NHS Rotherham Clinical Commissioning Governing Body

Strategic Clinical Executive – 24 September 2014

GP Members Committee (GPMC) – 24 September 2014

Clinical Commissioning Group Governing Body - 5th November 2014

Update on Mental Health Transformation

Lead Executive:	***R Carlisle***
Lead Officer:	***K Tufnell***
Lead GP:	***R Brynes***

Purpose:

The primary purpose is to inform the Governing Body of progress with Adult and Older Peoples mental health transformation.

The paper also updates the governing body on progress with transformation of CAHMS and learning disabilities.

Background:

The Governing Body discussed the fundamental reviews of CAHMS, Leaning Disabilities and Adults and Older Peoples Mental health in June, and made decisions following the results of the consultation on Learning Disabilities in September.

Analysis of key issues and of risks

Rotherham Adults and Older people Mental health Transformation plan (Attachment 1)

Content

The paper sets out a range of actions in 8 themes to be delivered over 2 years, identifying the most urgent and most important themes.

Parity of esteem and 7/7 working are over-arching issues. Full delivery of the plan will ensure delivery of parity of esteem. The 14/15 incremental funding discussed below with investment in adult mental health liaison and an additional CAHMS consultant will substantially improve out of hours non elective capacity. RDASH have indicated that there is flexibility within staff's current contracts to improve the accessibility of elective appointments outside normal working times (ie to have appointments outside routine working hours but with no change in total appointment numbers).

Work underway

- ***Adult mental health Liaison***

  This major 14/15 Commissioning Plan investment is expected to be agreed in November following discussion at the QIPP group on 29 October. It is expected that the full investment will include; Adult Mental Health Liaison; investment in mental health social prescribing to support long term cluster 7 and 11 patients and so increase RDASHs ability to see new patients; support for carers of dementia patients; and CAMHS investments discussed below.

- ***Improving access to Psychological Treatments (IAPT)***
  - All practices will be circulated with benchmarking information on waiting times, referral rates and DNA rates. There are dramatic difference in DNA rates between practices, if these can be addressed by practices and RDASH, it will increase numbers seen.
  - A consultation paper on changed models designed to deliver increased capacity will come to Geoff Avery and Russell Brynes in October 2014

- ***Dementia***
  - Benchmarking information will be circulated to all practices on identification rates. Overall Rotherham CCG benchmarks well (12th best in England) on this, but there are variations between practices.
  - Clinical discussions on short term memory clinic service re-design and longer term proposals for funding for GPs to deliver more of the initial dementia assessments are occurring on 29 October.

Governance and delivery

Feedback on the content of the plan has been positive. Most concerns have been around RDASH's and the CCG's capacity to deliver the transformation. From RDASH's perspective the plan has to be delivered at the same time of implementing 4% year on year efficiency savings. The plan will be delivered through the multiagency QIPP group (GP representatives, R Brynes and G Avery). The CCG has allocated additional senior project manager time to the project and RDASH has allocated a Rotherham specific project manager to ensure RADSH clinicians and managers deliver the actions set out. There will be detailed project management reporting to R Carlisle and D Smith, monthly medium level outcome and milestone reports to the QIPP group and a high level monthly report for the GP members Ctte.

CAMHS Transformation (Attachment 2)

The MH QIPP group have approved a CAMHS transformation plan which is in similar format to the Adults plan. This plan cross references to the wider Rotherham CAMHS strategy which will be discussed at the November Health & Well Being Board. The executive summary of the strategy is the second attachment on this paper. The full CAMHS needs assessment and strategy can be found at: R:\1. External Meetings\CAMHS\2014

The MH QIPP group will ensure delivery on key CCG/RDASH deliverables in the strategy. These include:

- Evaluation of the additional **CAMHS** consultant and deciding on whether to make this recurrent. Evaluation criteria have been agreed and a decision will be made in December.
- Ensuring that CAMHS single point of access to Tier One services is delivered.
- Including high level **CAMHS** outcome reporting in the overall mental health QIPP outcomes dashboard so the MH QIPP group can keep a grip on performance.

Learning Disability transformation

The main outcome of the fundamental review was the proposal to make additional investment in community services and to re-locate the Assessment and Treatment unit to Sapphire lodge in Doncaster. This is being implemented with attention given to the caveats expressed by Governing Body (support is given to relatives around transport; an agreed costed, timed implementation plan; avoiding reduced integration with local authority services). The rate limiting step on implementation is agreeing the detailed costings of the new model.

The change will be evaluated twice:

- March 15, mainly a paper exercise to evaluate how well the final implemented model fits with the CCG's original aspirations and how well the concerns raised in the consultation have been addressed by RDASH and the CCG.
- In August 2015 when more patients have experienced the new model there will be an evaluation of patient and relatives experiences to inform commissioning intentions for 2016.

Patient, Public and Stakeholder Involvement:

This is section 2.4 of the Adult & Older Peoples Mental Health transformation Plan.

Equality Impact:

The plan is key to delivering parity of esteem, to ensure that people with mental health problems are treated with the same priority as all other patients (see section 2.3 of the plan).

Financial Implications:

Incremental expenditure for Adult Mental health Liaison was agreed in the 14/15 Commissioning Plan. A high proportion of this through the Better Care Fund. The remaining Commissioning Plan investment will be invested in additional voluntary sector support for

specified patient clusters who are currently not moving through RDASH's services and for additional support for relatives of dementia patients.

The Attain report provided assurance that with this additional investment the CCG is allocating an appropriate amount to mental health. Efficiency savings realised from RDASH in future years will be available for investment in mental health, it is likely that these savings will be invested in other providers, for example with primary care providers and with the voluntary sector.

Human Resource Implications:

There will be HR implications for the staff of mental health providers from the productivity and efficiency challenges and the impact of 7/7 working (see section 2.6).

Procurement:

May be considered if required for sub-components of the plan.

Approval history:

SCE and GPMC 24 September 2014

Recommendations:

- The Governing body is asked to note the Adult and Older Peoples Mental Health Transformation plan and recommend its implementation as set out in this paper.
- The Governing body is asked to note the updates on CAMHS and Learning Disabilities. Transformation.

ROTHERHAM ADULT AND OLDER PEOPLES MENTAL HEALTH TRANSFORMATION PLAN: October 14 to March 17; Final Draft 21.10.14

Introduction to final draft

This plan has been developed following the May 2014 Attain Rotherham Adults and Older People Mental Review. After comments from the CCG's GP Executives and Members Ctte the final draft was approval at the October Mental Health QIPP ctte. For on-going patient and user input see action 2.4. Note that the plan does not cover Child and Adolescent Mental Health services or Learning Disabilities except where specifically indicated. Initials and abbreviations are listed on the last page.

***Document owners:** R Carlisle Rotherham CCG, D Smith for RDASH.*

Key Themes & Priorities:

THEME 1: IMPROVED DATA, PATHWAYS AND OUTCOMES	**THEME 2: IMPROVED STRATEGIC AND PARTNERSHIP WORKING (INCLUDING WORKFORCE)**
THEME 3: IMPROVED ADULT AND OLDER PEOPLE LIAISON SERVICE	**THEME 4: A MORE PRIMARY CARE FOCUSED MODEL**
THEME 5: IMPROVED DEMENTIA PATHWAY	**THEME 6: IMPROVED TRANSFERS BETWEEN RDASH AND COMMUNITY SERVICES**
THEME 7: IMPROVING ACCESS TO PSYCHOLOGICAL TREATMENTS (IAPT)	**THEME 8: IMPROVED ACUTE AND REHABILITATION PATHWAY**

Priority	Urgency
1. Maximum priority from perspective of GP membership 2. Very high priority 3. Agreed as a priority 4. Needs more clarity to establish priority	1. start immediately - substantive actions completed by 31 October 2. start within 3 months complete by March 15 3. start within 3 months complete later than March 15

Draft highest priority actions	Draft most urgent actions
Monthly data and outcomes reporting with work on key pathways	Agreement and organisational commitment to this transformational plan (incorporates parity of esteem & 7/7 working)
Parity of esteem including 7/7 working	Monthly data and outcomes reporting
More primary care focussed model (including IAPT and Dementia)	Adult mental health liaison
Improved dementia pathway	IAPT service re-design implementation
Voluntary sector contribution including social prescribing	Improved dementia pathway

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
THEME 1: IMPROVED DATA, PATHWAYS AND OUTCOMES							
1.1	**High level Outcomes Framework** Improve data quality by creating an outcomes framework that brings together clinical outcomes, patient experience and quality aspirations for local services with national requirements and payment for service mechanisms. Joint CCG/RDASH development supported by robust repeatable data from RDASH.	1	1	To produce monthly Rotherham specific activity & outcomes report covering IAPT, dementia and acute psychiatry referrals for each QIPP meeting Report produced for each QIPP group and to become progressively more comprehensive.	**RDASH (DS)**	Sept 14	As the QIPP group discusses individual pathways the group will select small subsets of key metrics to produce incrementally a high Rotherham Already have draft IAPT report and action plan with trajectories. RMBC and CCG need to have a shared understanding of how social care contributes to the final metrics IAPT Dashboard developed by IAPT T&F and shared with MH &LD QIPP. Due to commence reporting to MH & LD QIPP Nov 2014.(KT) Initial Dementia dashboard discussed at MH& LD QIPP Oct-14 (DS) **Work Commenced**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
				To prioritise giving feedback on outcome report contents as key tasks for RB,KT & QIPP group.	**CCG (RB,KT) QIPP group**	Sept 14	IAPT Dashboard developed by IAPT T&F and shared with MH &LD QIPP. Due to commence reporting to MH & LD QIPP Nov 2014.(KT)
1.2	**Data clarity** Specific areas where the Attain report highlighted the need to further understand data to be clarified	2	3	CCG and RDASH to understand activity variations in older adults and match capacity to requirements	**CCG (RC) RDaSH (DS) via QIPP group**	Oct 14	RMBC needs accurate data on activity and to agree with CCG how social care contributes to the overall priorities. Currently there is no confidence in the activity data as outlined in the Attain Report.
				Referral to access services – understand the 35% of referrals classified as other	**Adult SDIP group**	Oct 14	Further clarification of the data requested by the CCG ***Work commenced***
1.3	**Care pathways** To have clear care pathways on all key pathways. This to include clarity on interfaces between different services such as GP, mental health providers, social services and voluntary sector	3	2	To identify and make proposals for key care pathways starting with dementia and IAPT	**CCG (RC) RDASH (DS) via QIPP group**	On going from Sept 14	RMBC and CCG need to have a shared understanding of how social care contributes to the existing pathways. RMBC will then be able to communicate its future service delivery intentions and a joint impact assessment can be completed.

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
				To facilitate agreement between RDASH, primary care and other providers on key pathways and referral priorities as indicated from monthly outcomes framework	**CCG (RB)**		
				To understand & assess risks on RDASH, RMBC interfaces including working arrangements for older people and partnership agreement for adults and be sighted on the impact to the CCG of any future changes.	**CCG (RC)**	On going from Sept 14	RMBC and CCG need to have a shared understanding of how social care contributes to the existing pathways (1.1 and 1.2 are critical to this). RMBC will then communicate its future service delivery intentions and a joint impact assessment can be completed.
				Briefing paper on the data review and action plan to address any issues identified	**RDaSH (DS MI)**	Sept 14	
1.4	**Cluster specifications** CCG & RDaSH to develop new specifications for services described in the report, supported by the emerging framework of PBR based team and cluster specifications. These should include the new team and cluster specifications and replace the historic contract specifications in time for the 2015/16 contract.	2	2	CCG & RDaSH to identify a list of service specification that need to be developed for the 2015/16 contract	**CCG (KT) RDaSH (DG, JS)**	October 2014	See above. CCG and RDASH to understand social care contribution to delivery against clusters.
				Development and agreement of agreed service specifications		Feb 15	
				New service specifications to be included in the 2015/16 contract	**CCG (KT)**	Mar 15	

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
THEME 2: IMPROVED STRATEGIC AND PARTNERSHIP WORKING (INCLUDING WORKFORCE)							
2.1	**CCG Governance**: CCG to revise its MH & LD governance arrangements.	1	2	CCG to review its division of responsibilities and governance as part of developing and agreeing this plan.	**CCG (RC)**	End Oct 14	Scoping exercise underway **Work commenced**
				CCG and RMBC to agree memorandums of understanding for both Mental health and LD which will clarify the role of RMBC within contract management and to understand alignment for MH with Better Care Fund	**CCG (RC)** **RMBC (JP,CW)**	April 15	
2.2	**Contract relationships**; CCG and RDASH to review operational contract management relationships ensuring representatives are fielded with good working knowledge of service and performance and with accountability to take suitable action. Contract management meetings supported by the right skill mix.	1	2	CCG and RDASH to review operational contract management	**CCG (RC)** **RDASH (DS)**	End Sept 14	This transformation plan will clarify priority issues and identify organisational leads to whom issues should be escalated if there are barriers to implementing the plan
2.3	**Parity of esteem and 7 day working**. CCG and RDASH agree a joint			All 8 themes of this plan will ensure that parity of esteem is delivered.			

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
	plan on delivering parity of esteem and 7/7 working			CCG to produce a draft commissioning intentions for 2014-2017 addressing parity of esteem and 7/7 working. The 7/7 intentions will start from the structure of the RDASH paper from May 14 Board to Board meeting & the actions in this transformation plan.	**CCG (KT)**	1 Oct 14	**This document will also cover CAHMS and LD.** The commissioning intentions paper will reference work already underway such as Adult Mental health Liaison 7/7 working paper presented to MH & LD QIPP 01/10. A further programme of work identified by the group.
				15/16 CCG RDASH contract will include first of a two year plan regarding 7/7 working.	**CCG (KT)** **RDaSH (DS)**	1 April 15	
2.4	**Patient engagement:** commissioners should seek full involvement of patients and members of the public in evaluation and service design, as well as helping inform the development and progress of this transformation plan	2	2	CCG engagement plan to include a specific sections on Adults & Older Peoples Mental Health, CAHMS and LD. This will set out, generic CCG engagement events where mental health is part of the agenda, specific engagement on this transformation plan, RDASH Trust wide and Rotherham locality user feedback and a proposal to have a specific adult and older mental health patient group to provide on going feedback on progress of this plan.	**CCG (HW/KT)**	From October 14	This document will also cover CAHMS and LD. The CCG should engage formally with RMBC Service Quality Team and contribute to RMBC Local Account and Customer survey. CCG Engagement plan update to include MH & LD work. Engagement undertaken – PPG consultation, Depression focus group (3/10), Dementia focus due to take place oct.

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
2.5	**RDASH Communication**: RDASH to develop a plan to communicate with its target audiences in Rotherham including public, GPs, RMBC and voluntary sector.	1	1 or 2	CCG to share the results from the GP Survey Monkey completed as part of the Attain review with RDaSH	**CCG (KT)**	September 2014	**Completed**
				RDaSH to produce a draft Rotherham communications plan	**RDASH (DS, DG, JS)**	1 Oct 14	This document will also cover CAHMS and LD. Initial discussion held MH & LD QIPP group 01/10. Further work to produce plan required **Work commenced**.
2.6	**RDASH Workforce**: RDASH to share with RCCG a workforce plan which addresses the objectives of this this plan including 7/7 working, recruitment & retention in key areas and the on-going challenges of QIPP savings.	3	2		**RDASH (DS, RJ)**	Feb 2015	This document will also cover CAHMS and LD

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
2.7	**Voluntary Sector** CCG and RDASH to set out how they wish to commissioning and work in partnership with the voluntary sector.	2	1	CCG – produce a plan for potential investment and enhancing the outcomes from commissioning with the voluntary sector. Plan to include: Maximising the number of people with long term mental health problems who access the Current GP referred social prescribing scheme Additional social prescribing scheme for patients currently using RDASH services (see 6.1) Commissioning additional carer support for dementia patients (see 5.5)	**CCG (KT)** **VAR (LJ)**	Nov-14	cross refs to 5.5 & 6.1 CCG and RMBC need to have a strategic approach to this. RMBC has a duty to work with the care market including the voluntary sector. As strategic partners at H&WBB the two organisations need to give clear and consistent messages to the voluntary sector. **Work commenced**
				RDASH to provide information to CCG on its social enterprise work.	**RDASH (PW)**	End of Oct-14	
2.8	**Public health** Engagement with Public Health	3	3	CCG to discuss with RMBC public health how to maximise the delivery of public interventions to mental health patients such as support from health trainers.	**CCG (KT)** **Public Health (RFB)**	November 2014	
2.9	**Physical health of people with mental health problems**	3	2				

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
2.10	**Co-commissioning** CCG to continue to build relationships with other commissioners (NHS England, other CCG Commissioners and RMBC) in order to secure the best outcomes for patients and commission in an increasingly seamless and efficient way	3	4		**CCG (RC)**	Sept 15	It is possible that responsibility for specialist commissioning may derogate to the CCG from NHS England from 1 April 2015
2.11	**Personal health budgets** Promoting Independence and Choice – agree 'pilot' for Personal Health Budgets for people with mental health	2	2	To pilot Personal Health Budgets with the High Intensity Users of A&E as part of the Adult MH Liaison service work	**CCG (KT)**	November 2014	Post pilot to develop a long term strategy for personal health budgets
2.12	**Section 117 Aftercare** CCG to consider collaboration with with other local CCGs to investigate whether a volume partnership agreement with Cambian could produce savings for the CCGs' QIPP Plans.	2	3	CCG to review current contractual arrangements and speak to other commissioners about future collaborative commissioning opportunities	**CCG (KT)**	March 15	Unlikely to produce substantial savings as similar work resulted in bed price reductions 2 years ago. Initial contractual discussions held with other CCG's re: Lead Commissioner / Associate Commissioner arrangement. Section 117 will be done in partnership with RMBC.
THEME 3: IMPROVED ADULT AND OLDER PEOPLE LIAISON SERVICE							
3.1	**Adults & Older Peoples Mental Health Liaison Service** Commission an Acute Adult and Older Peoples Mental Health Liaison Service Liaison	1	1	**CCG -** Agree specification, outcomes and evaluation criteria for an Adult and older peoples liaison service through BCF	**CCG (KT)**	November 2014	Note links to 2.10 & 3.2 Meeting due to be held 6th October **Work commenced**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
	Psychiatry Service to augment existing services reducing admissions to TRFT, decreasing length of stay and improving patient outcomes.			**RMBC -** Work with CCG on specifications outcomes and evaluation criteria	**RMBC (JP)**	November 2014	
				RDASH & TRFT Work with commissioners to refine specification and outcomes	**RDASH (DS) TRFT (JL)**	November 2014	
3.2	**All age liaison psychiatry services** Use the adult & older people's mental health service discussions to provide evidence in support of an all age adult liaison psychiatry service.	2	2	Specification to cover this area	**CCG (KT)** **RDASH (DS)**	November 2014	Needs to link to 2.10 & 3.1
THEME 4: A MORE PRIMARY CARE FOCUSED MODEL							
4.1	**Primary care focussed services** Commission a more primary care focused mental health service starting with dementia and IAPT services.	2	1	CCG mental health team, RDASH IAPT and RDASH memory services to have discussions with Community Transformation Group about how IAPT and dementia services can be co-ordinated with GPs and new community locality structures	**CCG (RB/ JSP)**	1 October 14	

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
4.2	**Memory services** RDASH Dementia services are more aligned with and visible to general practice, general locality community services such as district nurses and voluntary sector	2	1	Dementia care pathway to include funded additional contribution to initial diagnosis by general practice. RDASH memory services become more visible to and aligned with GP practices and community services Additional voluntary support for dementia carers is aligned to new community localities	See 5.1 See 4.1 See 5.5	1 Jan 2015	
4.4	**IAPT** As part of the review of IAPT services ensure that services are focused on and integrated with GP locality services and TRFT community locality services	2	1	Ensure that actions in Theme 7 are aligned with general practices and new community locality structures	**CCG (JSP)**	April 2015	

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
THEME 5: IMPROVED DEMENTIA PATHWAY							
5.1	**Dementia Care Pathway** Produce an agreed care pathway for dementia care with costed proposals for increased GP contribution to diagnosis and initial management. Incorporate this plan in the 2015/16 CCG RDASH contract.	2	1	• Establish a Time- limited Clinical Group established to develop and consult on a new model of primary care dementia diagnosis. • GP Consultation of the new pathway • New contractual agreements in place for the 2015/16 contract. • Revised service specification produced and agreed for RDaSH Memory Clinic	**CCG (RB/JSP/KT)** **RDASH (DS, JS)**	October 2014 November 2014 Jan 2015 Feb 2015	This will be agreed in partnership with RMBC linking through to Health and Well Being priorities

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
5.2	**Memory services waits** RDASH memory services to produce a short term plan for reducing waits which matches capacity to needs (up to April 2015) and a longer term plan in line with changes in the care pathway (see 5.1)	2	2	<u>Short term plan</u> 1. RCCG and RDaSH to agree how waiting times will be recorded (in line with 18 RTT guidance 2. Plan in place to ensure memory clinic waiting times are delivered within the 12 week contract timescale 3. Dementia Diagnosis pathway for new model of primary care diagnosis to be agreed (5.1) 4. Modelling and realignment of resources to deliver the new model of primary care dementia diagnosis. Agree dementia diagnosis waiting time to be commissioned 5. Develop and agree service specification <u>Long term plan</u> • new model of primary care dementia diagnosis in place • Mechanism in place to record new model of primary care dementia diagnosis waiting time	**RDASH (DS, JS)** **CCG (KT, RB)**	October 2014 October 14 December 2014 Feb 2015	(1) Waiting time – RCCG requested that RDaSH to confirm is they are applying the agreed 18week RTT guidance **<u>Work commenced</u>**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
5.3	**Younger people & Learning disability** Longer term memory services plan (see 5.2) to include the needs of younger people with dementia and people with learning disabilities.	2	2	To be included in the Dementia Pathway work to be undertaken in 5.1	**RDASH** **(DS, JS CW)** * needs to include both Older peoples MH & LD **CCG** **(RB/JSP/KT)**	Feb 2015	Needs scoping and work to be done in partnership with RMBC linking through health and Well Being Priorities
5.4	**Day services** RDASH to clarify position on resources and plans for day services.	2	3	RDaSH to provide an update briefing on Day services redesign status – what has happened, what is going to happen next, consultation process completed and how the new service will be evaluated by key stakeholders (People with dementia, carers, Dementia Forums etc) Day Services Service specification to be revised and agreed for the 2015/16 contract	**RDASH** **(JS)** **CCG** **(DW/KT)**	Sept 2014 Jan 2014	Needs scoping and work to be done in partnership with RMBC linking through health and Well Being Priorities
5.5	**Carer support** Commission additional support for carers of people with dementia (as part of BCF investment along with Adult Mental Health Liaison and CAHMS)	1	2	**RMBC -** Work with CCG to develop BCF plan and agree outcomes and monitoring	**CCG** **(KT,RB)** **RMBC** **(JP)**	November 2014	Needs scoping and work to be done in partnership with RMBC linking through health and Well Being Priorities and implementation of the Care Act and Better Care Fund Discussions underway to develop BCF plan **Work commenced**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
5.6	**Dementia Lead Nurse** The Lead Nurse for Dementia at TRFT should continue to be engaged in designing services for people with dementia, especially, for any developments linked to liaison psychiatry.	1	2	Ensure the TRFT Dementia Nurse is involved in the CCG Mental Health Emergency Care Group (Liaison psychiatry)	**CCG (KT)**	July-14	**Completed**
				Ensure the TRFT Dementia Nurse is involved in the Older People MH Group	**CCG (KT)**	July-14	**Completed**
				Ensure the TRFT Dementia Nurse is involved in the Dementia EOLC Pathway development group	**CCG (KT)**	July-14	**Completed**
5.7	**2015/16 Better Care Fund** CCG to propose augmented and integrated services for dementia patients as part of review of Better Care Fund priorities in 2015	3	2		**CCG (RC)**	Feb 2015	
THEME 6: IMPROVED TRANSFERS BETWEEN RDASH AND COMMUNITY SERVICES							
6.1	Social Prescribing – analyse impact of VAR services and relevant source of funding is applied. Ensure other funding routes are explored and that funding is supported by RMBC, or through other approaches, such as, pooled budgets or the Better Care Fund.	1 (with other aspects of BCF MH 26)	1	**CCG -** Propose plan for enabling greater access to social prescribing for adult and older people mental health through Identified Better Care Fund Funding To consider other ways of procuring additional voluntary sector support for mental health patients through 14/15 BCF and potentially in future though investment of QIPP savings	**CCG (KT/ RC) BCF**	Plan agreed by end Oct 14	**Work commenced**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
				RMBC - Work with CCG to develop BCF plan and agree outcomes and monitoring	RMBC (JP)	by end Sept 14	
6.2	Complete the current review of Community Therapies and Intensive Community Therapies, leading to a more integrated service model. The review should include analysis of the teams' capacity and skills mix to respond effectively to increased demand and complexity.	2	2	Agree DNA trajectory for Community Therapies Agree DNA trajectory for Intensive Community Therapies New pathway developed Implementaion and delivery of new pathway	CCG (KT) RDASH (AL)	Oct 14 March 15 March 16	Review will address current high DNA rate and step down pathway. This review is a priority for RDASH due to the numbers of referrals. See comments under 1.3 about the social care contribution. DNA trajectory for CT - 18% or less by March -15. Contract variation to be produced. To be monitored via the Contract Performance Group **Completed** DNA trajectory for CT – CCG proposal of 12% or less by March -15 shared with RDaSH. **Work ongoing** New pathway for both CT & ICT ongoing **work commenced**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
6.3	Improved management of patients in and between communities therapies and intensive community therapies (Clusters 11, 12 and 13) Explore merging the Social Inclusion Team and the Recovery Team to realise potential benefits and opportunities of working together across the three Clusters.	2	2			March 15	See comments under 1.3 about the social care contribution
THEME 7: IMPROVING ACCESS TO PSYCHOLOGICAL TREATMENTS							
7.1	IAPT - To review where further improvements can be made in the IAPT service to enable better access and reduce DNAs.	2	1	Develop an IAPT Task & Finish Group	**CCG (KT)**	May-14	**Completed**
				Agree IAPT DNA reduction trajectory plan for 2014/15 to monitored through IAPT T&F Group.	**CCG (KT) RDaSH (CH,DG)**	July-14	DNA reduction trajectory agreed (17.2% DNA rate April 2014 –agreed DNA reduction date of 10% or less by March 2015). Contract Variation signed. Delivery monitored via MH & LD QIPP / IAPT T&F. **Completed**
				Agree Waiting times trajectory plan for 2014/15 to monitored through IAPT T&F Group	**CCG (KT) RDaSH (DG, CH)**	October 14	Initial waiting time data at practice level shared with CCG. **Work on going**
				Agree trajectory for 18% target to monitored through IAPT T&F Group.	**CCG (KT) RDaSH (DG, CH)**	September 2014	Trajectory for delivering 18% by March 2015. Contract Variation completed. Delivery monitored via MH & LD QIPP / IAPT T&F. **Completed**

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
				Review IAPT service model and develop service delivery model. To ensure a NICE Compliant and is able to deliver CCG required target, (To include MH13)	**RDaSH (DG, CH)**	July 2014	IAPT Service reviewed by RDaSH and a new proposed model developed. Awaiting confirmation from RDaSH that the proposed model is NICE Compliant, deliverable within financial envelope. **Work on going**
				RDaSH to share model with the CCG for GP consultation of new service model:	**RDaSH (DG, CH)**	October 2014	Model shared with CCG for review by RB & GA. **Work on going**
				CCG consultation process, paper to include national evidence, benchmarking and choice of models: OE paper SCE paper GPMC consultation	**CCG (KT)**	November 14	**Work commenced**
				IAPT Service Redesign Implementation Plan to be monitored by IAPT Task & Finish Group	**CCG (KT) RDaSH (CH)**		
7.2	IAPT for older people – the Primary Care Mental Health service should work closely with RDaSH's Older People division to develop a joint plan to increase the amount of referrals for older people.	2	2		**RDaSH (CH)**		To be monitored through IAPT T&F.

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
THEME 8: IMPROVED ACUTE AND REHABILITATION PATHWAY							
8.1	CCG to work with RMBC to re review the options for Rethink Crisis House in the context of an overall reduced level of funding for the service. Any gaps consequent to the reduced funding be considered when agreeing the specification for the Adult Mental Health Liaison Service. (see 3.1)	1	3	RMBC to give CCG notice of their intention to change / decommission the service Consultation undertaken RMBC & CCG to agree future service to be commissioned New service specification to be developed and agreed Discuss with wider stakeholders to understand impact of changes on wider pathway (independencies, alignment with the Adult Mental Health Liaison Service development) Procurement?? RMBC & CCG to develop and agree 2015/16 Section 75 Partnership Agreement New service contract to be in place New service to commence Review of new service	**CCG (KT)**	November 2014	This will be carried forward immediately in the discussions on Adult mental health liaison service

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
8.2	Acute Inpatient and PICU – the CCG and its partners should work together to ensure that the reducing length of stay project is targeted on Acute and PICU: to resolve where practice delivery, practice culture and service design may contribute to a person's stay being longer than is necessary.	2	2	(RDaSH have articulated concerned that the information underpinning this assumption is incorrect). RDaSH to review data underpinning this assumption RDaSH / CCG to discuss reviewed data and determine if further action required	**RDaSH**	End Sept 2014	RDaSH review of the data requested by the CCG August September 2014 (CCG awaiting a response)
8.3	Rehabilitation and Recovery - analyse seasonality impact of services that might contribute to peaks in activity. Verify reasons to ascertain whether capacity challenges in the summer months for community services is contributing to increased bed days within the unit.	2	2	<u>Pathway development</u> Establish a Crisis Concordat stakeholder Task and Finish Group Sign-up to the Crisis Concordat Stakeholder Acute Pathway / Crisis Concordat even Review of the Acute Pathway and alignment with the Crisis Concordat requirements Develop and implement pathway (develop an implementation plan) Review new pathway development	**CCG (KT)**	March 16	

No.	Action	Urgency	Priority	Details	By who	By When	General comments and specific comments from RMBC
8.4	Section 117 Aftercare – CCG to agree policy with RDaSH regarding reviews of patients that are no longer within RDaSH services.	3	2	Policy to be agreed following clearer national guidance	**CCG (KT)**	March 2015	

Names / References /Colour Key:

CCG:	
RC	Robin Carlisle
KT	Kate Tufnell
HW	Helen Wyatt
RB	Russell Brynes
JSP	Janet Sinclair Pinder

RDASH:	
DS	Debbie Smith
DG	Diane Graham
JS	Jan Smith
CW	Chris Williams
MI	Manni Imiavani
CH	Carol Hirst
AL	Alison Lancaster
PW	Paul Wilkin
RJ	

RMBC	
JP	Janine Parkin
RFB	Ruth Fletcher Brown
CW	Chrissie Wright

QIPP; Quality, Innovation, Prevention and Productivity
Adult SDIP group; Service Development and Improvement
BCF; Better Care Fund
PICU; Psychiatric Intensive Care Unit
Section 117; Care for patients after they have been detained under the mental health act

IAPT; Improving Access to Psychological Therapies
OE: CCG Operational Executive
SCE; CCG Strategic Clinical Executive
GPMC; CCG GP members CTT
VAR; Voluntary Action Rotherham

Extract from The Emotional Wellbeing and Mental Health Strategy for Children & Young People

Executive Summary

Traditionally mental health in the UK has had not had parity with physical health (Royal College of Psychiatrists, 2013). As a result there is a perception that children and young people with a mental health problems have not benefited from equitable treatment compared to those with physical conditions.

There has recently been a re-focus on mental health and a key policy initiative is to achieve 'parity of esteem' with physical health.

There is good reason why there must be this change in focus and particularly for children & young people when the following key facts are considered:

- One in ten children aged between 5 and 16 years has a clinically diagnosable mental health problem. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe ADHD;
- At any one time, around 1.2–1.3 million children will have a diagnosable mental health disorder;
- Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s;
- The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls, and approaching adult rates of around 23% by age 18–20 years;
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed) but only a fraction of cases are seen in hospital settings;
- Although effective treatments are available only around 25% of those who need such treatment receive it;
- 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs;
- Around 60% of Looked After Children and 72% of those in residential care have some level of emotional and mental health problem. A high proportion experience poor health, educational and social outcomes after leaving care;
- Looked After Children and care leavers are between four and five times more likely to attempt suicide in adulthood;
- One third of all children and young people in contact with the youth justice system have been looked after. It is also important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after;
- Young people in prison are 18 times more likely to take their own lives than others of the same age;
- The costs of mental health problems for the English economy have recently been estimated at £105 billion per annum;
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life; and
- Young people in prison are 18 times more likely to take their own lives than others of the same age.

It is also clear that focusing on the mental health issues of children and younger people can help to reduce the numbers of patients who continue to experience mental health issues into adulthood.

Key stakeholders in Rotherham (RCCG, RMBC and RDaSH) came together in March 2014 with the purpose of developing a strategy for the emotional wellbeing and mental health of children and young people in Rotherham. A thorough evaluation was undertaken of both national and local guidance around the mental health of children and young people in order to identify the key themes which would need to be addressed in a comprehensive strategy.

The next stage was to understand the specific mental health needs of children & young people in Rotherham, and information was collated from both national and local research initiatives. The prevalence of mental health disorders varies significantly according to a range of socio-economic and demographic factors and it is estimated that in Rotherham it is 14% above the UK average.

The development of the strategy has been informed by formal input from all key stakeholders, including parents/carers, young people and stakeholders in both the statutory and voluntary/community sectors.

Child and Adolescent Mental Health Services (CAMHS) in Rotherham are commissioned in 4 Tiers:

- Tier 1/Universal services are delivered by a range of providers including GPs, Health Visitors, School Nurses, Social Workers and voluntary services and offer general advice and identify mental health problems earlier in their development.
- Tier 2 services are delivered, usually on a 1:1 basis, by professionals with training in mental health, including RDaSH CAMHS, Integrated Youth Support Services (IYSS) and Rotherham & Barnsley MIND.
- Tier 3 provides specialist services for more severe, complex or persistent disorders, usually through multi-disciplinary teams. Providers include RDaSH, IYSS, Rotherham & Barnsley MIND and the Child Development Centre.
- Tier 4 provision is similar to Tier 3 in that it is provided by multi-disciplinary teams but in inpatient or highly specialised outpatient units.

Tier 1, 2 and 3 services are currently commissioned predominantly by RCCG and RMBC. Tier 4 services are commissioned by NHS England.

The strategy outlines examples of service provision in each of the 4 Tiers and highlights 'additional required delivery' in each area taking into consideration local needs and national guidance.

This additional service delivery has been condensed into 12 key themes or recommendations as follows:

Recommendation 1 - Ensure that services are developed which benefit from input by young people and parents/carers.

Recommendation 2 - Develop multi-agency care pathways which move service users appropriately through services towards recovery

Recommendation 3 - Develop family focussed services which are easily accessible and delivered in appropriate locations.

Recommendation 4 - Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham.

Recommendation 5 - Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours.

Recommendation 6 - Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision.

Recommendation 7 - Ensure well planned and supported transition from child and adolescent mental health services to adult services.

Recommendation 8 - Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed.

Recommendation 9 - Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services.

Recommendation 10 - Promote the prevention of mental ill-health.

Recommendation 11 - Reduce the stigma of mental illness.

Recommendation 12 - Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery.

Whilst the above 12 recommendations are not exhaustive, it is felt that they are the basis of a robust emotional wellbeing and mental health strategy and will improve the mental health of the children and young people of Rotherham.

These recommendations have been incorporated into an Action Plan, as detailed in Appendix 6, and the stakeholders identified in that document will work together to implement the recommendations within the agreed timescales. It is important to see this action plan as a dynamic and long term document which will facilitate the implementation of the strategy over the next few years.