

Mental Health actions from the OHSEL JHOSC meetings April & May 2016

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Purpose: At the last meeting of the south east London Joint Health Overview and Scrutiny Committee in May 2016, the committee requested a number of updates on mental health:

The April committee requested a written explanation of how the Sustainability & Transformation Plans and the OHSEL programme are taking steps to address the following reports and recommendations:

- a) Future in Mind
- b) Mental Health Task Force
- c) Royal College of Psychiatrists Adult Acute Inpatient Care, Feb 2016, chaired by Lord Crisp

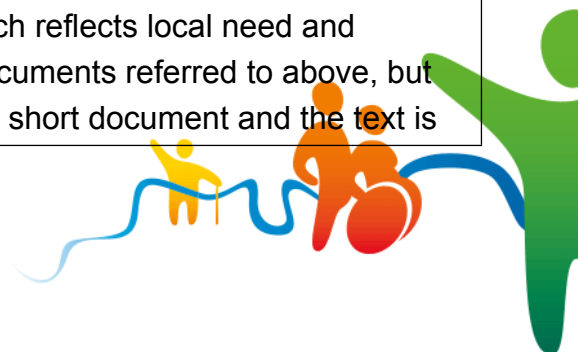
The April committee also requested more detail on specialised mental health spend, as a proportion of the £800 million spent on South East London specialised NHS care. The committee requested a breakdown of how much is spent on all mental health providers, including SLaM and Oxleas mental health NHS Foundation Trusts.

The May committee requested :

- a) Request for details of how much each borough (CCG) spends on mental health placements
- b) Details for spends on specialist mental health and what is the breakdown in terms of 'in area' / 'out of area'

Extract from the SEL STP on Mental Health

The STP submission on mental health was overseen by a joint group of commissioners, providers and clinicians. The idea was to agree a direction which reflects local need and national policy. It was informed by, and took account of, the documents referred to above, but was guided by an understanding of local need. The STP was a short document and the text is



reproduced below:

We are looking at further opportunities for working at scale to improve mental health, including at the interaction between mental and physical health. There are specific areas where we know that we could do better in serving those with mental health disorders:

- All of our boroughs have higher than average levels of mental health need as indicated by the PRAMH formula;
- Those with serious mental illness (SMI) have reduced life expectancy of 13 years, usually due to higher risk of physical conditions;
- Analysis of the drivers of mental health need such as deprivation, population mobility, and ethnicity indicates that SEL has some of the highest levels of risk factors in the country. People from black and minority ethnic communities are more likely to be diagnosed with a serious mental illness and are over-represented in crisis services and the criminal justice system;
- Prevention, screening and early detection in those who are experiencing inequalities or putting their health at risk will be key to helping people to sustain good health and wellbeing.

We have identified a specific priority of integrating physical and mental health so that we consistently tackle the disparity in life expectancy of people with severe and enduring mental health problems and address the mental health and wellbeing of people with physical health problems and long term conditions and medically unexplained symptoms. The table below summarises our plans against our key priority areas:

Community based care

- Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs
- Building mental health into our approach for capitated budgets and risk sharing
- Incorporating mental health into our population health management approach
- Increase early access in primary care
- Tackling wider determinants of health in children and their families
- Improved services for people with dementia

Improving quality and reducing variation across both physical and mental health

- Embed an integrated mind/body approach to support both the physical and mental health of patients and service users
- Deliver quality improvement methodologies across the provider landscape
- Improving timely access to specialist mental health support in the community
- Increase diagnosis rates for people with mental health conditions
- Develop access to crisis care for children and adults
- Explore how we can achieve the four hour target for mental health and ceasing OATs
- Ensure sufficient and appropriate capacity is available to meet future demand

Improving

In addition to the collaborative productivity work across all SEL providers we are:

productivity through provider collaboration

- Establishing a pan-London procurement approach for mental health providers, and a shared approach to procurement of legal support across south London
- Implementing A joint approach across providers in south London to managing the budget for forensic provision and which could potentially be extended to specialised commissioning of mental health services for children and young people
- Collaborative approaches to estates planning to support new models of care and more integrated working

Optimising specialised services across south east and south London

- We are trialling a new way to manage budgets for specialised services through our collaboration between the three south London mental health trusts to take on the specialised commissioning budget for adult secure services. We will assess how this approach could be extended to other areas.

Standardised care across pathways

- Ensure a standardised approach to Making Every Contact Count
- Encourage open and positive discussion about mental health and wellbeing across settings.
- Promote excellence in relation to mental health across all services and conditions
- Increase early identification, including the use of screening, and early intervention for mental health needs
- *Making Every Contact Count.* We will have a standardised approach to MECC to ensure earlier identification and intervention. Health aspects will be addressed in each contact, e.g. drug and alcohol use, anxiety, mood and psychotic symptoms, wellbeing, exercise, diet, cardiovascular risk factors, with clear onward pathways for issues identified.
- *Increase early identification and early intervention* for mental health needs, including through making mental health screening routine across all settings of care to promote appropriate care and timely referral where necessary.

The June submission is being refreshed with a submission on 21 October and a similarly constituted group will oversee the mental health section. We shall add our approach to the recently released 2017-19 planning guidance which includes the following “must dos”.

Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with physical healthcare;
- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.
 - Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
 - Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
 - Reduce suicide rates by 10% against the 2016/17 baseline.
 - Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
 - Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
 - Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
 - Eliminate out of area placements for non-specialist acute care by 2020/21
 - Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21, and ensure that care is in line with NICE recommendations.

<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

It is our aim that a local position is reached, which meets the above directives in the most effective and efficient way possible to deliver the best possible care, with a high standard of citizen-experience and quality. Our aim is very much to work far more preventatively with our population and support and empower self-management and recovery.

There is good evidence to show that providing good and early mental health care, leads to improved outcomes and reduced spend in the health and social care system downstream and over time.

I attach the information requested on specialist mental health placements. The table shows the specialist mental health placements by CCG, and which provider the client went to. Given that we are talking about specialist services, the information here has to be interpreted with caution: it only reflects a small part of the total mental health service received by each borough.

There is a workstream within the STP which is considering the possibility of a more joined up approach to non-acute OATs and placements across the piece also, as there are pockets of good practice that already exist. This is envisaged to bring to bear, a better position with regard to OATs and use of

placements in their entirety.

I hope this is helpful.



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SMH SEL 2014-16 Pla

Row Labels	Oxleas		CNWL		WLMHT
	Episodes	Cost	Episodes	Cost	Episodes
2014-15	254	15,883,887	5	170,745	118
NHS BEXLEY CCG	27	1,652,906			2
NHS BROMLEY CCG	31	2,008,391			6
NHS CROYDON CCG					7
NHS GREENWICH CCG	138	8,533,969	1	36,141	28
NHS LAMBETH CCG			1	26,375	51
NHS LEWISHAM CCG	56	3,605,706	2	90,494	9
NHS SOUTHWARK CCG	2	82,914	1	17,735	15
2015-16	254	14,940,081	9	411,606	66
NHS BEXLEY CCG	17	1,320,751			1
NHS BROMLEY CCG	19	1,199,485			5
NHS CROYDON CCG	1	74,383	2	69,074	5
NHS GREENWICH CCG	152	8,660,709			17
NHS LAMBETH CCG	1	52,402	2	60,878	24
NHS LEWISHAM CCG	64	3,632,351	1	51,906	6
NHS SOUTHWARK CCG			4	229,748	8
	508	30,823,967	14	582,352	184

SWLSTG		ELFT		Inmind		
Cost	Episodes	Cost	Episodes	Cost	Episodes	Cost
1,674,943	27	1,093,931	16	523,519	13	1,087,157
0						
166,157	1	17,715	1	10,215	1	47,285
432,230	9	461,024	5	132,346	5	348,578
346,904	1	3,221	2	31,714	1	46,503
227,367	8	279,537	4	179,381		
219,750	5	185,448	3	159,527		
282,536	3	146,987	1	10,334	6	644,791
1,433,657	30	1,592,574	35	1,359,858	14	666,352
0	1	20,601	1	4,395		
104,595	2	111,369	12	285,242		
655,479	10	653,929	7	486,122	7	369,341
190,983	1	49,125			1	140,811
163,946	9	480,787	6	227,321	1	23,084
318,653	6	203,870	3	225,906		
0	1	72,895	6	130,872	5	133,117
3,108,600	57	2,686,506	51	1,883,378	27	1,753,509

NELFT		BEH MHT		Ellern Mede		SLaM	
Episodes	Cost	Episodes	Cost	Episodes	Cost	Episodes	
13	388,067	3	74,539		1	264,060	342
4	130,739	1	1,623				15
		1	30,289				31
							67
3	58,218				1	264,060	22
		1	42,627				101
3	169,863						43
3	29,247						63
		1	3,193				359
							16
							36
		1	3,193				73
							24
							100
							41
							69
13	388,067	4	77,732		1	264,060	701

Cost	Total London Episodes	Total London Cost	Alpha Hospital Woking		Burston House
			Episodes	Cost	Episodes
20,540,834		792	41,701,682		
615,210		49	2,400,477		
1,145,304		72	3,425,357		
3,583,785		93	4,957,963		
925,207		197	10,245,938		
7,808,291		166	8,563,578		
2,311,054		121	6,741,842		
4,151,984		94	5,366,528		
21,708,581		768	42,115,903	1	164,250
639,409		36	1,985,156		
1,424,391		74	3,125,082		
4,452,171		106	6,763,693		
767,754		195	9,809,383		1
8,202,838		143	9,211,256	1	164,250
1,720,886		121	6,153,572		
4,501,131		93	5,067,763		
42,249,415		1,560	83,817,585	1	164,250

Hospital	Calverton Hill		Cygnet Hospital Beckton		Cygnet Stevenage	
Cost	Episodes	Cost	Episodes	Cost	Episodes	Cost
161,525	2	207,430	1	159,855	4	573,909
161,525	1	31,356			1	197,330
					2	231,690
	1	176,075	1	159,855	1	144,889
161,525	2	207,430	1	159,855	4	573,909

Cygnet Wing Blackheath		Huntercombe Roehampton		Kemple View		Kneesworth House
Episodes	Cost	Episodes	Cost	Episodes	Cost	Episodes
8	1,239,365	1	175,269	2	124,352	9
						1
						1
						1
1	154,921	1	175,269	2	124,352	4
1	154,921					
6	929,524					2
8	1,239,365	1	175,269	2	124,352	9

e	Oaktree Manor		Priory Hospital Farmfield		Priory Hospital Thornford Pa		
	Cost	Episodes	Cost	Episodes	Cost	Episodes	Cost
	1,180,142	3	335,884	2	232,794	4	659,190
	54,993						
	176,075			1	79,218	1	160,600
	84,967	1	12,833			1	160,600
	599,914			1	153,576	2	337,990
		1	161,525				
	264,193	1	161,525				
	1,180,142	3	335,884	2	232,794	4	659,190

St Andrews - Essex		St Andrews - Northampton		St Andrews - Nottinghamshire		St Andrews He
Episodes	Cost	Episodes	Cost	Episodes	Cost	Episodes
1	156,585	11	1,546,209	3	468,588	1
		1	204,272			
		2	254,915	2	276,415	
		5	649,767			
		1	192,173	1	192,173	
1	156,585	1	1,307			
		1	243,776			
						1
1	156,585	11	1,546,209	3	468,588	1

Healthcare - Birmingham St Johns House		St Magnus Hospital		Stockton Hall		
Cost	Episodes	Cost	Episodes	Cost	Episodes	Cost
109,249	6	868,508	5	698,992	2	352,149
	1	126,870	1	165,886		
	1	167,728				
	3	397,836	2	258,600	2	352,149
			1	108,621		
109,249	1	176,075	1	165,886		
109,249	6	868,508	5	698,992	2	352,149

The Dene		The Spinney		Ty Cwm Rhondda		Woodhaven
Episodes	Cost	Episodes	Cost	Episodes	Cost	Episodes
4	575,255	1	176,075	1	115,059	1
1	154,328					
1	114,422					
				1	115,059	
		1	176,075			
2	306,505					1
4	575,255	1	176,075	1	115,059	1

Cost	Total Non-London Episodes	Total Non London Cost
105,196	74	10,385,829
	2	259,265
	5	685,657
	13	1,701,523
	8	1,087,057
	24	3,284,513
	4	668,843
105,196	18	2,698,971
105,196	74	10,385,829