

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 24 March 2021

**Executive Member** Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)

**Clinical Lead** Dr Vinny Khunger, Clinical Lead for Mental Health and Learning Disabilities  
Dr Christine Ahmed, Clinical Lead for Starting Well

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

**Subject:** **DELIVERING THE NHS LONG TERM PLAN: MENTAL HEALTH BUSINESS CASE 2021/24**

**Report Summary:** Mental health is a high priority and Tameside and Glossop Strategic Commission has been committed to improving access to and the quality of mental health support and services to meet the needs of the population. Significant investment was committed in January 2018 and this paper seeks to build on this in order to meet the challenging requirements of the NHS Long Term Plan, notably the transformation of mental health support and services in the community. The mental health elements of the Plan are expected to be funded through a combination of additional funding in the CCG baseline and through transformation investment. This paper sets out funding expectations and the proposed developments to address the mental health recommendations in the Plan in relation to:

1. Perinatal mental health
2. Children and young people's mental health
3. Adult severe mental illnesses (SMI) community care
4. Adult common mental illnesses (IAPT)
5. Mental health crisis care
6. Adult eating disorders
7. Learning disabilities and/or autism mental health support
8. Rehab supported accommodation

The report summarises the funding streams, including the CCG Baseline, expected transformation funds from GM plus proposes investment from the Council held Transforming Care Community Discharge Fund and makes the case for these to be invested over the next three years.

**Recommendations:** That Strategic Commissioning Board be recommended to approve the investment proposals as outlined in section 8 of the report.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

<b>Budget Allocation (if Investment Decision)</b>	£4.0m (External LTP & SDF funding). £2.3m CCG Baselines
<b>CCG or TMBC Budget Allocation</b>	CCG & TMBC

<b>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</b>	Section 75
<b>Decision Body – SCB, Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons</b>	MH is a national priority across health and Care and significant sums of national SDF funding is being made available, i.e. £4m as outlined above. Treating Mental health and well-being early can prevent long term health needs and improve economically within communities and the sociology within the population.

#### **Additional Comments**

Under command and control the NHS has only been allowed to invest in Mental Health in view of the strategic importance of this service and compliance with the mandated mental health investment standard (MHIS).

This business case sets out funding plans and investments proposals over the next 3 years as it is vital for services to start to mobilise and become embedded in the future outcomes for Mental Health deliverables set out by national priorities. It is therefore caveated that this plan may alter over the course of time as NHS is reformed.

The financial investment plans set out within this business case have been reviewed and fully supported by the GMH&SC Partnership and they have confirmed the values of national SDF funding to support the proposals in 21/22.

#### **Legal Implications:**

**(Authorised by the Borough Solicitor)**

The Board need to consider the proposed application in the context of the main body of the report and the financial implications to ensure that it represents good value for money and also meets the NICE guidance.

#### **What is the evidence base for this recommendation?**

National Five Year Forward View for Mental Health and the NHS Long Term Plan

#### **Is this recommendation aligned to NICE guidance or other clinical best practice?**

The business case is based on a range of NICE Guidance regarding mental health and national 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 access to and quality of care for patients will be improved.

#### **Access to Information :**

The background papers relating to this report can be inspected by contacting Pat McKelvey.



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## 1. INTRODUCTION

- 1.1 The NHS Long Term Plan (2019) outlines the government's commitment to improving mental health services, both for adults and children and young people. The commitment includes additional mental health funding which will outstrip total NHS spending growth in each year between 2019/20 and 2023/24 so that by the end of the period, mental health investment will be at least £2.3 billion higher in real terms.
- 1.2 In adult services, the plan signals an extension of commitments in the *Five Year Forward View for Mental Health* (5YFVMH) to 2023/24. It aims to create a more comprehensive service system, particularly for those seeking help in crisis, with a single point of access for adults and children and 24/7 support with appropriate responses across NHS 111, ambulance and A&E services.
- 1.3 This paper outlines the expectations, existing service provision, transformation schemes in progress and an estimate of the investment required to improve services. The gap in investment is considerable and therefore it is proposed to take an incremental, prioritised approach to delivering the Long Term Plan over the following three years.

## 2. NATIONAL EXPECTATIONS

- 2.1 The Long Term Plan builds on the recommendations from the Five Year Forward View and expressly commits to the expand and refine the following
  - specialist community perinatal mental health
  - children and young people's mental health
  - adult common mental illnesses (IAPT)
  - adult severe mental illnesses (SMI) community care, including eating disorders
  - mental health crisis care and liaison
  - therapeutic acute mental health inpatient care
  - suicide reduction and bereavement support
  - problem gambling mental health support
  - adult eating disorders
  - learning disability and autism mental health support
- 2.2 This will be completed through the following programs of work delivered at locality and GM level:
  - a. Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it
  - b. A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions
  - c. Testing a four-week waiting time target for community mental health teams
  - d. Developing "a new community-based offer [which] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse"
  - e. Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services

- f. Designing a “new Mental Health Safety Improvement Programme” to prevent suicide in inpatient units and offer support for people bereaved by suicide
- g. Expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help people who have “a personal goal to find and retain employment” by 2023/24
- h. Improve mental health support in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system
- i. Provide holistic support to people leaving care and to veterans leaving the Armed Forces
- j. Scale up and improve mental health support for children, young people and young adults.
- k. Expansion of community-based crisis services for children and young people
- l. One-fifth of schools and colleges to have a mental health support team in place by the end of 2023
- m. Feasibility test for a national access and waiting time standard for specialist services.
- n. Addressing the issue of transitions between child and adult mental health services by creating “a comprehensive offer for 0-25 year olds”

### 3. MENTAL HEALTH INVESTMENT TO MEET THE LONG TERM PLAN

#### NHS Ambitions Tool for GM

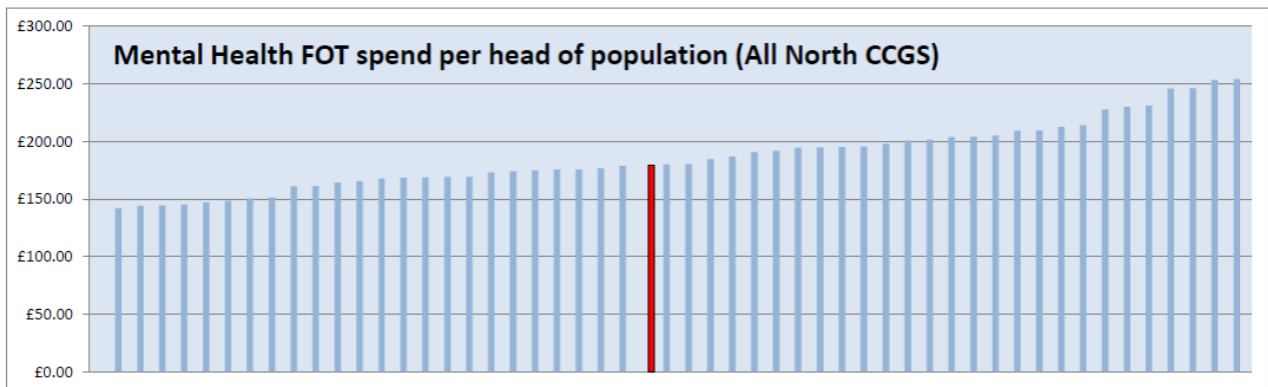
- 3.1 The NHS Long Term Plan promised considerable investment to meet the commitments via two routes – Transformation Funding via the STP and allocations within the CCG Baseline.

#### Existing Mental Health Investment

- 3.2 The Tameside and Glossop Strategic Commission has long recognised the importance of mental health and has been committed to improve parity of esteem and redress the balance between physical and mental health. Significant new investment has been committed over the past four years as illustrated by the table below:-

Application of MH Funding	2017/18 Outturn £000	2018/19 Outturn £000	2019/20 Outturn £000	2020/21 Forecast £000
<b>Committed MH Expenditure in Baseline Budgets</b>				
Pennine Care FT Core Contract / (CORE MH Providers)	22,273	23,836	25,467	27,531
Mental Health Prescribing	3,409	2,928	2,945	3,987
Mental Health in Continuing Care	6,441	8,129	7,177	8,013
Other	4,946	4,737	6,022	4,280
<b>Total Commitments: MHIS (Excl LD &amp; Dementia) as per Non-ISFE MHIS</b>	<b>37,069</b>	<b>39,630</b>	<b>41,611</b>	<b>43,811</b>
Learning Disabilities	542	643	765	734
Dementia				2,305
<b>Sub-total - MH services (inc LD &amp; Dementia) as per Non-ISFE MHIS</b>	<b>37,611</b>	<b>40,273</b>	<b>42,376</b>	<b>46,850</b>
GM Mental Health Transformation Funding excluded from MHIS			2,899	
<b>Total Commitments</b>	<b>37,611</b>	<b>40,273</b>	<b>45,275</b>	<b>46,850</b>

- 3.3 Although investment in MH services has increased, the spend per head of population is low compared to GM, North Region and Nationally. In October 2020 the CCG position relative to other CCGs was as follows:-



- 3.4 Despite the increased investment the overall % of the CCG budget invested in mental health has not increased, due to uplifts in the CCG allocation. In 2019/20 the CCG spend on MH accounted for 11.1% of the total CCG budget.

#### 4. PROPOSALS TO DELIVER THE LONG TERM PLAN AMBITIONS IN TAMESIDE AND GLOSSOP

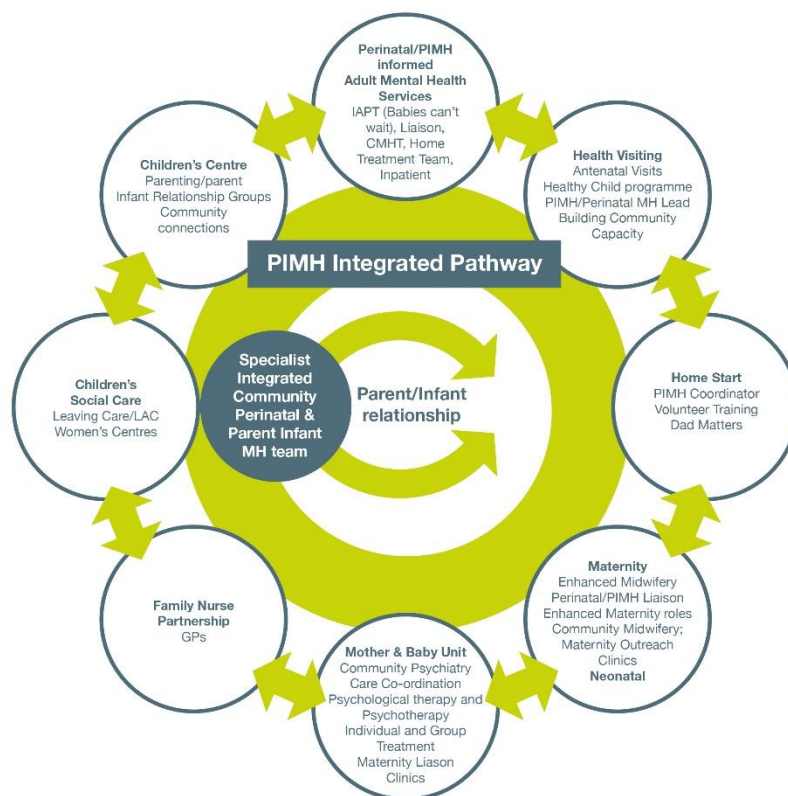
The following priorities are described below

1. Perinatal mental health
2. Children and young people's mental health
3. Adult severe mental illnesses (SMI) community care
4. Adult common mental illnesses (IAPT)
5. Mental health crisis care
6. Adult eating disorders
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##### **Perinatal Mental Health**

- 4.1 The Greater Manchester Perinatal and Parent Infant Mental Health (P&PIMH) Programme has built an integrated model where the specialist Perinatal Community MH Team works in partnership with the Early Attachment Service, maternity, Early Help, Health Visiting, children's social care, Home Start, adult MH services and GPs in each locality to ensure a whole system approach to meeting needs of mothers, partners and infants. As the most established locality we are leading the way in this development and have a solid base on which to expand.

## Perinatal Infant Mental Health - GM: A Whole System



- 4.2 Ambition 1 - increasing access to evidence-based care for women with moderate to severe perinatal MH difficulties, to benefit an additional 24,000 women per year by 23/24, in addition to the extra 66,000 women getting specialist help by 20/21. In T&G this equates to the following:-

	2019/20	2020/21	2021/22	2022/23
Target percentage of women who give birth	4.80%	7.40%* 4.8%	8.60%	10%
Target number of women	155	230 155	278	323

\*Target for 2020/21 was revised due to Covid

Additional investment is required to extend the capacity of the services to effectively reach 10% of women in Tameside and Glossop.

- 4.3 Ambition 2 - establishing Maternity Outreach Clinics/Maternal Mental Health Services for women experiencing moderate or severe mental health difficulties due to the maternity experience, such as multiple miscarriages, still birth, traumatic birth, living apart from their child. A GM bid to NHSE establish a 12 month Pilot project from April 2021 has been submitted. The pilot will focus on health inequalities and, again, deliver a whole system approach. Based on learning from the Pilot a business case for ongoing investment will be presented.

### Children and Young People

- 4.4 Children and young people have benefitted from the expansion and integration of mental health provision, plus the GM crisis care developments and the Mental Health in Education programme. Local priorities including improving autism assessment capacity, integrating

psychological therapies to the Family Intervention Service and expanding the community offer have been welcomed however demand remains high and access needs to be improved and waiting times reduced.

- 4.5 Access for children and young people into mental health support and services is improving, as indicated by the achievement of 41% against the national access target of 35% accessing at least 2 appointments. Delivering the additional elements of the Long Term Plan will improve this further and meet the rising demand. The core CAMHS service received a rate of 4935/100,000 referrals in 19/20, 1300/100,000 more than the national median. The team are managing 1729 open cases which is also above average, despite having a lower than average core CAMHS workforce.
- 4.6 Of the 1729 open cases, 1104 of these are on the neurodevelopmental pathways, with an average of 49 new Attention Deficit and Hyperactivity Disorder (ADHD) and Autistic Spectrum Condition (ASC) referrals per month. Compared to last year, there is a 41% increase in referrals for ADHD, but the number of cases is within the expected prevalence rate in GM.
- 4.7 High waiting lists in ASC (73 weeks) and ADHD (47 weeks) continue to grow despite changes to pathways and the demand outstrips capacity within the service offer. Covid has exacerbated the waiting times. Additional capacity is required to meet demand and it is hoped to fund this through a combination of CCG and PCN funding.
- 4.8 The Five Year Forward View for Mental Health required all localities to extend the age range of core CAMHS from 16 to the age of 18. The aim of this is to prevent young people falling into gaps in adult services at a very vulnerable time, when acuity often rises. All localities are expected to meet the GM CAMHS Service Specification and there is a need to significantly bolster the capacity of the Healthy Young Minds service in order to meet the needs of 16 and 17 year olds. Capacity and demand modelling has shown that an additional 8 staff are required to meet the needs of this group of young people.
- 4.9 Mental Health in Education: Opportunities from DfE and GM transformation funding have enabled us to work in partnership with schools to progress improvements. This is bolstered by locally funded additional capacity to create a multi-agency Single Point of Access. Schemes include:
  - Wellbeing for Education Return Training and Workshops, focussed on teacher wellbeing and resilience – programme running from October 2020 to March 2021
  - Anna Freud Link Programme to improve relationships between education settings and the wider mental health networks, in a neighbourhood approach, initiating the idea of a 'network', running from January 2021 to April 2021.
  - Addition of 2.5 WTE mental health practitioners in education settings, on a neighbourhood approach, who will build relationships and help to navigate the system, as well as offer direct interventions. They will be in place March 2021 to September 2022
  - The Worry Wizard - Primary school whole school approach to emotional and mental wellbeing is introduced to all primary schools for an 18 month period, March 2021 to August 2022
  - Pooled CCG and TMBC budget to develop a facilitator post who will continue with the development of a network, offering whole school approach and training for workforce development in schools
  - Improved communication with introduction of a newsletter and a schools information webpage
- 4.10 SCB agreed the development of a new children and young people's community emotional wellbeing and mental health offer to make access to mental health support easier and clearer, the budgets for all existing CYP VCSE emotional wellbeing and mental health services have been pooled and increased. Throughout the Summer and Autumn of 2020 a series of co-production sessions and workshops were held with children, young people, providers and parents/carers to understand what wellbeing means to them and co-develop a specification for the new offer. The specification is out to tender and the new offer will be in place in

September 2021. The partnerships in the new offer will work alongside statutory services, the single point of access (SPOA) and specialist CAMHS, and it will be supporting those families who need advice or help.

- 4.11 Committed to work in closer partnership with Children's Social Care a number of workstreams are being taken forward to promote better health outcomes for all Cared for Children. NHS commissioned Child and Adolescent Mental Health (CAMH) services are not always able to effectively meet the needs of children with complex trauma, and the disruption of placement is often a barrier to receiving timely, high quality care. This is a particular problem where children are placed out of borough where unmet needs and difficulty navigating the system may result in unmanaged crises and increased acuity, both of which add considerable cost to the system. It is proposed to increase the psychological therapy offer for Cared for Children and those with learning disabilities and/or autism who come under the Transforming Care agenda with the overall ambition is to meet needs much earlier and therefore reduce unplanned and crisis costs at a later stage. It is also proposed to invest in commissioning capacity, bring together existing funding streams and establish an individual commissioning budget which will be managed by an interagency panel to speed up the process of meeting identified health needs.

#### **Adult and Older People Serious Mental Illness**

- 4.12 The adult and older people's community mental health teams provide risk management, treatment, interventions and support to around 2900 people with serious mental illness (SMI) living in Tameside and Glossop. In addition there are many people living with SMI under the care of their GP. Investment in these services is well below the national average and, as a consequence, to manage demand the threshold for the services are high. The services need to be sustained and bolstered in order to deliver the transformation and modernisation expected within the Community Mental Health Framework.
- 4.13 Primary Care Networks are being provided with funding to support mental health practitioner roles as follows
- From April 2021, every PCN will become entitled to a fully embedded FTE mental health practitioner, employed and provided by the PCN's local provider of community mental health services, as locally agreed.
  - 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), with the practitioner wholly deployed to the PCN.
  - This entitlement will increase to 2 WTE in 2022/23 and 3 WTE by 2023/24, subject to a positive review of implementation.
- 4.14 In Tameside and Glossop it is proposed to use the historic opportunity of the Community MH Framework plus the PCN investment to deliver Phase 2 of our Living Life Well Programme. This will focus on a phased approach to building five integrated mental health teams, one in each of the five neighborhoods to deliver better mental health outcomes for the local population by ensuring that:
- People can have a good-quality assessment at whatever point they present
  - Interventions for mental health problems are readily available and accessible at the location most appropriate to people's needs
  - Care can be stepped up where or when more specialist care is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
  - There are effective links with community assets to support and enable people to become more embedded within their community and to use these assets to support their mental health.
- 4.15 Delivering good mental health support, care and treatment in the community will be underpinned by the following six aims:
1. Promote mental and physical health, and prevent ill health.



2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that: builds on strengths and supports choice; and is underpinned by a single care plan accessible to all involved in the person's care.
3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

4.16 The Living Life Well developments to date provide a good foundation from which to address the gaps in provision and achieve radical change in community mental health care by moving towards joined-up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services.

4.17 Organisations from across the Charity, Voluntary, Community and Social Enterprise sector are integral to the Living Life Well programme bringing depth, breadth and reach to mental health provision across Tameside and Glossop.

- **The Neighbourhood Mental Health Team** is a multi-disciplinary, multi-talented partnership led by a Greater Manchester charity, Big Life, featuring members from Tameside, Oldham and Glossop Mind, Pennine Care, and Tameside Council coming together in a person-centred coaching approach to support people with mental health needs to live bigger, better lives where they may previously have fallen through gaps between thresholds.
- **Peer Coaches**, an integral part of the NMHT approach, are members of the Tameside and Glossop communities with Mental Health Lived Experience who have themselves been supported by services across the MH system and CVCSE partnership. Trained and supported, coaches provide pragmatic coaching support, advice and signposting to support the person's goals across a wide range of domains including mental health, wellbeing, employment, housing, debts, benefits and other services.
- **Living Life Well Places and Spaces** are provided by our CVCSE partners across Tameside and Glossop, providing a wide range of accessible and welcoming locations and activities that ensure support is available in the context of people's lives. Places, like Pop Café in Hyde and Topaz café in Ashton provide stigma-free and easily accessible spaces people can pop into when they don't feel comfortable accessing other services and supported to access the support they need.
- **The Living Life Well Community**, is a mental health informed community with training provided by Mind giving people the competence and confidence to have conversations about mental health and emotional wellbeing, supporting frontline workers from other services, staff from public facing businesses (including super markets and services) and members of the community.
- To meet the needs of our communities, our **Lived Experience** partner, The Anthony Seddon Fund, manage a committee of Lived Experience champions with a range of experience, who gather stories from a wide spectrum of people who have had contact with the mental health system to feed into service development and delivery.

- 4.18 It is therefore proposed to move forwards with redesigning mental health services by bringing together all funding streams to
- Bolster community mental health team capacity in line with national caseload:workforce ratio
  - Enhance psychological therapies to deliver a new approach to Personality Disorders, including Structured Clinical Management in line with the GM Pathway
  - Establish a treatment support team to assertively reach people who are struggling to maintain compliance with their treatment regime
  - Match-fund the PCN roles and align other MH services on a phased basis to create five integrated mental health neighbourhood teams by the end of 2021/22.
  - Invest in the VCSE sector to grow the community support offer to broaden access to mental health specific support into volunteering, employment, meaningful activities, money management etc
  - Expand the Adult ADHD and Autism service to reduce waiting times
  - Establish a personalised approach to meet the needs of people of different ages and complexities, increasing choice and control at every level.
- 4.19 It is proposed to:
- a) Bolster capacity within secondary care mental health community services in order to reduce pressures within the teams of managing large caseloads with complex risk. This will include building leadership roles and moving away from sole practitioner responsibility through Care Coordination to create genuine multi-disciplinary working by the availability of more Psychologists and Occupational Therapists operating through a model of team formulated interventions for each patient. The additional capacity will improve the stability & safety of the service and staff ambition of what can be achieved with each patient will be raised as more staff hours make available more contact time. Existing ratio of staff to patients severely restricts contact time available to each patient and; drives focus of interventions too far down the continuum towards maintenance, conversely inhibits the person centred recovery based work that supports people to live life well despite their serious mental illness.
  - b) Establish a new service offer to those with Personality Disorder by building the foundations of Structured Clinical Management - an evidenced-based approach model that enables generalist mental health practitioners to work effectively with people with a personality disorder. One post is identified to work specifically with older people in response to clinical advice that there is equivalent need that requires an adjusted approach to be non-discriminatory and effective.
  - c) Introduce peer coaches into the community mental health service. Success of peer coaches in neighbourhood team to be replicated in CMHT as well re-enforcing culture shift towards people who use service being fully active contributors in their own care and that of others.
  - d) Improve patient safety, treatment concordance and relapse prevention by establishing a small team to deliver and co-ordinate treatment support i.e. Clozapine and depot injection clinics.
  - e) Double nursing capacity to the ADHD clinic to maximise the efficiency, reduce waiting times and increase post-diagnostic support.
  - f) Expand the Neighbourhood Mental Health Team to create five teams, one for each neighbourhood. Working with the PCN Clinical Leads, it is planned that this development is

funded through a combination of Primary Care Network funding, CCG investment and VCSE Transformation Funding.

- g) Through a VCSE partnership alliance significantly enhance the VCSE offer to include
- Additional Peer Coaches and Mental Wellbeing Coaches
  - Additional Employment Coaches
  - Additional Housing Coaches
  - Addition of Money Management Coaches
  - Addition of young adult coaches
  - Community crisis support drop-in places – open and welcoming access to direct mental health support.
  - Maintain the development programme which provides training, supervision and peer to peer learning opportunities for the wide range of community wellbeing services across Tameside and Glossop - increasing emotional and mental health understanding, confidence and competence.

### **Psychological Therapies for Common Mental Health Illnesses (IAPT)**

- 4.20 The provision of an easily accessible talking therapies service going into the next decade is even more important. Linking this with our existing long term conditions to provide a more holistic episode of care will also be a key element of promoting optimum health within the community. As well as providing support for those experiencing a common mental health disorder the service also addresses the wider determinants of health and social care supporting people back into employment, increasing self-reliance and resilience whilst also being an integral element of the perinatal offer within the borough, offering rapid access for expectant and current parents of children up to 36 months. While reporting is currently stood down because of covid-19, and prevalence across the STP has reduced due to practicalities of face to face appointments, the service continue to meet targets.

#### **4.21 2020/21 KPI Performance:**

Indicator	Target	Frequency	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-02	Dec-20
			Quarter 1 (20/21)			Quarter 2 (20/21)			Quarter 3 (2021)		
<b>IAPT Prevalence</b>	4.75%	Quarterly	2.19%			3.07%			3.27%		
<b>IAPT Recovery</b>	>= 50%	Monthly	51.0	56.6	57.7	51.4	52.7	50.4	50.7	50.0	50.6
<b>IAPT Reliable Improvement</b>	>= 65%	Monthly	73.2	79.0	78.0	75.2	74.6	70.0	70.1	69.95	68.90

- 4.22 LTP Ambitions - By 2023/24 IAPT services will be expanded covering total of 1.9m adults and older adults each year - all areas will maintain existing IAPT referral to treatment time and recovery standards and the existing requirement to commission IAPT Long Term Condition services and achieve a year-on-year proportionate increase in IAPT access for older people aged 65+.

- 4.23 It is proposed to expand capacity within the Healthy Minds service to improve access and reduce waiting times, with a particular focus on integration of psychological therapy into the long term condition services.

### **Adult Crisis Care**

- 4.24 With an awareness that mental health deteriorates in time of recession, and the evidence from previous regional health crises about the impact of loss on an individual's ability to self-care, the importance of having an easily-accessible crisis response service is more critical than ever. Access to support is a known factor of reducing suicide, and provision of a more robust pathway to support those in a mental health crisis will benefit the entire public health system, with fast access to expert help.
- 4.25 MH crisis services have benefitted from additional investment since 2018. The following developments are now fully operational, delivering a much more comprehensive offer:-
- Expansion of therapeutic milieu on the in-patient wards
  - Extension of the 24/7 Liaison Mental Health Service, which covers A&E and the acute wards, to include all ages. Emergency appointments are also offered by this service to GPs.
  - Expansion of the Home Treatment Team to increase therapy
  - Establishment of the Safe Haven overnight, seven days per week.
- 4.26 NHS England required all STPs to bring forward the establishment of 24/7 mental health helplines due to Covid-19 and Pennine Care has delivered this since April 2020, working with NHS 111 and the Clinical Assessment Service, as well as, locally, Minds Matter. It was hoped that national funding would support the ongoing costs but this is now not the case and therefore the CCG is required to fund this important development.
- 4.27 A review of the requirements for Section 136 suites within the Pennine Care footprint is underway. The suites are a facility for people who are detained by the Police under Section 136 of the Mental Health Act. They provide a 'place of safety' whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements made for on-going care. Currently funded through non-recurrent funding the costs for each CCG will be clear when the Review concludes.
- 4.28 The additional NHSE Crisis Care funding enables to development of a VCSE Living Life Well Community Crisis Care service, initially building this into the Anthony Seddon Centre with a view to developing satellites in Glossop and Hyde.

### **Adult Eating Disorders**

- 4.29 Community provision for adults with eating disorders requires expansion and improvement in order to deliver timely, effective, evidence-based treatments, care and support that meet the needs of individuals with the full range and severity of eating disorders, across the life span. The current service, commissioned within the Greater Manchester Mental Health Trust block contract is not NICE compliant due to no medical cover and gaps in psychological therapies. Long waiting times mean that there is no early intervention for routine cases and people are left without any support or care.
- 4.30 In line with other GM CCGs it is proposed to expand the service to deliver NICE Compliant care which will include:-
- Increased psychological therapist and dietitian capacity to enable the service to be responsive and achieve the same waiting times for treatment as CYP. It will also allow the service to continue to offer high quality NICE compliant/evidence-based interventions.
  - Increased capacity of psychological therapist and dietitian time to meet the treatment length of interventions for anorexia nervosa.
  - A range of NICE compliant/evidence-based interventions delivered in both group and individual formats. This will enable service user choice.
  - Psychiatry/medical input to enable robust medical monitoring and management and support for staff in other setting managing individuals with the physical risks of an eating disorder. As part of the new psychiatry/medical pathway, the service will also be able to

offer phlebotomy and ECGs within the service to enable ease of access and more rapid results and therefore a safer pathway.

- Psychiatry time to enhance the service offered to referrals accepted by the service with increased physical/mental health complexity.
- A FREED pathway to enable a responsive service and treatments tailored to the needs to emerging adults with ED to be delivered.
- A SEED pathway to enable a pathway for those individuals who meet criteria for a severe and enduring eating disorder.

#### **Mental Health Service for Adults with Learning Disabilities and/or Autism**

- 4.31 The Community Learning Disability Service is commissioned from the ICFT and Pennine Care. The long-awaited addition of a consultant psychiatrist for people with learning disabilities in 2019 has made a very big difference in providing comprehensive care, managing risk, supporting discharges and preventing admissions. Preventing and abbreviating admissions into mental health in-patient services for people with a learning disability and or autism is one of the national priorities under the Transforming Care agenda.
- 4.32 It is proposed to utilise the Community Discharge Fund for people with Learning Disabilities or Autism in this development. Derbyshire County Council has committed to invest in this key development and it is hoped that Tameside will do the same, using the £81,952 income in 2020/21 and the same for the next two years.

#### **Delayed Transfers of Care**

- 4.33 The Community Mental Health Teams are instrumental in supporting discharges from mental health in-patient wards as well as supporting people moving between community placements, stepping up or down levels of support. Richmond Fellowship have been commissioned to provide housing and discharge planning support the Community MH Teams through winter pressures funding and the benefits of having this additional, focused capacity are evident. An extension of the current scheme will provide the time for full evaluation and review of requirements going forward.

## 5. FUNDING TO DELIVER THE REQUIREMENTS

CCG Allocation Growth/MHIS Target Baseline		2021/22	2022/23	2023/24
		3.58%	3.34%	3.06%
		£m	£m	£m
Source Funding	Growth Funding Available CCG Baseline	1573	1520	1440
	Less Net Tariff Inflation	-585	-423	-438
	<b>CCG MHIS Investment Resource</b>	<b>989</b>	<b>1097</b>	<b>1002</b>
	PCFT CQUIN 19/20 C/Fwd	146	0	0
	PCFT MHIS Slippage in 20/21	482	0	0
	GM TF 2019/20 (Crisis Care Share of £10.8m)	1094	0	0
	Venture Fund CCG/TMBC (Upto £1m)	500	0	0
	CCG Accumulated Surplus **	Tbc	Tbc	Tbc
	PCN MH (B7x5)	134	134	134
	TMBC Contribution - MH Discharge Fund	81	81	81
	Derbyshire Contribution - MH Discharge Fund	12	12	12
	Living Well Development (GM Transformation)	210	487	646
	Adult Eating Disorder Expansion	45	86	120
	SMI Physical Health Checks	39	86	128
	GM Personality Disorder Investment (£1.1m PCFT - T&G Share 8.56%)	94	94	94
	VCS New Ways of Working Support	34	171	214
	GM CYP MH Support Teams in Schools	150	Tbc	Tbc
	GM CYP LDA Ealing Model / Key Worker	150	Tbc	Tbc
	GM LDA + FTA - TBC	171	Tbc	Tbc
	GM MH Rehabilitation / Housing DTOCs	56	Tbc	Tbc
	GM ADHD/Autism	Tbc	Tbc	Tbc
	GM VCS Crisis Alternatives	135	171	215
	GM Individual Placement & Support / MH Working Well (£600k across GM)	51	51	51
T&G Fair Share 8.56%	<b>NHS Ambitions Tool</b>			
	CYP	143	273	304
	Adult Crisis	186	6	6
	SMI Community Care	65	218	917
	CYP ED	3	2	2
	Ambulance Services	59	61	96
	Perinatal Mental Health	158	140	26
	Maternity Outreach	0	65	1
	IAPT	351	351	627
	Therapeutic Acute Inpatient Care	24	61	96
	<b>SDF Funding</b>			
	CYP	326	504	829
	SMI Com'ty (*Based on Allocated*	328	830	1108
	Crisis	152	203	265
	<b>Total Funding</b>	<b>6369</b>	<b>5185</b>	<b>6974</b>

## 6. FUNDING ASSUMPTIONS 21/22 AND BEYOND

- 6.1 CCG Allocation Growth is based on the CCGs 5 yr allocations pre COVID. Allocations for 21/22 and beyond have yet to be finalised as CCGs wait further planning guidance which isn't due until April 2021. The Allocation and MHIS Growth % may therefore change from what is published in this business case following the pandemic.
- 6.2 Inflation is mandatory uplift to national contracts. Therefore any MHIS growth must be used to contribute towards inflation. This is also based on pre COVID planning assumptions.
- 6.3 MHIS slippage in 20/21 is still work in progress with PCFT. The actual value is likely to be lower than £482k. However any utilisation of this investment needs to reflect measurable outcomes and value for money. Any new investments in 21/22 should call upon this slippage in the first instance rather than adding new monies first.
- 6.4 The funding source relating to CCG accumulated surplus and venture fund are subject to set criteria and are of a non-recurrent nature.

- 6.5 Additional GM Transformation funding is expected to be made available to T&G CCG Baselines, which covers Living Well, Adult Eating Disorders, SMI Physical Health Checks and Personality Disorder. T&G is also expected additional funding for MH support teams in schools, CYP Ealing Model, LDA and ADHD Autism, where other localities within GM have already accessed this funding, whereas T&G has not yet accessed.
- 6.6 CCG required investment in MH LTP services for 5 years 19/20-23/24 is set out in NHS Ambitions Tool. 18/19 is the baseline year so CCG investment is recurrent on a 18/19 "nil" baseline. CCGs need to invest at least these values from their baselines. If they don't GM will not be successful in its bids for £70m of SDF Funding.
- 6.7 The values in the Ambitions Tool are unlikely to equate exactly to additional funding CCGs will receive through allocations in the next 3 years. CCGs will be informed of their allocations through a separate process, which has not yet been shared with CCGs.
- 6.8 Available SDF Funding. Expectation is allocation to localities will be on a fair-share basis. CFOs/DOCs may well decide how to manage this on an STP footprint. T&G fair-share is 8.56% for the purpose of this business case.
- 6.9 SDF "National" investment - is in-year funding. Expectation is this will flow into CCG baselines after 23/24, but NHSE to confirm.

## 7. INVESTMENT REQUIRED TO DELIVER THE PRIORITIES AND GAP FOR PRIORITISATION

	Application of New Funding Streams	2021/22	2022/23	2023/24
FYE of 20/21 Recurrent Investments	Family Intervention Service (PCFT)	148	Tbc	Tbc
	All Age Liaison (PCFT)	160	Tbc	Tbc
	Safe Haven / HTT (PCFT)	514	Tbc	Tbc
	EIT Expansion (PCFT)	90	Tbc	Tbc
	IAPT Trainees (PCFT)	60	Tbc	Tbc
	Eating Disorder Estates (PCFT)	11	Tbc	Tbc
Planned (NEW) Investments from 21/22	Raising Confident Kids / Flourishing Families (PCFT)	51	Tbc	Tbc
	Additional Capacity for Autism Pathway. (PCFT)	142	Tbc	Tbc
	Extend Provision for 16 & 17 year olds. Increase capacity of service to meet the needs (PCFT)	93	Tbc	Tbc
	Children & Young People EMH Offer - CCG Increase Investment (TMBC Share 16.2k)	16	Tbc	Tbc
	CYP Eating Disorder NICE compliance (PCFT)	33	Tbc	Tbc
	PIMHS IAPT Lead (PCFT) New B7 1 WTE	56	Tbc	Tbc
GMTF Programmes "Recurrent Pick Up" 5YFVMH T&G Fair Share 8.56%	Adult ADHD Expansion (PCFT)	57	Tbc	Tbc
	24/7 Community-based Access & Crisis Care (CYP)	300	Tbc	Tbc
	GM iThrive and MH Workforce development excl. Schools	17	Tbc	Tbc
	Improving Mental Wellbeing, Building Capacity & Resilience	26	Tbc	Tbc
	Perinatal and Parent-Infant MH model	128	Tbc	Tbc
	Liaison MH Core-24 across key GM Acute Hospitals	385	Tbc	Tbc
	24/7 Community-based Adults Crisis Care	0	Tbc	Tbc
	Integrated IAPT	0	Tbc	Tbc
	Suicide Prevention, overcoming MH Stigma	9	Tbc	Tbc
	Work & Health, including IPS	51	Tbc	Tbc
	Dementia United	34	Tbc	Tbc
	Richmond Fellowship (RF Rehab Supported Accommodation)	138	Tbc	Tbc
BUSINESS CASE	DTOC Scheme	56	150	Tbc
	Alzheimers contract extension	109	Tbc	Tbc
	PCFT Band 7/8a (BI/Data Quality Team) 12 months only. Split across all 5 CCGs	13	Tbc	Tbc
	Perinatal Mental Health	108	336	27
	CYP access	450	750	Tbc
	Crisis Care - 24/7 Helpline and S136	421	50	Tbc
	Adult and Older Adult SMI (includes PD)	800	800	800
	GM Individual Placement & Support / MH Working Well (£600k across GM)	51	51	51
	Community Transformation Living Life Well Neighbourhood Developments	176	324	200
	Community Transformation Living Life Well Young Adults	0	200	300
	Community Transformation Living Life Well VCSE Crisis Care	135	171	215
	Community Transformation Living Life Well PCN	315	315	315
	Community Transformation Living Life Well Practice Lead B8b	60	25	Tbc
	IAPT Psychological Therapies	212	444	626
	SMI Physical Health Checks	39	86	128
	Adult Eating Disorders (GMMH)	200	75	Tbc
	Learning Disabilities and/or Autism MH support	142	Tbc	Tbc
	CYP Cared for and Transforming Care	563	237	Tbc
Total Application Of New Investment		6369	4014	2662
Total Resource / (GAP)		0	1171	4311

## 8 INVESTMENT REQUIREMENTS 21/22 AND BEYOND

- 8.1 GMTF Programmes "Recurrent Pick Up" 5YFVMH T&G Fair Share 8.56%. These amounts are to recurrently fund 5YFVMH commitments. Additional funding will be required through CCG baseline investment to meet the LTP ambitions. This investment will be through MHIS.
- 8.2 In the 2018 CFO paper, GM CFOs supported the £30.4m recurrent costs (of which £15.3m was for MH) on the belief new SDF funding would become available in future years to support these key services and this would be a pre-commitment on that source of funding. It was also understood that there would be full evaluations undertaken of all GM TF programmes for which there would likely be a prioritisation process for those deemed to be successful, to align services to funding available. However, SDF funding which has materialised in more recent years has been used to fund services over and above the original commitment which is adding significant pressures on CCG budgets.



- 8.3 MHIS % Growth Target is based on CCG allocation growth. As this resource was not included in CCGs baseline, % Growth therefore does not cover the recurrent pick up of these Pan GM Schemes.
- 8.4 It is expected that each of the recurrent schemes undergo a thorough evaluation to ensure they still deliver the outcomes as outlined in the original business cases and they continue to represent value for money and highlight other inefficiencies that can be taken out of the system.
- 8.5 Future options where de-commissioning of these investment is an option.
- 8.6 Alzheimer's contract extension - LA TF funding ceasing 31/3/21, CCG pick up contract extension for 12 months from April 2021.
- 8.7 All Business Case Investments described in detail above.

## **9. RECOMMENDATIONS**

- 9.1 As set out at the front of the report.