

**Clinical Commissioning Group  
Governing Body  
Date of Meeting: 20 October 2015**

For: PUBLIC session  PRIVATE session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/15/10/13</b> Mental Health Update
<b>Author:</b>	Barbara Smith, Interim Associate Direct of Commissioning (Mental Health, Dementia and Learning Disabilities)
<b>Lead Director/GP from CCG:</b>	Dr Debbie Beale, Dr Richard Hook, Dr Celia Grummit Ted Wilson, Director of Community and Joint Commissioning
<b>Executive summary:</b>	<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>An update on achievements, issues, priorities for investment and joint commissioning arrangements was considered by the Governing Body at its meeting on the 21st July 2015. It was agreed to release the funding to commission the Care Home Liaison Service and Specialist Dementia Beds.</p> <p>This paper is to update the Clinical Executive and the Governing Body on:</p> <ul style="list-style-type: none"> <li>• Delayed transfers of care and out of area placements in 2014/15, the action taken and the position in the first 6 months of 2015/16</li> <li>• Outcomes from the service reviews undertaken on the Acute Mental Health Liaison Services and the Wiltshire IAPT service</li> <li>• Potential changes in the way that the CCG contract with Avon and Wiltshire Mental Health Partnership Trust</li> </ul>

<b>Evidence in support of arguments:</b>	<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>The Service Reviews are underpinned by a substantial evidence base that is detailed in the full review reports that were considered by the Mental Health and Disabilities Joint Commissioning Board on the 28<sup>th</sup> September 2015.</p>
<b>Who has been involved/contributed:</b>	Mental Health and Disabilities Joint Commissioning Board, AWP
<b>Cross Reference to Strategic Objectives:</b>	<p>The proposals in this paper are designed to</p> <ul style="list-style-type: none"> <li>• Support people in taking more responsibility for their health, care and treatment</li> <li>• Provide fair access to a high quality care and affordable system of care</li> <li>• Provide less care in hospitals and more care at home or in the community</li> </ul>
<b>Engagement and Involvement:</b>	There has been wide engagement and involvement of stakeholders including patients and staff in the Acute Mental Health Liaison Review and the IAPT service review.
<b>Communications Issues:</b>	Any changes that impact on access to services will be communicated to all stakeholders.
<b>Financial Implications:</b>	<p>The financial implications from out or area placements are currently projected to be £152,000, although further clarification from AWP on the detail behind the calculation is required.</p> <p>There is a non-recurrent allocation of £196,000 from NHS England to develop the Acute Mental Health Liaison services to provide 24/7 cover in Emergency departments. The findings from the Acute Mental Health Liaison Review will inform how this allocation will be deployed, although there are likely to be recurrent costs associated with this service development.</p> <p>By rationalising the Wiltshire IAPT service, this will release funding to reinvest in specific courses for long term conditions and early intervention crisis / counselling</p>

	<p>services in Primary Care where there is currently a gap. Commitments to these services will be subject to business cases.</p> <p>The Resource Mapping undertaken to AWP to support changes in the current co-commissioning contracting arrangements indicate that Wiltshire have been overfunding these services. Notice has been given to AWP that this will be rectified in 2016/17.</p>
<b>Review arrangements:</b>	<p>The Mental Health and Disabilities Joint Commissioning Board will review progress.</p> <p>The governance arrangements for the AWP contract ensure regular quality and performance management is in place.</p>
<b>Risk Management:</b>	<p>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.</p>
<b>National Policy/ Legislation:</b>	<p>This paper reflects the Mental Health Priorities set out in the NHS Five Year Forward View and the commissioning priorities for 2015/16.</p>
<b>Public Health Implications:</b>	<p>Public Health is an integral part of the Mental Health and Wellbeing Strategy and the Dementia Strategy.</p>
<b>Equality &amp; Diversity:</b>	<p>In September 2014, partner organisations within Wiltshire signed the Wiltshire Declaration on improving outcomes for people experiencing mental health crisis.</p> <p><a href="#">Wiltshire Declaration on improving outcomes for people experiencing mental health crisis</a></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>
<b>Other External Assessment:</b>	<p>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.</p>
<b>What specific action re. the paper do you</b>	<p>The Governing Body are recommended to:</p>

<p><b>wish the Governing Body to take at the meeting?</b></p>	<ol style="list-style-type: none"> <li>1. Note the progress that has maintained in reducing out of area placements and reducing on-going delayed transfers of care</li> <li>2. Agree the recommendations for the Mental Health Liaison Service set out in 3.1.2, noting that changes to the services at the RUH and GWH will need to be agreed and co-commissioned with BANES and Swindon CCGs.</li> <li>3. Agree the recommendations for the Wiltshire IAPT service set out in 3.2.4</li> <li>4. Note the potential changes to the contracting arrangements with AWP from 2016/17.</li> </ol>
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# 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.

This paper is to update the Governing Body on:

- Delayed transfers of care and out of area placements in 2014/15, the action taken and the position in the first 6 months of 2015/16
- Outcomes from the service reviews undertaken on the Acute Mental Health Liaison Services and the Wiltshire IAPT service
- Potential changes in the way that the CCG contract with Avon and Wiltshire Mental Health Partnership Trust

## 2. Update on Delayed Transfers of Care (DToC) and Out of Area Placements

### 2.1 Delayed Transfers of Care

As previously reported 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 7<sup>th</sup> July 2015, there were 6 delayed transfers of care of which 4 were older people and the remaining 2 were a people of working age with functional mental health problems and complex needs. The numbers have fluctuated since July and as at the 7<sup>th</sup> October 2015 there were 13 people waiting for care or placements to be arranged to enable discharge. 7 of these had been added over the preceding week, from 30<sup>th</sup> September 2015 and recent experience has seen people generally being discharged without a long wait and numbers returning to a level of around 6.

### 2.4.5 Out of area placements

There were some out of area placements during April and May 2015. AWP have calculated that latest estimate for the charge to Wiltshire is £152,000 for 2015/16, but the detail of this analysis is being clarified by the CCG.

Since the 1<sup>st</sup> June 2015 there had not been any out of area placements apart from 2 placements that were specifically related to patient need.

## 3.0 Service Reviews

The following in-depth service reviews were completed in September 2015 and considered by the Mental Health and Disabilities JCB on the 28<sup>th</sup> September and are being considered by the Clinical Executive on the 13<sup>th</sup> October 2015:

- Acute Mental Health Liaison Services

- Wiltshire IAPT Service

### 3.1 Acute Mental Health Liaison Service (MHLS)

Wiltshire CCG commissions Acute Mental Health Liaison services (MHLS) in each of the main three Acute Hospital providers for Wiltshire’s population: Royal United Hospital (RUH), Great Western Hospital (GWH) and Salisbury District Hospital (SDH). Wiltshire CCG invests a total of £1,078,000 in Mental Health Liaison service provision; equating to an investment of approximately £2.85 per head of population (18+ Population total: 378,000).

MHL services are commissioned by Wiltshire CCG to provide a service within the emergency departments as well as the hospital wards; primarily to support General Staff in providing appropriate care to those with mental distress. Their focus is assessment, advice and support for people in acute hospital with severe and enduring or problematic mental health problems, either with a mental health condition or with a dementia. This usually involves a rapid assessment, advice and support for the care team involved in the individuals care, and for the individual to continue to have their care provided where they are. This service can act as a ‘gateway’ into the specialist mental health services, or to offer suitable methods of care (with support) in situ. The liaison service also provides significant in-put to the acute hospital care pathway for people who have self-harmed. The services also provide a range of support, education and training to the acute hospital workforce.

There is a national policy to provide 24/7 Mental Health Liaison cover in Emergency Departments by April 2017 for over 18s and for all ages from April 2020. There is a non-recurring allocation from NHS England of £196,000 (50% in October 2015) to improve these services. The findings and proposals from the review will inform the submission to NHS England on how this will be spent.

The review covered the Mental Health Liaison Services based in the RUH, GWH and SFT. The services provided in the RUH and GWH are jointly commissioned with BANES and Swindon CCGs.

#### 3.1.1 Key Findings

- Friends and family feedback shows patients in receipt of MHL services and their family/carers value the service; experience benefit from the interventions offered and experienced the teams to be professional and empathetic.
- There is variation in service operation hours across the three MHL teams:

Table 1: MHL Operational Hours.

	Salisbury MHL	GWH MHL	RUH MHL
<b>Operational Hours</b>	9am to 5pm, 7 days per week.	>65: 8am – 4.30pm Mon – Fri and 8am - 1.30pm Sat and Sun.  <65: 8am - 4.30pm Mon-Fri only.	Monday to Friday, 8am-8pm (patients >65: 9am-5pm)  Weekends, 8am-8pm (patients >65: 9am-1pm)
<b>Out of Hours</b>	• A&E Emergency	• AWP	• AWP BANES Intensive

	Salisbury MHL	GWH MHL	RUH MHL
<b>Service Provision (response time 4 hours)</b>	referrals managed by the AWP South Wilts Intensive Team.	Swindon Intensive Team.	Team.

- Across the three teams out of hours (OOH) provision for emergency department (ED) emergency referrals is provided by the local intensive team. Staff feedback and ED activity review indicate that this cover does not meet the need of patients and appears to result in patients being admitted to await a mental health assessment when they are medically fit for discharge.
- Presentations of deliberate self-harm were consistently found to be the leading presentation across ED departments reviewed (GWH & RUH) and all MHL teams.
- The Wiltshire population continue to access the three Acute Hospitals and are actively referred to the MHL teams where appropriate (see Annex 1). Access rates to MHL teams by the Wiltshire population are not proportionate to the funding investments in each of the teams (table 2). Table 2: Comparison between percentage of contract value funding and percentage of CCG residents accessing MHL teams.

	SFT MHL (Wiltshire CCG):	GWH (Wiltshire CCG):	GWH (Swindon CCG):	RUH (Wiltshire CCG):	RUH (BANES CCG)
<b>CCG % accessing MHL</b>	Not known	23.3%	64.1%	37%	Not known
<b>CCG % of contract value</b>	100%	38.2%	56.3%	45%	55%
<b>Current Contract Value</b>	£477,000	£303,000	£446,625	£299,000	£364,000
<b>Projected Contract Value based on service access</b>	£317,639	£184,752	£508,266	£245,310	£364,650
<b>OOA Contract value</b>	£159,361		£99,910		£53,040
<b>Variance between CCG current &amp; projected contract values</b>	+£159,361	+£118,248	-£61,641	+£53,690	-£650

- Additionally funding per head of population appears to be higher than B&NES and Swindon CCGs who co-commission the RUH and GWH MHL teams with WCCG (table 3).

Table 3: MHL Contract value: service cost per head of population

	Wiltshire CCG	Swindon CCG	Swindon CCG & BC	BANES CCG
<b>Total MHL Investment</b>	£1,078,000	£446,625	£489,625	£364,000
<b>Population total aged 18+</b>	378,000	168,900	168,900	145,300
<b>Cost per head of population</b>	£2.85	£2.64	£2.90	£2.51

### 3.1.2 Summary of Recommendations

A number of recommendations were agreed by the Mental Health and Disabilities Joint Commissioning Board. A number related to potential improvements to operational efficiency and to improve data recording to enable better analysis of activity and outcomes for the future.

Specific recommendations relating to the service specification include:

#### 1. Service Operation

- AWP to develop staff costing for extended hours of core service provision to for 24/7 ED cover for each MHL team; to be implemented by April 2017
- Commissioning consideration to be given to the alignment of core operational hours of MHL services: 8am-8pm.
- Mental Health Commissioners to plan commissioning of ageless MHL teams with CAMHS Commissioners, to be implemented by 2020.
- Community Hospital MH need to be assessed by Mental Health Commissioner.
- AWP to propose a pathway and what provision will support those in community hospitals.

#### 2. Funding of Mental Health Liaison Services

- The resource mapping and rebasing of the contract will address the current overfunding of the service by Wiltshire CCG

#### 3. Training provision for hospital staff

- MH Commissioning to work with AWP and GPs to determine training focus and appropriate forum for delivery of training.
- Training provision to be reported within performance activity reports.
  - Number of training sessions
  - Topic of training session
  - Number of staff in attendance

### **3.2 Wiltshire IAPT Service**

The Wiltshire IAPT (Improving Access to Psychological Therapies) service, known locally as LIFT (Least Intervention First Time) is managed by AWP and commissioned by Wiltshire CCG. The current value of this contract is £2,306,000 fully funded by Wiltshire CCG. The aim of the service is to provide a comprehensive primary care mental health service in Wiltshire, incorporating the IAPT programme to adults in who are registered with a GP in Wiltshire, using a stepped care system with the least intervention first time approach. Cognitive Behavioural Therapy (CBT) is the main therapeutic model in the service. Whilst based on a National model, the Wiltshire service differs in that it is entirely self-referral and no triage takes place, everyone who wishes to be seen can be. As a result of this, the service has extended beyond the IAPT model remit of treating clients who have mild to moderate anxiety and are increasingly responding to those with highly complex needs.

A review of the Wiltshire IAPT service has been undertaken as part of a programme of Service/contract reviews. The primary reasons for undertaking this review were:

- a) There has been a significant turnover in staff and some difficulty in recruiting – this is impacting on IAPT's ability to run courses and waiting times for clients have increased.
- b) The Service Manager retired on 31 March 2015 and a replacement has been recruited from within the service. It was felt that this represented a timely opportunity to undertake a service review and would be a useful exercise for the new Service Manager to be involved with.

The findings from the review have been grouped into the following themes:

- Outcomes from the service
- Capacity
- Cost effectiveness

#### **3.2.1 Outcomes from the service**

The response from patients was generally positive, although some felt that group courses did not meet their specific needs, which may be reflected in the high DNA rate of 44% for group sessions compared with 11.8% for 1:1 sessions. More patients access 1:1 sessions (73%) than group sessions (27%) although there has been a gradual increase in numbers participating in group session. Patients also value the flexibility of the service and the evening and weekend sessions that are available.

Nationally there is a target access rate of 15% of the anticipated eligible population. The self-referral nature of the LIFT service has meant that the rate in Wiltshire of 24% has consistently exceeded the national target by around 1,000 referrals per quarter. However the national recovery rate target of 50% is more difficult to achieve as there is no triage in the LIFT model and Wiltshire's rate has been increasing from 39% in Q1 of 2014/15 to just over 50% at the beginning of 2015/16. In 2014/15, 210 people moved off sick pay and benefits.

There has been a steady increase in referrals since the service started in 2011/12, from 9,288 in 2011/12 to 11,654 in 2014/15 (an increase of 26%). The rate is continuing to increase into 2015/16.

This partly reflects additional courses that have been developed, for example for Long Term Conditions.

The complexity of patient presentations have increased over the years and people are being referred to the service rather than more appropriate services, such as Counselling or substance misuse services. The infrastructure within the Wiltshire IAPT service has not been developed to meet the needs of more complex patients that are increasingly being referred.

In past years people have not needed to wait for a service and people could easily book onto a course within 4 weeks. However, due to staff shortages waiting times have increased with some patients waiting as long as 10 weeks in some areas.

### **3.2.2 Capacity**

Staff Recruitment and retention has been an issue for the service, which has escalated in 2015/16, with 17 vacancies at the end of July 2015 out of an establishment of 59.2 whole time equivalents (28.7%). This has led to some courses (long term conditions) being cancelled to ensure that the core courses could continue to be provided. Long term conditions courses have never been formally commissioned by the CCG. They were developed through a Department of Health Pathfinder project through non-recurring funding.

Although the IAPT model is about short term interventions, there has not been a discharge policy within the service and some patients have continued to attend the service receiving in excess of 80 sessions.

### **3.2.3 Cost effectiveness**

The value of the current IAPT contract is £2.306m. The contract has been capped at this level for the last few years. Wiltshire CCG budgets to spend £5.86 per head of relevant population per year compared with £6.90 in BANES and £7.07 in North Somerset. South Gloucestershire spends less at £5.15.

The Resource mapping work undertaken by AWP indicates that the service underspent by £250,000 in 2014/15 (representing on average 8 wte vacancies throughout the year).

AWP reference costs in 2013/14 were £46.04 per contact (across the whole trust area) which was 48% of the National average of £96.61 with only 2 providers out of 56 providers having a lower unit cost.

The Wiltshire IAPT service has calculated direct costs for group sessions and 1:1 sessions (Pay and Travel and Subsistence). These are:

	Group sessions Per Session	Group session Per person (av 4)	1:1 sessions
Step 2	£229.82	£57.91	£71.24
Step 3	£309.28	£77.64	£86.98

The rate per person would be higher if the attendance was higher and the DNA rate was improved. The DNA rate in Sarum for group sessions, where there is a central booking system in place for sessions in GP practices, is lower i.e. 39.58% for July compared to 46.23% and 46.99% for NEW and WWYKD respectively.

### 3.2.4 Summary of Recommendations

At their meeting on the 28<sup>th</sup> September 2015 the Mental Health and Disabilities JCB recommended that:

- a) The contract sum to be reduced from £2.3M to £2M from April 2016.
- b) The intention to continue to commission the Core IAPT service from AWP without tendering the service. This will mean a reduction from 41 courses currently offered to the 8 core IAPT courses.

In conjunction with the above:

- IAPT to move to centralised booking across the county
  - Service to be completely self-referral on an opt in basis
  - Provision of additional 1:1 sessions with a corresponding reduction in group sessions
  - On-line therapies i.e. SilverCloud to be made available to all
  - Business case to be developed for Long Term Conditions courses
- c) There are requirements for the service to reduce DNA rates, initially to an average of 10% and subsequently to the Wiltshire average of 5.5%. Additionally, the service would be required to address waiting times – targets to be agreed.
  - d) Work with Wiltshire IAPT to develop a staffing model that enables the quality of service to be improved through recruitment and retention of staff.
  - e) Develop business cases for other early intervention low level crisis and counselling services to meet identified needs within Primary Care within the resources freed up from the reduction in the IAPT contract.

## 4.0 Avon and Wiltshire Mental Health Partnership Trust (AWP) Contracting Arrangements

Currently Wiltshire CCG is part of a co-commissioning arrangement with North Somerset (Co-ordinating commissioner), South Gloucestershire, Bristol (in-patient services only), BANES and Swindon CCGs. There is one overarching contract with AWP to provide in-patient and community

mental health services Swindon and Bristol are withdrawing from the co-commissioning arrangements. There are separate specific schedules within the overarching contract for specialist services such as ASD and ADHD services and latterly specialist services for people with a learning disability.

Swindon, Bristol and North Somerset have given notice that they wish to withdraw from this arrangement.

As a result work has been undertaken to map the activity and use of resources within the AWP contract across all six CCGs. Although there are some anomalies within the detailed analysis, the indication is that Wiltshire have significantly overfunded services within the co-commissioning arrangement. Notice has been given to AWP and the other commissioners. Further work needs to be undertaken to establish the contract value based on budgeted costs rather than actuals (resource mapping is based on actuals). Current resource mapping would result in inflated costs for in-patient beds arising from the need to employ agency staff, and under resourcing for community services where vacant posts have not been filled.

The Accountable Officers and CFOs from all six CCGs are working together to agree a future model for commissioning core services from AWP. Wiltshire CCG have indicated that any future contract needs to be:

- Specific about contract value for in-patient provision and Community Services
- Specific that we want flexibility of access to beds across the trust – with specific access to beds in Swindon and BANES to meet patient/relative choice for people living in North and East Wiltshire and West Wiltshire.
- Risk share arrangements for PICU beds across the Trust (and across all CCGs including Swindon and Bristol)
- Specific about commissioning arrangements for Mental Health Liaison Services in the RUH and GWH..

## **5.0 Recommendations**

**It is recommended that the Governing Body:**

- i. Note the progress that has maintained in reducing out of area placements and reducing on-going delayed transfers of care**
- ii. Agree the recommendations for the Mental Health Liaison Service set out in 3.1.2 , noting that changes to the services at the RUH and GWH will need to be agreed and co-commissioned with BANES and Swindon CCGs.**
- iii. Agree the recommendations for the Wiltshire IAPT service set out in 3.2.4**
- iv. Note the potential changes to the contracting arrangements with AWP from 2016/17.**

**Barbara Smith**

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

15/10/2015 13:48

Table 2: MHL Performance Activity Summary 2014/2015.

Descriptor	SDH	GWH MHL	RUH MHL
<b>Total Referrals</b>	1067	1678	1697
<b>Growth in referral totals 13/14 to 14/15</b>	115.1%	11.8%	Not known
<b>Area of Residency</b>	Not recorded	Swindon: 1076 (64.1%) Wiltshire: 391 (23.3%) Other: 211 (12.6%)	Wiltshire: 629 (37.07%) BANES & Other CCGs(59.5%)
<b>Gender: Female</b>	603 (56.4%)	951 (56.7%)	1007 (59.4%)
<b>Male</b>	463 (43.5%)	727 (43.3%)	690 (40.6%)
<b>Other</b>	1 (0.1%)		
<b>Age:</b>			
<b>0-17</b>	4 (0.4%)	5 (0.3%)	0
<b>18-35</b>	305 (28.6%)	558 (33.3%)	476 (28%)
<b>36-65</b>	367 (34.4%)	649 (38.7%)	449 (26.5%)
<b>66+</b>	391 (36.6%)	466 (27.8%)	772 (45.5%)
<b>Ethnicity:</b>			
<b>White</b>	927 (86.9%)	1490 (88.8%)	1521 (89.6%)
<b>Black</b>	5 (0.5%)	8 (0.5%)	12 (0.7%)
<b>Asian</b>	1 (0.09%)	19 (1.3%)	5 (0.3%)
<b>Other</b>	134 (12.6%)	16 (1%)	159 (9.4%)
<b>Not stated</b>		145 (8.6%)	
<b>New Case</b>	462 (43.6%)	611 (36.4%)	Not provided
<b>Open on another referral</b>			
<b>Previously open &lt; 6 months ago</b>	279 (26.4%)		
<b>Previously open &gt; 6 months ago</b>	169 (16%)	1067 (63.6%)	
<b>*Previous referral to AWP</b>	149 (14%)		

<b>Contact received from MHL</b>	Screened and discharged <b>204 (19.21%)</b>  Assessed and discharged <b>556 (52.2%)</b>  Brief Intervention (<=6 contacts) <b>253 (23.71%)</b>  Substantial Intervention (>=6 contacts) <b>53 (4.97%)</b>	2903 total patient contacts	Not recorded
<b>Out of Hours Referrals to the Intensive Team</b>  <b>*referrals additional to MHL referral totals</b>	Jan – Feb 2015 referrals received: 35 (appendix 8)	Not provided	58