

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	30 January 2018
TYPE	An open public item

<u>Report summary table</u>	
Report title	Mental Health Pathway Review
Report author	George O'Neill
List of attachments	Appendix One - Mental Health Workstreams.
Background papers	None
Summary	In line with proposals in the your care, your way full business case and following the appointment of Virgin Care as the Prime Provider a review of the mental health pathway was undertaken by the Council and Clinical Commissioning Group in order to determine the best model for the future commissioning of community and statutory mental health services across health and social care. The Review took place from May 2017 to October 2017 led by the CCG and Council, with support from Virgin Care as the Prime Provider of health and care services. This report summarises the feedback and findings from the review as well as making recommendations for further areas of work.
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • Feedback on and provide support for areas of further work • Note the proposed allocation of resources • Note the process in respect of future contracting arrangements
Rationale for recommendations	The six areas of further detailed work are a direct result of what people told us during the review, emerging best practice, and our local, B&NES/Swindon/Wiltshire Sustainability & Transformation Partnership (STP) and national priorities.
Resource implications	Estimated additional resource requirements based on 50 days of Programme Lead, Full time Project Manager and Legal Advice is £73,540. It is proposed that this be funded from the Better Care Fund/iBCF. It is proposed that all other resource requirements associated with the mental health pathway review be covered within existing resources.

Statutory considerations and basis for proposal	<p>It is hoped that the public engagement and next steps recommended improve people’s experience of the mental health pathway. The recommendations are based on what people told us and emerging best practice.</p>
Consultation	<p>The Review Team met with people who use services, the people who care for them, the people who provide services, and with the general public and consisted of:</p> <ul style="list-style-type: none"> • More than sixty face to face meetings and focus groups • More than 100 responses to tailored surveys for people who use services, carers, and service providers
Risk management	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

MENTAL HEALTH PATHWAY REVIEW

1. Background

- 1.1 In line with proposals in the your care, your way full business case and following the appointment of Virgin Care as the Prime Provider a review of the mental health pathway was undertaken by the Council and Clinical Commissioning Group in order to determine the best model for the future commissioning of community and statutory mental health services across health and social care.
- 1.2 The full scope of the contractual arrangements was set in the your care, your way Business Case submitted to Governing Bodies in Nov 2016, this defined the services to be delivered directly by Virgin Care and those to be delivered by material sub-contractors, in partnership or through Dynamic Purchasing System (DPS) arrangements.
- 1.3 The due diligence process undertaken as part of the procurement highlighted the need to give further consideration to the positioning of mental health services, particularly those currently provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and their relationship with Virgin Care as the prime provider, the findings of which are contained in this report.
- 1.4 The review built on the innovative mental health work undertaken in B&NES, which has helped develop a flourishing voluntary sector with a strong network of services.
- 1.5 This was led by the previous mental health lead commissioner, Andrea Morland, over a number of years. B&NES were one of the first authorities to commission a Wellbeing College, implement social prescribing, pilot a Wellbeing House and were praised by the then Health Secretary for their Mental Health Crisis Concordat. Within Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), B&NES locality is the highest performing area, with services such as IAPT (Improved Access to Psychological Therapies) and recovery rates being some of the highest nationally.
- 1.6 The review is therefore building on a strong base and aiming to further develop integrated services for the people of B&NES.
- 1.7 As with the your care, your way process the focus is on early intervention, prevention and self-care with people only accessing statutory services where this is needed.
- 1.8 The Review took place from May to October 2017 led by the CCG and Council, with support from Virgin Care as the Prime Provider.
- 1.9 The Mental Health Community Services Pathway Review is split into four phases, and engagement underpins the entire programme. The phases are a) engagement; b) option development; c) detailed work on options with engagement; and d) implementation and delivery. The next part of this report describes key themes and messages from the engagement phase.

2. Engagement

2.1 The Review Team met with people who use services, the people who care for them, the people who provide services, and with the general public and consisted of:

- More than sixty face to face meetings and focus groups
- More than 100 responses to tailored surveys for people who use services, carers, and service providers

2.2 Headline themes from the engagement phase can be grouped in 5 areas and are:

- Focus on preventing escalation and admission
- Improve Community Based Support
- Join up services
- Drive parity of esteem between medical and social interventions
- Improve the signposting of services

2.3 Areas where people told us services could improve included:

- Transitions between Children & Young People's mental health services and Adult mental health services/Think Family approach.
- Commissioning of age appropriate services for this group of young people.
- Accessing secondary mental health services. In particular Primary Care Liaison Services.
- Response in times of crisis.
- The integration of physical and mental health care.
- People falling through the gaps. An example would be people who do not meet the criteria for secondary mental health services, or IAPT and are not signposted to other services.
- Advice and support for GP's and primary care.
- Support from secondary care services to the voluntary sector. Examples given were people being discharged when they are still experiencing acute difficulties and the voluntary sector managing this group of people.
- Engagement feedback indicated that the commissioned social prescribing service could be better tied in with other organisations – awareness of the service among GPs was seen as being poor and the services was not seen as making the most of the range of activities available in B&NES.

2.4 Areas of duplication of services:

- Social Prescribing. Several agencies said they provided this, but the services did not link together.
- Peer Mentoring. Several agencies said they provided this, but the services did not link together.
- Employment Services. Several agencies said they provided this, but the services did not link together.

2.5 Areas of good practice:

- The focus on prevention and wellbeing within the services provided by the voluntary sector.
- IAPT services. Although some people did report having to wait significant periods of time to access this service.

3. Option Development

3.1 Following the engagement phase the Review Team made attempts to triangulate the themes gained with performance information. This was not an easy exercise as only AWP reports on consistent KPI's. However, there were some key areas to highlight and these included the responsiveness of the Primary Care Liaison Service (PCLS), use and function of the Wellbeing House and the Social Prescribing Service, which could be better tied in with other services.

4. Areas of Policy, Strategy, Best Practice

4.1 The Review Team then looked at areas of best practice, local and national policy, as well as STP and local priorities to further inform option development. It focused on 5 areas of good practice to inform any changes to the pathway:

- Integration of Physical and Mental Health Care
- Crisis Response
- Safe Havens
- Individual Placement Support
- Transitions

5. Areas for further work in the pathway.

5.1 The review builds on the work already undertaken through the your care, your way process which focused on early intervention, prevention and self-care with people only accessing statutory services where this is needed. The mental health pathway mirrors this.

5.2 It is recommended that there are six key areas for further detailed work to make the pathway as effective and responsive as possible. It is also recommended that a project management approach is developed to undertake detailed work on the six key areas, involving subject matter experts, people who use services, GPs. Community champions and the voluntary sector. The six areas are:

5.3 Mental Health Collaborative

5.3.1 The majority of services in the pathway, highlighted in our mapping of services, could be described as those focused on good mental health and wellbeing.

5.3.2 These services support general population wellbeing activities and outcomes, as well as preventing needs escalating through information sharing, health promotion, advice, awareness raising, education, one to one support and support groups/networks.

- 5.3.3 The review would suggest that not all of these services work effectively together as they could and that there is some duplication.
- 5.3.4 The Mental Health Collaborative workstream will describe how this part of the pathway can work more effectively together, as well as how it links with other parts of the pathway and in particular commissioned parts of the voluntary sector and secondary care providers.
- 5.3.5 It will also be clear on governance of the mental health collaborative. Currently there is no clarity about the form, function, purpose and governance of the mental health collaborative. There is, however, a commitment to collaborative working and strong engagement from a wide range of Community, Voluntary and Social Enterprise sector organisations.

5.4 Care Coordination/Integration of physical, mental health and social care

- 5.4.1 The vision is to build on the care coordination model described in your care, your way business case. It is envisaged that there will be a single point of entry to mental health, physical health and social care services via hubs which will be developed around GP clusters. They will provide:
- a timely integrated response
 - prevent needs escalating
 - an assessment function
 - provision of short term interventions
 - provide advice
 - signposting
- 5.4.2 The primary care hubs will work closely with GPs and the wider primary care team as part of an integrated physical, mental health and social care service.
- 5.4.3 These could be supported by greater integration between physical and mental health within the wider primary care multidisciplinary team and could include mental health experts within the wider primary care teams. The model would include some functions which at the moment sit within AWP, Virgin Care and the third sector.

5.5 Crisis Response

- 5.5.1 A key theme from the review was the need for a stepped approach to dealing with crisis response out of normal working hours. B&NES has a wide range of preventative services, but none which specifically focus on crisis avoidance and crisis management for people experiencing acute mental health crisis.
- 5.5.2 The Wellbeing House is available Monday to Friday and has no staff on site after 5pm. There is no safe haven out of hours. This is a model developed in many parts of the country which has been shown to reduce hospital admissions and Emergency Department attendance.
- 5.5.3 Although the Intensive Service commissioned from AWP operates 24 hours per day, it is unable to meet the requirements of Core 24 model (response within one hour). This was an area which carers frequently mentioned as an area of high priority for them.

- 5.5.4 It is therefore suggested that a key third workstream focuses on crisis avoidance and crisis management.

5.6 Employment/meaningful occupation

- 5.6.1 The review highlighted that a number of organisations provide what could be described as employment services.
- 5.6.2 These range from the development of the Council's virtual employment hub, access to education services, work development and job retention, volunteering and peer mentoring. Within B&NES a gap is Individual Placement support. This is a well evidenced model where rapid access to employment takes place for people diagnosed with serious mental illness usually within secondary care services. This has proven to significantly reduce the length and frequency of inpatient stays in mental health units.
- 5.6.3 It is suggested that this workstream develops an employment pathway which may include an employment service which links all aspects of the pathway together.

5.7 Flexible Transitions between children and young people's mental health services and adult mental health. Think Family.

- 5.7.1 It is suggested that this workstream builds and adopts the work being led by the STP and in doing so focuses on three areas:
- 5.7.2 The flexible transition between statutory services
- 5.7.3 Commissioning of specific services for this younger age group
- 5.7.4 Developing a Think Family approach in mental health services.

5.8 Contacting Options

- 5.8.1 The full scope of the contracting arrangements was set in the your care, your way Business Case submitted to Governing Bodies in Nov 2016, this defined the services to be delivered directly by Virgin Care and those to be delivered by material sub-contractors, in partnership or through DPS arrangements.
- 5.8.2 The due diligence process undertaken as part of the procurement highlighted the need to give further consideration to the positioning of mental health services, particularly those currently provided by AWP and their relationship with Virgin Care as the prime provider, the findings of which are contained in this report.
- 5.8.3 An initial optional appraisal been undertaken in relation to future contracting arrangements but this has not been able to conclude pending further guidance from HMRC expected early in 2018.

6. Next Steps

6.1 A Programme Board will be established with six workstreams taking this work forward. The workstreams will undertake detailed work from January through to the end of July 2018, before a further engagement exercise with stakeholders is undertaken describing the emerging model. Membership of the Board and workstreams will include commissioning, GP representation, community champion, subject matter experts, service users, carers, voluntary sector, AWP and Virgin Care.

6.2 The following phases and timescales will be adopted to take this work forward:

- Development of detailed models/specifications via the workstreams from January to July 2018
- Further engagement with stakeholders in July/August 2018
- Service Specifications completed in October/November 2018
- New service model commences in April 2019

6.3 Future contracting arrangements will be agreed by relevant governing bodies following receipt of guidance from HMRC.

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