

Humber, Coast and Vale Sustainable Transformation Partnership

Mental Health Workstream Annual Report (2017/18)

Introduction

This annual report provides an overview of the progress and work that has been completed during 2017/18 to continue to transform and improve mental health services as part of the Humber, Coast and Vale Sustainable Transformation Partnership (HCV STP).

In early 2017, Michele Moran was appointed as the Senior Responsible Officer (SRO) for this programme supported by Alison Flack as the Programme Director. To support the work programme, a Mental Health Delivery Board was established with representatives invited from all the partners within the Humber, Coast and Vale footprint.

National and Local Context

The NHS faces unprecedented financial and associated operational challenges. National leaders of the NHS have been clear that stabilising provider sector finances is critical to ensure overall NHS financial sustainability. Nationally, one third of NHS Foundation Trusts were in deficit at the end of 2016/17, suggesting systemic issues were impacting performance. NHS Trusts continue to face rising and material increases in demand for their services as a result of demographic factors, pressures on primary and social care and increasing patient expectations. At the same time, patients have higher and more complex needs.

As a health and social care system, we face increasing pressure from meeting the demands of a growing population in the face of public sector funding constraints. This is recognised nationally in the 'triple aims' that the NHS has been tasked to achieve:-

- Implement the vision in the 'Five Year Forward View' to improve health and care.
- Deliver core access and quality standards.
- Restore and maintain financial balance.

These challenges will result in health and social care systems transitioning from the traditional 'see, treat and discharge' model to one which 'identifies problems at an early stage and works with patients and partners to tackle

them via integrated services supported by shared technology and information’.

During 2017/18 we have continued to implement the 5 Year Forward View for Mental Health and we will work towards achieving the national Mental Health Delivery Plan for 2018/19.

The fundamental aims of the HCV STP are to ensure the local population is enabled to ‘Start, Live and Age Well’ whilst the health and social care systems focus on the triple aim of achieving desired health outcomes, maintaining quality services and closing the financial gap through efficiency. To excel these ambitions there is a genuine need for strong collaborative partnerships arrangements to help the public sector make the appropriate reforms.

There are six ‘Place’ systems within the HCV STP and each of them is continuing to develop their local Place Based Plans. These will focus on the needs of the local population within each ‘Place’ and we have continued to link our work to that within each Place.

Our Partners

The Mental Health Delivery Board is representative of all the partners within the HCV STP. This includes NHS providers and Clinical Commissioning Groups and also our voluntary sector partners. We have also worked closely with NHSE Yorkshire and Humber Clinical Network Teams, NHSE Specialist Commissioning, the Academic Health Sciences Network, the University of Hull through the Faculty of Health and National Institute of Clinical Excellence. Our representatives are also working closely in their own Place areas and we have continued to develop an alignment to Place based work.

We have agreed a Memorandum of Understanding which outlines our priorities and how we will work together as a collective partnership.

We continue to work closely and receive support from the NHSE Yorkshire and Humber Clinical Networks. This has enabled best practice to be shared across the region and improved engagement with clinicians and lead commissioners.

Our Successes

Although this has been our first year working together as an STP mental health partnership we have been successful in a number of areas working collectively as an STP.

Providing a safe space for young people living in Hull and East Riding

We were successful in our bid for non-recurrent monies from NHSE to provide a safe space for young people living in Hull and the East Riding. This bid was developed in partnership with Humbercare, Hull City Council and East Riding of Yorkshire Council.

Providing additional Mental Health services during winter to support patients

We also received significant additional funds of £334,000 to support our mental health services during the winter period. This funding has provided much needed additional resource to provide a range of services to support A&E departments. This has included additional mental health staff working in A&E teams, extended opening hours for Humber's crisis pad, provision of step down beds to reduce admissions to acute beds.

A new Child and Adolescent Mental Health Inpatient Service

A successful capital bid for £6.5 million to provide an 11 bedded Child and Adolescent Mental Health inpatient unit which will include 9 general beds and 2 PICU beds to meet needs of young people in the Yorkshire and Humber region. This service will be provided by Humber Teaching NHS Foundation Trust.

Increasing Dementia Assessment Rates

One of our priorities is to improve dementia assessment rates and this has continued to improve over the last 6 months, however there is further work to do in some places.

Expanding our liaison services

There is an expectation that by 2020 all acute trusts will have a liaison psychiatry service in place for all ages, appropriate to the size, acuity and specialty of the hospital.

In January 2017, STPs were invited to bid for Liaison Mental Health Transformation Funding.

The following amounts were awarded:-

- NHS East Riding of Yorkshire and NHS Hull - £699,000 (funding requested for 2018/19)
- NHS Vale of York £498,000 (funding requested for 2017/18)

Our Priorities during 2017/18

The Mental Health Delivery Board agreed a set of priorities to take forward over the first 12 months of the programme. These were in line with the Five

Year Forward View for Mental Health. Although it was acknowledged that each organisation would be dealing with their own priorities, it was agreed that these were areas that could be better developed collaboratively and across a wider geographical footprint. It was acknowledged that in some instances there was good practice being delivered which could be shared with other organisations. This would then benefit the wider populations across the STP.

Priority 1 – Eliminating Out of Area Acute Mental Health Placements

During 2017 the number of patients requiring admission to an inpatient unit outside of their local area has continued to reduce. There is still work to do in relation to validating data information returns. However, this has started to improve over the last 3 months. A regular forum has been established with case managers who work within the STP. This has improved joint working and information sharing.

The first three months data collection (April 2017 – June 2017) identified that there were 2770 occupied bed days (OBD) being utilised out of the area on general adult and older adult inpatients. Information was not collected at this stage regarding the number of inappropriate admissions. National reporting commenced September 2017. Further work needs to be undertaken to validate the data submissions in particular activity related to TEWV given the wider STPs areas that they cover and the recent closure of Bootham Park Hospital in York. The current dataset however appears to demonstrate a reduction in the number of bed days and a reduction in the length of stay for patients being placed out of area. From November 2017 up to the end of January 2017 there were 1725 occupied bed days utilised. Of these 1550 were defined as inappropriate.

The group has worked together to continue to reduce the number of patients needing to be placed outside. In April 2018 – Humber Teaching NHS Foundation (HFT) opened an additional 5 beds commissioned by Hull Clinical Commissioning Group and additional beds commissioned by East Riding Clinical Commissioning Group. Following a successful pilot during 2017, HTFT will continue to deliver a crisis pad for Hull and East Riding CCG patients. In addition, Hull and East Riding CCGs have commissioned step down facilities from MIND. All of these measures will help to continue to reduce the use of out of area acute mental health placements.

Priority 2 – Crisis and Liaison Services

This group was established in November 2017 and is continuing to develop its remit and membership.

During 2017/18, the group has overseen the submission of 5 applications for the national monies to provide additional money as part of the Beyond Place of Safety Scheme. These bids covered a number of areas across the STP footprint and we are just waiting to see the outcome of these. This was a good opportunity to work together collectively as a system and not as individual organisations. It enabled sharing of good practice and improving relationships.

Across the STP there are currently three Crisis Care Concordats in operation and it is proposed that there will be a set of strategic priorities which will be delivered by each local delivery group.

During 2017/18 a mental health triage service has been delivered by MIND based within the control centre of Humberside Police. A recent evaluation provided feedback on this pilot. Temporary funding has been approved by CCGs and the Police to extend this pilot for a further 6 months with a view to finalising a service specification for the new service to commence in 2018/19.

Both Humber FT and TEWV were successful in being awarded mental health liaison monies for Wave 1. The group will support other provider organisations to make further bids and are also supporting the implementation process. Further work will continue to review the impact of A&E Liaison frequent attenders.

During 2018/19 the group will be reviewing crisis resolution home treatment teams across the STP. It is proposed that this will be carried out as a peer review exercise across TEWV, Humber, NAVIGO and RDASH. It will provide the opportunity to review each crisis and home based treatment team in readiness for the national guidance that is due to be released. Working closely with the Yorkshire and Humber clinical networks, there continues to be the opportunity to share good practice and information about different models of crisis support.

Priority 3 – Secure Care

This group is led by NHSE Specialist Commissioning.

A draft business case has been developed jointly by colleagues working in forensic services and NHSE Specialist Commissioning. The proposal is to provide a new model of care across the HCV STP which will enable patients requiring low and medium secure care to be repatriated back to their local area. We are also developing a business case to provide forensic outreach liaison services.

Priority 4 – Dementia

This group was established in January 2017 and has identified its priority areas to achieve. It has a good representation from health providers, local authority and social care providers.

We have been able to share good practice to improve the dementia diagnosis rate within our STP. Although there is more work to do the dementia workstream have developed a set of priorities to focus on. These include:-

- Complex long term out of area care for those patients with dementia.
- Post diagnosis support for patients.
- The development of a minimum dataset for memory services.

We recently worked in partnership with the Academic Health Science Network to host a dementia systems event. The event focused on the dying well with dementia pathway and as a result of this, a number of service improvement programmes were developed to support those patients with complex dementia requiring end of life care. These programmes will be taken forward in partnership with our voluntary sector partners, hospices and care homes.

Priority 5 – Perinatal Community Specialist Teams

This workstream has been developed in partnership with the local maternity system and significant work has been completed to develop a bid that was recently submitted to NHSE for funding to support the provision of perinatal community specialist teams across the whole of Humber, Coast and Vale. We are currently awaiting the outcome of this bid which has been developed with all our mental health provider trusts, CCGs and local acute trusts. The HTFT perinatal specialist team were recently successful in achieving a national award for the high standard of the service.

Priority 6 – Community Mental Health Teams Review

A sixth priority had also been identified as community mental health teams. Following review, it was agreed that this would be deferred pending work being developed at a national level. HFT were already leading an internal review of their community mental health teams. Other providers did not feel that they wished to progress this further at this stage.

Mental Health Workforce

A workforce sub-group has now been established and is representative of all the organisations. This group is supported by Health Education England and the University of Hull through the Faculty of Health. A recent workforce data collection exercise has helped to start to baseline the expected demand on workforce and the skills and competencies that will be required. The STARR

workforce modelling tool will be used to support the priority workstreams where staffing is a key issue.

Measuring our Performance

A key workstream for 2018/19 is to establish a regular performance reporting system to the Mental Health Delivery Board. As part of the national mental health delivery plan for 2018/19 our Board will be expected to monitor all the mental health key performance indicators and work together to ensure these indicators are achieved.

The measures that have been monitored by each organisation during 2017/18 are as below:-

Key Performance Information

Where performance is below the national standards, this is highlighted in red. The figures highlighted in yellow are where an error in the data submission has impacted on the data.

	HUMBER COAST AND VALE					
	ERY	Hull	NEL	NL	S&R	VOY
IAPT 18 weeks	100.00 %	100.00 %	99.00 %	100.00 %	100.00 %	100.00 %
IAPT 6 weeks	85.00%	70.00%	93.00 %	94.00%	100.00 %	80.00%
IAPT Recovery	51.72%	51.39%	48.61 %	53.25%	40.91%	43.65%
IAPT Access	4.72%	6.42%	4.28%	4.98%	3.89%	3.84%
EIP (Rolling 1/4)	94.1%	100.0%	92.3%	66.7%	50.0%	12.5%
Dementia	64.7%	76.6%	71.6%	64.6%	58.5%	60.5%
CYP Access	23.2%	23.9%	21.8%	23.9%	37.3%	19.1%

Definitions

Improving Access to Psychological Therapies (IAPT)

The standard requires 75% of people with common mental health conditions referred to the IAPT programme to be treated within 6 weeks of referral, and 95% to be treated within 18 weeks of referral. Services are required to maintain the access standard of ensuring that at least 17% (by Q4) of adults with relevant disorders have timely access to IAPT services with a recovery rate of 50%.

Dementia Diagnosis Rate

The standard requires 66.7% of people with dementia to have received a formal diagnosis and be accessing care and support.

Early Intervention in Psychosis (EIP)

The standard requires 50% or more of people experiencing a first episode of psychosis to be treated with a NICE approved care package within two weeks of referral.

Mental Health Investment Standard

The Five Year Forward View for mental health outlines the need for clinical commissioning groups to continue to increase their investment in mental health in line with their overall increase in allocation. During 2018/19 each CCG must ensure that it reaches the expected investment standard to deliver the expected improvements in mental health services.

Governance Arrangements

The Mental Health Delivery Board now meets bi-monthly. Each of the workstream priorities has an identified lead(s) who have been supported by their own organisation to lead these workstreams.

The workstream leads also meet collectively on a bi-monthly basis and provide updates on progress and any items for escalation to the Mental Health Delivery Board. The Programme Director also completes a programme report for review by the Board.

Although the resources have remained limited to support the workstream, some organisations have released individuals to support key pieces of work.

A weekly circulation of information is also provided to all the partners. This has been felt to be beneficial due to the changing shape of organisations and the system in keeping people up to date and ensuring that they receive regular updates.

Our Plans and Priorities for 2018/19 – to be agreed by Mental Health Delivery Board

What	How	Who	By When
Implementation and delivery of the key performance indicators in the mental health	Priority workstreams to continue. To review existing priority workstream objectives and	Alison Flack Workstream Leads	May 2018

<p>delivery plan</p>	<p>timescales.</p> <p>Implement Wave 1 liaison service bids.</p> <p>Implement Wave 2 perinatal service bid (if successful).</p> <p>Implement beyond place of safety bids (if successful).</p> <p>New children's and young people workstream to be established.</p> <p>Identify resources to develop mental health performance reporting system.</p>	<p>Claire Holmes</p> <p>Michelle Thompson</p> <p>Claire Holmes/Alison Flack</p> <p>Alison Flack</p> <p>Alison Flack</p>	<p>May 2018</p> <p>June 2018</p> <p>May 2018</p> <p>June 2018</p> <p>June 2018</p>
<p>Wave 2 Individual Placement Support Submission</p>	<p>Current baseline of available resources to be undertaken.</p> <p>Development of Wave 2 Bid for submission.</p>	<p>Sarah Boul, NHSE</p>	<p>Bid submissions due September 2018.</p>
<p>Secure New Models of Care and Wave 2 Forensic Outreach Liaison Service Submission</p>	<p>Finalise and agreement of business case.</p>	<p>Secure Care Workstream Rita Thomas, NHSE</p>	<p>June 2018</p> <p>FOLS Bid submission tbc</p>
<p>Development of a workforce plan and workforce strategy for the HCV STP</p>	<p>Workforce mapping to establish workforce required.</p> <p>Workforce plans submission.</p> <p>Agreement of workforce priorities to address collectively.</p>	<p>Mental Health Workforce Group (TBC)</p>	<p>June 2018</p> <p>July 2018</p>

What	How	Who	By When
Improving engagement with Local Authority Partners	Develop clearer linkages with place based plans.	Alison Flack	June 2018
	Further engagement with Directors of Public Health.	Julia Weldon	July 2018
Patient and Carer engagement development	Continue to work with support groups – DEEP and TIDE.	Penny Kirk	March 2019
	Develop patient and carer engagement strategy.	Linsay Cunningham/ Georgie Thrippleton	June 2018
Communications and Engagement development	Establish a communication and engagement sub-group.	Linsay Cunningham/ Georgie Thrippleton	April 2018
Improving financial transparency and financial data analysis	Identify finance resource to support the programme.	Pete Beckwith	May 2018
Clearer linkages with place based plans and development of social values approach	Review place based plans.	Alison Flack	June 2018
Further alignment of CCG mental health commissioners to the STP programme	Resources to be transferred to STP.	Michele Moran CCGs CEOs/	June 2018
Further alignment of clinical network staff to the STP programme	Agree work programme and resources available for 2018/19.	Micha Bradley	April 2018
Development of an STP wide mental health strategy	Partners to agree how this will be taken forward.	Michele Moran/ Mental Health Delivery Board	April 2019

Abbreviations

A&E- Accidents and Emergency

CCG - Clinical Commissioning Group

EIP - Early Intervention in Psychosis

FT- Foundation Trust

HFT- Humber Foundation Trust

HCV STP - Humber, Coast and Vale Sustainable Transformation Partnership

IAPT - Improving Access to Psychological Therapies

NHSE – National Health Service England

SRO - Senior Responsible Officer

TEWV - Tees Esk Wear Valley Foundation Trust