

Cumbria Adult Age Mental Health Update

Cumbria County Council Health Scrutiny Committee

9 October 2017

NHS North Cumbria Clinical Commissioning Group
NHS Morecambe Bay Clinical Commissioning Group

Cumbria Adult Age Mental Health Progress Update

Introduction

This report provides an update to the Health and Wellbeing Scrutiny Committee on the progress made in Cumbria against the 2015 – 2020 Cumbria wide Mental Health Strategy 'Better Mental Health for All' and its subsequent alignment with the priority actions outlined in the NHS England Five Year Forward View for Mental Health, including intentions regarding in-patient configuration consultation.

It has been written by NHS North Cumbria Clinical Commissioning Group (CCG) and NHS Morecambe Bay CCG with input from Cumbria Partnership NHS Foundation Trust.

This report will also encompass the update from Morecambe Bay CCG which, following boundary change in April 2017, continues to align its mental health programme within both the Morecambe Bay's Accountable Care System strategy of 'Better Care Together' and the continued delivery of the 2015-20 Cumbria countywide strategy.

This mental health progress update will also reflect the position of Cumbria within the two new Sustainability and Transformation Partnerships (STPs) of West, North and East Cumbria and Lancashire & South Cumbria. Both STPs focus on a wider system response to making improvements across mental health services and achieving positive outcomes for our population.

Cumbrian Background

In 2014 key stakeholders agreed the need to review and improve how mental health services were designed and delivered across Cumbria. This acknowledged the ongoing quality, safety and performance challenges relating to mental health service provision at that time.

The following system wide actions were taken:

1. A Cumbria wide multi stakeholder Mental Health Partnership Group was established to drive and monitor improvements.
2. NHS Cumbria CCG and Cumbria Partnership NHS Foundation Trust jointly commissioned the Centre for Mental Health to undertake a review of the inpatient and community mental health services, provided by Cumbria Partnership NHS Foundation Trust.
3. Stakeholders contributed to the development of the Cumbria wide five year (2015 – 2020) Mental Health Strategy 'Better Mental Health for All', clearly set out under the following three headings:
 - *The overarching vision*, providing the direction of travel for service development to test any service development proposals against.

- *The model of care*, designed around the needs and aspirations of service users and carers, to translate the vision into a framework for service delivery which maximised innovation and strengthened the interfaces between services / agencies.
- *The Joint Commissioning Strategy*, describing how both NHS Cumbria CCG and Cumbria County Council would bring together their commissioning resources to deliver the vision and model of care.

The Cumbria Mental Health Partnership Group identified the following four priority areas for improvement from the strategy:

- Implementation of the National Crisis Care Concordat and improvement in services to support people experiencing a mental health crisis.
- Primary care mental health provision, including the need to address health inequalities.
- Increased involvement of the third sector as providers of a wide range of services.
- A system of care that supported and actively promoted recovery.

These were incorporated into a transformation plan in March 2016 which is monitored within the governance structure of both CCGs and system transformation partnerships.

National and Regional drivers

There were a number of significant national and regional developments for mental health following the introduction of the Cumbria wide strategy in 2015, which included:

- Publication of the Five Year Forward View for Mental Health in February 2016, setting out a clear agenda for the reform of mental health care, with 58 recommendations to be implemented by 2020/21.
- The National Commission for the Review of Psychiatric Inpatient Care for Adults 'Old problems, New solutions: Improving Acute Inpatient Psychiatric Care' was published in February 2016.
- The formation of two new CCGs, NHS Morecambe Bay and NHS North Cumbria CCGs following formal boundary change approved by NHS England in 2017 and commencing April 2017.
- The development of two sub regional partnerships spanning Cumbria; Lancashire & South Cumbria and North Cumbria encompassing West, North and East localities.
- CQC Inspection published in March 2016 and subsequent follow up in July 2017.

The Mental Health Partnership Group led the process for the cross referencing of the national

drivers against the Cumbria strategy to ensure alignment and in light of the STP developments are currently scoping opportunities for wider alignment.

Overview of our focus

1. Delivering the Five Year Forward View for mental health in the whole of Cumbria and continuation of our previous strategy, including:
 - supporting people in mental health crisis to ensure that 24/7 community-based mental health crisis response is available and within emergency departments
 - improving and ensuring access to public health prevention and community based lower level support and interventions
 - improving access to and the range of psychological therapies and supporting people with long term conditions and into employment using these approaches
 - transforming perinatal care in both community and in-patient services
 - developing a model and framework for integration across physical and mental health need making use of the evolving Integrated Care Communities and exploring a Primary care mental health service offer

In addition there are process areas on which to develop:

- national access standards and care pathways by 2020/21.
 - service user co-produced standards for acute care services, which include the prevention of avoidable admissions and provision of acute mental health care as close to home and in the least restrictive environment as possible
 - greater transparency through a 'data revolution', tackling inequalities, supporting people into employment and within the workplace.
2. Implementing the 12 recommendations made in the National Commission for the Review of Psychiatric Inpatient Care for Adults to ensure that high quality community and inpatient service design and provision and aligning this within our strategy.
 3. Ensuring that the STP focus for mental health builds on the FYFV and the focus areas for transformation in the Cumbria plan.

Taking the programme forward

As the Success Regime ended in April 2017 and the commissioning boundary changes came into being at the same time, transferring implementation of transformation programmes into the new STPs is the way in which this work will be taken forward.

Two mental health workstreams have now been established, reporting into both Sustainability and Transformation governance structures clearly setting out the programmes of work to achieve the original Cumbria wide strategy priorities, and the priority actions from the Five Year Forward View for Mental Health. In Morecambe Bay's system the alignment is to a much wider

STP footprint that contains 5 local systems and brings a wealth of experience and learning from the previous 'Heathier Lancashire' strategic plan for mental health.

Developments in the North Cumbria system are also aligning work programmes to those in the North East as the sub regional partnerships recognise benefit of cross boundary working and closer alignment for more specialised mental health service provision.

Programme update

1. Early intervention and prevention, including Primary Care Integration

Working with colleagues in Cumbria and Lancashire we are describing our work projects to improve early recognition of mental health issues and have a platform within our developing Integrated Care Communities to do this. The mental health service providers are actively developing relationships in those communities and seeking opportunity with community and third sector groups to align priorities, resources and skills and create a range of interventions outside of NHS services.

At the same time significant work was completed by the clinical leaders for mental health with several other English health communities and the Kings Fund Network through 2016/17 to identify national and international best practice / evidence of integrated physical and mental health models in primary care. Subsequently a mandate has been given by both the Mental Health workstreams and the Integrated Care Communities Steering Group in the north to establish a mental health integrated care communities steering group to lead on the design and delivery of a model which will integrate physical and mental health in Primary Care. In Morecambe Bay there is a shared vision for mental and physical health and a workshop in September enabled clinical teams to agree a framework on which to build stronger connectivity and describe ideal services that the system can work towards implementing.

We wish to see multidisciplinary teams to include mental health professionals, shared care planning and transition plans to help people move through services, skills developed by sharing expertise and as we know relationships enable change, more collective leadership and shared responsibility for service users wherever they enter and are managed in our system.

Taking our learning from international developments, the integration of physical and mental health services are being driven by our clinical leads and psychiatrists using a model known in North America but reflecting the benefit we describe in Cumbria, the Intermountain model clearly sees closer working, system connectivity and making mental health a norm of life as the model we want to implement.

2. IAPT including developments of long term conditions model

NHS England sought to improve uptake of these Psychological Therapies to improve the access rates and benefit to users, but also to create additional capacity for people living with Long Term Conditions to access this intervention. The new target from NHS England was set at 25% of our population will receive an IAPT psychological intervention over the next 5 years.

Both STPs are working to deliver this whilst recognising that it brings challenges to the current service and to the affordability of the recurrent increased model. NHS England did make funding available in this year to set this up and to help start the progress towards an increase but North Cumbria STP weren't successful with a funding bid and Lancashire and South Cumbria STP are still clarifying allocation in the wider footprint.

There has also been an allocation of monies via the Department of Work and Pensions to increase the number of employment advisors within Improving Access to Psychological Therapies services to be based within Primary Care. Both Clinical Commissioning Groups have recently signed a memorandum of understanding with the Department of Work and Pensions and Cumbria Partnership Foundation NHS Trust, as the provider, to support this service development over the next three years.

3. Integrated Urgent Care and crisis services

This programme of work includes redesigning a consistent 24/7 acute liaison service across the health economy for emergency departments and wider. It is important that we get the right capacity in our community services to manage people in their communities but also that there is appropriate care when a person enters an urgent need or an emergency service.

There is a programme within the FYFV called 'Core 24' which seeks to embed liaison services 24/7 into emergency departments and again NHS England funding is to be made available to enable this to happen. In South Cumbria this is in the development and design stage but with clear indication of funding coming into the STP in year to help pump prime. In North Cumbria this will build on the work to date in the urgent care system in Carlisle, used as a proof of concept project.

In North Cumbria considerable work has been completed in 2016/17 supported by the Police Innovation Fund. The Multi Agency Crisis Assessment Service, which will meet requirements of the 'core 24' service, consists of a Cumbria wide single point of access; updated and approved Section 136 facilities, a Carlisle based community crisis hub (provided by Carlisle and Eden Mind) and three crisis beds at the Carleton Clinic in Carlisle.

All stakeholders recognise this scheme as an exemplar in joint system working and as current funding expires in March 2018 further opportunities for sustainable funding are being explored via the Police and Crime Commissioner Sustainable Transformation Fund.

The development of a mental health response to support the clinical decision making in 111/999 is important to the system and flow of patients and as such both CCGs are aiming to make improvements.

NHS North Cumbria CCG and Cumbria Partnership NHS Foundation Trust are working closely together to add a comprehensive mental health service offer to the North West Ambulance Service 111 Directory of Services to ensure patients can access appropriate mental health services via 111 at all times. South Cumbria is part of the wider Lancashire plan and will take the learning from the north system to model an ideal service for the population.

4. Perinatal care

NHS England described improvements to perinatal care as critical to ensure a safe and high quality experience for new mothers and their babies. The national programme to be delivered through our STPs sets out to:

- Increase access to evidence-based specialist perinatal mental health care: regional plans and trajectories in plan to meet national ambition of 2,000 additional women accessing care.
- Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.
- Build perinatal MH capability by developing a competence framework describing the skills needed in the workforce.
- For Lancashire and South Cumbria STP we are also providing a regional specialist in patient unit for mothers and babies in Chorley.

In addition to these project areas that map to our initial priorities, we are exploring process improvements that track benefit, resources, improve connectivity and communication and meet our wider Cumbria strategic aims as set out in our current strategy.

Collaborative supply and specialised commissioning

Our Cumbrian partnerships are also seeking to review connectivity with wider collaborative transformation in the sub regional STPs, with NHS England commissioned services and within provider development plans outside of the Mental Health Five Year Forward View.

1. Pathway redesign (Provider Development)

A current example of the work we are developing across Cumbria and aligning to Lancashire is:

- Eating disorders- there is a current service largely commissioned for eating disorders focussed at late stage anorexia nervosa and is in scope for a broadening and improvement plan. For Cumbria the right thing to do is look at this within our two STPs which brings a local solution that meets our population need.

- Both CCGs are working with Cumbria Partnership NHS Foundation Trust to scope a comprehensive eating disorder service which will encompass prevention, early identification and intervention as well as services for late stage complex disorders across a 12 to 24 years age range. There is a benefit to Cumbria from learning in the sub regions and we expect a new service in the next financial year.

2. Secondary Care Mental Health Bed-base

A comprehensive bed modelling review was commissioned from Mental Health Strategies by NHS Cumbria CCG in 2016. This review identified that although there were an appropriate number of mental health beds to meet the needs of the population of Cumbria, the configuration and location of these beds needed further consideration. This process was delayed until the STP plans had been agreed for both the North Cumbria and Lancashire and South Cumbria (including Morecambe Bay) footprints.

This work also focuses on the wider priorities set in the Five Year Forward View for Mental Health, including developing enhanced primary/community mental services which are integrated with physical health services through ICCs and new models of crisis and liaison, both of which should help minimise the need for inpatient beds in the future. This work will now be taken forward as part of the overarching mental health workstream plans in both West, North and East Cumbria and Morecambe Bay, supported and monitored by the Cumbria wide Mental Health Partnership Group.

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Given the new footprints for both of Cumbria's CCGs and the corresponding patient flow in the STPs for both north and south, it makes sense to ensure that any review of adult inpatient services takes stock of all potential opportunities offered by these changes which may, or may not, include beds in the Lancashire system. It is expected this scoping work could be completed by summer 2018 with options developed for appraisal.

Next Steps

Both CCGs have a clear line of sight to the priority actions required to deliver on the Mental Health Strategy, informed and supported by the Five Year Forward View. Both continue to work within the wider partnerships to ensure that Cumbria priorities are aligned and delivered in the most effective and efficient way.

NHS Morecambe Bay CCG will ensure that the Cumbrian programme aligns with the STP in Lancashire and South Cumbria to strengthen the impact to Cumbrian residents.

Both CCGs will describe in as much detail as able the model, pathways and benefits for mental health transformation in Cumbria, focusing on priority areas and exploring evolution in our Integrated Care Communities.

They will continue to develop the skills base and workforce in Cumbria, using collective clinical leadership and sharing skills and capacity where able to benefit patients.

They will continue to identify our whole service profile and when concluded revise the emerging bed model project to prepare our communities for further engagement and if required consultation to meet appropriate and regulatory timelines.

Much of the Cumbria work programme, which has been successfully initiated, has been working with other stakeholders to deliver against priorities and now needs to work with these agencies to identify and secure funding to continue the transformation and innovation in the next financial year post March 2018.



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