

Mental Health Commissioners Update

DGS and Swale CCGs

Commissioners over the last 2 months has been focusing on mental health commissioning intentions and ensuring the new national standards are included so to support the transformation set out in 5YFV and STP for mental health. The national planned standard and the CCG's intention to deliver against is set out below.

Planned Service Standard	Commissioning Intention and Plan
<p>1. Liaison Psychiatry Core 24 model in place by 2020/21 This model provides 24/7 acute hospital based service with rapid response to the A&E as well as the wards. It responds in the main to emergency and unplanned care pathways and provides the acute trust hospital a single point of contact for general hospital clinicians</p>	<p>A bid for national funding is being prepared to resource the current team in place so that it can deliver the Core 24 standard at Medway Maritime Hospital in 2017/18 and Darrenth Valley Hospital in 2018/19. We will roll over the 2016/17 Service Development Improvement Plan (SDIP) to 2017/18 and align a finance plan with service developments within the acute hospitals. This will include collaboration with the Children and Young People Service provider for an urgent response.</p>
<p>2. Crisis Resolution Home Treatment Teams There is an agreed and funded SDIP to ensure the 24/7 team is operating effectively and in line with best practice to support those in crisis and at risk of hospital admission and to support discharge as soon as clinically safe.</p>	<p>The 2016/17 local CQUIN has set the platform for a SDIP for 2017/18 provider contract that will work towards an increase in capacity so more people can be supported at home as an alternative to hospital admission. . Funding plan will be aligned.</p>
<p>3. Alternative Place of Safety In 2014 the Home Office and Department of Health published recommendations following their joint review into the operation of sections 135 and 136 of the Mental Health Act 1983 (the legislation that allows people to be detained against their will). This report looked at how to improve access to mental health interventions for those detained with an emphasis on the NHS and CCGs to develop and co-design innovative solutions. It also set out legislative</p>	<p>The number of people detained under a section 136 of the Mental Health Act across Kent has not reduced over the last year despite the introduction of initiatives such as street triage and crisis cafes to support the police. Canterbury Christchurch University has now been commissioned to undertake research to help discover the reason Kent is a national outlier for the number detained. Swale has had on average 4.8 people a month over a year detained by the police.</p>

recommendations to amend the “list of possible places of safety so that anywhere considered suitable and safe can be a place of safety”.	
4. Reduction in the use of private beds out of area for non-specialist acute MH inpatient care	High use of private beds out of area significantly reduced towards the end of 2016. This is as a result of more efficient use of staff and processes; the Provider is expected to continue and reduce even further once new ways of supporting people with personality disorder are introduced, for this reason a plan is in place to reduce significantly out of area beds and stop usage by end of March 2017.
5. A Local multi-agency suicide prevention plan to help reach the 2020/21 ambition for a 10% reduction in suicide rates	A number of the Kent and Medway 2015-2020 Multi-agency Suicide Prevention Strategy actions have been taken forward and include: A suicide prevention social marketing campaign called Release the Pressure has been delivered mainly across Kent consisting of radio and internet advertising, as well as posters in service station toilets, pubs and on buses encouraging men who are feeling under pressure to call a 24/7 helpline. As well as the paid-for advertising, the campaign received significant media attention across TV, radio and newspapers. Early results suggest that the number of calls to the helpline have increased by 20%. KMPT has finalised their internal suicide prevention strategy which includes a new risk assessment framework and training has been given to GPs and Primary Care Staff as part of a recent ‘Protected Learning Time’ session.
6. First Episode of Psychosis 50% of those experiencing a first episode of psychosis will be seen within 2 weeks of referral and commence a NICE compliant package of care however this will need to increase to 60% by 2020/21	We will roll over 2016/17 SDIP to continue work on ensuring the provider implements alternative ways to meet the standard and has the processes in place to report over 2017/18 and identify progress towards both the increased access target to the extended age group (now 14 to 65) and to the NICE package of care. Swale achieved 100% during Sept and Oct 2016. DGS achieved 66% for the same period.
7. Perinatal Mental Health National directive to support additional 30,000 women each year to access evidence- based specialist perinatal mental health treatment	A perinatal community development fund application based on the Kent and Medway STP footprint was successful in Oct 2016 and will allow the provider to recruit a 0.5 wte consultant for DGS and additional 6.0 wte staff to begin to develop specialist teams and to improve quality, with a particular focus on areas of under-capacity.

<p>8. Eating Disorder Service</p>	<p>Notice has been given to decommission the current Eating Disorder Services from 31.8.17 and a new all age service will be procured and implemented on 1.9.17. Until this time the Providers will be expected to continue collaborative working with each other, sharing resources and expertise. This new pathway has been co designed by service users and clinicians</p>
<p>9. IAPT access target is to increase from 15% to 25% by 2020/21 and accelerate access over the next 5 years.</p> <p>The expansion of IAPT to include those with long term physical health conditions and medically unexplained symptoms and co located with physical health services</p>	<p>In 2016/17 all IAPT services were required to prepare to build capacity and set trajectories to deliver greater access over the next 5 years. CCGs will achieve a minimum of 15% access rate by the end of 2016/17 and we are planning a stepped increase over the next 2 years; capacity will be made available through the use of online facility and different modalities.</p> <p>The two CCGs will go out to procure an expanded IAPT service in 2018 with a contract that will accelerate access to the new target by including long term conditions and be located in physical health care settings</p>
<p>10. By 2020/21 all NHS-commissioned mental health providers will have armed forces champions and a specific named clinician with an expertise in military trauma</p>	<p>The current provider will continue to prioritise veterans if their mental health presentation is in response to their armed service. The provider is expected during 2017/18 to work with the Kent, Medway and Sussex armed forces network and contribute to the workforce training plan.</p>
<p>11. Children and Young People (CYP) MH Emotional Wellbeing Service</p>	<p>The CYP MH emotional wellbeing contract led by West Kent CCG on behalf of the Kent and Medway CCGs will end on 31.8.17. Procurement is underway for a new contract with a go live date planned for 01.9.17</p>
<p>12. CYP Local Transformation Plan will require: Significant expansion in access to evidence based treatment by NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions AND</p>	<p>During 2016/17 a number of CYP transformation pilots have been delivered with funding aimed at reducing stigma, supporting schools recognise early signs and agencies to deliver CIAPT. These pilots will have prepared the way for sustainable transformation.</p>

<p>Improved access to 24/7 Crisis Resolution Home Treatment (CRHT) and Liaison Psychiatry</p> <p>By 2018 all services should be working with the CYP IAPT programme leading to more staff being trained by 2020/21</p>	<p>Transformation for CYP will be delivered via the Kent Local transformation plan (LTP) which has been expanded, refreshed and republished to show how extra funds will support trajectories to meet increased access targets for community, urgent and emergency response and care for CYP</p> <p>Delivering an increase will require workforce expansion and funding has been profiled to increase CCG allocations over time to support transformation and plan for recruitment of the additional workforce posts.</p> <p>National programme funding has been indicated for crisis care model and workforce development</p> <p>In patient bed use should reduce overall which will release efficiencies however will not be realised by CCG as inpatients commissioned by NHSE currently.</p>
<p>13. To consider an outcomes-based payment model and develop a local payment arrangement as a way to promote integrated care</p>	<p>An outcomes-based payment approach can help co-ordinate services, leading to more closely integrated care from the patient's perspective, generate system efficiencies and improve the overall quality of care.</p> <p>Nationally there has been significant work to develop a new currency for CYP mental health services and testing is underway of a new method of grouping CYP according to their level of need. If successful these groupings could provide the basis for new currencies. A series of intervention codes and outcome tools are being included within MHSDS and the local providers have assured that they are collecting and able to routinely report on.</p>