

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 30 January 2018

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

Subject: **MENTAL HEALTH INVESTMENT**

Report Summary: This report highlights the National and Greater Manchester expectations regarding mental health provision and the pressures that arise from these, plus other local pressures. The report outlines the existing investment in mental health as well as new funding streams before providing an estimation of the investment required to meet the requirements and improve the mental health of our population.

The paper concludes by asking the Strategic Commissioning Board to commit to investing in mental health and proposes a pragmatic phased approach.

Recommendations: The Strategic Commissioning Board is asked 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. Agree the prioritised investment plan for 2017/18 outlined in Section 7, noting that full business cases for many elements still need to be agreed.
- c. Subject to approval of individual business cases, earmark £1.7m of additional recurrent investment in 2018/19, in order to meet Five Year Forward View. In addition to this a further £1m would be required recurrently if it is decided to support sustainability at Pennine Care in respect of Income generation beds and staffing ratios. Taking total additional investment to £2.7m in 2018/19 and rising to £5.791m by 2021/22.
- d. Recognise and acknowledge that if all of these financial resources outlined in this document are committed, the Strategic Commission financial gap will increase. Alternatively if a decision is reached to only part fund these proposals, the gap in Mental Health provision will not close as quickly as we would like for our residents.
- e. Confirm support of the Mental Health business case presented in November (Transforming Mental Health Services: Meeting Population Needs and Delivering National Requirements Business Case). An extract from the minutes is included in Appendix 2. The funding required (included within the total listed in point (c) above) is as follows:-

	2017/8	2018/9
Early Intervention in Psychosis	41,632	249,795
IAPT	75,642	270,250
CYP	15,103	106,620
	132,377	626,665

- f. Acknowledge that if this investment in mental health is

approved, there will be a further requirement to forward this proposal onto the Clinical Commissioning Group's Governing Body as circa £100k of this funding would fall outside of the Section 75 pooled budget and within the aligned fund.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

Given this area of health is increasingly recognised as a key area nationally it is important for the Board to invest and plan accordingly in a strategic and structured way, ensuring the approach is consistent with approved Government guidance, and thus helping to avoid successful legal challenge to the rationale employed. This needs to be undertaken in the context of the legal duty to deliver a balanced budget and the duty to deliver value for money so that any services commissioned deliver priorities whilst being efficient and effective. Where such money sits out of the section 75 as referred to above it will be necessary for the relevant accountable body (Council and/or CCG) to also agree to this spend. Any additional spend outside existing budgets will need to be approved by the Council and Governing Body.

**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.

**Views of the Health and Care
Advisory Group:**

The Health and Care Advisory Group recognised the need to improve mental health outcomes in Tameside and Glossop, notably to improve early intervention. The group highlighted the need to support people in employment, meet the need of people with complex needs who currently fall between a gap in services and for people with serious mental illnesses.

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 Improving people’s mental health including access to services has a very high profile nationally, in Greater Manchester and within Tameside and Glossop. There are many expectations about mental health service provision and most of these require additional investment. This report outlines the expectations, existing service provision, transformation investment available and an estimate of the investment required to improve services from now until 2021. The gap in investment is considerable and with the current financial position difficult decisions need to be made. These include:

- Are we, as a system, committing to improve mental health outcomes through investment to reach parity of esteem in mental health?
- If so, are we committed to prioritise investment in improving the mental health of our population, including through moving investment from other care groups?

2. NATIONAL EXPECTATIONS

2.1 The Five Year Forward View for Mental Health (FYFVMH) makes 58 recommendations for the NHS and System Partners. Priorities include:

- 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

2.2 The Must Do’s for 2017/9 are as follows:

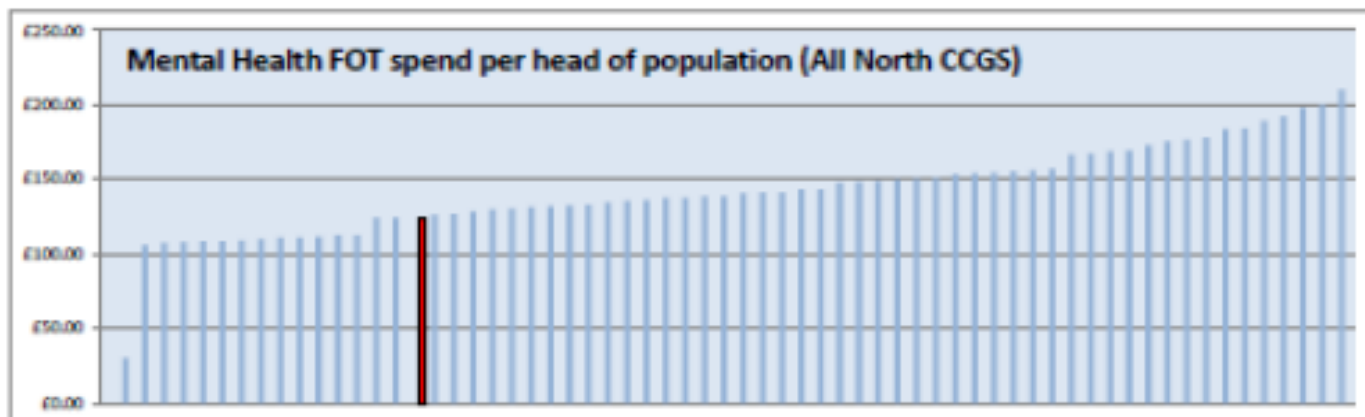
IAPT <ul style="list-style-type: none"> • Waiting times • Access – ratchet up for up to 25% • Integrated (long term conditions/employment) • Recovery 	CAMHS <ul style="list-style-type: none"> • Waiting times • Community Eating Disorders • Crisis care support and acute mental health liaison • Tier 4 collaborative • Early intervention and prevention – iThrive • Perinatal – specialist and early help • Transforming care
Severe Mental Health Illness <ul style="list-style-type: none"> • Early intervention to psychosis waiting times and NICE • SMI IAPT • Individual placement and support prep • Physical health care – smoking / obesity 	Crisis Care <ul style="list-style-type: none"> • A&E psychiatric liaison – core 24 / RAID • All-age acute care pathway redesign (including CRHTs and primary care mental health) • Crisis care triage / support • Custody / liaison and diversion
Dementia United <ul style="list-style-type: none"> • Diagnosis • Post-diagnostic support • Carers 	Suicide Prevention
Armed Forces	Secure Care Pathways

3. EXISTING MENTAL HEALTH INVESTMENT

3.1 At November 2017 the CCG was investing £37.5m in a range of mental health services:

Mental Health budget (£000's)	2017/18	Includes:
PCFT Core Contract	22,598	Specialist mental health services and IAPT (psychological therapy)
GMMHFT Core Contract	332	
SMI Rehab/Supported Accommodation	1,298	Rehab for people with Serious Mental Illness (SMI) (Step Down / SA)
Individual Commissioning	5,555	Individual packages of care for people with complex MH and LD needs
Prescribing	3,206	MH prescriptions, mainly anti-depressants
ICFT MH care	1,252	MH funding as per relevant PBR tariff, now block contract
ICFT Community	762	Community LD Team
Learning Disabilities	586	Merseycare and ISS
Other MH	2,021	VCS services Non-contract NHS
Total Baseline Budgets	37,610	

3.2 Although there are discrepancies in how Clinical Commissioning Groups account for Mental Health spend, the spend per head in Tameside and Glossop is regarded as on the low side compared to other Clinical Commissioning Groups:



4. NEW MENTAL HEALTH INVESTMENT

National expectations

4.1 Nationally it is recognised that investment is required to deliver the 'Must Do's' and therefore funding has been included in the Clinical Commissioning Group baseline for the Five Year Forward View for Mental Health. Clinical Commissioning Groups are also expected to increase mental health investment over and above the growth in the baseline to improve mental health care as the Strategy is based on economic evidence that there are system savings to be made through high quality accessible mental health provision.

4.2 Additionally the Clinical Commissioning Group is expected to meet the National Mental Health Investment Standard (MHIS), which reflects an increased investment in mental

health each year consistent with allocation growth. Although 2018-19 guidance and allocations are still to be confirmed, indicative values are as follows:-

	2017/8	2018/9	2019/20	2020/21	2021/22
Mental Health Investment Standard % growth per year		2.07%	2.17%	3.46%	2.17%
Excluding growth this would require us to uplift our baseline investment in Mental Health to	37,610	38,387	39,222	40,579	41,462

Greater Manchester Transformation Funding

4.3 Greater Manchester has committed £56.225m over four years to mental health in Greater Manchester. Most of this is being held centrally to deliver the following schemes:-

Level	Scheme	Total funding
GM	CAMHS/iThrive	£15,400
GM	Perinatal	£4,350
GM	Population Health	£6,800
GM	Core 24	£14,250
Localities	24/7 adults community	£8,300
Localities	Integrated IAPT	£2,500
GM	Other (M'cr, resilience)	£4,625
	Total	£56,225

4.4 Tameside and Glossop Clinical Commissioning Group will receive £1.094m directly over four years from this allocation. It must be noted that there is an expectation that all the recurrent costs of the GM schemes will be picked up by Clinical Commissioning Groups from April 2022.

Local Transformation Funding

4.5 **Care Together** - £840k of Care Together funding has been committed for mental health for a three year period. This is 2.7% of the Care Together allocation.

Adult Social Care (ASC) Transformation - £1.069m of Adult Social Care funding has been committed to mental health schemes over a three year period.

5. MENTAL HEALTH PRESSURES

5.1 In addition to the pressures that will arise from the Clinical Commissioning Group having to meet Five Year Forward View trajectories and the assumption that Greater Manchester Transformation Funding is non-recurrent. There are further gaps in Mental Health provision in the following areas:

- In primary care for common mental health disorders;
- For people with complex needs who fall between Healthy Minds and Mental Health Secondary Care;
- For people with chronic and relapsing Mental Health needs;
- In specialist dementia support in the community;

5.2 And capacity issues in:

- Children and young people's services
- Mental health crisis care

- Mental health inpatient care
- Community Mental Health Teams including Early Intervention
- Psychological therapies (IAPT and secondary care)

6. SOURCE AND APPLICATION OF MH FUNDS (£000S)

Source of MH Funding	2017/18	2018/19	2019/20	2020/21	2021/22
Baseline budgets	37,610	38,387	39,222	40,579	41,462
GM MH Transformation Funding	81	177	329	506	-
Care Together Transformation Funding	70	280	280	210	-
Local Authority Transformation Funding	14	419	432	-	-
Total Source of Funds:	37,775	39,263	40,263	41,295	41,462
Application of MH Funding					
Committed MH Expenditure					
Pennine Care FT core contract	22,598	22,621	22,645	22,686	22,709
Individualised commissioning	6,492	6,640	6,796	7,020	7,184
Prescribing	3,363	3,456	3,551	3,649	3,749
Other	5,596	5,107	5,174	5,287	5,358
Total Commitments:	38,049	37,824	38,166	38,642	39,000
Proposed New Mental Health Investment					
Increasing access to MH support for children & young people	27	304	554	804	1,552
IAPT Plus/Psychological therapies	146	550	640	740	830
Early Intervention in Psychosis	42	250	350	450	450
Neighbourhood Developments	-	450	550	550	571
AMPH, Recovery	48	241	251	251	251
Mental Health Crisis	22	852	833	833	1,268
LD Transforming Care	100	200	200	200	200
Neurodevelopmental Adult	64	139	170	170	170
Dementia in neighbourhoods	-	230	275	275	275
Specialist Perinatal Infant MH	-	-	224	224	224
Total Proposed New MH Investment:	449	3,216	4,047	4,497	5,791
Grand Total of Proposed MH Expenditure/Investment:	38,498	41,040	42,213	43,139	44,791
Shortfall in MH Funding:	- 723	- 1,777	- 1,950	- 1,844	- 3,329

- 6.1 Further details about each scheme can be found in **Appendix 1**.
- 6.2 The above analysis clearly identifies a financial shortfall should all the proposed new investments be approved. It is therefore important to recognise that if all of the financial resources outlined in this document are committed, the Strategic Commission financial gap will increase; alternatively if a decision is reached to fund only some or none of these proposals, the gap in mental health provision will not close as quickly as we would like for our residents.
- 6.3 Furthermore, a letter has recently been received from Pennine Care Foundation Trust advising of significant pressures relating to income generation beds, one to one observations and safer staffing in line with Care Quality Commission recommendations. A meeting is being held with Accountable Officers on the 22 January 2018 to determine how these risks will be managed being cognisant of the financial sustainability of this Mental Health provider. If the outcome of the meeting on the 22 January 2018 be to fund these pressures in accordance with Pennine Care's proposal, this would be an additional

pressure on Tameside and Glossop budgets over and above the shortfall reported above. The additional financial pressure would be in the region of the following values:

£000

2017/18	2018/19	2019/20	2020/21	2021/22
189	756	756	756	756

7. PROPOSED INVESTMENT PRIORITIES IN 2017/18 TO 2021/22

7.1 It is proposed that the Strategic Commissioning Board commit to prioritising investment in mental health services from now until 2021. It is proposed that this is 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.

7.2 It is proposed that the Strategic Commissioning Board prioritise investment as follows dependent on the receipt and approval of full business cases:-

Proposed Prioritised Investment	Business Case status
Increasing access to MH support for children & young people	BC for £626,665 was presented to SCB in Nov 17. BC for remainder to follow. Care Together BC for Step 1 IAPT service agreed by ICFT in Sept 17.
IAPT Plus/Psychological therapies	
Early Intervention in Psychosis	
Neighbourhood Developments	To follow
AMPH, Recovery	ASC
Mental Health Crisis	To follow
LD Transforming Care	GM scheme
Neurodevelopmental Adult	To follow
Dementia in neighbourhoods	BC for Phase 1 agreed by SCB in Oct 17. BC for rest to follow
Specialist Perinatal Infant MH	GM Scheme

8. RECOMMENDATIONS

8.1 As set out on the front of the report.

Appendix 1

Further Details re Mental Health Pressures

Mental Health Pressures	Requirement	Risk of not investing
Increasing access to MH support for children & young people in line with national standards	FYFYM	<ul style="list-style-type: none"> Will continue to not meet national standards. C&YP will continue to have long waiting times for therapy Waiting times impact on early intervention and therefore effectiveness
IAPT Plus/Psychological therapies – expand capacity to meet demand at all levels of therapy, including Step 1 access	<ul style="list-style-type: none"> FYFYM GM Funding requirement Care Together 	<ul style="list-style-type: none"> Will continue to not meet national standards. People will continue to have long waiting times for therapy Waiting times impact on early intervention and therefore effectiveness Waiting times affect people keeping or getting into employment
Early Intervention in Psychosis – increase capacity in the Early Intervention Team to meet the national quality requirements of access to NICE Concordat Care within 2 weeks of referral. To include access to psychological and family intervention therapy.	FYFYM	<ul style="list-style-type: none"> Will continue to not meet national standards of access to NICE Concordat Care People will continue to have long waiting times for therapy Waiting times impact on early intervention and therefore effectiveness
Improving access to Mental Health Crisis support 24/7	<ul style="list-style-type: none"> FYFYM GM Funding requirement 	<ul style="list-style-type: none"> Not yet measured nationally We will not receive GM transformation funding unless we deliver People will continue to struggle to get support when they need it
Neighbourhood Mental Health Developments – to meet the need of people who fall into the gap	Local priority	<ul style="list-style-type: none"> Main priority for us to support people who are currently receiving no MH support
Dementia in neighbourhoods	Local	<ul style="list-style-type: none"> Addition of dementia specialists to support reduction in and abbreviation of hospital admissions

Mental Health Pressures	Requirement	Risk of not investing
Neurodevelopmental Adult service – increased capacity to diagnose and support people on the autistic spectrum and those with ADHD	Local	<ul style="list-style-type: none"> ● Long waiting lists will continue ● No post-diagnosis support is available to people
GM LD specialist team and crisis support beds	Transforming Care	<ul style="list-style-type: none"> ● GM Schemes that we are required to commit too
GM Specialist Perinatal Infant Mental Health Community Team	FYFYMh	<ul style="list-style-type: none"> ● GM Scheme that we are required to fund after transformation funding ceases
Approved MH Practitioners in CMHT Recovery – increasing long term support to people with SMI	Adult Social Care	<ul style="list-style-type: none"> ● Funding already committed to these schemes. Ongoing costs will need to be met ● Fits into Neighbourhood MH developments
Pennine Care pressures* Over occupancy of acute beds Acuity level requiring 121 staffing Safer staffing	Pennine Care	<ul style="list-style-type: none"> ● PCFT will not meet the required CQC standards regarding financial sustainability and safe care ● Staffing levels on wards will remain critical and affect quality and recover.

*Further work is underway to understand the detail of the Pennine Care Foundation Trust pressures and implications for Tameside and Glossop & Glossop Clinical Commissioning Group.

Appendix 2

EXTRACT FROM STRATEGIC COMMISSIONING BOARD MINUTES FROM THE MEETING ON 14 NOVEMBER 2017

67. TRANSFORMING MENTAL HEALTH SERVICES: MEETING POPULATION NEEDS AND DELIVERING NATIONAL REQUIREMENTS

Consideration was given to a report of the Director of Quality and Safeguarding explaining that the Five Year Forward View for Mental Health set ambitious plans to improve parity of esteem for people with mental health needs, ensuring the same access to healthcare as physical health needs. The Tameside and Glossop NHS Clinical Commissioning Group was currently investing 9.7% of its total allocation on mental health services / support. The national average was around 11% which would equate to an additional £5m.

In July 2017, the Single Commissioning Board agreed an integrated commissioning strategy to meet the national and Greater Manchester expectations regarding mental health by aligning four additional mental health funding streams, highlighted in the report, with existing mental health investment, to transform mental health provision in Tameside and Glossop.

The report was the second of three business cases regarding mental health services in 2017/18. The first, agreed on 1 March 2017, committed investment in adult Attention Deficit Hyperactivity Disorder services and increased capacity of RAID, mental health practitioners working in A&E. The second business case sought to improve mental health services in line with the Five Year Forward View for Mental Health and Transforming Care to enable more evidence based interventions that had a proven return on investment to be delivered and focused on increasing capacity to meet demand and standards for three more priorities as follows.

- People with common mental health disorders (Improving Access to Psychological Therapies) – proposal to increase the capacity in the service by investing £27,250 in 5 whole time equivalent additional psychological therapists.
- People with First Episode of Psychosis – proposal to extend the capacity of the Early Intervention Team to better meet the national standards of 53% of people receiving NICE compliant care within 2 weeks of referral by investing £249,795 in 5.5 whole time equivalent additional staff.
- Children and Families where the child had a neurodevelopmental need, including Attention Deficit Hyperactivity Disorder and autism, and those who had behaviour that challenged – additional investment in two Band 6 posts £90,620 plus £16,000 non-recurrently was proposed.

The total value of the proposal was £123,337 in 2017/18 and £626,665 in 2018/19 and £610,665 recurrently thereafter and further details for the three schemes were detailed in the report. The report also included the national, strategic and local context, the evidence base and outcomes and benefits of the business case. Mental health resources had been aligned to the priorities over the next five years, showing the growth in investment through the Mental Health Investment Standard, the Greater Manchester Mental Health Transformation funding, the Care Together Transformation Funding and the Adult Social Care Transformation funding, with an indication of the expected costs.

The Board recognised that investment in mental health was a key priority for Tameside and Glossop as this impacted on so many other elements of health and social care. Evidence showed that intervention in mental health at an early stage resulted in significant benefits and financial efficiencies and particularly in relation to secondary care costs. The costs quoted in the report had not yet been signed-off by providers but there was an overall financial envelope for mental health

reported and managed by Greater Manchester as part of the mental health assurance process. All costs must be maintained within this financial envelope with regular monitoring to ensure delivery of commissioned outcomes and the business case set out in the report.

RESOLVED

- (i) That the commitment of funding through the Clinical Commissioning Group Mental Health Investment Standard be approved in line with the business case to the value of £123,337 in 2017/18, £626,665 in 2018/19 and £610,665 in 2019/20 and recurrently thereafter.**
- (ii) All costs to be maintained within this financial envelope for the delivery of commissioned outcomes and any funding shortfall managed across other mental health services as necessary.**