

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) Wednesday , 11th February 2015
AGENDA ITEM:	6
SUBJECT:	Croydon Integrated Mental Health Strategy for Adults 2014-19
BOARD SPONSOR:	Paula Swann, Chief officer, Croydon Clinical Commissioning Group Paul Greenhalgh, Acting Executive Director - People, Croydon Council

CORPORATE PRIORITY/POLICY CONTEXT:

In July 2014 the Health & Wellbeing Board reviewed Croydon's Integrated Mental Health Strategy for adults. The Strategy covers the period 2014-2019 in line with NHS Croydon Clinical Commissioning Group's (CCG) five year strategy and the Council's forward plan for 2015-18).

The strategy was developed in response to the CCG's commitment to make significant service improvements for people with mental health conditions to address identified need and to adopt key recommendations within the 2012/13 Joint Strategic Needs Assessment (JSNA) on mental health. The Mental Health Strategy can be accessed via;

<http://www.croydonccg.nhs.uk/news-publications/publications/Pages/Strategies.aspx>

This report seeks to update the Mental Health Strategy Action plan, which was developed in alignment with the Strategy, and of the progress to date of the Adult Service Redesign work streams. It also informs the Board on the delivery of the CCG's agreed Mental Health targets in 14/15 and in relation to the new mental health indicators identified for mental health for 2015/16 in the recent 'Five Year Forward View'

FINANCIAL IMPACT:

The CCG has made significant investment in excess of £5m per annum in mental health services provided by South London and Maudsley NHS Foundation Trust in 2014/15 to meet current service pressures and to redesign services to achieve improved outcomes for patients.

Additionally, Health Education South London (HESL) Funding has been secured to deliver 'No health without Mental Health' training in 2014/15 for front line workers across the full remit of services that service users within Croydon may access.

1. RECOMMENDATIONS

The Health and Well Being Board is asked to discuss and comment on the content of this report and actions being taken to implement the Croydon Integrated Mental Health Strategy 2014-19.

2. EXECUTIVE SUMMARY

- 2.1 The Mental Health Strategy (2014–19) was produced in the context of considerable pressures on acute inpatient services and demographic pressures identified in the major 2013 jointly commissioned review by Mental Health Strategies, Joint Strategic Needs Assessment (JSNA) 2012/13 and 'Mind the GAP' report 2012.
- 2.2 The growing population of Croydon is projected to become more deprived, and anxiety and depression projected to increase by 5% but with a greater increase projected in people with serious mental illness.
- 2.3 Historically, there has been a high reliance on inpatient services in relation to comparative boroughs, with Croydon spending 21% more on inpatient services than comparative boroughs.
- 2.4 The recommendations proposed in Croydon's 2012/13 mental health JSNA were further explored and detailed in the Strategy 2014-19 and refer to the need to ensure the wider determinants of health are addressed (e.g. housing, education, employment support)
- 2.5 The Strategy further evidences the need for easy access to whole life support to improve and maintain mental well-being, including working closely with the Community and Voluntary sector.
- 2.6 The recent 'Mind the Gap' follow up workshop (Nov 2014) identified the progress made and current ongoing needs of BME Communities within Croydon, who represent 40% of acute admissions
- 2.7 There are clear actions in place to reduce the acknowledged variation in primary care mental health services within the borough. The Mental Health Commissioning Team has worked steadily across the GP Commissioning Network Structure to ensure clear messages and updated information is being cascaded regularly to GPs in relation to Mental Health and service improvements /developments. More recently this has been evidenced by the significant work with GPs on improving dementia diagnosis.
- 2.8 The establishment of the Multi-Disciplinary Teams (MDTs) within GP practices has enabled a much wider consideration of the options available for a patient's social and health care needs, including their mental health needs.
- 2.9 The need to improve integration with physical health remains an area of particular focus but mental ill health is the single largest source of disease burden (greater than cancer or cardiovascular disease), and the costs extend well beyond health and social care.
- 2.10 Historically there has been a notable lack of early intervention services (particularly in relation to early identification and management of psychosis) compared to neighbouring and comparable boroughs and this was particularly significant when viewed against Croydon's needs.

- 2.11 There had been little historical funding to support Improving Access to Psychological Therapies (IAPT) services in Croydon and this is now being addressed through additional investment over 2014/15. There has also been a highly targeted approach to ensure the service has delivered increased capacity, easier access and it is on target to deliver against the increased trajectory as agreed with NHSE (5%). Whilst this remains below the national target of 15%, it is none the less a significant increase in service provision from 2013/14 (3.7 %)
- 2.12 The CCG is committed to expanding this target further again in 2015/16 and a meeting is scheduled for early February to allow interface between the Voluntary Sector providers of talking therapies and NHS E to consider further how the existing services can be included as part of the IAPT provision .

3. DETAIL

3.1 The key aims of the strategy can be summarised as follows:

- To improve the quality of life of people with mental health needs and parity of esteem in commissioning
- To ensure service users/patients are involved fully in the development of their care and support plans, and that services aim to maximise people's independence and support recovery.
- To ensure voluntary and third sector provision works alongside primary and secondary health care services
- To improve access to mental health services
- To strengthen partnership working
- To shift resources to community and primary care services and reduce reliance on inpatients
- To ensure there is education available on Mental Health awareness for front line workers, families and carers.

These key priorities align themselves to the priorities set out in the joint health and wellbeing strategy 2013-18 which can be accessed at <http://www.croydonobservatory.org/Strategy Health and Social Care/>

- 3.2 Mental health, Wellbeing, and the ability to 'live well with illness' affects almost every part of a person's life. It has an impact on physical health, health behaviours, employment, education and quality of relationships with friends and family
- 3.3 Personalisation plays a key role in giving people greater choice and control. New packages of community-based social care arranged through Croydon's Integrated Adult Mental Health Services are provided through self-directed support (often with direct payments). Social Care increasingly aims to support serviced users with advice and support around the wider issues of housing and employment issues.
- 3.4 The Care Act 2014 has a range of implications which are relevant to Mental Health users. These include a greater focus on care and support planning, with an emphasis on meeting the outcomes an individual has identified, and drawing on

their own strengths and family/social networks. In addition, carers' rights will be strengthened, including being eligible for support services in their own right.

- 3.5 Social prescribing and how this could be most optimally developed in relation to mental health services in Croydon is the key agenda item for the February Mental Health Partnership Board and will be debated across the wide range of stakeholders (in addition to health and social care) who attend so that a true consensus of opinion can be established and built upon.
- 3.6 The Mental Health Strategy is being taken forward through a number of key work streams which share two central priorities:
 - that the main setting for supporting people with mental health problems should be the community.
 - that services should be easily accessible , easily understood (by service users , carers and other health professionals) and be developed in a manner that they ' join up 'and interface as seamlessly as possible
- 3.7 The role of the voluntary sector service provision and primary care has been equally fundamental to all aspects of service re design.
- 3.8 It is a driving principle that service users need to be supported adequately at an earlier stage, crisis points are avoided and that people are supported/empowered to take a more active role in their own care.

4. Increasing Access to Mental Health Services:

- 4.1 There was as previously referred to a pressing need at the commencement of the 2014/15 period to stabilise the existing bed based in patient provision and It was acknowledged that there was a need to increase core bed capacity within South London and Maudsley in order to be able to meet current need, stabilise the system, and to ensure there would be a reduction in out of borough placements or placements in the private sector.
- 4.2 It was also integral to the broader commitment to the redesigning of services in that it is not possible to transform an unstable service. A dedicated Triage Unit for Croydon was a core component part of this additional bed provision, creating equity of provision for Croydon patients within the SLAM system.
- 4.3 The use of out of borough/private hospital placements (2014/15) has now reduced to a minimum so that patients when treated within borough are much more able to access local pathways of care at the point of discharge.
- 4.4 The Mental Health Commissioning team has given considerable attention since July 2014 to establishing a full baseline of activity expectations from SLAM and has commenced a full review of all service specifications and service level agreements within the Block Contract to consider how 'fit for purpose' the breadth of the services are in relation to current need and projected altered need.

- 4.5 There has been an increased focus on Quality with regards to the main contract. A monthly Care Quality Review Meeting (CQRG) is now held and chaired by a CCG GPSI (GP with special interest in Mental Health) in addition to the 4 Borough CQRGs. (The 4 Boroughs comprise of Lambeth, Lewisham Southwark and Croydon).
- 4.6 The CQR practice replicates established practice for acute and community trust contracts and seeks to drive the improvement of quality of care of SLaM services.

5. Transformation of Croydon Mental Health Services – Adult Mental Health Model (AMH)

- 5.1 A commitment was given at the commencement of the 2014/15 year to developing within the borough a number of key community services which would be delivered by SLaM but within community settings and not further perpetuate the dependency on secondary care.
- 5.2 In November 2014 a monthly Adult Mental Health Steering group chaired by the clinical lead Dr Dev Malhotra was established to develop and oversee the implementation plan of the redesign of community services.
- 5.3 The steering group is taking forward the following services in a series of workshops over the next 3 months with the aim of agreeing key performance indicators, service specifications, and alteration in capacity and final agreement of patient pathways.

6. Primary Care Mental Health Support Service

- 6.1 This builds on the work that has been ongoing in Croydon for a number of years in relation to patients who could be managed in primary care but primary care may require some additional support at the outset to achieve the full transfer and onward management of these patients within the practice setting.
- 6.2 A cohort of patients has been identified and a meeting in January was held to both carry the work forward and ensure that “lessons learnt “ were not lost and to begin to map fully the transfer time line of these patients to primary care .Ongoing work is being held with the GP Networks to progress this forward:
- **Assessment and Liaison Service** – This service is a priority service for 2015/16 and will be aligned to GP Networks but ensuring the GP’s have immediate access to a senior clinical opinion at SLaM when they make contact and to ensure the patient is able to manage within the community if at all possible.
 - **Personality Disorder Service** –This is a planned extension of Service User Network and additional treatment places in Touchstone, the personality disorder day service

- **Promoting Recovery Community Health Teams** – additional care coordinators are now in post enabling these teams to have the capacity to meet the level of need that Croydon has.
- **Home Treatment Team** – Additional capacity has been added to the team, again enabling them to have the ability to respond quickly to a request to offer a very real alternative to hospital based care.

6.3 Close working has also taken place over the last six months in relation to mental health for older adults – key areas of work are:

- a focused approach to dementia diagnosis by GP Practices and provision of support to practices to review their caseloads to ensure accurate reporting of patient numbers.
- a full review of the Memory Service is planned to identify required services changes to meet current need. This review is due to commence in February.

7. **Strengthening partnership working and integrating physical and mental health care:**

- 7.1 Public engagement has continued with the BME Forum via attendance at the recent 'Mind the Gap conference follow up meeting and inclusion from the outset within the AMH steering group of representation from the BME forum, service user voluntary sector and family/carer representation.
- 7.2 An enhanced physical health CQUIN (Commissioning for Quality and Innovation Payment) is being developed for 15/16 to focus further on the 'parity of esteem with physical health. (NHSE are expected to release this mid-February) parity of esteem and Croydon have committed to leading on the development of this CQUIN (in collaboration with SlaM) for the 4 Boroughs.
- 7.3 The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare
- 7.4 Additional funding secured via NHS E winter monies funding has also been used to increase capacity in the Psychiatric liaison services in A&E liaison services, a development of a 4 Borough crisis line which will follow through on the success of the 'street triage service'. This has been able to offer a very robust interface with service users and has in a number of cases averted either attendance at A&E or the use by the police of a S136 or a need for admission.
- 7.5 The [Mental Health Crisis Care Concordat](#) is a national agreement framework between services and agencies involved in the care and support of people in crisis which sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The CCG and the Council are reviewing how to support the Crisis Care Concordat for whilst acknowledging the challenges it presents there is a shared view that

Croydon should commit to delivering against its requirements and in alignment with other London and neighbouring boroughs.

- 7.6 Development of the Early Intervention Service, initially intended for later delivery, has now been brought forward to Jan 2015 and is presently being recruited to. This service (referred to by SLaM as OASIS) works closely with primary care and other agencies to identify young people considered to be at high risk of developing psychosis. The service has demonstrated good outcomes in Lambeth Southwark and Lewisham and offers a clear pathway for early timely intervention to reduce the risk of escalating problems to a crisis point and improve availability and access to the broadest platform of services.
- 7.7 A new mental health indicator has been identified within the 'Five Year Forward View' with the longer term expectation that early intervention in psychosis will occur within 2 weeks this is in alignment with national expectations.
- 7.8 Investment has been established for development of a 24 hr crisis line which has been commissioned from SLaM. The intention is that this service will be able to replace the Street Triage Service funded for one year only 2014/15 via the Mayor's Office for Police and Crime- MOPAC. Close working relationship between SLaM, the CCG/NHSE and MOPAC has been established to ensure seamless continuity of service and referral contact methods.
- 7.9 In addition to the MDT meetings a 'Decision Support Tool' is being implemented across all GP Practices which facilitates a predictive clinical alert occurring alongside the GP's entries into patient notes. As new service initiatives and developments occur they will be loaded onto the Decision Support Tool 'meaning that all GP's will have access to information automatically.

8. Starting early to promote mental wellbeing and prevent mental health problems

- 8.1 Funding from NHS HESL has been secured through a partnership bid from the SW London Network of CCG's, (Richmond, Kingston, Merton and Croydon) to deliver a training programme developed by East London NHS Trust, across the four boroughs. 3 training packages will be delivered to front line health and social care staff from all sectors, designed to improve understanding of the links between physical and mental health.
- 8.2 The main training package, Mental Health Awareness is a ½ day course which will be delivered to approximately 800 front line workers. This training package will be supplemented by 'Train the Trainer' and 'Motivational Interviewing' to participants and organisations that wish to take their learning a step further. SLaM has been selected as the training provider to work in partnership with the Voluntary Sector in Croydon in order that training occurs throughout the geographical span of the borough and in a range of different settings to encourage participation from a diverse audience.
- 8.3 Training plan is scheduled to occur between April and December 2015, with final evaluation ending in March 2015.

9. IAPT Services

- 9.1 Additional investment has been made of £600K for 14/15 and the service is on track to achieve 5% access figures (as declared in the Operating Plan 14/15 and as agreed with NHSE).
- 9.2 The Commissioning Team are working more closely with the Voluntary Sector in 14/15 and a workshop identified for February 2015 to enable the Voluntary sector providers who presently deliver talking therapies to have discussions with NHSE and the criteria for IAPT inclusive services.
- 9.3 A one day workshop is being piloted from Jan – March 2015 to offer Saturday access for IAPT and with a key aim of reaching a wider cohort of service users. Ongoing review is being maintained of the pathway, benchmarking, accessibility and recovery rates of the service.
- 9.4 Further review is already underway in relation to the New Mental Health Indicators for IAPT as identified in 'Five year Forward View (The 75% standard of 6 week referral by April 2016 and the 95% standard of 18 week referral to first treatment appointment by April 2016). The long term conditions IAPT pilot has delivered good results and discussions are underway in regards to it being consolidated into one of the on-going work streams 2015/16.
- 9.5 The Mental Health Commissioning team have worked with NHS E and SLaM to review the present IAPT service model and establish what opportunities there are within the existing service to be available to further maximise its remit and capacity in relation to Croydon's specific needs (hard to reach groups including the BME population) The results of this desk top review are expected from NHS E in March 2015

10. Voluntary Sector Review

- 10.1 A review of the Voluntary sector has commenced and is due for completion in February 2015. This review has sought to re-establish contact with the wide range of voluntary sector providers Croydon CCG commissions from and to consider both the alignment and possible impact of those services within the wider context of the implementation of the Strategy.
- 10.2 The council also has a long history of commissioning services from the voluntary sector (many from the same organisations as the CCG). Increasingly, the aim across Health and Social Care is to ensure that commissioning is "joined up" so that the crucial contribution made by the voluntary sector is optimised and duplication of processes (e.g. returns of standard management and performance information) can be minimised.

11. Improving the quality of life of people with mental health problems

- 11.1 Implementation of the Mental Health Strategy is the responsibility of the statutory commissioners who are supported by the oversight of the following groups:

The Mental Health Partnership Board, has been reconvened with refreshed Terms of Reference, and will be the group responsible for overseeing the direction of Mental Health Services in Croydon. The partnership meets every three months and has wide representation of stakeholders across Voluntary Sector, Primary, Secondary Care, Service User groups and the BME Forum. Sub groups of the partnership will report progress at each quarterly partnership meeting.

The Mental Health Planning Group is an executive group of the Partnership Board. The Planning Group meets monthly, is chaired by a GP and brings together Mental Health Commissioners with Public Health to ensure that the actions of the Partnership Board are carried out and that ongoing commissioning work is aligned to the partnership, and effective communication exists between Mental Health Commissioning and the Partnership Board. The Planning Group's role is to sustain the progress of the Partnership Board.

The Mental Health Strategy/Adult Mental Health Steering Group has been developed. The group meets monthly and is chaired by a GP. The group comprises MH Commissioners, GP, Social Care, Secondary Care, Public Health, Contracting Support, and invited representation from the partnership board, of BME users, Patient Voice, Carers, and Voluntary Sector. The primary function of the group is to work on actions to implementation of the Mental Health Strategy, ensuring that the wider Mental Health System is represented and potential impact of any changes across all stakeholders is understood. A key early priority of the Strategy Steering Group will be to oversee the implementation of the AMH Model, but the groups remit will be the wider 5 year strategy.

Priorities and actions are able to flow from, and inform, each group.

The Mental Health Partnership Board is responsible for ensuring the progress of the Strategy Group and its alignment with the Mental Health Strategy

12. Conclusion

- 12.1 Good progress has been made to implement the Strategy and to take forward the service redesign work streams against a challenging platform.
- 12.2 The Mental Health Strategy is a live document, frequently referred to and utilised to inform the direction of Mental Health Commissioning in Croydon.
- 12.3 The Mental Health Strategy Action Plan has also been designed to be a live document shared by the Partnership Board which will demonstrate the progress made and invite participation by a wide range of stakeholders to achieve its goals and aspirations. Individual pieces of work relating to the strategy will where necessary require more detailed project plans, the progress and outcomes of these plans will be recorded on the Action Plan, which is attached in full (Appendix 1).
- 12.4 The recently published 'Five Year Forward View' makes clear the strategic focus from NHS England in relation to additional mental health indicators in relation to early intervention in Psychosis and an effective Liaison Psychiatry Model. Both areas had already been identified as being areas of focus within the action plan.

- 12.5 The engagement and understanding of the voluntary sector has both increased and improved and the mental health Partnership board has an increased voice.
- 12.6 The AMH model continues to be under detailed review and further refinement via the AMH Steering group with a clear focus on the moving of investment into community services (for both adult mental health and MHOA services).
- 12.7 There will be further development of IAPT services and increased integration with physical health e.g. IAPT/LTC's. There is clear opportunity to further maximise opportunities for integration via the MDTs.
- 12.8 There are also developments to expand and improve upon the interface of crisis services and A&E liaison services.
- 12.9 The Adult redesign work streams have been developed in alignment with the CAMHS and MHOA service redesign initiatives.

13. CONSULTATION

- 13.1 The Mental Health Partnership Board meets quarterly with meetings identified for the full year ahead) and its terms of reference reviewed and agreed. There is a clear commitment from the CCG and council to the Partnership Board that it will be a key forum in taking forward the Mental Health Strategy in an open and transparent way. This engagement with key stakeholders has been well received and feedback has reported that those attending have felt very included in the process.
- 13.2 There has also been increased engagement with the BME forum and the CCG presented at the recent 'Mind the Gap' follow up public meeting
- 13.3 There was a Public and Patient Involvement event in Sept 2014 at which the Mental Health Strategy was presented.

14. SERVICE INTEGRATION

- 14.1 The strategy was developed from the outset as an integrated strategy for Croydon, involving not just the CCG and the Council but the wider community of local stakeholders, It sought to draw on the experience of service users and carers to ensure their views on effective service delivery were taken into account and the service user voice has been further increased over the last six months.
- 14.2 Universal credit and broader welfare reform, along with homelessness, are also key factors which can substantially affect people's mental health. Through the Integrated Commissioning Unit and elsewhere there already have been projects which have attempted to support people facing such challenges. The council will shortly be seeking to establish a new "Welfare Gateway" approach which will proactively provide "joined-up" targeted advice and support to Croydon people by bringing together a range of existing services. This will involve the council's own provision, but will also work closely with a range of other statutory organisations

(such as JCP) as well as with key partners in the voluntary and community sectors.

- 14.3 An integrated review of the community and forensic pathways has just commenced with NHS E and Croydon CCG /Social Care but is likely to take some months before further recommendations are produced.

15. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 15.1 In 2013/14 the CCG and Croydon Council spent approximately £60m directly on mental health services for adults of working age (£46.9m for the CCG and £12.3m for the Council) the strategic aim remains to strengthen prevention and early intervention services and to commission a broader range of services in the community. Investments in these types of services can deliver better outcomes for mental health service users and simultaneously deliver better value for money / cost effectiveness.
- 15.2 The need to “do things differently “was agreed by all, but implementation of the strategy requires significant service redesign and to support this the CCG has made significant investment to meet current service pressures but Gate keeping and demand management remains a strong area of focus to ensure investment committed to at the outset of the year is being tracked and a trajectory of reduction in inpatient activity established.
- 15.3 A full review of the Risk Register (as identified in the Governing Body Paper of October 2014) has taken place and the Croydon CQRG meeting which meets monthly with SLAM has been able to act as the key forum for onward management of any risks identified.
- 15.4 The Tertiary Referral process (the process by which a patient is referred for specialist tertiary services) has also been fully reviewed. A revised panel has been formed, which meets more frequently and with improved interface with GP's and referring clinicians, meaning that there is now a notably improved means of access for patients.

16. EQUALITIES IMPACT

- 16.1 An Equality Impact Analysis for the strategy was carried out in July 2014 and the equality impact analysis is reviewed and updated as an integral part of the action plan in order to ensure that any potential equality impacts are identified and responded to as appropriate.
- 16.2 The Mental Health Strategy was presented to the CCG Equality and Diversity Board in November 2014 and was found Amber /Developing in all areas
- 16.3 We have made Equalities and Diversity a standing agenda item at all Mental Health meeting to ensure the matter is imbedded as 'standard practice

17. CRIME AND DISORDER REDUCTION IMPACT

17.1 The Strategy referenced the mental Health London Street Triage service, an initiative which has been funded through the Mayor of London's office (MOPAC) from April '14 to March '15. The aim of the service was to improve outcomes for people experiencing mental health problems through services working with a shared commitment to ensure the person in crisis received the correct level of care, in the right environment. Croydon council and Croydon CCG have worked closely with partners from SLaM, NHS E, Police, London Ambulance Service and the Voluntary sector to deliver this pilot service and successes identified within that service have been fully incorporated into the 24/7 crisis service.

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BACKGROUND DOCUMENTS.

Action Plan

References:

Croydon Mental Health JSNA 2012/13

Mind the GAP: A report on BME Mental Health Provision (2012)

Croydon Integrated Mental Health Strategy for Adults 2014-2019

Five Year Forward View – October 2014