

**CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST – ADULT
MENTAL HEALTH SERVICE PRESSURES – UPDATE**

To: **HEALTH COMMITTEE**

Meeting Date: **21 January 2016**

From: **Dr Emma Tiffin, CCG GP Clinical Lead – Adult Mental Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **The Committee has requested an update on current service pressures in adult mental health services.**

Recommendation: **The Committee is asked to note the current pressures and the measures put in place locally to mitigate these.**

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1. BACKGROUND

- 1.1 The Committee has asked for a six-monthly update at its January meeting on current service pressures in local adult mental health services.
- 1.2 All NHS services typically face two particular pressures on an ongoing basis:
 - Population Growth – both the total population locally and the numbers of older people. Cambridgeshire has one of the fastest growing rates of population growth in the UK. This increases the demand for all services including mental health. Some, but not all, of this population growth may be mitigated in some years by increases in the CCG's total resource allocation.
 - Efficiency Savings – all NHS service providers have, for some years, been required to make annual cost-improvements, typically 3-4% annually. At the time of writing we do not know the efficiency savings requirement for 2016/17.
- 1.3 Both of the pressures above have a considerable impact on local adult mental health services. The local bed capacity is more or less fixed, and the numbers of patients being admitted to out-of-area facilities are exceptionally low; the consequence is pressure both on local wards and our community services, to reduce lengths of stay and increase caseloads respectively (as set out below).
- 1.4 Demand for local adult mental health services is illustrated by the large number of referrals to the single-point-of-access Advice and Referral Centre (ARC) - 14,778 were received in the first seven months of 2015/16 (equivalent to over 25,000 referrals annually). Most referrals are from GPs but they are also received from other agencies including the police, social workers, local voluntary organisations, and other healthcare professionals. The function of the ARC is currently under review and, amongst other innovations, is conducting a pilot on accepting self-referral by the service user in Cambridge.
- 1.5 The CCG also commissions significant volumes of activity from local "third sector" providers including voluntary organisations, independent providers, and counsellors. In 2015/16 the CCG invested additional "parity of esteem" monies (see Appendix 1) to increase third-sector capacity in order to provide a more resilient overall mental health service model locally. There is also greater partnership working between NHS services and these third-sector providers, which facilitates a more seamless patient journey and enables better management of current service pressures.
- 1.6 The CCG was required by the national "parity of esteem" initiative to increase its investment in mental health services in 2015/16 by 5.6% - the same as the overall increase in the CCG's financial allocation for this year. Our local annual spend on adult mental health is £51m so this additional investment equated to approximately £2.8m. The breakdown of how these funds have been deployed is set out in the slides attached as Appendix A at the end of this paper.
- 1.7 CPFT also received an overall rating of Good from the CQC on 13 October, with all points classed as Good except for 'Are Services Safe?' which Requires Improvement, mostly with regard to Children and Adolescent Mental Health Services (CAMHS).

However the report stated the trust had "met its targets required under the Department of Health's 'Positive and Proactive Care: reducing the need for restrictive interventions'

agenda. There had also been a decreasing level of restraint and seclusion over the previous 12 months. [...and] The trust demonstrated an improving picture of satisfaction during the 12 months before our inspection.”

(From p6 and p12 of the CQC report, dated 13/10/15 and available at: http://www.cqc.org.uk/sites/default/files/new_reports/AAAE1951.pdf)

2. MAIN ISSUES

2.1 The CCG has standard NHS contracts with all its service providers – both statutory and third-sector. All these contracts include Key Performance Indicators which include activity targets. Contracts are monitored on a monthly or quarterly basis as appropriate to the size of the contract.

2.2 In recent months the performance information we receive has highlighted the following services as facing the greatest pressures. All figures quoted relate to the seven month period between April to end of October 2015 and are compared to the same period of 2014:

- Crisis Resolution and Home Treatment Team

Referrals to the team were 12% above the planned level – which itself is an increase from the previous year’s outturn using “parity of esteem” monies. A consequence of this significant increase in referrals is that the team has very limited capacity to undertake home treatment following initial assessment.

The Health Committee will be aware of the “Crisis Care Concordat” and the local multi-agency Crisis Concordat Delivery Board. Its Action Plan contains a range of initiatives to reduce the pressure on local crisis services, including diversion to alternative sources of advice and support where appropriate for individual patients.

The CCG is a “Vanguard” site for urgent care and mental health services are playing a prominent role in this. There is anecdotal feedback that the recently-introduced liaison psychiatry service at Peterborough hospital has already reduced pressures on the crisis resolution team that serves the north of the county.

Improved access to care in a crisis situation has been identified as the CCG’s priority for any additional available investment in mental health in 2016.

- Assessment Beds:

Patients who cannot be cared for safely in their own home are admitted to two local assessment wards, where the planned length of stay is three days. Admissions to the end of October were 13% above the planned level. Because the bed capacity is fixed, this pressure has to be managed by shorter lengths of stay where possible, but inevitably there are knock-on effects for the other local treatment and rehabilitation wards.

- Personality Disorders:

This service was re-modelled in 2014 towards a more recovery-oriented, community-based service. At present we are still establishing a realistic activity baseline for the new service model. However, waiting-times are again increasing.

The CCG has invested additional resources in four local third-sector organisations with expertise in helping people with personality disorder. The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) service is engaged in several initiatives to help people to access these and other local services for support once discharged.

Additionally, people with personality disorder are expected to be one of the main groups accessing the new Recovery Coaches and Enhanced Primary Care Mental Health services also being established locally using “parity of esteem” funds.

- Adult Attention Deficit Hyperactivity Disorder (ADHD): This service was established in 2012 in response to feedback received during a public consultation at that time. The service provides diagnosis and subsequent medication support. The numbers being referred (260-300 annually) are now almost three times those originally anticipated.

There are ongoing discussions between the CCG and CPFT on a revised service model (including post-diagnosis support) that makes the best use of the available resources and local expertise in this field to support people in a range of other local service settings.

- Increased Access to Psychological Therapies (IAPT): Access to psychological therapies has been, and continues to be, a long-standing national priority. The CCG invested an additional £2.2m in 2014/15 to more than double local capacity. During 2015/16 further “parity of esteem” funds have been invested in local third sector providers of these services in order to provide a wider range of treatment options.

There is now sufficient local capacity to enable over 15,000 people annually to access these services. All our local contracted providers have introduced self-referral and there has been a significant advertising campaign in the local media. The service continues to target patient groups most likely to benefit from psychological therapy – e.g. those with long-term conditions.

- Voluntary Organisations: We have this year conducted a review of all the services that we commission from the local third sector – this includes both voluntary organisations and some “not-for-profit” providers. The objectives were to equalise access CCG-wide, strengthen links between CPFT services and our third-sector providers, and introduce a standard set of Key Performance Indicators (including outcome measures) for all providers. This makes comparisons of the outcomes being achieved by each more straightforward.

Alongside the additional investment in these organisations already described, these measures have increased the overall capacity of local services. Voluntary organisations typically work under financial constraints and face almost continuous capacity pressures. However, we believe the investments and innovations we have made will enable the local system to offer help to more people and better face the challenges anticipated in the future.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

There are no significant implications within this category.

3.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

3.3 Equality and Diversity Implications

There are no significant implications within this category. The measures taken this year are designed to equalise access to services throughout the CCG area.

3.4 Engagement and Consultation Implications

There are no significant implications within this category.

3.5 Localism and Local Member Involvement

There are no significant implications within this category. The Mental Health Commissioning Team meets regularly with, and briefs, all Local Commissioning Groups.

3.6 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
CCG Governing Body papers and presentations made by members of the mental health commissioning team to local and regional stakeholders.	These are available from the CCG Mental Health Commissioning Team on request: Tel: 01223 725381 Email: <u>CAPCCG.MHLDCommissioning@nhs.net</u>
CQC October 2015 report on CPFT	http://www.cqc.org.uk/sites/default/files/new_reports/AAAE1951.pdf

**Cambridgeshire County Council
Health Committee – 21st January, 2016
Pressures in Adult Mental Health Services**

**Appendix A –
“Parity of Esteem”**

Parity of Esteem – The Principle

- the principle by which mental health must be given equal priority to physical health
- mental health problems account for 28% of the burden of disease but only 13% of NHS spending
- mental ill health is also associated with increased chances of physical illness and significantly reduced life expectancy
- poor physical health increases the risk of mental illness
- the risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease
- medically unexplained symptoms cost the NHS some £3 billion per year

Parity of Esteem – The Guidance

- the government requires NHS England to work for parity of esteem to mental and physical health through the NHS Mandate
- the “Five-Year Forward View:-
 - “breaking down barriers”
 - waiting-time standards
 - “genuine parity of esteem by 2020”
- Planning Guidance 2015/16 - a real-terms increase in mental health spend, to be at least as great as the overall increase in the CCG’s funding allocation for this year
- for Cambridgeshire and Peterborough CCG, this equated to a 5.6 per cent increase
- for local adult mental health annual spend of £51M this equated to additional investment of approx. £2.8M



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Parity of Esteem – Local Implications

- an opportunity to address priority gaps identified from stakeholder feedback and by LCG GP leads in local NHS (CPFT) pathways:-
 - 24/7 staffing of the S136 suite at Fulbourn hospital (£380k)
 - expansion of the capacity of community teams (£499k)
 - some additional out-of-hours capacity in the crisis team (£201k)
 - additional staff on in-patient wards (£496k)
 - additional capacity to meet early intervention access targets (£159k)
- an opportunity to make the overall local mental health system more “resilient” by not simply buying more of the same
 - Re-Commissioning of Third-Sector Services (£550k)
 - Recovery Coaches (£277k)
 - Enhanced Primary Care (£320k)



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