Agenda item 9

Health and Wellbeing Board
Friday 21st November, 2014

ACHIEVING BETTER ACCESS TO MENTAL HEALTH SERVICES BY 2020 -BRIEFING PAPER (INFORMATION ONLY)

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1. Summary

This report aims to provide the Health and Wellbeing Board with a briefing regarding the publication of Achieving Better Access to Mental Health Services by 2020. This document was launched in October, 2014. It sets out the government's vision in how it can achieve "parity of esteem" between mental health services and physical health services. It describes a relative under investment in mental health services and states that by creating the first national access and waiting time targets for mental health services it will achieve better outcomes for those suffering from mental health problems. The report explains that investments will be supported by money being "freed up" in 2014-15 and 2015-2016, with further announcements by the next government. It anticipates the pace of change will accelerate after 2016.
A summary of the background to the report and its key points is provided here including the actions being taken to aid preparation for these developments. An update about the Shropshire position is also included.

2. Recommendations

The Board are asked to:

1. Note the content of this report.

2. To gain an overview of the proposed developments within mental health services and to identify any queries or further information the Board require as a consequence of these developments.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

"Achieving Better Access to Mental Health Services by 2020" emphasies the Government's ambition to transform Mental Health Services and sets out the motivation for these changes, as well as describing the investment it has earmarked to support the process.

In terms of the risks and opportunities associated with these important developments the report places great emphasis upon setting targets for mental health services as a way of ensuring improvements are given proper attention by CCGs, providers and other partners. In the initial stage these targets relate to Improving Access to Psychological Therapies and Early Intervention in first episode Psychosis services. As well as that the report wishes to promote improvements in Liaison Psychiatry services and highlights the new investment in Child and Adolescent Mental Health (CAMHs) in-patient provision and the work required to improve mental health crisis care. The report highlights the central intention to address equality issues by describing the health inequalities experienced by people with long term mental health problems. The government spells out how it will achieve better outcomes by the creation of targets and investments in both crisis services and preventative services. The report also makes reference to the use of Police powers to detain people and transfer them to a place of safety and the need to see targeted improvements in these services. This has clear human rights implications and the CCG welcomes the emphasis the report gives to this area. This briefing references the work already being undertaken to deliver improvements in how people in mental health crisis, and subject to the Mental Health Act, can access the most appropriate form of safe care which attempts to enhance dignity and respect and uphold their human rights.

Given the importance of this work the CCG in conjunction with its main partners wishes to ensure that it consults widely about this policy. It will therefore use its links with the mental health service users and carers network, the Chorus Group; the Mental Health Voluntary Sector Forum to publicise its creation and to enter into dialogue about the local implications. The CCG will also inform Healthwatch so consideration can be made as to how Healthwatch can add further value to the quality of information and consultation taking place with service users and the public.

In terms of risk management the CCG has undertaken preliminary discussions with service providers to ask them to bench mark themselves against the waiting time targets to be imposed in 2015 -2016. They are confident about the work already happening to ensure compliance. This is discussed in more detail in the section entitled *Achieving Better Access – the local context.* The CCG also recognises that NHSE will be releasing further information regarding the funding streams to support this work. This includes £40 million in 2014-15 and £80 million in 2015-2016. It is also noted that this spending is described in both years as money *"freed up"* in order to allow for these service developments. The CCG and other partners therefore eagerly await further details of how this investment will be released and what measures will be required to support the investments envisaged.

BACKGROUND

"Better Access" cites several major influences in the creation of this document. A central driver to the plan is the concept of *Parity of Esteem* between physical health and mental health. Parity of Esteem identifies the principle that there is an inequality in provision between physical and mental health services. As such "Better Access" states that there needs to be a realignment of care provision and commissioning within physical and mental health services so that there is parity in the treatments and services available for mental illness when compared to what is expected for those presenting with physical health needs. In essence the central intention of "Better Access" is therefore to achieve parity of esteem by 2020. The report highlights that mental illness makes up 23% of all ill health in society, but only receives 11% of the funding. Norman Lamb, Minister of State

for Care and Support makes reference to the difference in resource allocation and priorities associated with targets between physical and mental health when he states,

"The extraordinary gravitational pull of acute hospitals has distorted the distribution of resources, an imbalance that has been perpetuated and exacerbated by treatment targets and payment systems for physical health which have diverted resources from mental health services."

"Better Access" also identifies the importance of "*Closing the Gap."* In January 2014 the Government launched "Closing the gap: priorities for essential change in mental health." (HM Government, January 2014). This document set out 25 areas in which they wished to see changes and improvements in mental health provision. "Better Access" develops these themes into specific priority areas for investment and the creation of targets to encourage and measure change.

There are also clear links between "Better Access," "Closing the Gap" and the "*Mental Health Crisis Care Concordat."*

Closing the Gap also states that the, "Mental Health Crisis Care Concordat – Improving Outcomes for People experiencing Mental Health Crisis" (published by HM Government 18th February, 2014) would define the core principles of good mental health crisis care and that "Better Access" would use this document to set its service improvement and target setting priorities.

ACHIEVEING BETTER ACCESS TO MENTAL HEALTH SERVICES BY 2020.

"Better Access" sets outs the government's plans to introduce a new rigour into the processes used to commission mental health services including the identification of priority areas for development and the use of access and response time targets in order to drive up performance and quality.

The **case for change** is set out by the government through identifying the costs associated with mental illness upon individuals and society

1 in 4 people experience a mental health problem through the course of their life
1 in 10 children need treatment for a mental health problem
A person with schizophrenia is 2 times more likely to have heart disease and 4 times more likely to have respiratory disease
In total mental illness costs the UK £100 billion per year
Mental illness costs 70 million sick days per year
44% of Employment Support Allowance claimants cite mental illness as their primary disability
75% of adults with a mental health problem had a diagnosable condition whilst still under 18.

Within "Better Access" the report identifies three initial phases.

Phase 1

As stated above "Better Access" identifies **the funding for service improvements** will be made available from "freed up" money to the value of £40 million in 2014-2015 and £80 million in 2015-2016. In terms of the £40 million spend the priority areas are to be; addressing the national shortfall in Children and Adolescent Mental Health in-patient provision – which is commissioned from the centre by NHSE (£7million); and £33 million in enhancing the provision of mental health crisis care including early interventions in first episode psychosis.

The report attaches great importance to Psychiatric Liaison services which support people in acute hospitals who have mental health problems (including dementia) as well as physical health needs. In particular "Better Access" makes reference to the Rapid Assessment Interface and Discharge –RAID model of liaison psychiatry which is deemed to be an exemplar service (Please see the section on RAID below).

In addition to that within the remainder of 2014-2015 the government at a national level will seek improvements within the collection of data processes as well as undertake some national benchmarking and collate statistics on out of area placements –in which those needing complex treatments are placed in specialist centres away from their home county.

Phase 2

The changes to be made in 2015 -2016 are:-

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.
- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.
- A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals.

The report states that in 2015/16 a further £80m will be "freed" from existing budgets, enabling introduction of the first access and waiting times standards of their kind. The government regards these as "lines in the sand" aimed at starting the shift towards parity of esteem for mental health services. The refreshed NHS mandate for 2015/16 will contain the commitment that NHS England will begin planning for countrywide service transformation of children and young people's Improving Access to Psychological Therapies, as set out in *Closing the Gap.* They predict that 100% role out of this service for children should be achieved by 2018.

Phase 3

"Better Access" notes that the third phase will be decided by the next Government and its spending review, but hopes that the pace of change will be accelerated so that by 2020 there would be a comprehensive set of access and waiting time standards, payment models, data streams and commissioning processes that bring the same rigour to mental health services as is seen in physical health services. The detail to support this is not currently available within this report. However the government would wish to see a target of 95% of people referred to the Improved Access to Psychological Therapies programme are treated within six weeks of referral, 95% of people experiencing a first episode of psychosis being treated with a NICE approved care package within two weeks of referral, all acute trusts having a liaison psychiatry service for all ages appropriate to the size, acuity and specialty of the hospital and rapid access to services within 24 hours for post-partum psychosis, in the perinatal period for women who have a mental health condition.

ACHIEVEING BETTER ACCESS – THE LOCAL CONTEXT

Enhancing Data Collection

As "Better Access" acknowledges there needs to be improvements at a national level in the process of data collection in order to monitor the success of the new access and waiting time targets to be used. The CCG have already commenced discussions with the main provider of mental health services, South Staffordshire and Shropshire NHS Healthcare Foundation Trust about the process of data collection. This work is now to feature in the ongoing work to agree the contract requirements for 2015-2016. Within the last 12 months SSSFT have invested in the first fully live electronic mental health patient record including supplying staff with mobile devices that allows them the facility to use and update records in a highly mobile way.

The SSSFT is confident that this system will allow them to produce reports showing exactly when treatment commences following referral. In addition to that this means that "live" crisis plans will also be available 24 hours a day which will enhance crisis care as envisaged within "Better Access" and the Mental Health Crisis care Concordat.

Improvements in Crisis Care

As stated in the update to the November HWB Board regarding developments within crisis care in November 2014 NHSE announced that a joint bid to enhance crisis care provision from Shropshire and Telford CCGs has been successful. This bid was to provide more effective support to service users and carers whilst in crisis. The funding is to be spent in 2014-15 on a pilot service to aid proof of concept and further planning. This will see the creation of a 365 day a year mental health crisis helpline. It is envisaged that the service will operate 14 hours a day so as to augment existing services and improve the coverage of provision throughout the day. The new service will offer advice, support and information directly to service users and carers; to provide support and better coordinate interventions between Emergency Duty Teams, Crisis Resolution and Home Treatment Teams, Shropdoc, GPs, RAID, Police, Ambulance, Third sector and other partners. This will apply the lessons learnt from national pilot street triage schemes which have emphasised that better coordination of services, use of crisis plans and 24 hour access to mental health records as well as direct advice and information to service users can reduce the need to apply section 136 powers and prevent crisis situations escalating into emergencies. "Better Access" also states that the Police have told them that the use of Police cells as a place of safety has reduced by one third and that there is a target already agreed to reduce usage by half in 2014-15 in comparison to 2010-2011. The CCG can report that the year to date position shows that there has been a reduction of over one half in comparison with 2013-14 alone, so we are on track to meet this target.

Rapid Assessment Interface and Discharge - RAID

As stated above "Better Access" has identified the roll out of enhanced psychiatric liaison as one of its targeted improvements. In particular the report regards the RAID model as an exemplar. The CCG was an early adopted of this service and has asked the Centre for Ageing at the University of Chester to lead an evaluation of the service. Whilst we await the final report the university has been able to tell us that last year in a 9 month period the team saw 1905 referrals of which 96% were seen within their 1 hour target for A&E and 24 hour target for wards. In addition to that it assessed 737 people presenting with forms of mental crisis needs as measured by suicidal ideation/behaviours or deliberate self-harm. The service also enjoys a high approval rating from service users with 95.5% describing the service as either excellent (62.5%) or good.

Improving Access to Psychological Therapies (IAPT)

In the discussion about data collection, it was noted that there needs to be an improved system for monitoring waiting times for this service. The service manager has reported that there have been in year improvements and currently waiting times for assessment are approximately 2 weeks, which is well within the target set for 2015-2016. Currently there are other targets relating to the numbers accessing the service as well as those deemed to be entering recovery as a consequence of therapy and the CCG are working with the SSSFT on the improvements required. The service is mindful that improvements are needed in the numbers accessing this service irrespective of the new targets and more assessment slots are now being offered within primary care.

Early Intervention in first Episode Psychosis

Similar to the other services with response time targets, work is now taking place to improve the capture of data. The service manager for the Early Intervention Team reports that the service undertakes all new assessments within 2 weeks, with the exception of those service users who have requested appointments beyond this time scale. The SSSFT have expressed confidence that they can meet this target.

4. Financial Implications

The CCG awaits details from NHSE regarding the allocation of resources for future spending. Of the £33 million pounds to be made available in 2014-2015 we have been awarded £250,000 for the new mental health crisis helpline. At this point the service will operate as a pilot as the NHSE have not released any plans regarding recurring funding going into 2015-16.

5. Additional Information

For further information about the Mental Health Crisis Care Concordat, please the report that went to the October 2014 HWBB and the summary update from the November 2014 HWBB

6. Conclusions

Achieving Better Access to Mental Health Services by 2020 should be seen as 5 year plan that will involve year on year changes to mental health provision and commissioning. Currently Shropshire is reasonably well placed to meet the targets for waiting times for Treatment for both IAPT and Early Intervention services. With regard to Psychiatric Liaison services we have benefitted greatly from work done previously to establish a RAID service in Shropshire.

The report goes on to say that national benchmarking will better improve the implementation of further targets for mental health services and the Government predicts the rate of new targets will accelerate. We therefore eagerly await further announcements regarding detailed plans for phase 3 and the allocation of resources to support this scheme.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

1) References

(i) Closing the gap: priorities for essential change in mental health. (HM Government , January 2014)
https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf

(ii) Valuing mental health equally with physical health or "Parity of Esteem"
http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/

(iii) Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis. (Department of Health February, 2014)
https://www.gov.uk/government/publications/mental-health-crisis-care-agreement

(iv) Achieving Better Access to Mental Health Services by 2020. (DH, October 2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf

Cabinet Member (Portfolio Holder)

Karen Calder

Local Member

All

Appendices

None