilitation/intermediate care for adults recovering from a psychiatric in-patient episode. There are currently 3 people being funded through spot placements in Windswept, a rehabilitation facility in Swindon, at an annual cost of £0.390m.

A full needs analysis is required to inform a business case to determine what intermediate care is required for the future, with a full analysis of the commissioning options.

5.5.3 Care Home Liaison Expansion - £0.418m full year (£0.263m in 2015/16)

Work has been undertaken scoping out how the Care Home Liaison service can be expanded to support all care homes providing care for people living with dementia and also a specialist team to support the specialist beds that will be commissioned in care homes. This would be a 7 day a week service, from 8.00 am – 8.00 pm. The full cost of this service (including the £0.200m already committed from the Better care Fund) is £0.618m a year (0.463m in 2015/16).

5.5.4 Specialist Beds - £0.209m 2015/16 rising to £0.751m in 2017/18

A needs analysis has been undertaken that indicates that we may need around 80 specialist dementia beds in care homes across the county.

There are 16 beds in the new Devizes OSJ home that have been specifically designed for dementia care. Negotiations are taking place with the Council, OSJ and AWP to agree a specification for these beds, the level of support to be provided by AWP (see 7.2 above) and the costs. It is proposed that the CCG pick up the costs over and above the rate that Wiltshire Council would expect to pay to reflect extra care costs to support complex care needs. The figures assume 8 beds commissioned from July 2015, and a further 8 from January 2016.

The funds available from the closure of Charter House are likely to pick up the full year funding for the Devizes beds, but other sources of funding will need to be identified as the numbers increase. In

the longer term if Wiltshire Council and the CCG were to jointly commission 84 beds across Wiltshire it could cost the CCG between £875,000 a year and £1.75m dependent on the support costs incurred by specific homes.

5.5.5 IAPT for long term conditions - £0.250m (£0.2m part year effect in 2015/16)

There is evidence of co-morbidity between long term conditions and depression and anxiety. Wiltshire was part of a national pathfinder to develop IAPT for long term conditions. This funding ceased in April 2014 and the national findings are still awaited. Proposals are included in business cases being developed for MSK and Rheumatology.

5.5.6 CAMHS School Based Emotional Resilience Hubs - £0.082m

This proposal is to introduce a service (based upon an ad-hoc service trialled in BANES) where support is provided to each secondary school on a monthly basis via a package of school based consultation, training and telephone support. The aim of the service is for each school to create a pastoral 'hub' comprising of the school based counsellors, pastoral leads and the school nurse who will be supported by the CAMHS practitioner

5.5.7 Section 12 Doctors - £0.150m (£0.085m in 2015/16)

The current service is not robust, and WCCG needs to commission a more robust service that will ensure appropriate cover 24/7 for Section 12 assessments. Options are being explored and a business case will be developed for decision on the way forward. A provisional cost of £0.150m over and above current costs has been included

5.5.8 Personality Disorder - £0.750m full year (£0.323m in 2015/16)

There is evidence from the Coventry Service and the Somerset service that early intervention for people with a personality disorder can reduce people presenting with self-harm and other behaviour that requires secondary care intervention. The potential savings appear impressive.

Visits are being made to Coventry to see how the service operates and find out the benefits and outcomes. Many of the recent increases in inpatient admissions in Wiltshire are linked to personality disorders. There is a pilot that has commenced in Salisbury but this is piloting only part of the pathway and will take some time to show any results.

5.5.9 CAMHS link to Single Point of Access - £0.035m

This proposal is to increase resource within PCAMHS in order to link PCAMHS with the Children's Services single point of access. This would ensure a coordinated, consistent and timely response to all emotional wellbeing related referrals for families and referrers and would stop referrals which are not appropriate for CAMHS "bouncing back" to the referrer.

Therefore it is proposed that provision be made to develop this service, dependent on the approval of a robust business case CAMHS link to Single Point of Access - £0.035m

5.5.10 ADHD expansion - £0.120m

This is a new service that commenced in 2014/15. Activity has far outstripped the original estimates and is running at twice the estimated level. This may be because this is a new service and demand may tail off. However similar growth is being experienced across the AWP area. The predicted annual capacity for new referrals was exceeded by the end of the first quarter of the contract's operation and between July and October 2014; the service received 81 new referrals and achieved a 100% diagnosis rate. These numbers are also reflected by a significant increase in medication cost which is not included within the block contract value (£119,998 for 14/15). Other options for 2015/16 are to place a cap on activity, or return to spot purchasing for urgent cases or have to introduce some sort of triage system.

5.5.11 Autism Sensory Screening - £0.021m

The three providers of the Wiltshire Autistic Spectrum Diagnostic service have identified the requirement for full sensory screening for appropriate individuals. An outline business case indicates a potential cost of £0.021m for this service.

6.0 Joint Commissioning arrangements

Both the CCG and Wiltshire Council, through the Health and Wellbeing Board, are committed to working together towards an integrated approach to commissioning health and social care services for people living in Wiltshire.

With the senior commissioning manager posts currently vacant in both organisations there is the opportunity to reconfigure the commissioning resources into an integrated team. A report was considered by the Joint Commissioning Board on the 10th February 2015 that set out two options. The first was for one senior manager to lead on Mental Health across both agencies and the other to lead on disabilities across both agencies. The second was more visionary and was for a fully integrated structure. The JCB agreed to move forward with the second option and to recruit to the two senior posts and consult staff in both organisations on the supporting structure. The integrated structure is attached as Annex 1.

There is an additional cost to the CCG that reflects an investment of £47,000 full year cost to pick up the non-recurring Winterbourne View Project (Department of Health funding) post December when the funding stream finishes. This funding will ensure that the CCG has capacity for commissioning NHS services for people with a learning disability.

7.0 Recommendations

It is recommended that the Clinical Executive / Governing Body:

The Governing Body are recommended to:

- Note the achievements in 2014/15
- Note the current service issues and the actions being taken
- Agree the Joint Commissioning Intentions for 2015/16
- Note the progress on 2014/15 CQUINS and agree the proposed CQUINS for 2015/16

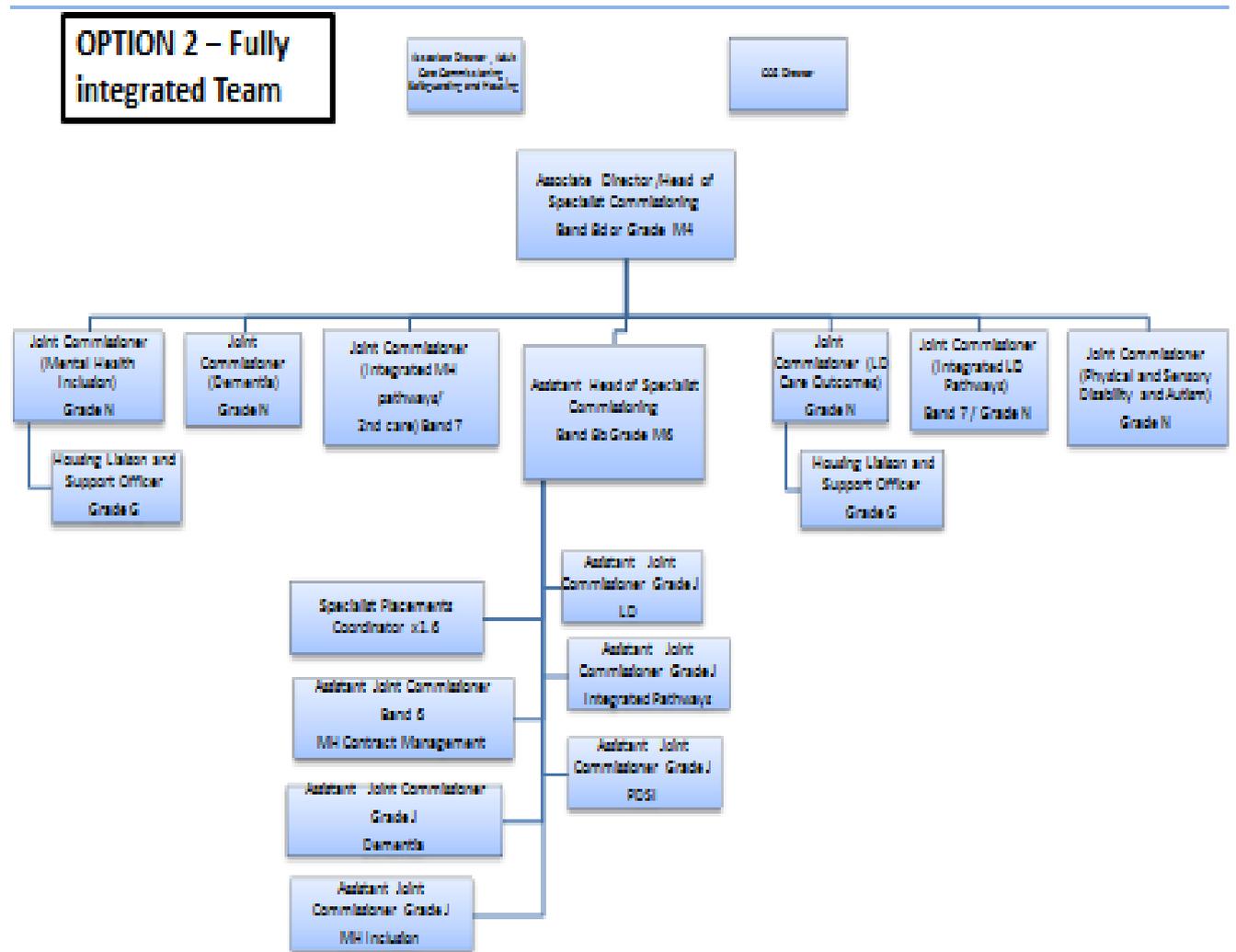
- Note the funding position and risks associated with out of area placements, and the priorities for funding proposed by the Mental Health JCB on the 23rd February 2015, supporting the position to delay a decision until the end of Q1 15/16.
- Support the new joint commissioning arrangements for Mental Health, Dementia and Disabilities between the CCG and Wiltshire Council.

Barbara Smith

Interim Associate Direct of Commissioning (Mental Health, Dementia and Learning Disabilities)

17/03/2015 10:03

ANNEX 1 – JOINT COMMISSIONING STRUCTURE - INTEGRATED TEAM



Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Mental Health Update**

For the record

Name of person leading this EIA: Jo Cullen	Date completed 16.3.15
Names of people involved in consideration of impact:	
Name of director signing EIA: Jo Cullen	Date signed 16.3.15

What is the proposal? What outcomes/benefits are you hoping to achieve?

The purpose of this paper is to update the Governing Body on achievements, current service issues, commissioning intentions, and support the priorities for investment and joint commissioning arrangements for mental health services. Mental health is a national priority, and the CCG commissions £47million of services to meet the health needs of people with mental health problems, dementia and learning disabilities. The outcome/benefit will be an update on the current issues and pressures, and an agreed plan for 2015/16.

Who's it for?

All Wiltshire residents.

How will this proposal meet the equality duties?

This plan is aimed at all individuals, the CCG will ensure that all appropriate documentation can be made available in a range of alternative languages or formats for the visually impaired are considered.

In September 2014, partner organisations within Wiltshire signed the Wiltshire Declaration on improving outcomes for people experiencing mental health crisis.

[Wiltshire Declaration on improving outcomes for people experiencing mental health crisis](#)

Partner organisations in Wiltshire are committed to ensuring mental health issues receive parity of esteem to physical health issues, and working together to continue to improve crisis care for people with mental health needs.

What are the barriers to meeting this potential?

None identified.

2 Whose using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

None identified

How can you involve your customers in developing the proposal?

Builds on the engagement conducted last year in formulating the strategy. There has been wide engagement and involvement in the development of the Dementia Strategy 2014 – 2019 and the Mental Health and Wellbeing Strategy. Further involvement and engagement from stakeholders, including patients and their families will take place as individual service developments and service reviews progress.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

There are no current gaps at this stage of the plan.

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

None identified

What can be done to change this impact?

N/A.

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

None identified.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No.

4 So what?

Link to business planning process

What changes have you made in the course of this EIA?

No changes have been made as no adverse impacts have been identified.

What will you do now and what will be included in future planning?

Focus on three principles (as part of 2015/16 Commissioning intentions):

- People encouraged and supported to take responsibility for, and to maintain/enhance their well being
- Equitable access to a high quality and affordable system, which delivers the best outcome for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to home

When will this be reviewed?

The plans will be reviewed by the Mental Health Joint Commissioning Board. Proposals outlined in this paper may be subject to Health Scrutiny and Healthwatch Wiltshire may engage with patients, their carers and the public to see what they think about specific proposals and how far the proposed actions meet the desired outcomes.

How will success be measured?

Plans that have been agreed and implemented and achieving what was set out, with parity of esteem to physical health issues, this will amount to the success of the mental health update for 2015/16.