

Integrated Commissioning Proposal to improve Mental Health Outcomes

By pooling all available resources to meet the
Five Year Forward View for Mental Health

June 2017

Why?

1. The Five Year Forward View for Mental Health (Feb 2016) is based on economic evidence that investment in the priorities will result in **savings** within the system
2. The MH5YFV is basis for **GM MH Strategy**
3. There are **gaps** in Mental Health provision
 - a. In primary care for low level MH needs
 - b. between Healthy Minds and Secondary Care in both psychological therapy and mental health expertise
 - c. For people with chronic and relapsing MH needs
 - d. In post-diagnostic dementia support
4. As well as redesigning existing MH investment there is **new funding** from GM, the Single Commission (CCG & TMBC) and within Care Together – aligning this will ensure no duplication and no gaps

Five Year Forward View for MH



Simon Stevens: “Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That’s what today’s taskforce report calls for, and it’s what the NHS is now committed to pursuing.”

Prime Minister: “The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens.”

The Report in a Nutshell:

- 20,000+ People Engaged and Designed for and with the NHS Arms’ Length Bodies
- All Ages (Building on Future in Mind)
- Key Themes in the Strategy:
 - Genuine Parity of Esteem between Physical and Mental Health
 - Prevention
 - Improved Waiting Times & New Commissioning Approaches to Transform Services
 - Integration of Physical and Mental Health Care
 - High Quality 7-day Services for People in Crisis
 - Provision Close to Home for those with Acute Intensive Needs, particularly Young People
 - Focus on Targeting Inequalities
- 58 Recommendations for the NHS and System Partners
- £1bn Additional NHS Investment by 2020/21 to Help an Extra 1 million People of All Ages

National Context – 2017/19 Must Do Priorities

- **IAPT**

- Waiting times
- Access – ratchet-up for up to 25%
- Integrated (Long-term conditions / employment)
- Recovery

- **Severe Mental Health Illness**

- Early intervention in psychosis waiting times and NICE treatment compliant up to 53%
- SMI IAPT
- Individual placement and support prep
- Physical health care – smoking / obesity

- **Dementia United**

- Diagnosis
- Post-diagnostic support
- Carers

- **Armed Forces**

- **CAMHS**

- Waiting times
- Community Eating Disorders
- Crisis care support & acute mental health liaison
- Tier 4 collaborative
- Early intervention and prevention – iThrive+
- Perinatal – Specialist and early help
- Transforming care

- **Crisis care**

- A&E Psychiatric liaison – core 24 / RAID
- All-age acute care pathway redesign (including CRHTs and Primary care MH)
- Crisis care triage / support
- Custody / liaison and diversion

- **Suicide prevention**

- **Secure care pathways**

GM Mental Health and Well-being Strategy Vision

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities.

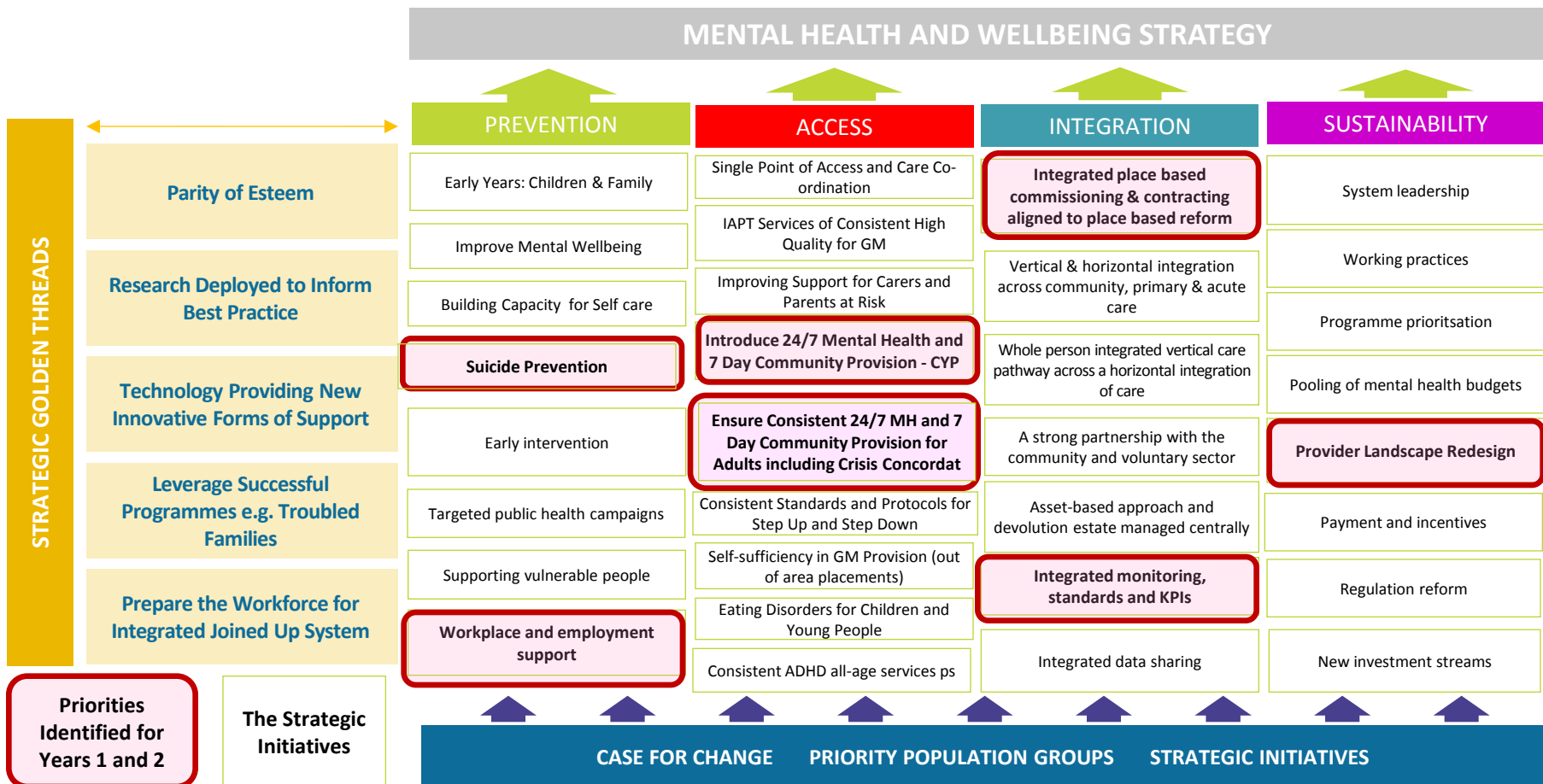
Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system.

Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well-being of GM residents.

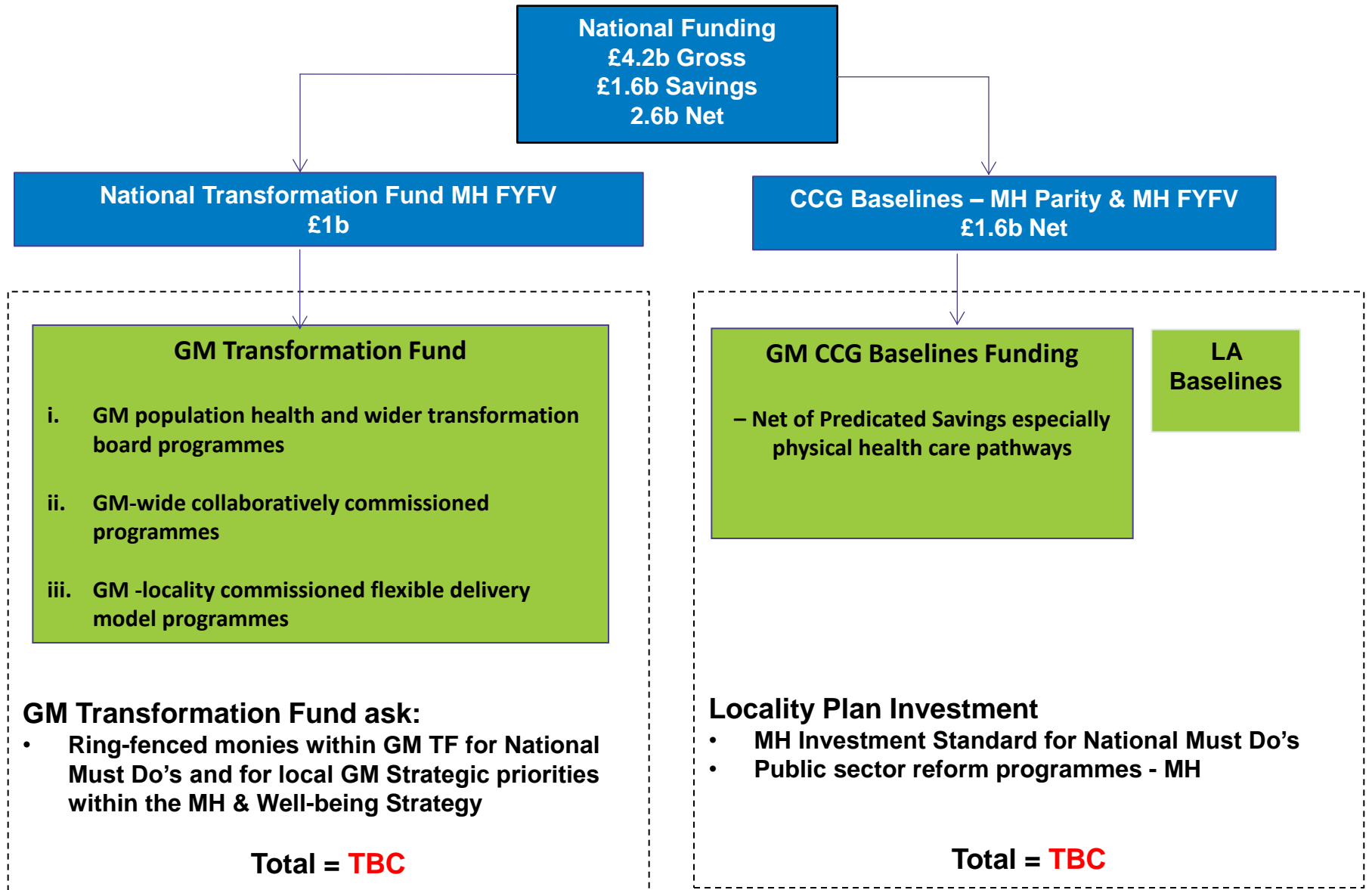
GM Mental Health and Well-being Strategy – The Plan on a Page

CHARACTERISTICS TO UNDERPIN VISION

PREVENTION	Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
ACCESS	Responsive and clear access arrangements connecting people to the support they need at the right time
INTEGRATION	Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations
SUSTAINABILITY	Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles



Making Sense of the Investment Strategy – Work in progress



GM Investment Strategy Priorities

1. GM CCG and Locality Baselines Funded Programmes (MH must do's) – mandated programmes of work set out in the 5YFVMH that Localities are committed to deliver through existing funding

- Treatment Access - Additional psychological therapies
- High quality MH services - CYP IAPT
- Expand Capacity – Psychosis treatment
- Individual Placement Support into Secondary Care – Severe mental illness
- Referral to Treatment - Community Eating disorder teams
- Eliminate Out of Area Placements for non-secure for non-specialist acute care
- Reduce suicide rates
- Increase baseline spend on MH to deliver MH Investment standard
- Dementia diagnosis rate/post diagnostic care & support
- MH Access & Quality standards – 24/7 access to community, home & liaison teams

2. Transformation Funding

Areas of the 5YFVMH and GM MH Strategy have been prioritised to receive significant transformation funding in addition to what exists in locality baselines. It is proposed that programmes listed in I and II are coordinated at a GM level:

I. GM Coordinated Programmes of Work to be Delivered through the Theme 1 Population Health Work Stream of the GM 'Taking Charge' Strategy and Other Transformation Boards

- Suicide prevention, overcoming MH stigma and Supporting Communities of Identity
- Improving mental wellbeing, building capacity and resilience of communities
- Work and Health across the life-course
- Dementia United
- Health and Justice

II. GM Coordinated Programmes of Work to Deliver 5YFVMH and GM MH Strategy

- 24/7 Community-based access and Crisis Care (children and young people)
- GM iThrive Network and CYP MH Workforce development
- GM Perinatal and Parent-Infant mental health
- Liaison Mental Health – Core 24 access GM

For the programmes listed in III, it is proposed that transformation funding is awarded directly to localities to improve mental health services. This funding would be in addition to what has already been allocated in locality baselines:

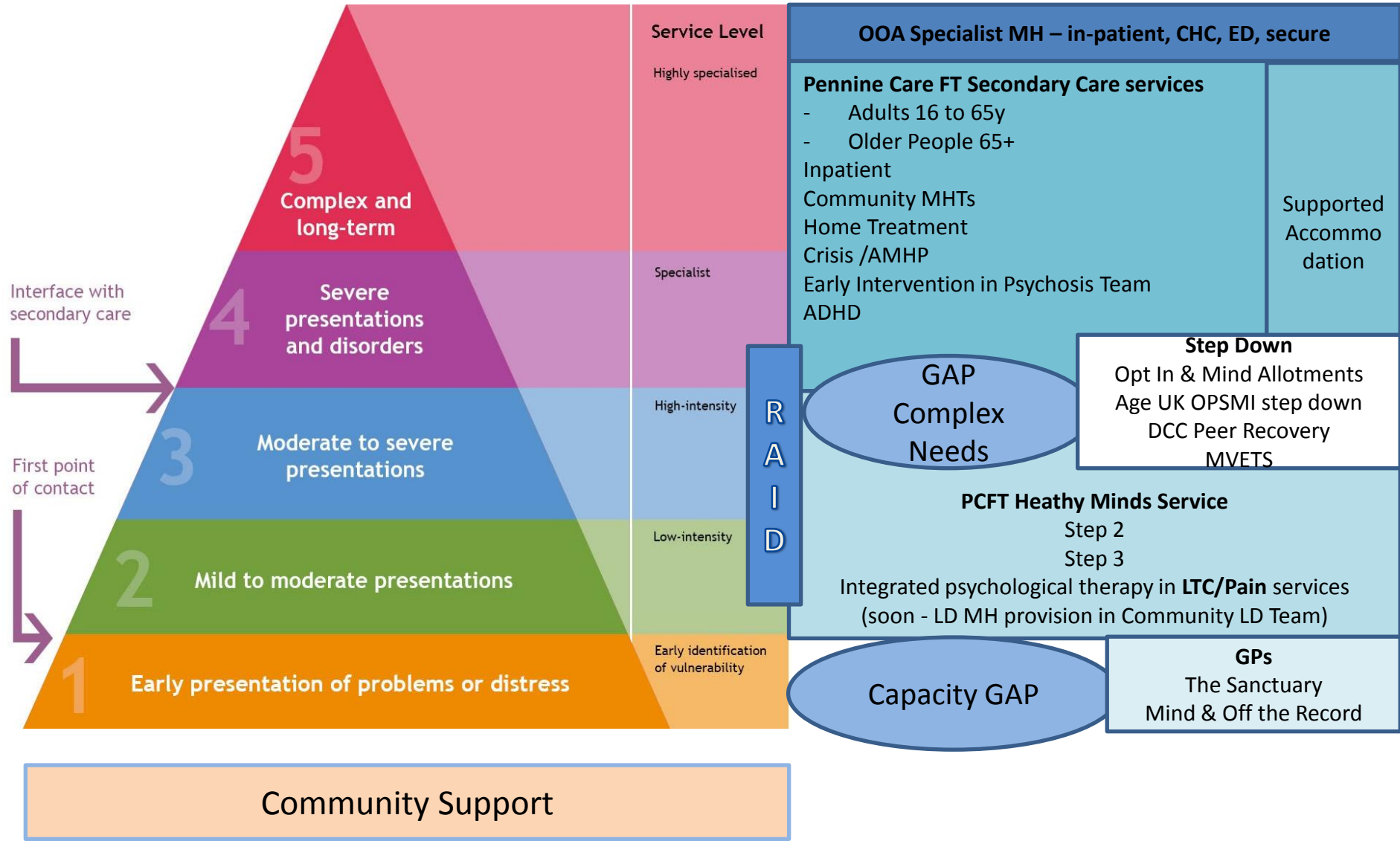
III. CCG Locality Plans to Deliver 5YFVMH and GM MH Strategy

- Enhanced Adult Crisis & Urgent Care Options
- Integrated IAPT/Primary Care RAID
- Individual Placement Support
- Secure Care

GM-Wide Co-ordinated Mental Health Programmes

- **Perinatal and Parent / Infant Mental Health Support** – Developing and implementing GM integrated GM specialist inpatient and outreach perinatal mental health teams – linked with Mother and Baby Unit. Developing and implementing parent-infant mental health early help and attachment programmes - with extended fast-track IAPT access. Supporting perinatal mental health network leadership and engagement.
- **iThrive network and CYP MH Workforce development** – ensuring iTHRIVE model is integrated throughout GM and provides the focus for CYP services/workforce development, CYP pathway development, promotion of shared learning and system-wide effective responses to Adverse Childhood Experiences
- **24 / 7 community based access and crisis care for children & young people** – implementing CYP MH 24/7 community based access and crisis care delivering on the GM service pledges and iTHRIVE model to facilitate appropriate levels of help suited to CYP and family needs - ensuring self-help and library resources, community-based in-reach/out-reach home treatment teams, all age RAID services and CYP safe spaces/inpatient access. Intervention and support is focussed around the 4 pillars of Getting help, Getting more help, Getting risk support and Coping
- **Liaison mental health** – ensuring all-age Core-24 compliant support for acute hospitals with 24/7 A&E and Urgent Care Centres, beginning with specialist hospitals to improve early detection and treatment of mental health problems in people with existing physical health problems/medically unexplained symptoms, reduced lengths of inpatient stay and discharges to community

Existing Mental Health Commissioned Services Provision in T&G (16y +)

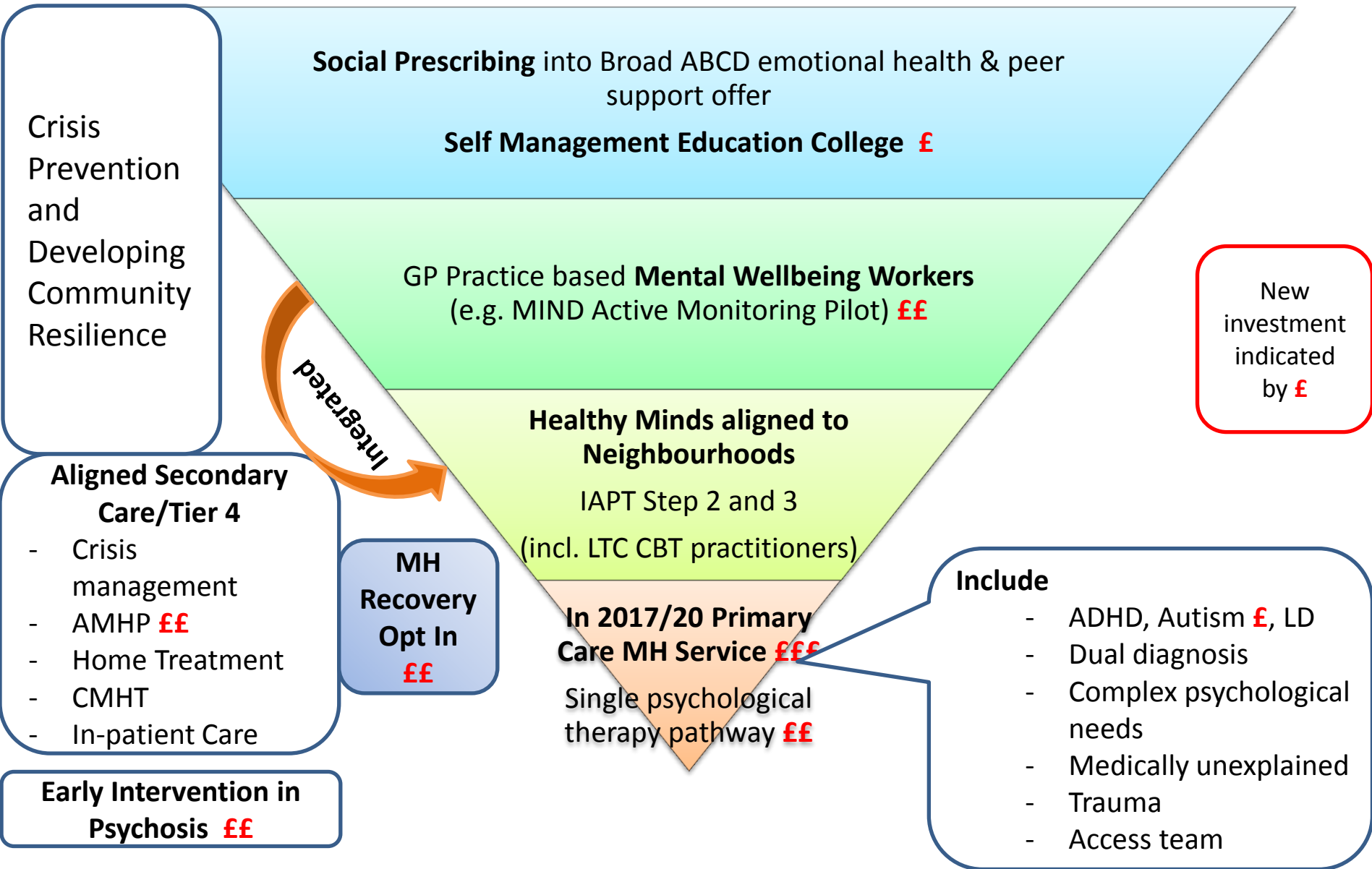


Proposal to Align Investment

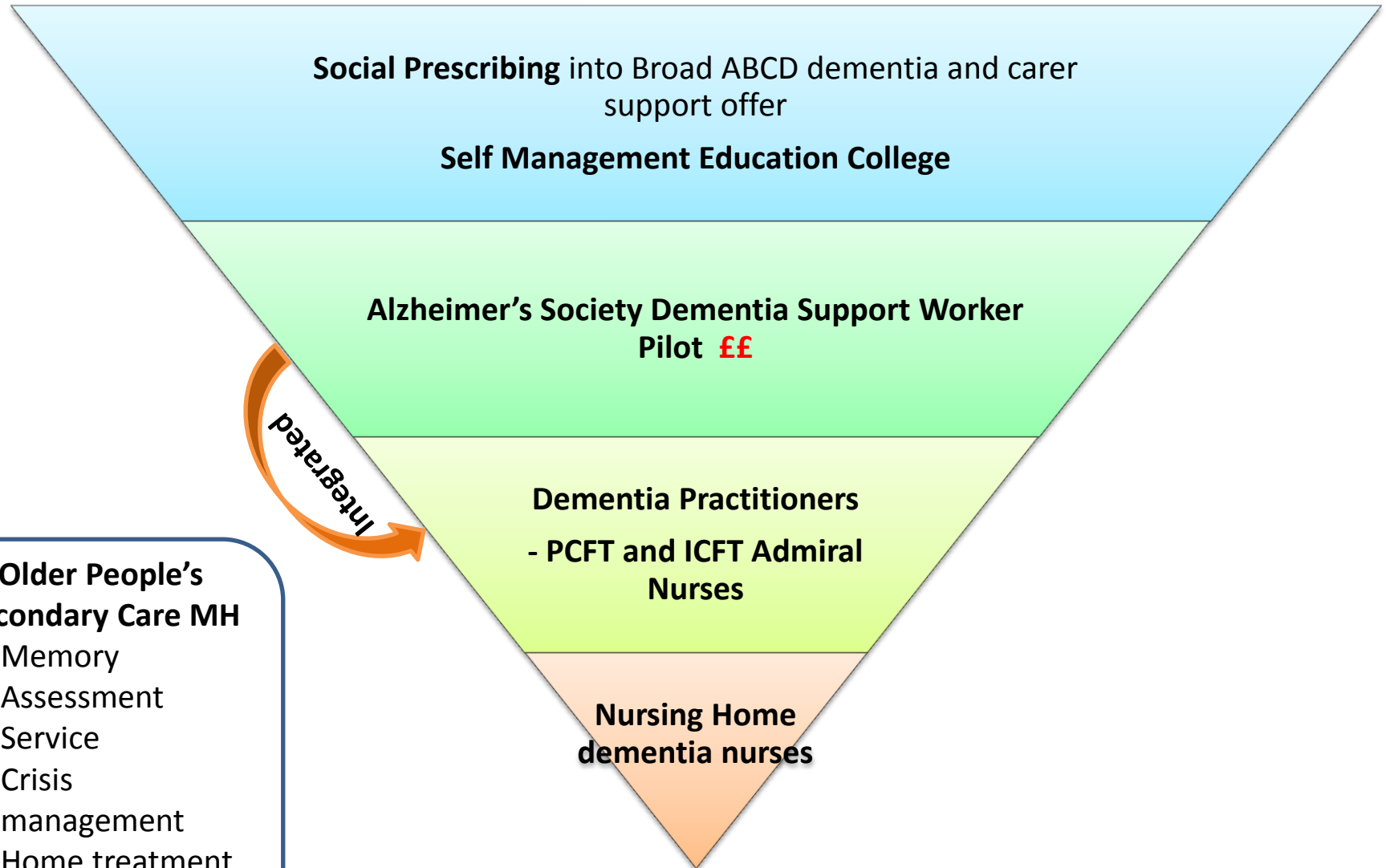
It is proposed that the new mental health funding streams are aligned, with existing MH investment, to deliver local, GM and national MH priorities as follows:-

- **Care Together Transformation Funding** £280,000 per year for 3 years
 - Establish new model of IAPT provision by pooling this funding with CCG Mind Grant and invest in integrated mental well-being service (Healthy Minds and Mind)
 - Contribution towards central Self Management Education College costs
- **CCG MH Investment Standard** – circa £400,000
 - Invest in Early Intervention in Psychosis to meet NICE compliant standards
 - Increase IAPT intermediate psychological therapy capacity to support MH standards and as a start towards a primary care mental health service for people with complex needs
- **TMBC Adult Social Care Transformation Fund** – circa £280,000 per year for three years
 - Increase Approved Mental Health Practitioner capacity by 3 posts within CMHTs
 - Commission additional Mental Health Recovery support aligned to ABCD and Opt In
 - Expand Autism provision by expanding Autism team
 - Increase post-diagnostic dementia provision in the Neighbourhoods including Alzheimer's Society Dementia Support Workers pilot
- **GM MH Transformation funding** - £tbc
 - Dependent on requirements could include Core 24 MH Liaison/ Primary Care MH workers/Community Crisis Care

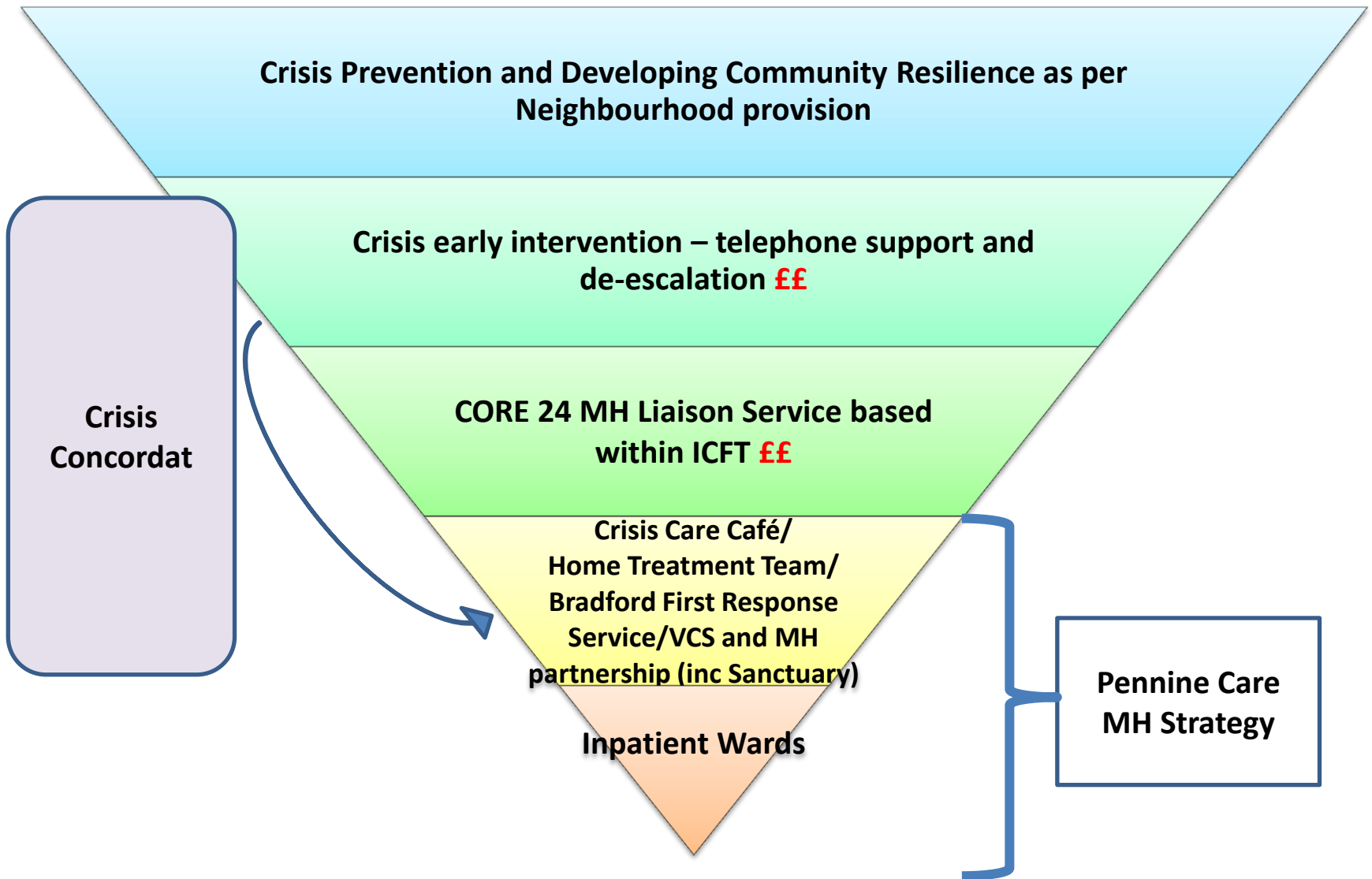
Proposed Model - Mental Health in the Neighbourhoods



Proposed Model - Post-diagnostic Dementia Support in the Neighbourhoods



Developing Strategy – Urgent and Crisis Care Pathways



Next Steps

1. Whole system agreement in principle to integrated commissioning approach
 - L.E.G, PRG and SCB
2. Continue to share plans with GM Strategy leads to support decisions
3. Continue to work with PCFT and footprint commissioners to agree investment in core PCFT services and development of sustainable models for people with Serious Mental Illness
4. Bring together a team of commissioners from ICFT and Single Commission to engage all partners develop the models further and develop integrated business cases in line with the following developments:-
 - Post diagnostic dementia support in the community by end July 2017
 - Mental Health within the Neighbourhoods by end August 2017
 - Mental Health Crisis Care by end of October 2017