Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 23 May 2018

Officer of the Single Commission Jessica Williams, Interim Director of Commissioning

Subject: **MENTAL HEALTH NEIGHBOURHOOD DEVELOPMENTS BUSINESS CASE**

Report Summary: This business case is prepared to request investment in two neighbourhood mental health developments in line with the Mental Health Investment agreed by the Strategic Commissioning Board in January 2018.

Section 2 outlines the proposed ambitions for 2018/20.

Section 3 details two developments which require additional investment:-

1. Mental Health in the Neighbourhoods: 101 Days for Mental Health Project to co-produce a new model of mental health support
2. Dementia Support in the Neighbourhoods – increasing dementia practitioner capacity

Recommendations: The Strategic Commissioning Board is asked to endorse the proposed ambitions and agree to the two proposals for investment as follows:-

Proposal	**Investment**
101 Days for Mental Health Project	£58,000
Dementia Practitioner capacity	£144,000 recurrently

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	**S 75 £'000**	**Aligned £'000**	**In Collab £'000**	**Total £'000**
CCG	£130k 2018/19 £144k recurrently	-	-	£130k 2018/19 £144k recurrently
Total	**£144k**	**-**	**-**	**£144k**

Section 75 - £'000 **Decision: SCB**	As shown in the table in section 1 of the report there is a budget of £134k for 'dementia in neighbourhoods', with recurrent spend of £275k p.a. from 2019/20 onwards. The business case proposes spend of £130k in 2018/19. This is based on a start date for dementia support of 1st October (i.e. 6 months at £72k), plus

	£58k of non-recurrent funding for the 101 day project, which broadly aligns to the current budget. For 2019/20 and beyond, the £275k budget will fund the recurrent impact of the dementia practitioners from this business case. In addition it is assumed dementia support workers, currently funded from iBCF will be recurrently financed through this budget.

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

Mental Health investment is a high profile area in 2018/19, with increased scrutiny of locality plans at both a GM and national level. The T&G health and social care economy recently made a commitment to increase investment in mental health services (an additional £2.5m in 18/19 budgets) to ensure delivery of the five year forward view and the Mental Health Investment Standard (MHIS).

This business case is funded from the additional investment approved at January SCB and is aligned to the strategic ambition for mental health in Tameside and Glossop.

The paper cites evidence from the Norfolk Admiral Nursing Service and from Telford and Wrekin were significant theoretical savings have been calculated. Because of contractual arrangements with the ICFT, Pennine Care and GP practices it is unlikely that cash releasing savings on this scale can be realised by the strategic commissioner in Tameside & Glossop. But operational efficiencies and released capacity across the system as a result of this investment would contribute towards the wider ambitions of the Care Together programme.

Current budgets are based upon a fully recruited service going live from 1 October. In the event of slippage against this date, consideration should be given to releasing the slippage to contribute towards the economy wide financial gap on a non-recurrent basis

Legal Implications: **(Authorised by the Borough Solicitor)**	The Board should be satisfied that the business case represents value for money and on balance demonstrates that it is capable of fulfilling the aspirations to improve mental health and dementia support in the neighbourhoods.
What is the evidence base for this recommendation?	National Five Year Forward View for Mental Health.
Is this recommendation aligned to NICE guidance or other clinical best practice?	Yes – based on range of NICE Guidance re mental health and requirements to deliver NICE Concordat Care.
How will this impact upon the quality of care received by the patient?	If additional funding for mental health support is committed the quality of care for patients will be improved.

Recommendations of the Health and Care Advisory Group:	The Health and Care Advisory Group recognised the benefit of expanding the dementia expertise within the Neighbourhoods and the benefit of taking time within the 101 Days for Mental Health Project to collaborate and co-produce a new model of mental health provision for people who currently fall between the gap in mental health services.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey.  Telephone: 07792 060411  Email: pat.mckelvey@nhs.net

1. INTRODUCTION

1.1 In January 2018 the Strategic Commissioning Board agreed to:

a) Commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment to improve parity of esteem.
b) Commit to prioritise investment in mental health services from now until 2021 and that this would be done on a phased basis in order to support the following objectives:-
- Affordability;
- Development of robust business cases for each scheme;
- Phased approach to building complex services;
- Recognition of the time lag in recruitment to mental health posts.

1.2 In February SCB agreed to earmark investment, subject to business cases, for Mental Health within the Public Health Development Fund as follows:-

Element	Investment earmarked
Health and Well-being College	£160k for two years
Mental health keyworkers	£300k for three years
Mental Health Skills and Employment Workers	£225k for three years

1.3 The following table is a refreshed version of the table agreed by SCB in January. This summarises all the income streams and the outline financial commitments:-

Source of MH Funding	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Baseline budgets	40,388	41,273	42,204	43,647
GM MH Transformation Funding	219	438	438	0
Care Together Transformation Funding	187	280	280	93
Local Authority Transformation Funding	389	432	0	0
Total Source of Funds:	**41,183**	**42,423**	**42,922**	**43,740**
PH Investment Fund - Health and Wellbeing College	60	80	20	0
PH Investment Fund - Employment Support Workers	44	175	175	131
PH Investment Fund MH Key Workers	25	100	100	75
Self-management Education budget (CCG baseline)	27	27	27	27
Total Source of Funds including Public Health	**41,338**	**42,805**	**43,244**	**43,973**
Application of MH Funding	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Committed MH Expenditure in Baseline Budgets				
Pennine Care FT core contract	23,341	23,805	24,301	25,190
Individualised commissioning	7,350	7,552	7,760	7,973

Prescribing	3,294	3,385	3,478	3,573
Other	4,297	4,383	4,474	4,637
Total Commitments:	**38,282**	**39,125**	**40,012**	**41,374**
Proposed New Mental Health Investment				
Increasing access to MH support for children & young people	308	554	804	1,552
IAPT Plus/Psychological therapies	550	640	740	830
Early Intervention in Psychosis	180	350	450	450
Neighbourhood Developments	208	550	550	571
AMPH, Recovery	211	251	251	251
Mental Health Crisis	478	833	833	1,268
LD Transforming Care	200	200	200	200
Neurodevelopmental Adult	70	170	170	170
Dementia in neighbourhoods	134	275	275	275
Specialist Perinatal Infant MH	0	224	224	224
Health and Well-being College	60	80	80	80
PH Investment Fund MH Key Workers	25	100	100	75
MH Employment Support Workers	25	175	175	175
Total Proposed New MH Investment:	**2,449**	**4,402**	**4,852**	**6,121**
Grand Total of Proposed MH Expenditure/Investment:	**40,731**	**43,527**	**44,864**	**47,495**

2. AMBITIONS FOR 2018/20

2.1 Further work has taken place within the locality, in Greater Manchester and with partner CCGs in the Pennine Care footprint. From this learning a range of ambitions are proposed to be taken forward in 2018/20

2.1 **Increase opportunities for people to stay well in the community**

- Identify options to create One Front Door - integrated entry point for all MH referrals (including self-referral).
- Develop a neighbourhood model that meets the needs of people who fall into a gap in services. Within this explore the potential benefits of keyworker / case manager support - re employment/ young adult/ perinatal infant/ lived experience peer support/ housing/ money matters/ mental health /7 day follow-up worker and identify a range of options for support from mainstream (incl social prescribing) to MH secondary care.
- Build on new developments to promote self-management including the new Step 1 IAPT service - community drop ins, active monitoring and counselling – and the Health and Wellbeing College.
- Build on our existing rich community and voluntary mental health support including physical health (Active Tameside and Be Well), Arts, peer groups.
- Take learning from the Winter Pressures Crisis Drop-in pilot to build sustainable VCS/PCFT MH Drop Ins in both Tameside and Glossop. Within this test the opportunity to support potential impact on earlier step down from Community MH Teams.
- Ensure new investment in the to be developed integrated IAPT Plus service streamlines the pathway into psychological therapies at all levels

- Increase specialist dementia expertise in the community though investing in and integrating dementia practitioners in the Integrated Neighbourhood Teams. Consider options for formalising this through a single integrated dementia team working across the hospital acute wards and the community.

2.2 **Increase opportunities to get help before/during a crisis**

- Identify the opportunities to avert crises through the MH Crisis Drop In's - as described above
- Establish a Safe Haven in urgent care - connected to expansion of RAID and Home Treatment Team to provide extended assessment and short term crisis support
- Identify requirements to deliver a STORM pathway - suicide assessment and intervention pathway
- Increase access to support through CMHT and Home Treatment (as below)

2.3 **Make effective use of secondary care**

- Establish potential to reduce short stay admissions through above
- Establish capacity requirements in Home Treatment Team to increase this option as an alternative to admission
- Establish solutions to reduce Delayed Transfer of Care (DTOC) including formalising DTOC meetings and speeding up funding decisions process
- Identify options to expand community VCS inreach onto the wards to connect patients into community support after discharge early
- Identify best use of resources to effectively support older people with serious mental illness SMI, including a review of older people's day hospital, Home Intervention Team and Age UK Grant
- Complete the tender for a specialist dementia care home to reduce DTOC and improve care closer to home for people with very complex dementia.

3. PROPOSALS

3.1 This paper outlines requests for the Strategic Commissioning Board agreement to progress with two elements:

- Mental Health in the Neighbourhoods: 101 Days for Mental Health Project
- Dementia Support in the Neighbourhoods – increasing dementia practitioner capacity

Mental Health in the Neighbourhoods: 101 Days for Mental Health Project

3.2 A series of workshops were held in November to January 2018 to explore the significant gap in mental health services for people with multi-faceted needs, who fall between secondary care mental health services and the psychological therapy service, Healthy Minds. Through this analysis the project team discovered the Lambeth Living Well model, co-produced through a ground up collaboration between partners in Lambeth and the Innovation Unit.[1]

3.3 The key elements of the Lambeth development is the way commissioners, providers (the local authority, CCG, mental health trust and voluntary sector) and community representatives have redefined system outcomes in collaboration with people with lived experience. Together they created a compelling vision for a new Living Well model of system change and a set of successful service innovations that are helping many more people get help when they need it in primary and community settings. As well as new mechanisms for delivery they also developed new methods of commissioning and contracting.

[1] The Innovation Unit is a social enterprise that brings innovative solutions to the public services https://www.innovationunit.org/

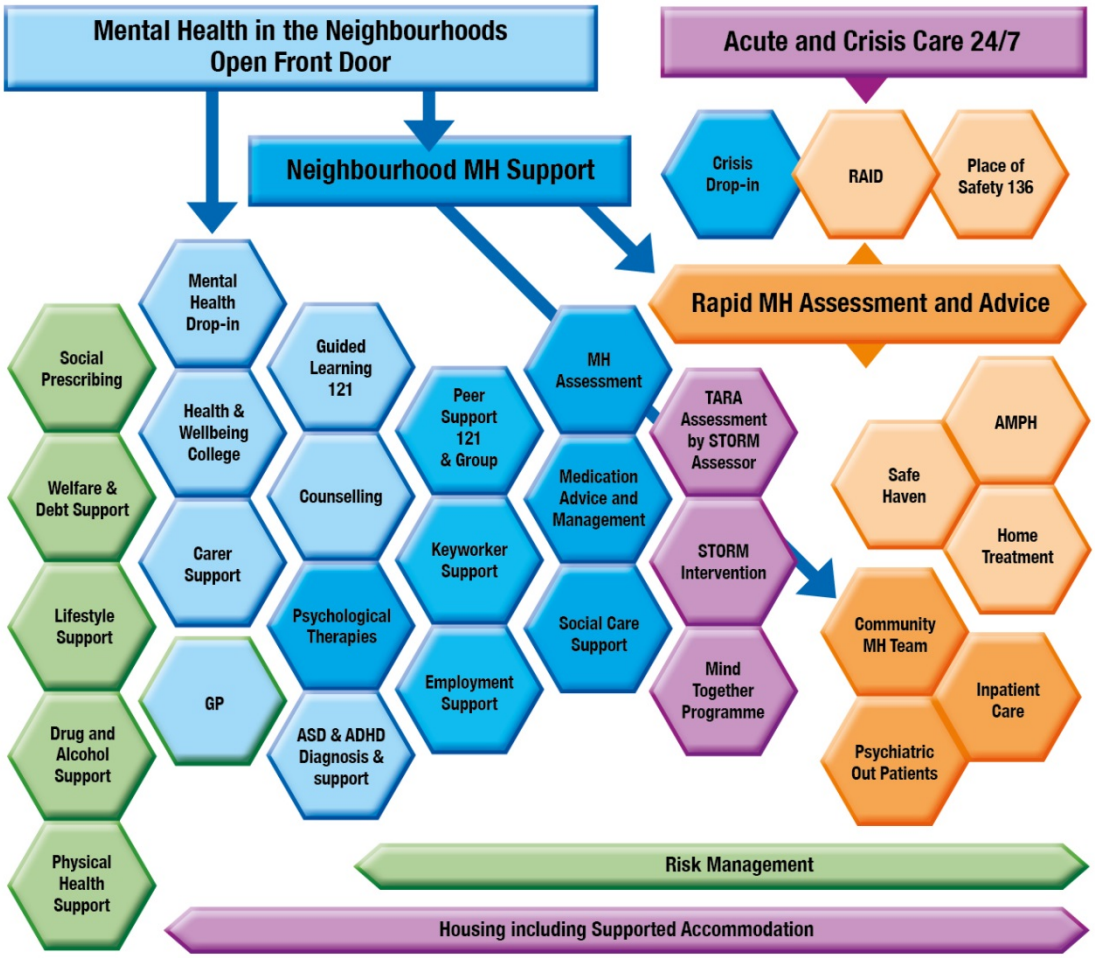
3.4 Lambeth's Living Well model for better mental health comprises of three distinct elements:

- Multi-disciplinary teams that assess need and provide easy access to short, preventative, holistic reablement support delivered by and alliance of providers;
- A network of community and statutory agencies that support the Living Well teams to meet users wider needs (debt, housing, welfare, relationships);
- A collaborative of dynamic, ambitious leaders who own the vision and drive change.

3.5 Data shows a positive impact on:

- Service user experience and satisfaction;
- Access to services;
- Waiting times;
- Referrals to secondary care.

3.6 Initial thinking on how existing and new support could be integrated in the Tameside and Glossop neighbourhoods is outlined below –



3.7 To take this thinking forward it is proposed that we commit local executive leadership, management capacity and bring in an appropriately skilled consultancy partner to establish a 101 day project to co-design model for meeting mental health needs of people who are currently not receiving a service in the neighbourhoods in Tameside and Glossop. To deliver this project the following resources will need to be committed:-

Role	Proposal	Additional capacity
Executive lead	Steven Pleasant/Alan Dow	
Consultancy support	TBC	£49,000

Senior managers	Pat McKelvey, Commissioning Sarah Barnes, PCFT Mark Whitehead, ASC TBC, Action Together	3/7 1/7 1/7 1/7
Project Support	Commissioning team	5/7
Clinical Lead	TBC following expressions of interest	£6,000
Engagement and Communication	TBC Engagement budget	1/7 £3,000
	Total	£58,000

3.8 In addition to the above considerable support over the 101 days will be required from Pennine Care, VCS groups, clinical leads, neighbourhood leads and, most importantly, people with lived experience.

3.9 High level project plan

Element	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Project team assembled													
Consultancy engaged													
Project plan developed and initiated													
Clinical lead engaged													
101 Day period to develop a new model with all stakeholders													
Mapping of existing resource and costing													
Proposal for consideration by SCB													
Contracting													
Go-live with new model													

Dementia Support in the Neighbourhoods – Phase 2

3.10 As part of the Care Together development Tameside and Glossop committed to improving the lives of people living with dementia. In 2016 in Tameside, the rate of emergency admissions, aged 65+ with dementia was 4,839 per 100,000 population, compared to the rate for England of 3,046 per 100,000 population. The current estimated cost of avoidable Dementia related acute admissions is £0.5m per year in Tameside. It is hoped that by increasing specialist dementia support in the community reactive costs associated with the high volume of activity in unscheduled and long term care will be reduced. Therefore, in October 2017 the Strategic Commissioning Board approved a comprehensive business case to increase dementia support in the neighbourhoods.

3.11 The business case proposed to build dementia expertise and support by embedding Dementia Practitioners each of the five Neighbourhood Teams and, in Tameside*, commission a pilot scheme from the Alzheimer's Society to provide a Dementia Support Worker in each neighbourhood through the Adult Social Care Transformation Funding.

**NB Dementia support is already available in Glossopdale through the High Peak Alzheimer's Dementia Support worker and through the Derbyshire Dementia Reablement Service).*

3.12 The proposal links to various Local and National priorities for Dementia Care:

- The Five Year Forward View for Mental Health- Dementia United & Crisis Care;
- Single Commission Strategic plan and Health and Wellbeing Board;
- Single Commission Quality, Innovation, Productivity and Prevention Agenda (QIPP);
- GM Mental Health and wellbeing Strategy- Dementia United & Crisis Care;
- Living Well with Dementia: A National Dementia Strategy 2009;
- Prime Minister's Challenge on Dementia 2020(2015).

3.13 The overall vision is to develop a rich, post diagnostic support offer to support people living with dementia and their carers to make informed choices, be empowered to take control of their lives and maintain their wellbeing and independence for as long as possible.

3.14 The Strategic Commissioning Board agreed to:

1. Establish a pilot with Alzheimer's Society for Dementia Support Workers (DSW) in each Neighbourhood in Tameside –December 2017 - Alzheimer's Society to establish a DSW as an integral member of each Tameside neighbourhood team, each supported by a volunteer. When fully operational the DSWs are expected to support 192 cases of people affected by dementia every month; the DSWs will: - provide post diagnostic support to people and their families and work with dementia practitioners (DPs) to support an allocated caseload, providing emotional support and promoting access to emotional support/mental health pathways; - be a consistent relationship across primary/acute/secondary care and collaborate with local resources and, with DPs, build capacity/capability in primary care, community services and the voluntary and community sector; - liaise with and, through monitoring their role, provide advice to Primary Care annual care plan reviews and support access to advocacy services; - provide a communication conduit for individuals admitted into hospital and ensure continuity of care plans and support discharge planning; - link with Palliative Care Team; - facilitate and support peer to peer support through a rich community offer - support dementia practitioners	**2. Establish Dementia Practitioners (DPs) in each neighbourhood team by investing in three new roles to add to existing PCFT CMHT nurses, Willow Wood Dementia Nurse and ICFT Admiral Nurse capacity:** DPs will: - provide expert training, advice and support to all colleagues regarding dementia assessment, monitoring, support and intervention; - supervise the Dementia Support Workers in their role; - Dementia Nurses will undertake assessments and provide care plans for people with complex dementia; - carry a caseload of patients/and or carers who require additional support; - work with Neighbourhood colleagues to monitor and take preventative action to reduce crisis. Where crisis occurs, provide support to reduce escalation, including preventing avoidable hospital admissions and expediting safe discharges; - work with partners to deliver a rolling training programme in the locality; - support the community and voluntary sector provision of a rich choice of carer and peer support; - promote high quality psychosocial interventions; - Willow Wood Dementia Nurse will also offer support and consultation for dementia end of life across Tameside and Glossop.

Progress to date

3.15 The Dementia Support Worker Pilot is now underway and will be fully operational in June.

3.16 Establish Dementia Practitioners (DPs) in each neighbourhood team by investing in three new roles to add to existing PCFT CMHT nurses, Willow Wood Dementia Nurse and ICFT Admiral Nurse Capacity. It was decided that this development would be taken forward in two phases;

Phase 1	**Phase 2**
Integrating time from existing postholders (currently working in Pennine Care FT, Willow Wood Dementia Nurse and the ICFT Admiral Nursing Team) into each of the Neighbourhood Teams.	Increasing capacity with additional funding/redesigning neighbourhood team skill mix to ensure that sufficient dementia expertise is in place to reduce unscheduled care demand.

3.17 Progress toward the integration of existing dementia practitioners into the neighbourhoods is underway with an emerging vision to create a single management structure of dementia expertise, spanning in-patient and community and the ICFT and Pennine Care FT. A working group is developing an integrated pathway for dementia care and a pilot has commenced in Glossop. One of the challenges has been the capacity of postholders who have existing caseloads therefore it is timely to take forward phase 2 of the proposal to increase capacity by committing investment in additional dementia practitioners.

Phase 2 Cost: Expansion of Dementia Practitioners	**FYE**
Dementia Practitioners	£116,025
Non-pay	£5,802
Overheads	£21,441
Total	**£143,268**

Outcomes & Benefits

3.18 The anticipated outcomes associated are explained in detail the October 2017 Business Case however in summary;

- Improvement in the delivery of dementia care in Tameside and Glossop, which will improve integration, deliver better outcomes for individuals and achieve efficiencies across the local health economy.

- Major outcomes identified as part of the Single Commission's Quality, Innovation, Productivity, and Prevention (QIPP) agenda in particular:
  - better service user and carer experience;
  - reduced demand for acute inpatient provision;
  - reduced demand for specialist mental health inpatient provision;
  - prevention of inappropriate hospital admissions;
  - prevention of admissions to care homes;
  - reduction in inappropriate drug prescribing.

3.19 It is anticipated that as the cost savings from reduced unscheduled admissions will ultimately allow movement of money within the system that ensures the implementation is sustainable in the first instance, and cost saving in the medium and long terms.

- This proposal has the potential to create cost savings to the wider health and social care economy.

- Dementia Practitioner/Admiral Nurse roles have a strong evidence base for efficacy in a range of different settings. An analysis of the caseload over one month (November 2013) in **NHS Telford and Wrekin** showed cost savings of over £17,000 in terms of savings on GP contacts and respite provision (Lee, T, et al, 2014). This evidence has been built upon by the most recent cost benefit analysis of the Norfolk Admiral Nursing

Service which showed savings of over £440,000 over a 10 month period with a team of 3 Admiral Nurse/Dementia Practitioners (Aldridge and Findlay, 2014). These savings included delayed admissions to care homes, a reduction in hospital admissions (both acute and mental health), and a reduction in the referrals to psychological therapies.

4. RECOMMENDATIONS

4.1 As set out at the front of the report