

**PLANNING FUTURE RE-DESIGN OF LOCAL MENTAL HEALTH SERVICES.**

**To:** HEALTH COMMITTEE

**Meeting Date:** 29<sup>th</sup> May 2014.

**From:** Dr Emma Tiffin, CCG Interim GP Clinical Lead for Mental Health Services  
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**Electoral division(s):** All

**Forward Plan ref:** Not applicable

**Purpose:** To inform Members of forthcoming plans for local service changes to Mental Health Services and arrangements for engagement with key stakeholders

**Recommendation:** To

- a) note the work streams described in this paper and
- b) discuss how the Health Committee wishes to be briefed about and kept engaged in this work on an ongoing basis.

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## 1. BACKGROUND

- 1.1 The local NHS is currently engaged in two significant planning processes:-
- the finalising by service providers of their annual Cost Improvement Plans;
  - the development - by both commissioners and service providers - of five-year plans covering the period 2014-19;
- 1.2 This paper briefly summarises how these processes are moving forward for local mental health services.
- 1.3 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) spends approx. £75M annually on mental health services, equivalent to approx. 9 per cent of its total budget.

## 2. MAIN ISSUES

- 2.1 Annual Cost Improvement Plans: All NHS service providers are required to develop and deliver an annual Cost Improvement Plan (CIP). This is typically a 4-5 per cent “efficiency saving” and is achieved mainly by a reduction in the prices paid by commissioners year-on-year for the current volume of service provision.

Each service provider is required to draft its Plan annually and present it to local commissioners for approval, accompanied by a Quality Impact Assessment for any of the schemes within that Plan which involve a change in how a particular care pathway is delivered. The commissioner expectation is that services will remain safe and that service user outcomes will be maintained. Cost Improvement Plans typically include a number of cost-saving schemes – some relating to actual service delivery and some relating to support functions such as accommodation, administration and travel costs.

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) have developed their Cost Improvement Proposals for 2014/15 which will be presented to the next meeting of the CCG’s “Clinical Quality Review” forum. This quarterly meeting brings together senior clinicians and GP commissioners of mental health services. The meeting will review the proposals and supporting documentation, including Quality Impact Assessments. The Plan may be approved, more evidence may be requested, or in some cases, alternative proposals suggested for delivering the required cost improvement.

The main schemes through which CPFT is proposing to deliver its Cost Improvement Plan for 2014/15 are:-

CIP Scheme	Brief Description
Development of an Integrated Dementia Pathway	The proposal is to review current community Older People’s pathways, to expand the current mental health crisis resolution and home treatment service for older adults within Cambridgeshire and Peterborough, in order to provide an increased specialist crisis response for patients with dementia through a Dementia Intensive Support Service. This will reduce the number of patients requiring admission to the local in-patient wards for older people.

Review of Respite Care Services	CPFT are working with the CCG and Peterborough City Council to review Respite Care Services for young people in Peterborough. It is acknowledged that there are more appropriate home-based respite care services for young people.
Arts Therapy Review	<p>This project will review music, art and dance therapies, and the staff providing those services across the Trust. The aim is to ensure delivery of a high-quality, cost-effective, well-governed Arts Therapies service that delivers contemporary interventions based on best evidence to the people who need it most across the Trust.</p> <p>Arts therapies within the Learning Disability Partnership (LDP) are not included in this review</p>
Older Peoples Mental Health (OPMH) Primary Care	The Trust will review its day therapy service to ensure the service is evidence-based, of high value to the patients, have quality outcomes, supported by a flexible workforce, and to ensure equity of access and a consistent quality of service across the Trust.
Procurement & Estates Savings Plan	The Trust has developed a number of back office cost efficiency savings schemes which will result in a higher proportion of savings than across frontline services, covering estates, procurement and corporate services.

- 2.2 Five-Year Plans: All CCGs and NHS service providers are required to develop 5-year plans for the period 2014-19. These must be submitted at the end of June. It is clearly important that respective commissioner and provider plans for specific services are consistent with each other, especially in relation to resource assumptions during the period covered. The NHS will throughout the next five years face ongoing challenges to manage the inevitable pressures on services within the resources likely to be available.

It is the view of both the CCG and CPFT that - in relation to mental health services - our challenges can only be met via a transformational approach to service re-design. It will not be possible to manage simply by developing a sequence of annual “efficiency savings” plans to meet pressures such as population growth and the continuing requirement to deliver cost savings. It is also clear that “whole-system” working, also including local authority commissioners (both Cambridgeshire County Council and Peterborough City Council) of mental health services, district councils and other housing providers, the voluntary sector, carers and service users will be essential to develop robust plans to deliver the scale of transformational change that will be required.

In order to initiate this work, a multi-stakeholder event was convened by CPFT on 9<sup>th</sup> May to hear some perspectives from local service users, NHS and local authority commissioners, and senior clinicians and to start to consider what sorts of service changes might be possible and would deliver the scale of transformational change likely to be required during the next five years. The discussion re-emphasised the absolute priority that services for the most acutely ill must remain safe. The

perspectives of all involved at the end of the day again re-emphasised that a “whole-system” approach would be essential to meet the challenges that we face.

The CCG as the main commissioner of local mental health services is designing a multi-agency process that in summary envisages:-

- a programme of engagement with service users during the next 2-3 months to gather key messages about what is most important to them and what they seek most from the mental health services that they access;
- meetings with each Local Commissioning Group to gather feedback from local GPs as to what they see are the main priorities for their patients and their perspective on how services might be designed differently;
- parallel meetings with the local voluntary sector to gather their perspectives on our challenges and their potential role in future solutions;
- continued meetings between GP commissioners, local authority commissioning colleagues, and senior CPFT clinicians to explore potential new service models that reflect the feedback being gathered from service users and other key stakeholders;
- an extensive programme of stakeholder engagement, to include a formal public consultation, to gather feedback about the redesign proposals that will have been developed by that time;
- review by local commissioners of the feedback received from this engagement, consideration by commissioners of changes to the original proposals, and presentation of revised proposals to the CCG Governing Body and appropriate local authority decision-making meetings for approval;

2.3 Both the CCG and CPFT are anxious that the Health Committee is kept fully informed throughout the work streams described above. This might be achieved for example by providing regular briefings. Its predecessor Scrutiny Committee established a joint working group with Peterborough City Council in 2012, with which we worked closely during the planning and subsequent implementation of the last major re-design of local mental health services.

### **3. SIGNIFICANT IMPLICATIONS**

#### **3.1 Resource Implications**

There are no significant resource implications for the County Council of this report. However, members will be aware that the Council itself is a significant commissioner of services for local people with mental health problems, and faces challenges on a similar scale during the next five years. Again, we envisage close working with local authority commissioners throughout the anticipated re-design process.

#### **3.2 Statutory, Risk and Legal Implications**

The planned re-design process will be challenging and a risk register will be established and regularly updated throughout the process.

#### **3.3 Equality and Diversity Implications**

Both the CCG and CPFT recognise their statutory responsibilities under the Equality Act 2010.

### **3.4 Engagement and Consultation Implications**

The re-design process will commence with a process of engagement with service users likely to be affected by any proposed changes.

There will need to be an extensive period of stakeholder engagement, likely to include public consultation; once more detailed re-design proposals have been developed.

### **3.5 Localism and Local Member Involvement**

Members will be engaged through regular stakeholder news bulletins, and as engagement plans developed they will be included as key stakeholders. Where appropriate we will work on these plans with member led working groups.

### **3.6 Public Health Implications**

The public health team will be involved throughout this process. The respective Joint Strategic Needs Assessments for Mental Health of both Cambridgeshire County Council and Peterborough City Council will be essential documents in the planning of re-designed services, in particular to ensure equity of access throughout the CCG area.

**15<sup>th</sup> May, 2014.**

<b>Source Documents</b>	<b>Location</b>
None	