

Report to:	STRATEGIC COMMISSIONING BOARD								
Date:	12 February 2020								
Executive Member/Reporting Officer:	Executive Member, Health, Social Care and Population Health Jessica Williams, Director of Commissioning Jayne Traverse, Director of Growth								
Subject:	MENTAL HEALTH ESTATES								
Report Summary:	<p>This report outlines some of the long standing estates pressures faced by mental health services in Tameside and Glossop. There are three main reasons for this – inadequate historical investment in estates through the contract; pressures in space in primary care and the community; increasing demand. With challenging performance targets the services are constantly battling to secure good quality, sustainable delivery space and this is impacting on performance and quality of patient care.</p> <p>This report sets out the proposal to retain occupancy at Ashton Primary Care Centre (APCC) to ensure high quality space is available for mental health service delivery. This would reduce significant pressures on mental health services and would utilise space which the CCG is already paying for, whether occupied or void.</p> <p>Historically the Primary Care Trust took on the long term lease plus agreement with LIFT Co. for Ashton Primary Care Centre (APCC) and Glossop Primary Care Centre (GPCC). Both are Community Health Partnership buildings but the financial liability lies with the CCG. Trafalgar Surgery vacated APCC in December 2018 and since then a total of 289.54sqm has been left unoccupied. When space is unoccupied the CCG still hold financial liability and incur the costs.</p>								
Recommendations:	<p>SCB are asked to agree to proposal to retain and utilise the void space at APCC for mental health delivery and authorise the associated finances with a review after 12 months.</p> <p>SCB are also asked to agree that this review can be taken through the Strategic Estates group and not come back through SCB.</p>								
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<table border="1"> <tr> <td>Budget Allocation (if Investment Decision)</td><td>£167,900 (notional budget movement, rather than new investment outside financial position)</td></tr> <tr> <td>CCG or TMBC Budget Allocation</td><td>CCG</td></tr> <tr> <td>Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration</td><td>S75</td></tr> <tr> <td>Decision Body – SCB, Executive Cabinet, CCG Governing Body</td><td>SCB</td></tr> </table>	Budget Allocation (if Investment Decision)	£167,900 (notional budget movement, rather than new investment outside financial position)	CCG or TMBC Budget Allocation	CCG	Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75	Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Budget Allocation (if Investment Decision)	£167,900 (notional budget movement, rather than new investment outside financial position)								
CCG or TMBC Budget Allocation	CCG								
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75								
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB								

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	<p>Under the terms of the LIFT contract, the CCG is responsible for paying the full rent on any vacant space in the Primary Care Centre (which runs into the early 2030's).</p> <p>As such, moving mental health services into the empty space will have minimal impact on CCG budgets in net terms – there may be an increase in utility costs once the space is occupied, but this is not expected to be material. In a similar way the occupation of this space may increase wear and tear on the building, potentially increasing dilapidations costs in the future.</p> <p>In the event that some external party were to come forward to rent the space and pick up the costs of occupation, the CCG would make savings on void costs. The market rent for this space would be £168k p.a.</p> <p>Therefore there is a potential opportunity cost associated with using this space as proposed. But as things stand, there is no obvious fee paying tenant who would take on this space, reducing the value of any opportunity cost.</p>
--	--

Legal Implications:
(Authorised by the Borough Solicitor)

The CCG are seeking to have the currently unused space dedicated as a Mental Health Suite. The funding of the same will be met from the CCG's existing budget. The CCG is intending to secure the use of this space by way of entering into a formal agreement with NHS property services. It is important that any estates decisions are part of a strategy so that resources can be used effectively. There needs to be a clear plan as to how this space will be used going forward as it may be better used by an external clinical service which can bring additional funding into the Health economy and support the running of services.

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?

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 access to and quality of care for patients will be improved.

How do proposals align with Health & Wellbeing Strategy?	The proposal aligns with the Developing Well, Living Well and Working Well programmes.
How do proposals align with Locality Plan?	This proposal supports the achievement of: <ul style="list-style-type: none"> • Healthy Lives (early intervention and prevention) • Locality based services; for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to people's homes. Enabling self-care: improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.
How do proposals align with the Commissioning Strategy?	This supports the commissioning priorities for improving population health particularly; Supporting positive mental health in all that we do.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	The proposal would support increased access to mental health treatment for patients.
Quality Implications:	Mental Health estates pressures are having significant impact on service delivery, patient care and the achievement of CCG targets, agreement of this proposal will reduce these pressures enabling providers to have access to high quality treatment and delivery space therefore improving quality of service for people accessing support.
How do the proposals help to reduce health inequalities?	The proposal would support increased access to mental health treatment and support for patients.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been conducted?	Not applicable.
Risk Management:	Risks will be identified and managed by the implementation team. Proposal seeks agreement for 12 months at which a full review will take place. This will include managing the risks to quality and continuity of care for patients who are under active treatment in the building.
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. The Five Year Forward View for Mental Health, published in 2016, represented a major step securing additional investment for mental health in order that an additional one million people could access high quality services by 2020/21.
- 1.2. The NHS Long Term Plan (LTP) renews commitments to transform mental health care and ensure that mental health services extend to support an additional two million people nationally by 2023/24. The LTP Mental Health Implementation Plan provides a framework to ensure this commitment is delivered on a local level.
- 1.3. In January 2018 the Strategic Commissioning Board committed to prioritise investment in mental health services until 2021 on a phased basis, this has contributed to considerable growth in mental health services particularly;
 - Increased IAPT (psychological therapies) practitioner capacity
 - Implementation of a new specialist perinatal mental health community service
 - Integrated Perinatal/Parent Infant Mental Health Pathway
 - Increased access to children and young people's mental health services
 - Implementation of a neighbourhood mental health team to support complex individuals in communities
- 1.4. There is still a lot of work to do at both a national and local level to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes.
- 1.5. Whilst progress has been made there are numerous challenges and competing pressure faced by staff in the NHS and partners. A significant local pressure is obtaining appropriate estate for the delivery of services.

2. CURRENT SITUATION

- 2.1. Securing appropriate and reliable mental health estates in the community has been a long standing challenge for services. In the past mental health service investment did not always include estates costs as there was an expectation that services would co-locate in primary care or sit within other community services. With pressures on these securing good quality space for delivery is a continuous pressure.
- 2.2. In August a meeting took place with estates and finance colleagues, mental health commissioners and provider representatives. The aim which was to take stock of the estates issues related to our mental health strategy and any service pressures.
- 2.3. This exercise highlighted significant estates pressures across the following services;
- 2.4. **IAPT Psychological Therapies Service (Healthy Minds)** – although the national model requires the co-location of IAPT services in Primary Care they do not currently fall within the model of core primary care services and so there is no contractual obligation on NHS England or clinical commissioning groups (CCGs) to support the premises costs for this service. NHS England released guidance in 2018 which recommends GP practices to house IAPT therapists within their practice premises. The guidance stated practices should offer currently unused space to therapists employed by the IAPT service, or share space they are using for other clinical services with IAPT¹. With additional investment to meet the challenging access targets the service has grown considerably therefore a combination of

¹ <https://www.england.nhs.uk/publication/guidance-on-co-locating-mental-health-therapists-in-primary-care/>

staff numbers increasing to achieve increased access standards and withdrawal of clinic space by GP practices and the council has added additional pressure to the service. Currently our IAPT service is underperforming and is an outlier in Greater Manchester. This has led to considerable scrutiny from both the Greater Manchester Health and Social Care Partnership and NHS England. The IAPT service urgently requires more treatment space in Ashton, Hyde and Stalybridge.

- 2.5. **Early Attachment Service** – this parent infant mental health team is currently operating from Clarence Arcade, a TMBC property. Clarence Arcade was purchased by the Council with a contribution of £400k from the CCG (PCT at the time) on the basis that there would be no rent payable for health teams for ten years. The Early Attachment Service was moved into the Arcade after being given notice at the Denton Centre but it does not meet the needs of the service and is inappropriate for seeing families, particularly following serious incidents at the site. This service requires both delivery space and office space for staff, which will enable co-location with the GM Perinatal Community Mental Health Team.
- 2.6. **GM Perinatal Community Mental Health Team** – this new GM service requires access to appropriate clinic space to see pregnant women and those with young families. The service is expanding and there are dedicated staff for T&G. Currently accessing a bookable clinic room at Ashton Primary Care Centre (APCC) there is a need to co-locate the team with the Early Attachment Service in a secure tenancy.
- 2.7. **Military Veteran Psychological Therapies Service (MVS)** - The MVS service is commissioned at a Greater Manchester level and works in all ten localities, treating people close to home. The clinical team, supported occasionally by administrative staff, have to try and locate appropriate space to treat patient. Again this service often relies on space within GP practices offered for free however this arrangement is not sustainable. The team require easy access to good quality, bookable treatment space in Tameside and Glossop.
- 2.8. Based on advice from Estates leads the following solutions were put forward for exploration and action;
 - Utilising unoccupied space at Mossley clinic. Space was offered at this site, service managers arranged to visit the site for suitability at which point four rooms were offered to support the IAPT service. Unfortunately as the ICFT is managing this space no decisions are being made. This has been escalated and it is hoped to reach a resolution in the near future. This would relieve some pressures for IAPT for the Stalybridge neighbourhood.
 - All of our GP practices were approached to ask for any available space for use for mental health services. Unfortunately there was very little response. As outlined above NHS England guidance encourages practices to have mental health services house mental health support and offer services from the practice, however many practices are also struggling for space and those who do have space are charging for this.
 - Awaiting costs for Enterprise Centre as it generates space 320sqm, unsure how suitable the space if for the service above or how this will be funded.
 - Identify options for a MH suite of rooms in the APCC taking account of IAPT requirements and others listed. Utilise void space at APCC left by Trafalgar surgery move. The CCG have to finance the void space at this site. This is the preferred option, outlined below.

3. MENTAL HEALTH SUITE WITHIN ASHTON PRIMARY CARE CENTRE

- 3.1. Historically the Primary Care Team took on the long term lease plus agreement with LIFT co. for APCC and Glossop PCC. Both are Community Health Partnership (CHP) buildings but the long term financial liability lies with the CCG.
- 3.2. Since December 2018 when Trafalgar Surgery vacated APCC a total of 289.54sqm has been left void. When space is unoccupied the CCG still hold financial liability and incur the costs. The cost of the 289.54sqm void space is £167,900 per annum.
- 3.3. Since April 2019 the Big Life Company has held a short term lease for some of this space for the Neighbourhood Mental Health Team. This was a welcomed temporary solution as otherwise alternative estate would have been sought incurring additional costs. From January 2020 the service will vacate and the space will again become void.
- 3.4. Therefore, it is proposed that this space is committed as a mental health suite for use of all the services outlined above. This would reduce significant pressures on mental health services and would utilise space which the CCG is already paying for, whether occupied or void
- 3.5. It is proposed to issue PCFT with an occupancy lease to manage this space and utilise for service delivery, however funds will be paid directly to CHP by the CCG as per the current arrangements. This will be explicitly outlined in Pennine Care's contract, ensuring absolute clarity that the estate costs are not included in the contract and therefore, should the service move at a later date, the funding will not follow.

4. KEY CONSIDERATIONS:

- Mental Health estates pressures are having significant impact on service delivery, patient care and the achievement of CCG targets
- Historically mental health service estate costs have not always been fully financed
- The CCG have full financial liability for the property whether occupied or void
- The CCG have the option to rent out vacant rooms to try to recover some of the unoccupied space costs, any arrangements to permanently occupy this space could mean a loss of income to the CCG. However over the last 4 years the CCG has only recovered approximately £22,000 from renting out previous void space as bookable
- The space at APCC is very expensive and therefore prohibitive for any tenants
- This proposal will secure good quality space for mental health services and reduce pressures significantly, however some pressures will still exist; Hyde and Stalybridge delivery space in particular so further consideration needs to be given to mental health provision in estates developments in these areas, co-locating with other health, wellbeing and community support is advised e.g. health centres, community hub, GP practices etc.

If this proposal is not authorised immediate support will be required to find feasible solutions.

5. RECOMMENDATION

As per the front of the report.