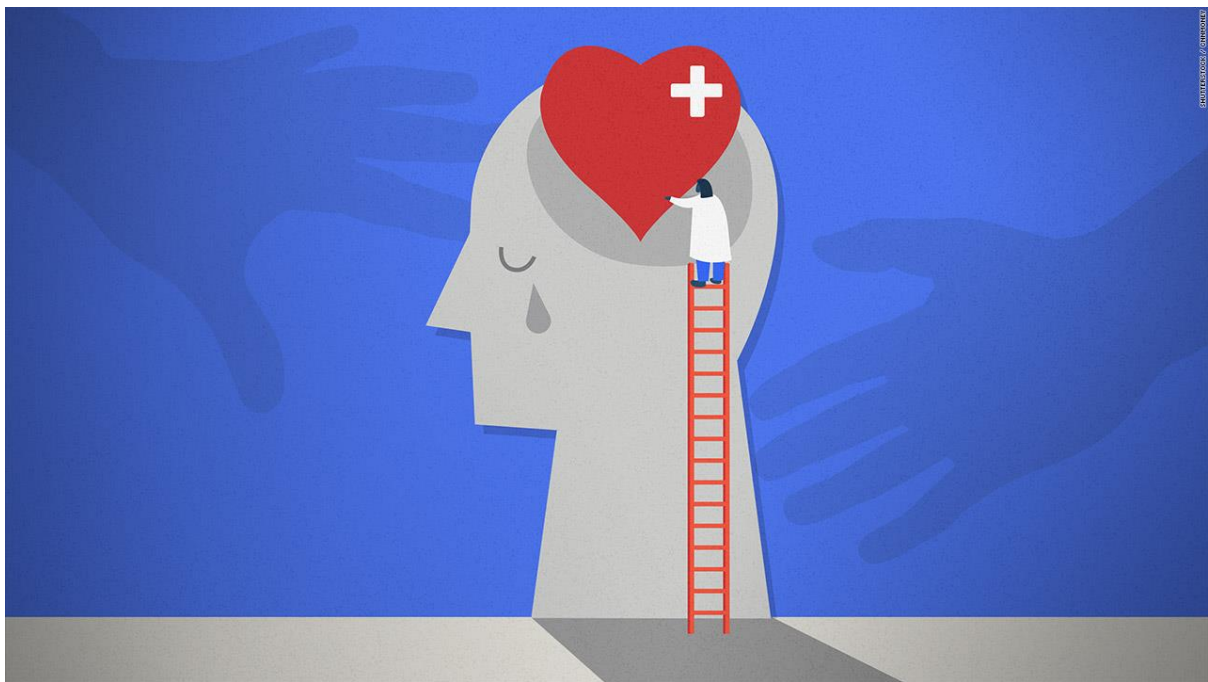


Health and Adult Social Care and Communities Overview and Scrutiny Committee



Mental Health Spotlight Review

Final Report

April 2018

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1. Chairman's Foreword

- 1.1 Concern over the issue of mental health has been far more to the forefront of people's minds over the last decade or so, with the public not only better understanding what constitutes poor mental health, but also having far greater expectations in how it is treated.
- 1.2 An ever-increasing understanding of what constitutes good mental health and more significantly a greater willingness to accept the importance of the treatment of poor mental health, have had an inevitable impact upon the provision of mental health services across the United Kingdom and Cheshire is no exception.
- 1.3 The provision of mental health services, just like those provided for physical wellbeing, has been subject to review by service providers across the sector; not least of all within the NHS. As with physical health provision, there is now a greater emphasis upon providing more care within a domestic setting; with treatments being offered in out-patients settings, which itself is positive. However, this has meant that officials within the local NHS have sought to review both how and where inpatient services are provided. These proposals would potentially have a significant impact for those accessing acute mental health services; particularly in the east of the county
- 1.4 It was for this reason the Health and Adult Social Care and Communities Overview and Scrutiny Committee decided to conduct a spotlight review into the mental health services that are currently provided to patients, to better understand the changes proposed to the delivery of those services.
- 1.5 It is clear from the information shared with the review by providers, that most people receiving treatment for mental health issues are being treated as outpatients, or via their GP surgeries. It is only those patients with the most acute conditions who require to be hospitalised and the majority of these only require short-term inpatient interventions.
- 1.6 Not only was it clear from the information provided that there was a concentration on outpatient provision, but that practitioners were looking to adopt an approach focused on early intervention to further reduce the necessity for acute interventions. However, there remained a need to ensure that a quality back-stop service was readily available to those patients who required it.
- 1.7 There also seemed to be an underlying issue about timing and how important it was that patients were seen, diagnosed and received the most effective treatment as soon as possible, to reduce the requirement for more acute interventions. It is also clear that when a patient does need to be in hospital,

appropriate treatment should be available whenever required, including in the middle of the night and at weekends.

1.8 The purpose of this review was not to make recommendations but to enable members of the committee to have a more complete picture of what constitutes mental health service provision in Cheshire East. I believe that this has been achieved and that it will better able this Council to understand the issues associated with the delivery of local services and make more informed recommendations when considering any future changes in service delivery.

1.9 I would like to thank the stakeholders who have contributed to this valuable exercise and Helen Davies, who facilitated this whole process and contributed enormously to this report.



Councillor Stewart Gardiner
Chairman of the Health and Adult Social Care and Communities Overview and Scrutiny Committee

Committee Membership



(Left to right): Councillors Beverley Dooley (Vice Chair), Rhoda Bailey, Gordon Baxendale, Suzanne Brookfield, Ellie Brooks



Councillors Steven Edgar, Irene Faysei, Olivia Hunter, Laura Jeuda



Councillors Sarah Pochin, Jill Rhodes, Lesley Smetham, Amanda Stott, Mick Warren

Substitutes



Councillors Joy Bratherton, Mo Grant

What is Mental Health?

According to Mentalhealth.gov, Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health problems affect thinking, mood, and behaviour. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Positive mental health allows people to:

- Realise their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Why are we scrutinising Mental Health?

In January 2017, Eastern Cheshire Clinical Commissioning Group (ECCCG) announced potential changes to the delivery of mental health inpatient services within Cheshire East.

Representatives from the ECCCG and other key partners and providers were invited to meet with the HASCCOSC in April 2018, to partake in this review and present information in order to better inform the Committee ahead of any decision in respect of the potential future delivery changes to the provision of inpatient mental health services.

Provision of Mental Health Services in Cheshire East

Linda Couchman, Acting Strategic Director of Adult Social Care and Health at Cheshire East Council opened the day and gave the Committee a summary of the purpose for this review.

Given the difficult financial climate, organisations across Cheshire have been forced to look at service delivery and ask themselves how to deliver differently. This spotlight review is the starting point for relevant organisations and Elected Members to review current provision, share best practice and work towards a more joined up, holistic partnership.

Fiona Reynolds, Director of Public Health at Cheshire East Council added that over the last ten years, mental health and well being have seen an increase in public awareness through a number of high impact campaigns. Across Cheshire East 10.5% of those 18+ have a mental health diagnosis (compared to the national average of 14.5%).

It is known that factors such as employment and housing are factors in good mental health. The Joint Strategic Needs Assessment (JSNA) has a number of strands relating the mental health: Children and Young People's mental health, Self injury, mental health and employment and Lesbian, Gay, Bisexual and Transgender mental health. Cheshire East Council is currently working towards a Suicide-Safer Community Status to achieve effective suicide prevention plans in place that involve local organisations.

Cheshire East Council

Key Speakers

Keith Evans- Head of People Service

Shelley Brough- Head of Integrated Commissioning

Peter Kelleher- Care 4CE Service Manager

Mental Health Services Commissioned by Cheshire East Council

Cheshire East Council commission services that support people with mental health and wellbeing issues that include:

- Individual care placements
- In house services and provision
- Commissioned Services with External Providers who support people (including those with mental health issues)
- Early Intervention and Prevention Services (Adults and Children)
- Emotionally Healthy Schools Programme
- Support to Employment Services

The Council is currently supporting 679 individuals (adults) with a mental health need. Forecasted spend for 2017/18 was £9 million and this does not include Dementia care.

The Key principles for the council look for are evidence, a focus on the strengths and assets, value for money, best value and working in partnership with external colleagues.

The In-House Services and Provision that the Council deliver can be split into four categories:

- 1) **Adult and Older People Community Mental Health Teams-** provides assessment, diagnosis, treatment and follow up to people with severe and complex mental health conditions in a community setting.
- 2) **Shared Lives Service-** supports individuals with Mental Health needs in a family setting, a short break or in their own home.
- 3) **Mental Health Reablement (for North and South of the borough)-** provides 6 weeks support which includes advice to appropriate support services, debt management, housing issues, education, employment, leisure activities etc. (more about this on page 12)
- 4) **Dementia Reablement (North and South of the borough) -** provides advice and support for those with dementia and their carers.

The Council also commissions a number of services with external providers which provide support to adults with a wide range of needs and their carers including those with mental health:

- **Cheshire Advocacy Hub-** Provides statutory advocacy services in relation to the Mental Health and Mental Capacity Acts i.e. Independent Mental Capacity Advocate (IMCA) Independent Mental Health Advocacy (IMHA) and Care Act Advocacy.
- **Carers Hub-** Integrated support for all carers in Cheshire East, supporting emotional health and wellbeing needs of carers, and specifically supporting carers of people with mental health needs (launched April 2018)

There are a number of Early Help Contracts for Children and Young People that provide support for children with a wide range of needs including those with mental health:

- **South Cheshire CLASP (Crewe) *-** Family support and Emotional Health & Wellbeing service (1 to 1 counselling to young people and parents).
- **Just Drop In (Macclesfield)* -** Group and 1 to 1 counselling sessions. Also working directly with Child and Adolescent Mental Health Services (CAMHS)
- **Visyon (Congleton) *-** group and 1 to 1 counselling sessions, some service offered within schools.
- **Xenzone (Kooth) *-** Online counselling and peer support service for children aged 11 years to 19 years

*These services are currently funded for 6 months (April-Sept 2018) and are subject to review. The new Early Help Framework will be in place from July 2018.

The Emotionally Healthy Schools (EHS) Programme is a partnership between the Council and the Clinical Commissioning Groups (CCGs). The focus of the EHS Programme is to support the emotional wellbeing of pupils through prevention, early

intervention and physical and mental wellbeing, by December 2018, all schools and colleges will be required to engage with the EHS Programme.

Phase 1 of the pilot showed it had been very successful, Phase 2 is underway and comprises of a Schools Leadership Programme, LINK Programme and Tools for Schools Programme. Phase 3 is under development.

Cheshire East offers the following support into Employment Services;

- **Occupational Opportunities Service-** As part of the Care4CE provider service, Occupational Opportunities operates intensive work-based support for around 50 people with severe and enduring mental ill health.
- **Cheshire East Supported Employment Service-** Provide support to people with disabilities and complex needs to find and retain employment.
- **Cheshire East Welfare to Work Partnership-** A provider partnership of all services that support disadvantaged people into work (including people with mental ill health).
- **Cheshire East Housing-** The Housing Related Support service commissioned by Cheshire East Housing provide supported accommodation and floating support services to clients who are either homeless or at risk of homelessness and need support.

There are no official frameworks or service specifications for Adult Mental Health Services; the current approach is to spot purchase (purchase from an independent supplier who provides a service following a needs assessment) this will be an area of development over the next 12 months.

All Cheshire East contracts for Early Intervention and Prevention Services are due to expire in September 2018; service-user and market consultation has been undertaken. Emotionally Healthy Schools is in the second phase and a number of services will be recommissioned.

There are a number of commissioning developments across Cheshire East at present, they include:

- All Age Mental Health Strategy;
- All Age Autism Strategy;
- A Dynamic Purchasing System (DPS) for the future procurement of care and support services for individuals with Learning Disabilities and Mental Health needs;
- Early Intervention and Prevention Services are being reviewed and recommissioned via the Early Help Framework to achieve improved outcomes and to prevent and delay people from needing health and social care services.

Cheshire East Council Community Mental Health Teams

Cheshire East Council operates two Community Mental Health Teams (CMHTs) one in Macclesfield (Jocelyn Solly) and one in Crewe (Delamere Resource Centre). Both centres are managed by CWP staff with social workers and supervised and managed by the Council and both have facilities for Older People. The CMHTs have three functions:

- 1) **Single point of access-** provides assessment and short term interventions for people experiencing severe and enduring mental illness, managed by Cheshire East Council (CEC) + Cheshire and Wirral NHS Partnership trust (CWP)
- 2) **Recovery and Review-** provides ongoing treatment, care planning and care coordination under Care Programme approach (CPA) for patients with severe, complex mental health problems, provides standard care to patients, managed by CEC + CWP.

There are specialist, secondary care community mental health services for both Adults of Working Age and Older People.

For Adults of Working Age the services offers assessment, diagnosis and treatment to individuals with severe and enduring mental health problems aged 18 and above who are eligible for services under the Care Programme Approach and the Care Act. This includes service-users with:

- Schizophrenia
- Bi-Polar Disorder
- Severe Depression
- Personality Disorders

For Older People, the service offers assessment, diagnosis and treatment to individuals with severe and enduring mental health problems aged 65 years and above, who are eligible for services under Care Programme Approach* and the Care Act. This includes:

- Patients with suspected Dementia regardless of age
- Patients with Functional illness e.g. Depression, Bipolar, Schizophrenia and associated physical frailty (usually over 65 years old)

*The Care Programme Approach (CPA) is a package of care that is used by secondary mental health services. CPA aims to support mental health recovery by helping the service user to understand their strengths, goals, support needs and difficulties. All care plans under the CPA must include a crisis plan.

The Mental Health Act 1983 is the most significant piece of legislation for Councils, the Act was extended in 2007, but within Cheshire East it only relates to Social Workers, which is typical practice.

The Care Act 2014 placed a duty on local authorities to promote the integration of care and support services with health services (and health-related services like housing) where this will benefit patients and quality of care.

Significant Current Issues

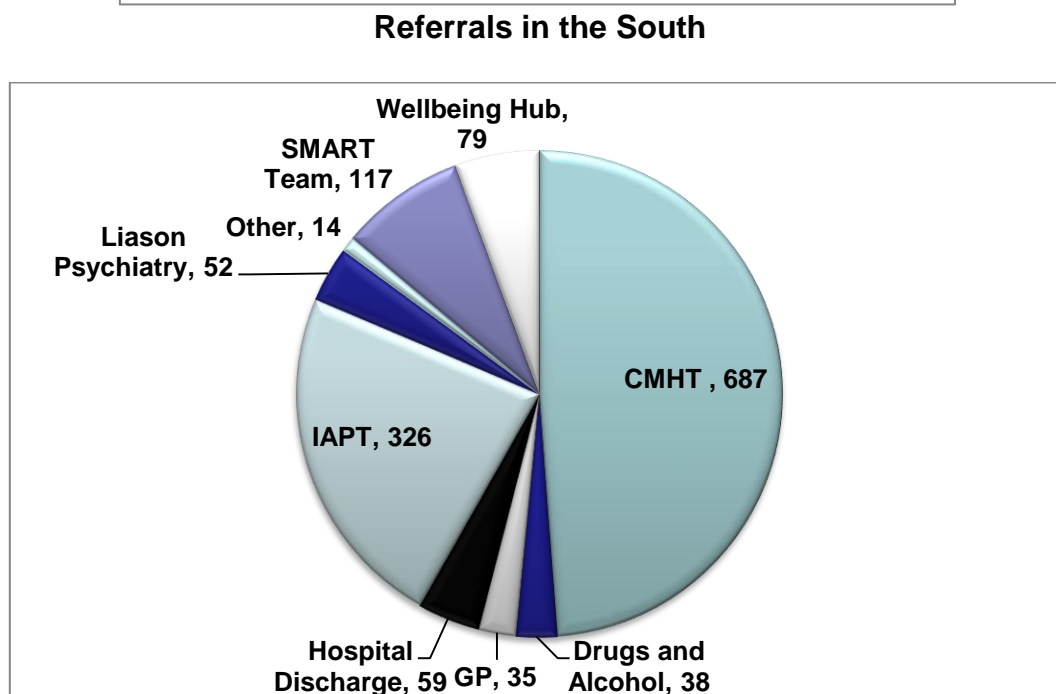
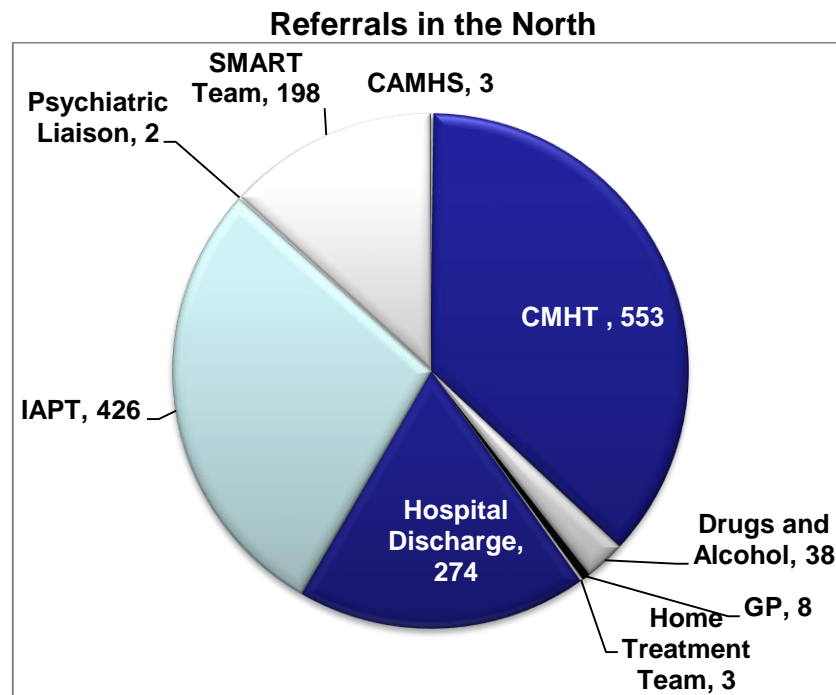
- The social and health elements within the CMHTs are under strain
- Not just a local issue and in a number of areas, teams have split – Warrington, Somerset
- Care Act is designed to promote integration, but in mental health is having the opposite effect
- Eligibility under the Care Act and CPA are not aligned. The Care Act turns on need, the CPA turns on diagnosis
- Assessments under the Care Act are prescribed in statute. Assessments under the CPA are set out in guidance.
- Social care staff are obliged to undertake functions under the Care Act which compete with functions under the CPA e.g. Care Act assessments and care management vs. care co-ordination.
- Single electronic patient record is no longer working: CWP use CareNotes but Council staff must use LiquidLogic for the recording of Care Act compliant assessments
- CPA assessments do not support personal budgets. Care Act assessments support personal budgets
- CareNotes does not easily support the Council in reporting on its wider performance e.g. numbers of assessments, reviews and numbers of people in touch with secondary services in settled accommodation and employment
- The east division of CWP includes Vale Royal which is in Cheshire West and Chester
- MHA assessments are now recorded on LiquidLogic and cut and pasted into CareNotes.
- Care Act makes it explicit that safeguarding is a social care statutory function.

In January 2018, the Care Quality Commission queried the number of hospital detentions for Mental Health Patients. This related to patients having early discharge from hospital whilst still being very poorly. Safeguarding is an area that cannot be delegated.

Cheshire East Council: Mental Health Reablement

As part of the In-House Services and Provision that the Council deliver Mental Health Reablement for North and South of the borough. Experienced mental health workers provide 6 weeks personalised support (following a reablement model) which includes advice to appropriate support services, debt management, housing issues, education, employment, leisure activities etc. The Support focuses on coping techniques and a self-help approach promoting social inclusion and goal setting. There are strong links with CMHTs, GPs, A&E Teams & partner agencies. Social Care support is delivered by workers trained to NVQ Level 3, there are 31 members whole time equivalent members of staff across the team.

During 2017, 1506 referrals were made to the North and 1406 to the South, which came from a variety of sources. The largest referrer was the Community Mental Health Team, with 37% in the North and 49% in the South. The North tends to receive more referrals because many come through Macclesfield District General Hospital.

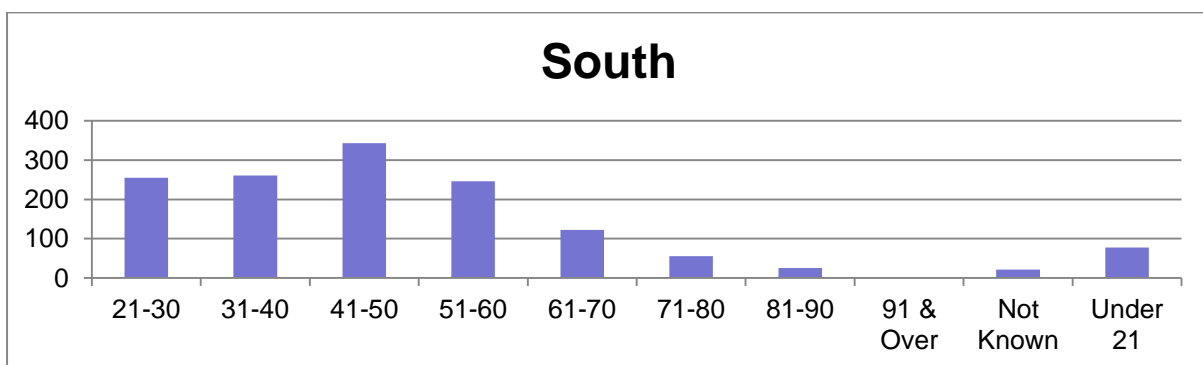
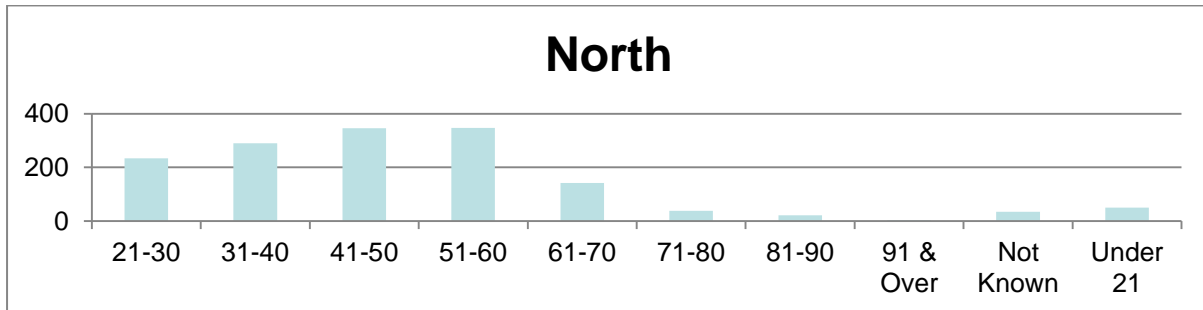


There are a number of outcome indicators, but for both areas, the top outcomes were:

- Community Access/Inclusion
- Improving Mental Health

- Self Esteem/Confidence
- Self Help Materials

The following charts indicate the ages of those receiving services:



Next steps

There are a variety of outcomes for people accessing Mental Health Reablement:

- Support to access emergency food parcels
- Carers support
- Domestic Violence support/MARAC
- Support to access services/support in the community
- Support to access benefit/debt advice
- Support to access Voluntary work & Employment opportunities
- Leisure Centre and Social Groups
- Support to improve mental wellbeing reducing GP & A&E Attendance
- Recovery college- deliver self esteem and Wellness Recovery Action Programme (WRAP)
- Support to prevent homelessness
- College

Some people will be re-referred, instances of repeat referrals can happen because the person has a high level of need, there could be relapses with Drug and Alcohol or Mental Health or they might be difficult to engage or needing a different goal. There is a 75% engagement range with repeat referrals, 1% require a commissioned service.

Cheshire East Council: Dementia Reablement Service

Pre-2015, there was very little post diagnostic support for individuals living with Dementia and their carers. The Dementia Reablement Service was commissioned in April 2015 to provide this support and has been evaluated by Liverpool John Moore's University.

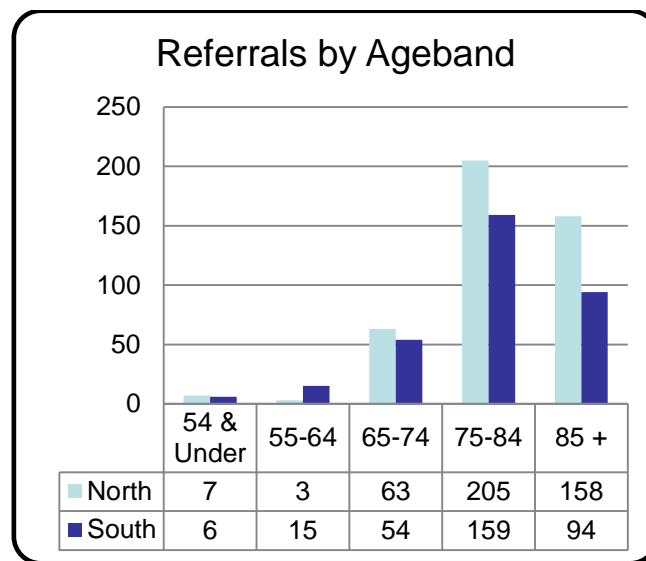
The Dementia Reablement team work to the same footprint as the Mental Health Reablement with a base in the North and one in the South made up of trained and experienced Dementia Support workers and Outcomes Coordinators, there are 12 whole time equivalents within the Dementia team. Currently, there are over 5000 people living with Dementia in Cheshire East.

The Service provides around 12 week's personalised support following a reablement model. Support focuses on continuing to enjoy a good quality of life, feeling confident to remain independent at home and experiencing new and exciting things within your community. The service operates strong links with Age UK, Alzheimer's Society, and Memory Clinic Consultants & Dementia Coordinators.

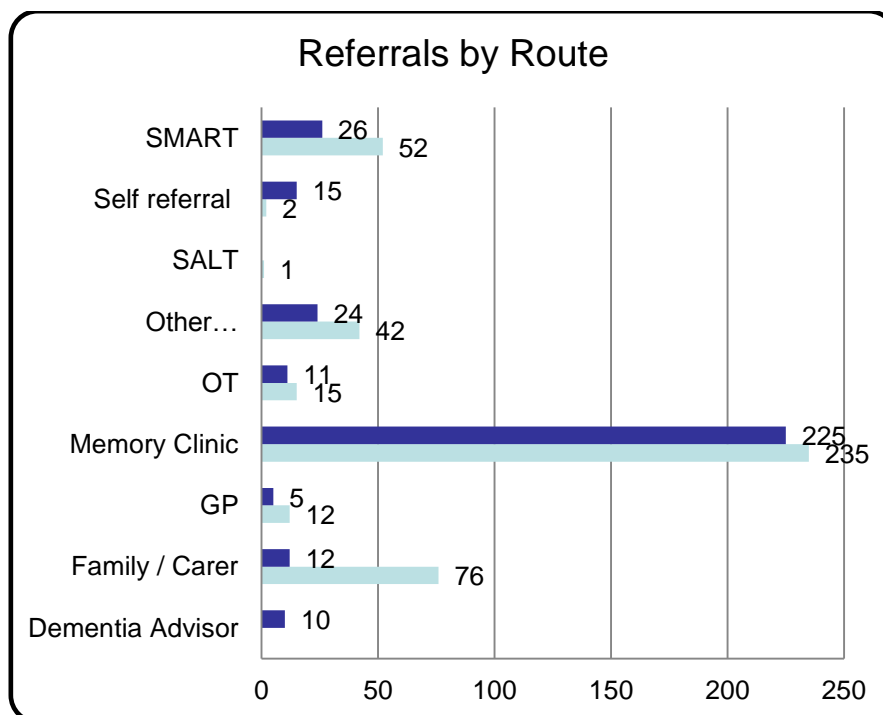
What the service does:



The following charts indicate the age of those receiving services:



Whilst the majority of service-users are 75+, there are a proportion of people under 54 who are accessing the service.



When the service was set up referrals were made to the service from the Memory Clinic (still the largest referrer), however an explicit diagnosis of Dementia was needed to best support the individual.

The Outcomes from the service include:

- Reduced feeling of social isolation
- Being able to lead full and active lives

- Improved emotional well-being
- Remain in their own home for longer
- Increased confidence and self esteem
- Legal and financial arrangements being in place
- Skills to manage the challenges of living with Dementia

Eastern Cheshire Clinical Commissioning Group (CCG)

Key Speakers

Fleur Blakeman- Strategy and Transformation Director

Jacki Wilkes- Associate Director of Commissioning

The NHS Mental Health Five Year Forward View includes a strategy for improvement that includes:

- a focus on early intervention and prevention
- person centred care which puts mental health and well being on the same footing as physical health
- increased access to all age services including perinatal mental health across a range of need
- improved response to crisis support for all ages 24/7
- a stepped increase in funding

The Mental Health Five-Year Forward View contains several priorities for 2020/21:

70,000 more **children** will access evidence based mental health care interventions.

Intensive home treatment will be available in every part of England as an alternative to hospital.
Older People

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.
Older People

At least 30,000 more **women** each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017.
Older People

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year. **Older People**

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions.
Older People

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including **children**.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for **children** and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for **children** and young people.

Eastern Cheshire CCG Commission a range of services for those aged between 0-19:

- General practice – tier 1
- Children and Adolescent Mental Health (CAMHs) tiers 2 and 3

- CAMHS 16-19 years
- Learning Disability (LD) CAMHS
- Autism and ADHD assessment service (AAT)
- Children's Eating Disorder (CHEDs)
- Individual Funded Packages

The achievements by Eastern Cheshire CCG to date:

- additional contracts with Visyon and Just drop in
- better monitoring of services
- improved performance
- redesigned pathways for AAT services
- significant investment in Children and Young People's services

In terms of current performance, the access rate for Eastern Cheshire CCG so far this year was **38.6%** against a standard of 30%. The standard is set to rise to 35% by 2020/21.

Chart 1. Referral to Treatment 18 weeks Parity of Esteem – Performance improved from 16/17.

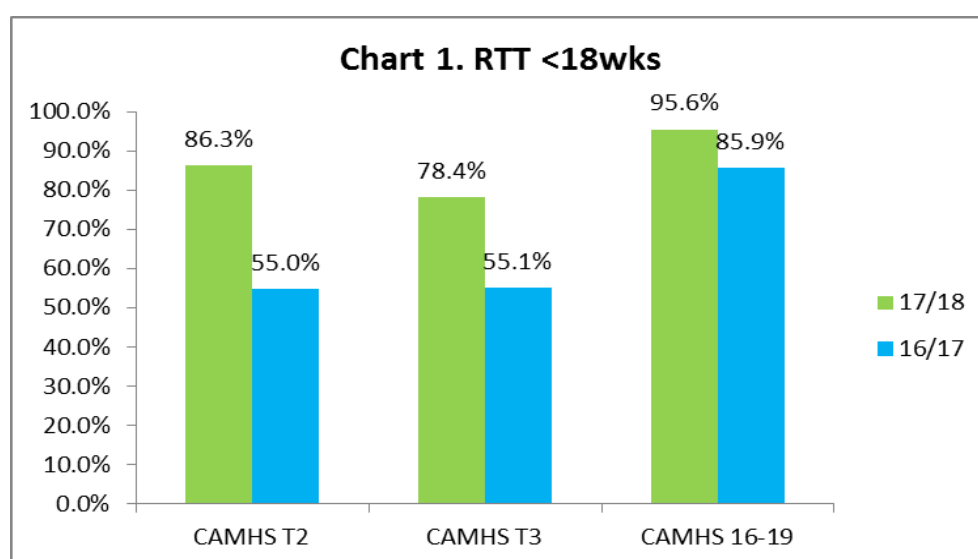
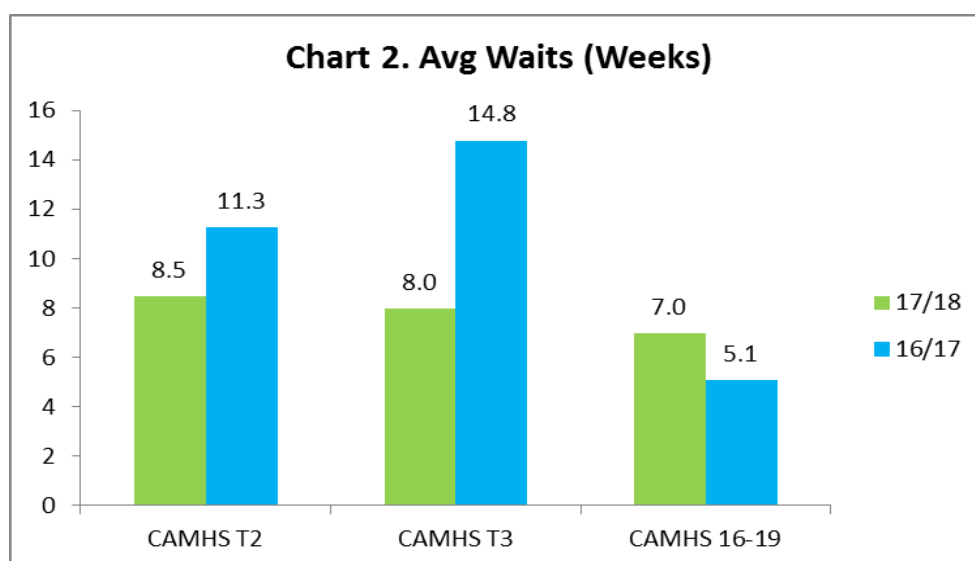
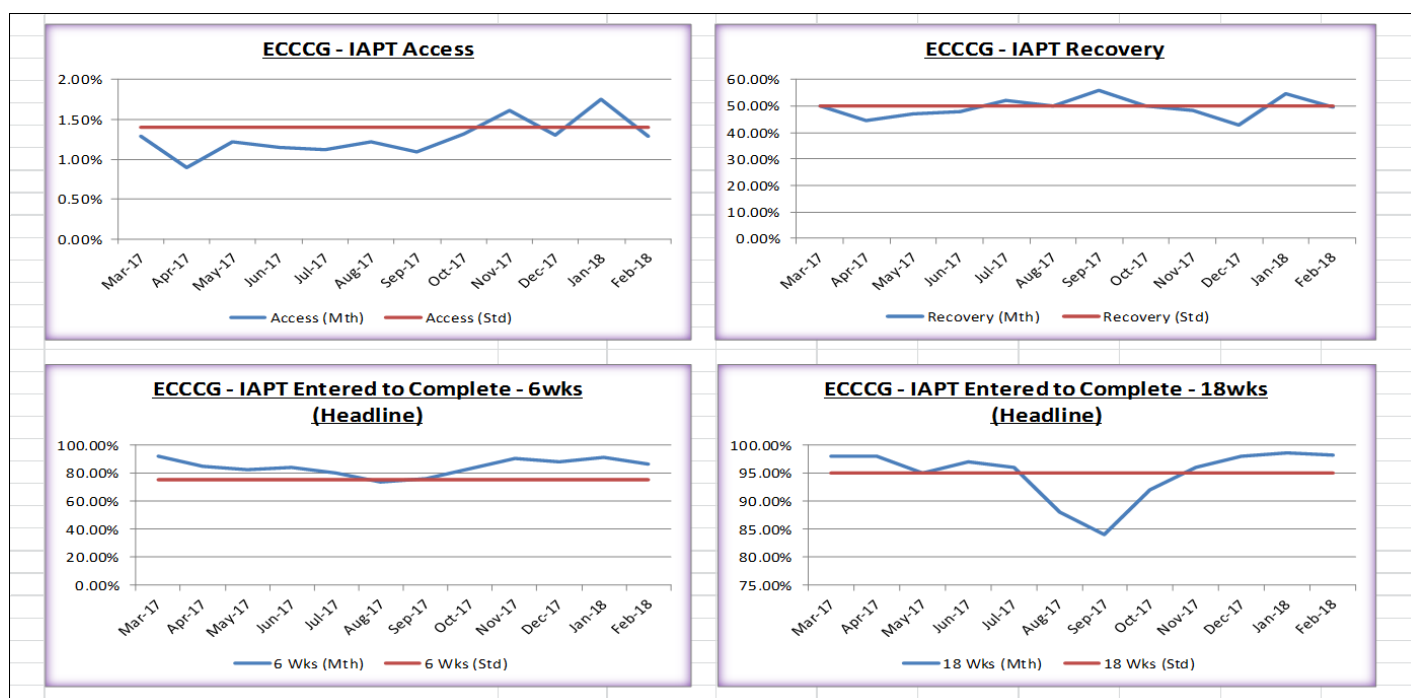


Chart 2. Average waiting times (weeks) – T2 & T3 performance improved from 16/17.



Eastern Cheshire CCG commissions the following Primary Mental Health services:

- primary mental health service in place from 2017
- community specialist adult and older peoples mental health service
- adult and older peoples specialist in patient and outpatient services
- In patient and community rehabilitation
- Adult autism assessment service
- Continuing health care
- Funded nursing care
- Veterans mental health



Perinatal Mental Health

- PMH affects 1:5 women with 3-4% of women experiencing a serious psychiatric disorder
- Target locally is to provide 5% of women giving birth with a specialist service
- Cheshire and Merseyside successfully attracted £3.3m in 17/18 and awaiting notification on another £950K
- So far since the specialist service was launched in October 2017 over 500 women have received specialist care
- The additional funding will support achievement of local access and support targets

Adult Mental Health Redesign

- public Consultation underway complete 29 May 2018
- aims of the proposal: to deliver the best care possible for the 7000 people who need the specialist service within the resources available
- proposed new services: Dementia Outreach and Crisis service
- undertake stocktake of services against the Five Year Forward View

Adult Mental Health Performance

Chart 1: Adult MH RTT < 18 weeks (slight drop in 17/18 performance)

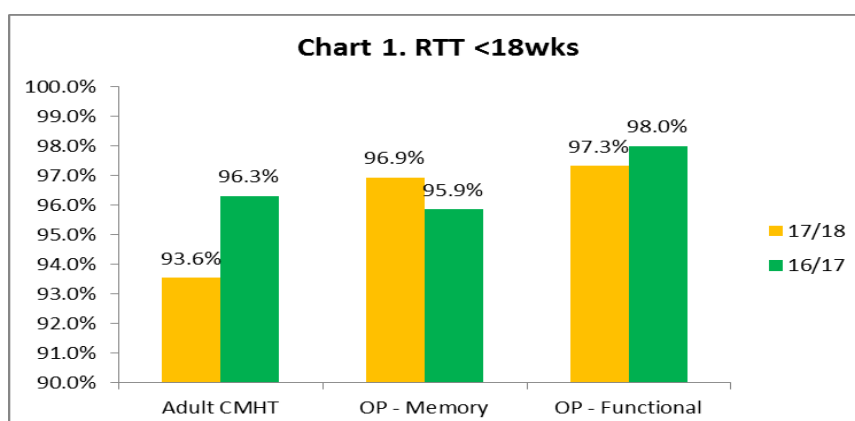


Chart 2: Adult MH Average waits in weeks (improvement for Older People Memory)

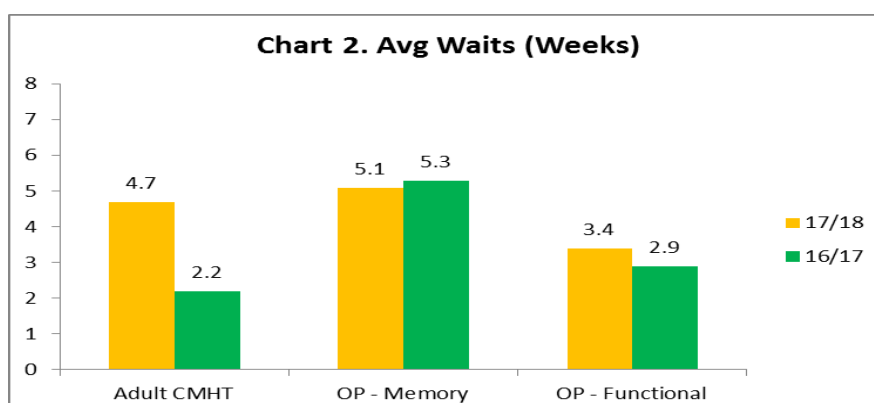


Chart 3: Early Intervention Psychiatry (national standard is 50% - achieved both years)

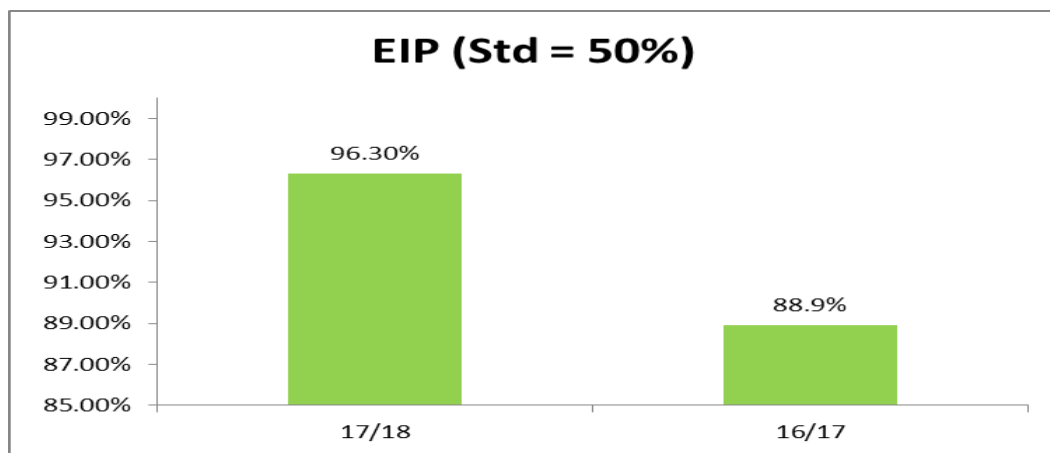
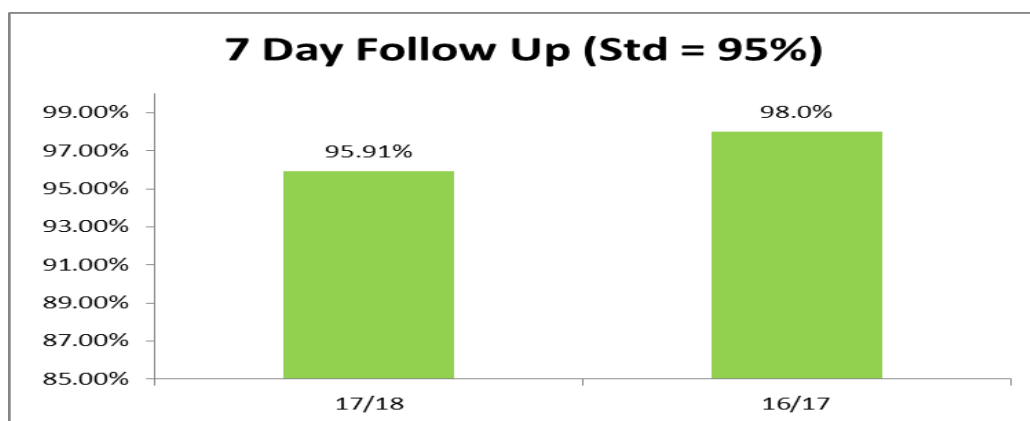


Chart 4: Inpatient discharge – 7 day follow up (standard is 95% - achieved both years)



The Five Year Forward View: Looking ahead

0-19 years
2017/18 forecast
spend **£2.4m**
5YFV £250k planned
investment in
2018/19
plus **£156k** of **eating**
disorder funding

IAPT spend forecast
at **£1.6m in 2017/18**
including first year of
service retendered in
2016/17. Primary
Care spend not
separately
identifiable.

Monthly report
using 5YFV headings
has lead to **unpicking**
CWP block contract
to understand costs
allocated to each
service.

2017/18 forecast
spend on **Mental**
Health is **£38m** or
£183 per head.
Planned spend for
2018/19 is **£39m** or
£188 per head.

National **5YFV Perinatal**
Mental Health project
takes effect driven by
C&M. Non-recurrent
national funding
expected & funding in
CCG baseline from April
19

2017/18
GP prescribing costs
forecast **c. £1.7m**
no growth planned for
2018/19. Annual
programme to **reduce rise in**
medicine costs successfully
contained budget growth.
Prices unpredictable after
stock shortages in 2017/18

CHC is the largest area of
Mental Health & LD spend at an
annual cost of £6.2m. Work to
secure best value packages
locally and has **reduced cost by**
c.£800k in 2017/18 containing
the impact of rising demand.
Focus on high cost packages and
out of area placements in
2018/19

Cheshire & Wirral Partnership (CWP)

Key Speakers:

Anushta Sivananthan- Consultant Psychiatrist

Suzanne Edwards- Associate Director of Operations

Cheshire and Wirral Partnership (CWP) welcomed the opportunity to discuss and debate the provision of Mental Health services across Cheshire East, as opposed to the focus being solely on physical health. Year on year, more patients have been accessing mental health services but whilst the rise in demand is the trend, the services have remained static. Mental Health services must be delivered in a different way in order to work effectively.

CWP provide a range of services across its footprint:

- CAMHs
- Learning Disability
- Adult Mental health
- Memory services
- Criminal Justice Liaison and Diversion
- Liaison
- Substance Misuse
- Improving Access to Psychological Therapies (IAPT) (South CCG)
- Low secure services (NHS England)

The number of people accessing services across East Cheshire:

	2017/18	2016/17	2015/16
Adult Mental Health	49,196	47,941	48,960
CAMHS	16,141	15,162	14,701
Substance Misuse Services	22,292	23,027	17,231
IAPT	20,457	41,656	42,272
Learning Disability Services	9,047	8,342	6,798
Older People Mental Health	21,644	20,607	21,400
Total	138,777	156,735	151,362

The challenges across the Community include:

- 35% increase in referrals to Adult MH services
- 60% increase in referrals to Older people MH services
- 15% increase in referrals to CAMHs in year

Inpatient Activity for CWP:

	National average	CWP
Beds/100,000	19.5	12.6
Admission rates/100,000	216.9	153.9
No fixed abode	2.5%	2.6%
Adult LoS	36.2	30
MHA admission rate	69.4	53.9
Crisis contact rates	3,984	2,689

The in-patient bed stock is used flexibly, there are an increasing number of patients who have no fixed abode, and this makes it difficult to wrap a community package of care around them.

CWP do not operate a 24/7 crisis service, a practitioner can give a response but there is no service.

Current inpatient challenges for CWP include:

- 92% bed occupancy
- 30% fewer home treatment staff
- No 24/7 Home treatment
- No 24/7 Liaison MH services
- Avoiding “turnaways”- when no beds are available, people are turned away, however in the last 2 years across Cheshire and Merseyside, if a bed has been needed, a patient has been accommodated.
- Stopping acute out of area admissions

Child and Adolescent Mental Health:

Waiting times:

- South T2&3 currently 4 weeks
- East T2 currently 2-3 weeks
- East Tier 3 currently 8-10 weeks
- LD CAMHS 3 weeks

Urgent presentations:

- 20% for risk assessment- usually self harm.

Challenges for CAMHs:

- Team size 20-25% smaller than recommended
- Capacity consumed by increase in risk assessments
- No all age Liaison services- impact on acute hospital
- Significant variation in urban poor vs affluent rural communities.
- External changes in 3rd sector organisations.

CWP Workforce:

	National average	CWP
Sickness	6%	6%
Turnover	12%	5%
Bank and Agency	22%	9%

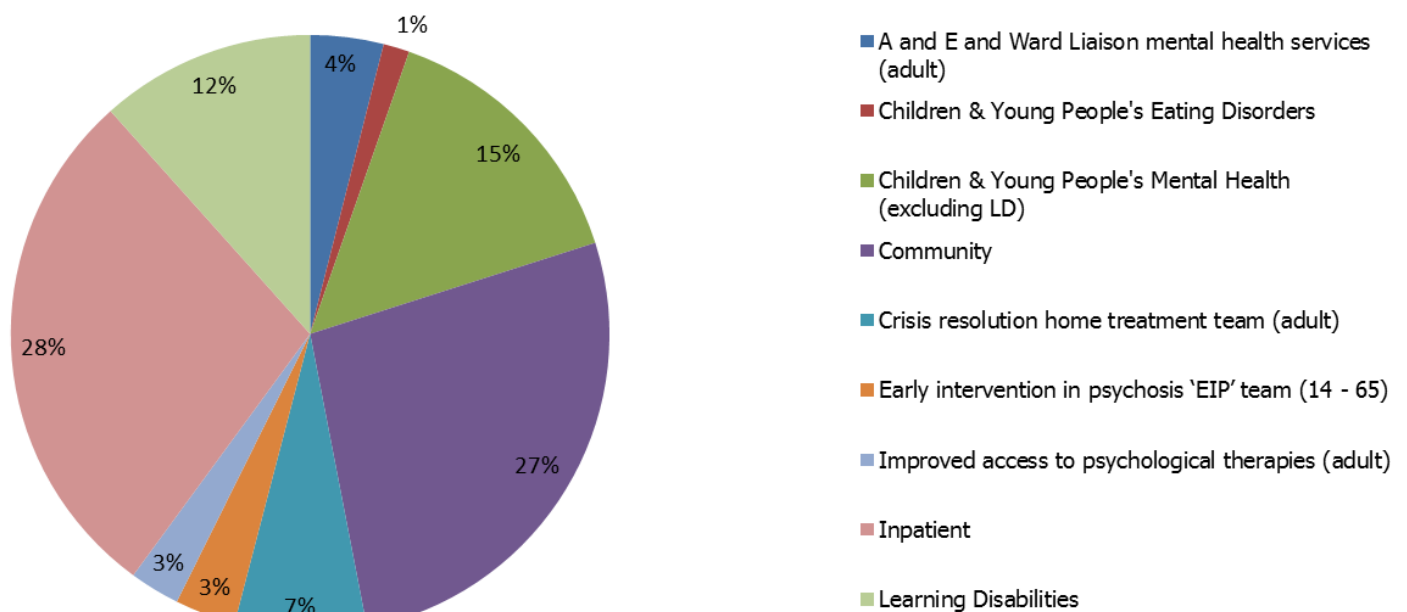
Workforce Challenges:

- National shortages of key MH professionals such as psychiatrist & nursing roles
- Strong competition between providers therefore the need to develop new innovative roles
- Ageing workforce with high number of retirements anticipated over next 5 years
- Lack of certainty around funding for future workforce leads to fewer permanent contracts
- Making traditional Health and Adult Social Care roles more attractive for those seeking a career pathway.

Financial spend: Eastern Cheshire CCG

	16/17	17/18	18/19
Baseline	15,227	15,669	14,787
CYP	276	68	80
EIP	25		

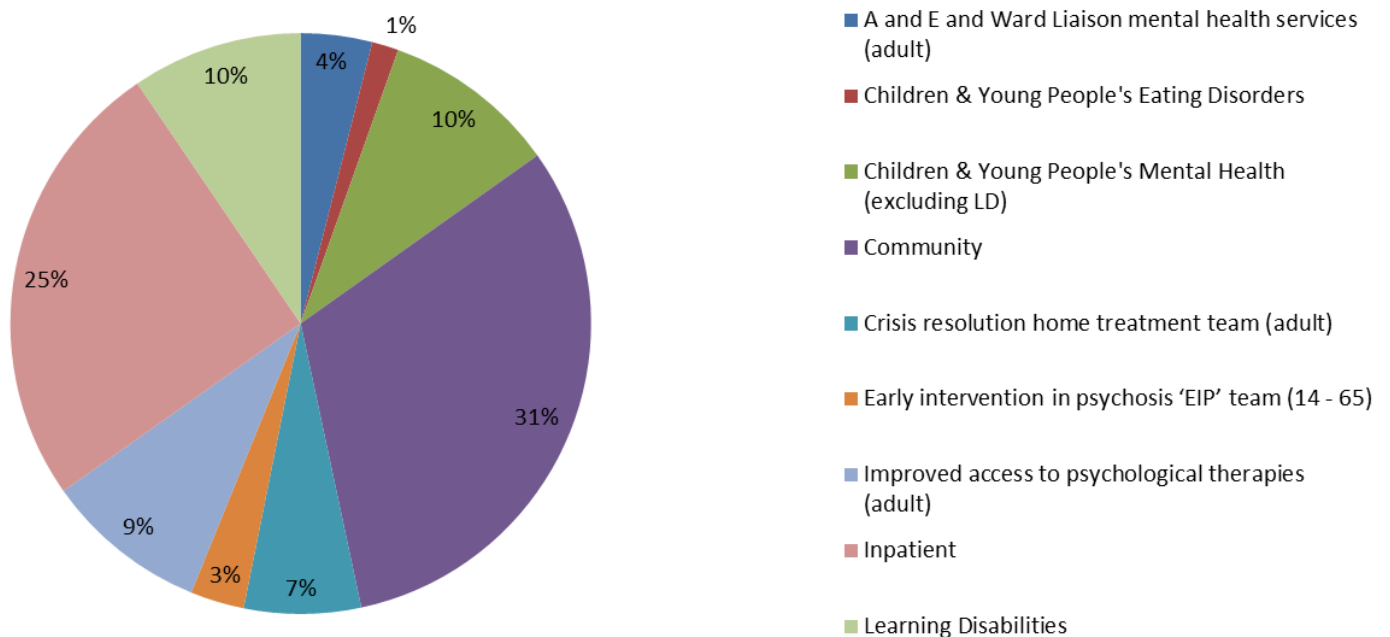
Eastern Cheshire CCG Planned spend by Mental Health Category with CWP 2018/19:



Financial Spend: South Cheshire CCG

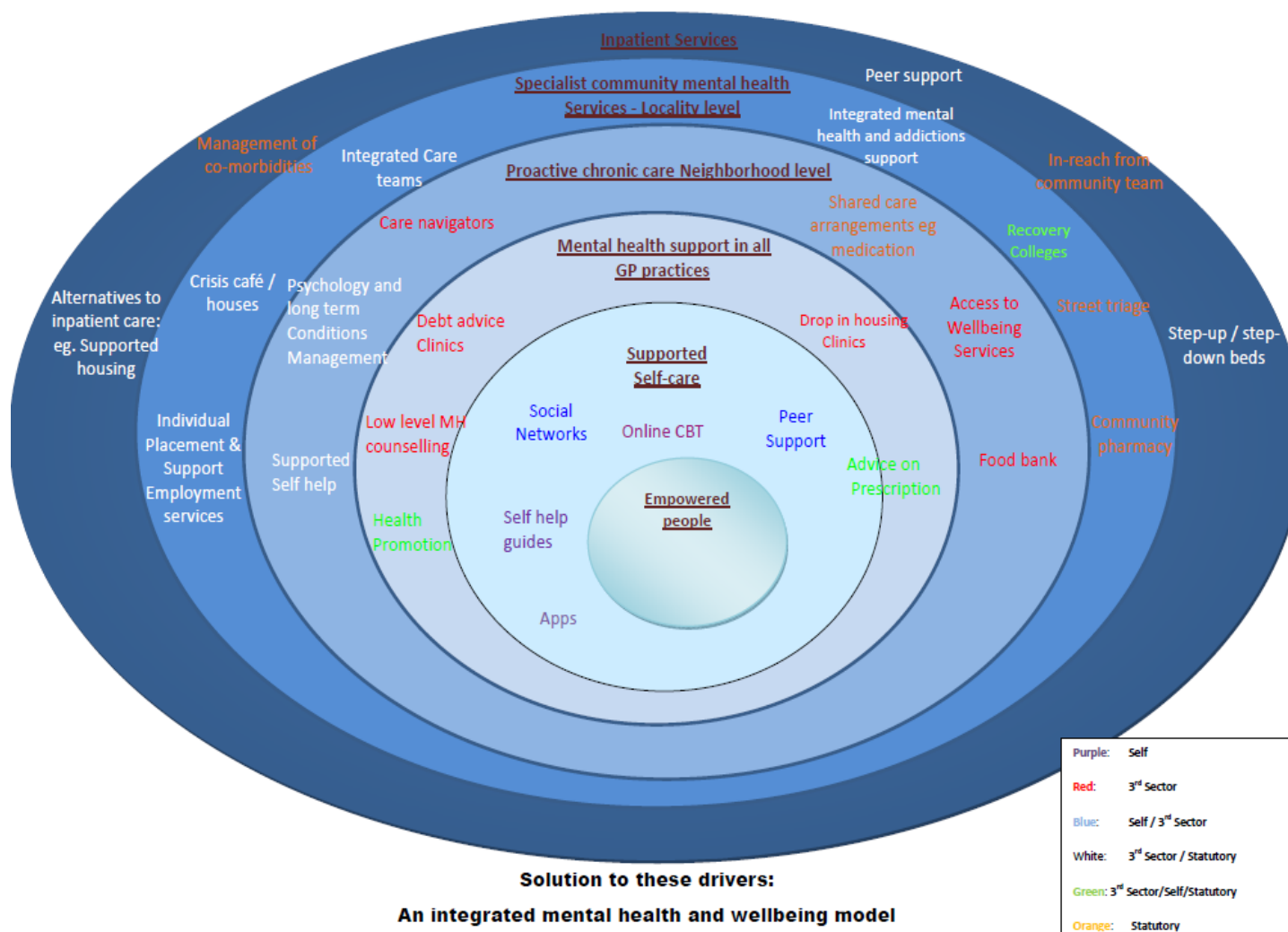
	16/17	17/18	18/19
Baseline	12,674	13,119	13,254
Children and Young People	90	95	25
Early Intervention Programmes	16		

South Cheshire CCG Planned spend by Mental Health Category with CWP 2018/19



New developments for CWP:

- Perinatal service- the second largest cause of maternal death is suicide.
- Expansion CYP IAPT
- CYP Eating disorders
- CAMHs crisis line
- Criminal justice liaison



Vale Royal & South Cheshire Clinical Commissioning Group (CCG)

Key Speakers:

Tracy Cole- Director of Commissioning

Jamaila Tausif- Associate Director of Commissioning

Vale Royal and South Cheshire Clinical Commissioning Group (CCG) have seen an increase in investment for both Children and Young People and Adults Mental Health services. Service delivery must change as there is too much reliance on bed-based care. The current service does not meet the 5 Year Forward View.

The 5 Year Forward View for Mental Health clarifies the ambition for NHS mental health care for the next 4 years up to 2020/21.

Locally, the priority areas identified for the CCG are:

- Children and Young People's Mental Health
- Adult Mental Health, Common Mental Health Problems
- Adult Mental Health, Community Acute and Crisis Care

The Integrated Assessment Framework Targets are:

- Out of area placements for acute mental health inpatient care
- Implementation of Mental Health crisis care and liaison psychiatry services
- Transformation of Mental Health services for children and young people
- People with first episode of psychosis treated within 2 weeks of referral
- Improving Access to Physiological Therapies (IAPT) access
- Psychological Therapies recovery rate
- Dementia post-diagnostic support
- Estimated diagnosis rate for people with dementia

Finance:

Overall spend for Children and Young People (CYP)-	£2,87m
Overall spend for Adults-	£43m

The CCGs are to enhance spend in both areas in 2018-19 to enable further enhancement and development of the Mental Health Five Year Forward View aspirations and community support.

The CCG are to increase spend by:

CYP-	Further 6% increase
Adults-	Further 6% increase

Integrated Assessment Framework:

- NHS services are measured through an Improvement Assessment Framework (IAF) this rates the service delivery, quality as well as patient satisfaction around specific areas of commissioning.

- One area is Mental Health the IAF covers all three areas these areas are:
- Children and Young People's Mental Health
- Adult Mental Health, Common Mental Health Problems
- Adult Mental Health, Community Acute and Crisis Care

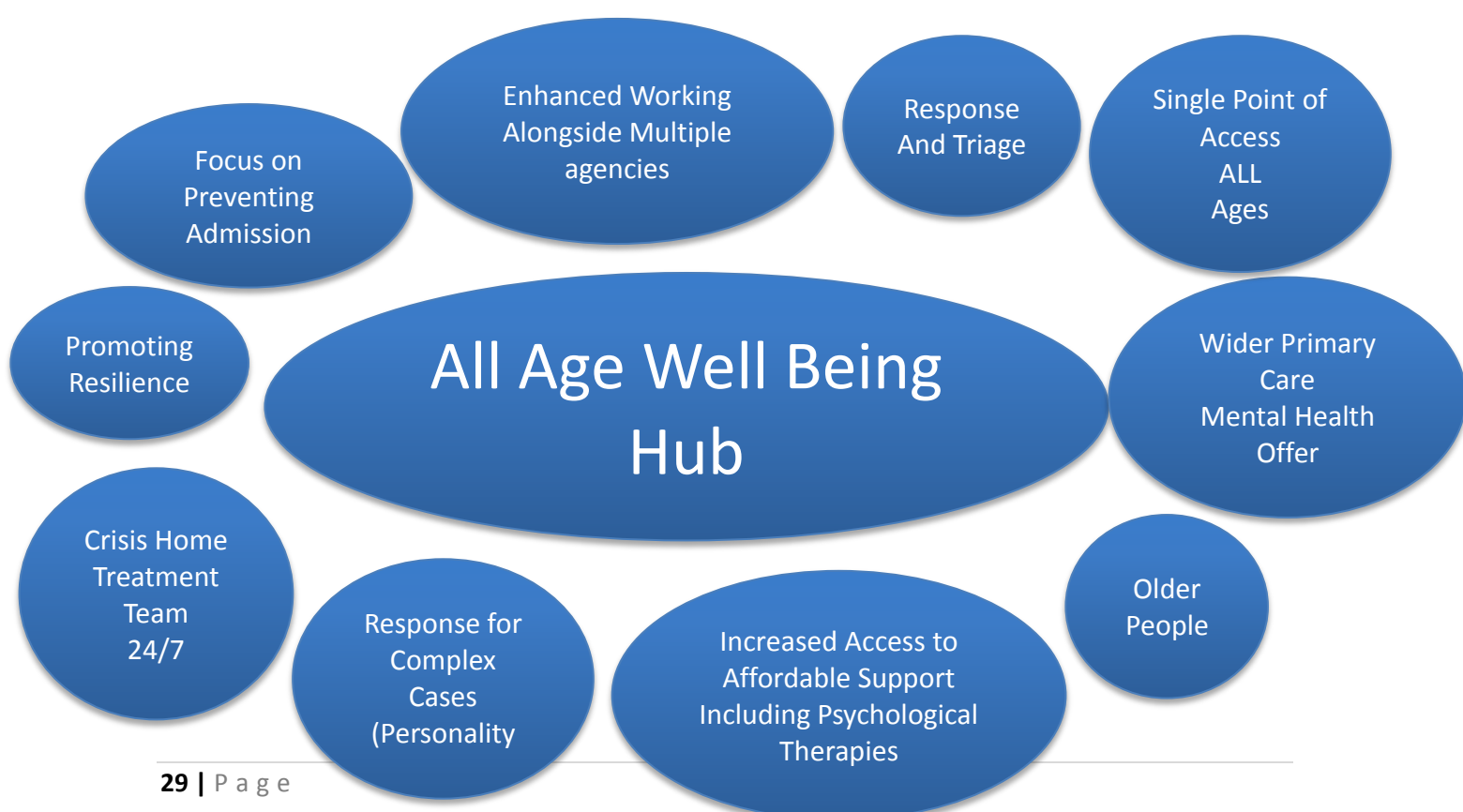
IAF Rating:

Mental Health	
SCCCG CPA Rating-	Good
VRCCG CPA-	Good
Dementia	
SCCCG CPA Rating-	Requires Improvement
VRCCG CPA-	Good

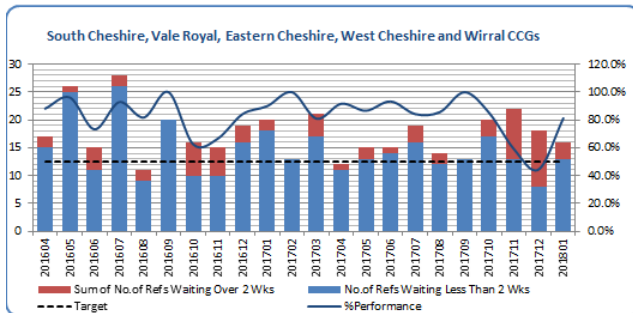
Current Challenges:

- Current model is disjointed in terms of pathways, eligibility and organisational response
- Segregated in terms of age ranges
- Different entry points for specific MH conditions
- Reliance on bed based services and inpatient care
- Challenges around follow up and community outreach provision for patients
- Challenge around transitions between services especially for 14-25 years
- No Core 24 crisis response/liaison service
- Current service delivery does not meet all the 5YFV requirements.
- Services disjointed across Cheshire

The proposed model below outlines the move to positioning crisis services in the community instead of investing in bed-based services:



Early Intervention Psychosis

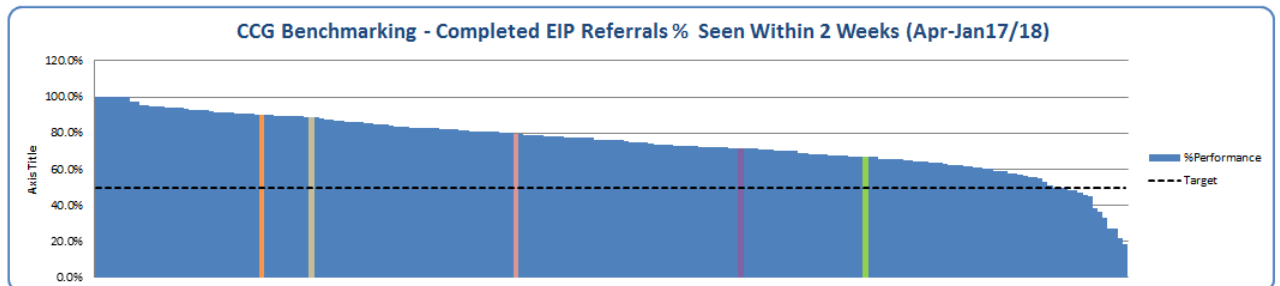


EIP % Seen Within 2 wks	2017/18											
Target 50%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
South Cheshire CCG	-	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	75.0%	-	100.0%	-	-
Vale Royal CCG	100.0%	100.0%	-	-	100.0%	-	-	0.0%	0.0%	100.0%	-	-
West Cheshire CCG	100.0%	50.0%	100.0%	33.3%	75.0%	100.0%	66.7%	60.0%	44.4%	100.0%	-	-
Eastern Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	-	100.0%	-	-
Wirral CCG	75.0%	85.7%	80.0%	100.0%	66.7%	100.0%	80.0%	66.7%	57.1%	71.4%	-	-

EIP Referrals Seen Within 2 Weeks: Performance Commentary

- Collaboratively across the 5 CCGs the 2 week target was achieved from April 2016 through to November 2017, however the 50% target was not achieved in December 2017 (44.4%)
- Vale Royal, West Cheshire and Wirral CCGs all contributed to the under performance in December 2017
- Where the performance states 0% for South Cheshire and Vale Royal CCGs this relates to 1 patient (for each CCG)
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breaches tends to push performance below target

Eastern Cheshire CCG
Wirral CCG
Vale Royal CCG
South Cheshire CCG
West Cheshire CCG



EIP Data Availability

- MLCSU Aristotle Tool
- Public Domain via NHSE
- Local CCG Mental Health Dashboard
- Local CWP Contract Report
- Available monthly

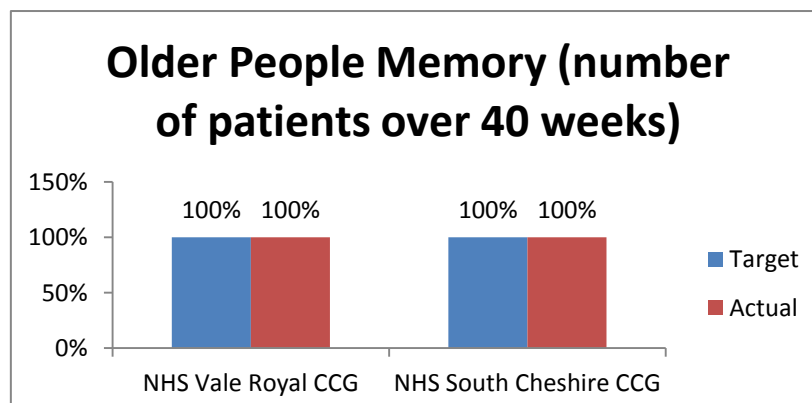
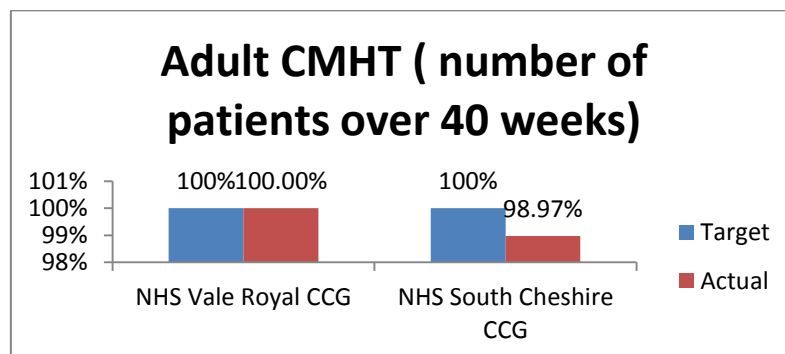
Additional EIP Data Available

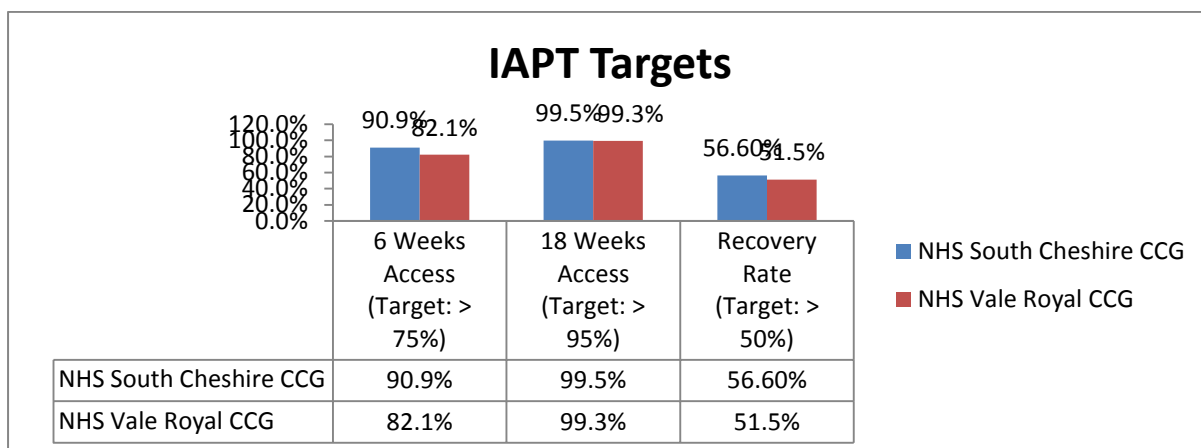
- The number of incomplete pathways at reporting month end
- Data at provider level

Indicator Information

The metric measures the number and percentage of patients who have a completed EIP pathway at the end of the reporting month.

Adult Mental Health- Other Areas:



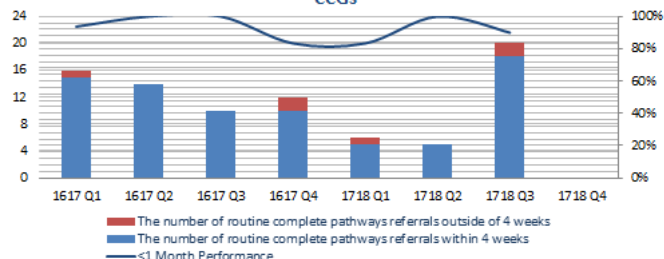


Children & Young People:



CYP Eating Disorder Waiting Times

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs

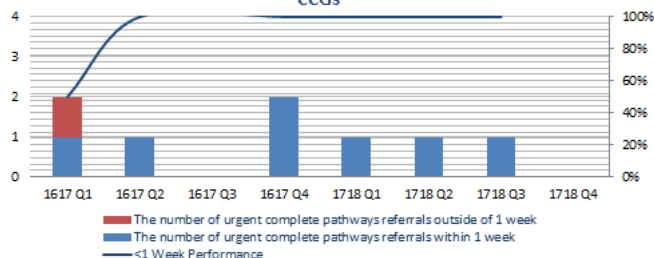


<1 Month Performance	2016/17				2017/18			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#N/A
Vale Royal CCG	100.0%	100.0%	100.0%	100.0%	#N/A	100.0%	100.0%	#N/A
West Cheshire CCG	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	#N/A
Eastern Cheshire CCG	85.7%	100.0%	100.0%	75.0%	50.0%	100.0%	66.7%	#N/A

Routine refs seen within 4 wks: Performance Commentary

- Warral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- Eastern Cheshire and West Cheshire CCGs contributed to the performance failure in Q4 2016/17
- The failure in performance during Q3 2017/18 is attributed to Eastern Cheshire CCG
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breach tends to push performance below target

South Cheshire, Vale Royal, Eastern Cheshire and West Cheshire CCGs



<1 Week Performance	2016/17				2017/18			
	1617 Q1	1617 Q2	1617 Q3	1617 Q4	1718 Q1	1718 Q2	1718 Q3	1718 Q4
South Cheshire CCG	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Vale Royal CCG	50.0%	#N/A	#N/A	100.0%	100.0%	#N/A	#N/A	#N/A
West Cheshire CCG	#N/A	100.0%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Eastern Cheshire CCG	#N/A	#N/A	#N/A	100.0%	#N/A	100.0%	100.0%	#N/A

Urgent refs seen within 1 wk: Performance Commentary

- Warral CCG data is suppressed due to small numbers and therefore excluded from the analysis
- All 4 Cheshire CCGs met the 1 week target from Q1 2015/17 to Q2 2017/18
- Numbers involved tend to be very small, so performance fluctuates – a quarter with a very small increase in breach tends to push performance below target

EDS Data Availability

- MLCSU Aristotle Tool
- Public Domain via NHSE
- Local CCG Mental Health Dashboard
- Local CWP Contract Report
- Available quarterly

Additional EDS Data Available

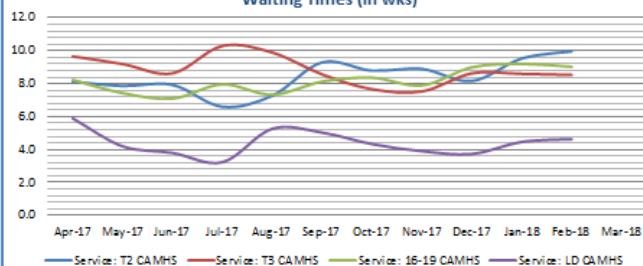
- 7 day FU EDS split OPMH and AMH (via CWP Contract Report)
- The number of incomplete pathways (routine and urgent) for CYP ED

Indicator Information

These metrics track those referrals to the Eating Disorder service at CWP that are seen within 1 week for urgent referrals and 1 month for routine referrals (complete referrals)

Child and Adolescent Mental Health Services

South Cheshire, Vale Royal and Eastern Cheshire CCGs -Average Waiting Times (in wks)



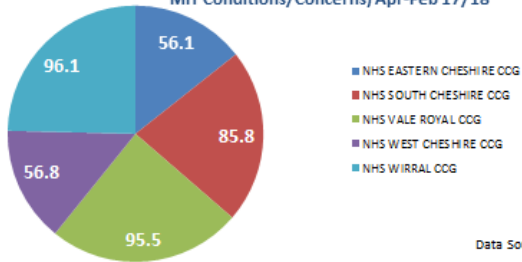
CAHMS Average Waiting Times: Performance Commentary

- Collaboratively across the 3 CCGs the average waiting time for Tier 2 CAHMS has increased from Jan 2018 onwards. February 2018 sees the longest average waiting time this financial year.
- Collaboratively across the 3 CCGs the average waiting time for Tier 3 CAHMS has decreased from July onwards with a slight increase from December 2017 onwards
- Collaboratively across the 3 CCGs the average waiting time for 16-19 CAHMS has increased.
- Collaboratively across the 3 CCGs the average waiting time for LD CAHMS is static from October 2017 to date.

Current Max Waiting Time

Child and Adolescent Mental Health Services

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) Apr-Feb 17/18



CAHMS Under 19 NEL Admission rate (due to MH Condition/Concern): Performance Commentary

- 2017/18 year to date Wirral CCG has the highest rate of admissions due to MH condition/concern, closely followed by Vale Royal CCG
- Collaboratively across the 5 CCGs the overall rate of admissions is decreasing between October 2017 and February 2018

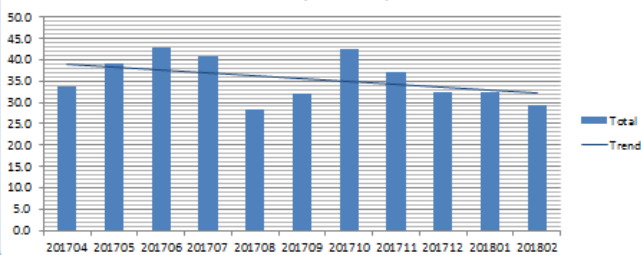
CAHMS Data Availability

- * Local CCG Mental Health Dashboard
- * Local CWP Contract Report
- * SUS Data
- * Available monthly
- * CWP Community Episodes dataset

Additional CAHMS Data Available

- * The number of incomplete pathways at reporting month end

Under 19's - Non Elective Admission Rate per 10k Population (for MH Conditions/Concerns) All CCGs



Information

- * The CAHMS average waiting data is sourced from the CWP monthly Contract Report
- * The non elective admission rate for MH condition/concern contains activity for all secondary care providers and all routes to admission i.e. A&E, GP, Transfers
- * CYP referrals, accepted and rejected data contains IAPT pathways

Plans/Next Steps:

- Work with partners to develop the proposed model
- Further co-production with service users
- Enhancement of services to be in place no later than Q3
- Monitor and review Q4
- Support the further development of Mental Health across the Health Care Partnership in terms of:
 - Perinatal Mental Health
 - Medical Unexplained Symptoms
 - Veterans
 - Suicide Prevention
 - EIP
 - Reduction in Out of Area MH placements

Three Key Changes:

- Single Point of Access
- Enhanced early intervention and prevention services
- Joined up Complex Care
- Collaborative Working with partners

The Third Sector: Community and Voluntary Services (CVS)

Key Speaker:

Caroline O'Brien- Community and Voluntary Services

The CVS fulfil the role of early intervention and prevention. The sector is interested in exploring how the voluntary sector commissioned services and self/trust funded services can work together.

CVS has a membership of 300 members, and 30% have indicated that they would support a person with a Mental Health need.

In terms of getting people into mental health services, the Community Transport resource could deliver this service, however some investment would be needed as some areas of the borough are well covered, but others are less so. Some areas have different conditions and a more fragmented approach; some do medical procedures where some only do appointments.

The Third Sector: Healthwatch Cheshire (West and East)

Key Speaker:

Louise Barry- Chief Executive Officer

Whilst Healthwatch are not a provider of Mental Health services, the organisation has a role to play both in gathering residents views and registering the views of the organisation with partners who do deliver or commission services. Healthwatch have not directly undertaken any reviews on Mental Health services, however it has factored into other reviews such as care homes or reviews around A&E. There are 31 volunteers for Healthwatch across Cheshire East.

Glossary of Health Terms

Acute Care	Provision of short-term emergency services, general medical and surgical treatment for acute disorders, usually in a hospital, for patients with an acute illness or injury or recovering from surgery.
Advocacy	Any action or service which supports, encourages or helps to represent individuals; helps them to understand and communicate their views, needs or rights.
Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.
Broker / Brokerage	An organisation or person that helps a customer to arrange the support they need. Brokerage can be done by the Council, a voluntary organisation/charity, a private company, or an individual such as a family member or friend.
CAMHS	Children and Adolescent Mental Health Services.
Care Coordination	A process through which a particular professional assumes responsibility for ensuring that any referral made are acted upon appropriately assessments are completed in a timely fashion.
Care Management	A process where by an individual needs are assess and evaluate, eligibility for services determined , care plans are drafted and implemented ,and needs are monitored and reassessed
Care Package	A combination of services designed to meet an individual's assessed needs.
Care Pathway	An agreed and explicit route and individual takes through health and social services. Agreements between the various professionals involved will typically cover the type of support to meet those needs, and the objectives and potential outcomes that can be achieved.
Care Planning	Care planning is a process based on an assessment of an individual's assessed need that involves determining the level and type of support to meet those needs, and the objectives and potential outcome that can be achieved.
Care Programme Approach (CPA)	Providing people with serious mental health problems an individual agreed care plan.
Community Care	Services and support which help people to continue to live independently at home.
Continuing Health Care	Continuing health care is a package of care arranged and funded solely by the NHS. It is awarded depending on whether a person's primary need is a health need. It can be provided in a range of settings, including an NHS hospital, a care home or someone's own home.
CYP	Children and Young People.
Discretionary Services	These are services which local authorities are not required to provide by law. They are also sometimes referred to as Non-

	statutory services.
Domiciliary Care (also known as Home Care)	Personal, practical household domestic tasks, or nursing care provided for people at home rather than in an institution enabling them to stay at home and be as independent as possible.
EIP	Education Improvement Partnerships.
Emotionally Healthy Schools Programme (EHSP)	A Partnership between the Council and the CCGs.
IAPT	Improving Access Psychological Therapies
Intermediate Care (IMC)	Intermediate Care is a generic term that covers a wide range of services that help prevent unnecessary admission to hospital, or help facilitate early discharge. The term refers to a very important range of services that can help reduce delayed discharges. These services will also improve the patient experience, either by assisting them to remain at home in situations that might previously have led to admission to hospital or care, or by enabling a supported transition back into the community following a stay in hospital. They are normally time limited services up to 6 weeks.
KPIs	Key Performance Indicators KPI Measures, usually statistical, which are used to assess performance against
Mental Health	The emotional, psychological and social well-being of a person.
NHS 5 Year Forward View	The NHS five year forward view, published in October 2014 by NHS England, set out a positive vision for the future based around seven new models of care. Here we highlight our research, analysis, events and other content relevant to the main themes in the report.
Non-Acute Care	Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition often over an indefinite period.
Primary Care	The first stage of treatment when you are ill and usually provided by your GP or at a community clinic - see also secondary care and tertiary care.
Review	This refers to re-assessment of people's problems and issues, and consideration of the extent to which services are meeting the stated objectives and helping to achieve the desirable outcomes.
Secondary Care	The second stage of treatment when you are ill and usually provided by a hospital. See also primary care and tertiary care.