

# Southend Health & Wellbeing Board

Agenda  
Item No.

Report of Southend CCG Chief Officer

to

Health & Wellbeing Board

on

2 December 2015

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Manager for Mental Health & Learning Disabilities Services

For information only	X	For discussion		Approval required	
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## ESSEX MENTAL HEALTH REVIEW

### Part 1

#### 1. Purpose of Report

- 1.1. To make the Health and Wellbeing Board aware of the outcomes and recommendations from the Essex Mental Health Review.

#### 2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to **note** the Mental Health Review and the recommendations for taking the work forward.

#### 3. The Essex Mental Health Review

- 3.1. Commissioners and providers across Essex have engaged in discussion over the last year around how best to provide mental health care to service users in the context of challenging financial, demographic and operational pressures. In May 2015 we jointly commissioned a formal review in order to assess the current state and make recommendations around the best way forward. The scope of the review focused on mental health services commissioned locally and provided by the local NHS specialist mental health service providers: South Essex Partnership University NHS Foundation Trust (SEPT) and North Essex Partnership NHS Foundation Trust (NEP). The impact and implications of any recommendations on adjacent services (for example, mental health services commissioned by NHS England) were also considered.
- 3.2. Boston Consulting Group was retained to undertake the review which took place from July to September and involved extensive analysis of data, both publicly available and supplied by SEPT and NEP, and interviews and group discussions with a wide range of GPs, secondary care clinicians, patients and commissioners in both CCGs and local authorities. Appendix 1 contains a copy of the final report from the review.

### 3.3. The key findings of the review are:

#### 3.3.1. *The commissioning landscape for mental health is complex. This complexity is driven by three main factors:*

- *Multiple commissioners – commissioning capacity is fragmented across an environment that is specialist and increasingly complex. There is a lack of seniority and capability. There is limited intelligence on needs, service activities and outcomes.*
- *The integration agenda - each CCG is considering different local models of integrated care with different views on which mental health services should be included and are all moving different speeds.*
- *Funding misalignment - the current block contracts originate from PCT days with costs allocated using different approaches in the north and the south.*

#### 3.3.2. *SEPT and NEP are facing three significant and inter-related challenges:*

- *Shrinking market - the overall market for specialist mental health trusts is shrinking as commissioners pursue their integration agenda.*
- *Challenging finances - mental health funding has been historically challenging, and providers face a 4% year-on-year efficiency requirement as well as significant CIP targets.*
- *Potential brand issues - feedback indicates that both providers face challenges around the strength of their brand – perception amongst commissioners is mixed around responsiveness to changes in policy, communication regarding service changes, and data transparency.*

## 4. Implications

4.1 The status quo is not an option: the commissioning landscape will become more complicated as the integration agenda plays out; there are not sufficient facts and data to prioritise services in order to make more efficient (and transparent) use of limited available resources; and providers are likely to fail (financially) posing risk to the continuity of services and the safety of service users.

## 5. Summary of review recommendations

### 5.1 Simplify the commissioning landscape

5.1.1 *Clarify the integration agenda*

5.1.2 *Align around a clear commissioning path*

5.1.3 *Work through how best to deploy social workers as the integration agenda plays out*

5.1.4 *Agree a plan to re-align funding between CCGs*

5.1.5 *Define where dementia services should sit*

## 5.2 Create a common language and use to clarify needs and expectations

5.2.1 *Agree a common language*

5.2.2 *Clarify the desired provider capabilities*

5.2.3 *Optimise section 75 partnership arrangements*

5.2.4 *Work with providers around The Care Act compliance*

## 5.3 Generate and share more data across the system

5.3.1 *Conduct robust needs assessments*

5.3.2 *Develop and track better outcomes*

5.3.3 *Share the output of ongoing needs assessment work in dementia*

## 5.4 Work more jointly

5.4.1 *Create a pan-Essex mental health commissioning team*

5.4.2 *Optimise approved mental health professional (AMHP) arrangements*

5.4.3 *Work together to ensure all-age, cross-system care*

## 6. **Next steps**

6.1. The following next steps for this work have been proposed review steering group:

6.1.1. *Develop appropriate governance arrangements for taking the review recommendations forward, with a clear commitment from all to maintain a collaborative strategic leadership group with all 10 commissioners and the 2 Trusts represented at a senior level to drive the work forward.*

6.1.2. *Commissioners and providers are separately working up implementation plans to take forward recommendations. These will be overseen at a system level by the above group.*

6.1.3. *Commissioners are working up options for creating a different, collaborative commissioning model that meets the needs and aspirations of all NHS and Local authority commissioners. This will be brought back through organizational governance routes before the end of the year. As part of this work the benefits of developing an all-age team that includes the commissioning function for Emotional Well-being and Mental Health services for children and young people is being considered. This is currently hosted by West Essex CCG on behalf of all 10 commissioners.*

6.1.4. *Commissioners and providers are making joint representations into the Success Regime diagnostic process to secure funding in year to resource the immediate next phase of work.*

6.2. There is a strong commitment from all parties to take this work forward now at pace, and with an emerging direction of travel for services over the next 5 years. (see report page 21).

## **7. Health & Wellbeing Board Priorities / Added Value**

7.1. This report and its recommendations relate directly to the HWB ambition of improving mental wellbeing, and in particular to:

*7.1.1. A holistic approach to mental and physical wellbeing*

*7.1.2. Providing the right support and care at an early stage*

*7.1.3. Work to prevent suicide and self-harm*

## **8. Reasons for Recommendations**

8.1. It is important that the HWB is aware of the outcomes from the review and the implications this has for mental health services in Southend. Southend CCG has approved the recommendations in the report.

## **9. Financial / Resource Implications**

9.1. There may be additional costs for Southend CCG in supporting the development of a central commissioning team for specialist mental health services.

## **10. Legal Implications**

10.1. There are no legal implications.

## **11. Equality & Diversity**

11.1. The recommendations of the report are in line with the overall national policy of establishing parity of esteem for mental health and reducing stigma.

## **12. Background Papers**

12.1. The report of the Essex Mental Health Review is attached as Appendix 1.

## **13. Appendices**

13.1. Essex Mental Health Review report.

## HWB Strategy Priorities

### Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p><b>Ambition 1. A positive start in life</b></p> <ul style="list-style-type: none"> <li>a) Reduce need for children to be in care</li> <li>b) Narrow the education achievement gap</li> <li>c) Improve education provision for 16-19s</li> <li>d) Better support more young carers</li> <li>e) Promote children’s mental wellbeing</li> <li>f) Reduce under-18 conception rates</li> <li>g) Support families with significant social challenges</li> </ul>	<p><b>Ambition 2. Promoting healthy lifestyles</b></p> <ul style="list-style-type: none"> <li>a) Reduce the use of tobacco</li> <li>b) Encourage use of green spaces and seafront</li> <li>c) Promote healthy weight</li> <li>d) Prevention and support for substance &amp; alcohol misuse</li> </ul>	<p><b>Ambition 3. Improving mental wellbeing</b></p> <ul style="list-style-type: none"> <li>a) A holistic approach to mental and physical wellbeing</li> <li>b) Provide the right support and care at an early stage</li> <li>c) Reduce stigma of mental illness</li> <li>d) Work to prevent suicide and self-harm</li> <li>e) Support parents postnatal</li> </ul>
<p><b>Ambition 4. A safer population</b></p> <ul style="list-style-type: none"> <li>a) Safeguard children and vulnerable adults against neglect and abuse</li> <li>b) Support the Domestic Abuse Strategy Group in their work</li> <li>c) Work to prevent unintentional injuries among under 15s</li> </ul>	<p><b>Ambition 5. Living independently</b></p> <ul style="list-style-type: none"> <li>a) Promote personalised budgets</li> <li>b) Enable supported community living</li> <li>c) People feel informed and empowered in their own care</li> <li>d) Reablement where possible</li> <li>e) People feel supported to live independently for longer</li> </ul>	<p><b>Ambition 6. Active and healthy ageing</b></p> <ul style="list-style-type: none"> <li>a) Join up health &amp; social care services</li> <li>b) Reduce isolation of older people</li> <li>c) Physical &amp; mental wellbeing</li> <li>d) Support those with long term conditions</li> <li>e) Empower people to be more in control of their care</li> </ul>
<p><b>Ambition 7. Protecting health</b></p> <ul style="list-style-type: none"> <li>a) Increase access to health screening</li> <li>b) Increase offer of immunisations</li> <li>c) Infection control to remain a priority for all care providers</li> <li>d) Severe weather plans in place</li> <li>e) Improve food hygiene in the Borough</li> </ul>	<p><b>Ambition 8. Housing</b></p> <ul style="list-style-type: none"> <li>a) Work together to; <ul style="list-style-type: none"> <li>o Tackle homelessness</li> <li>o Deliver health, care &amp; housing in a more joined up way</li> </ul> </li> <li>b) Adequate affordable housing</li> <li>c) Adequate specialist housing</li> <li>d) Understand condition and distribution of private sector housing stock, to better focus resources</li> </ul>	<p><b>Ambition 9. Maximising opportunity</b></p> <ul style="list-style-type: none"> <li>a) Have a joined up view of Southend’s health and care needs</li> <li>b) Work together to commission services more effectively</li> <li>c) Tackle health inequality (including improved access to services)</li> <li>d) Promote opportunities to thrive; Education, Employment</li> </ul>