

	<b>Health and Well- Being Board 4 June 2015</b>
<b>Title</b>	<b>Progress report on on-going development of mental health services within Barnet Clinical Commissioning Group and Barnet Council</b>
<b>Report of</b>	Commissioning Director - Adults and Health; CCG Director of Integrated Commissioning
<b>Wards</b>	All
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## Summary

This report provides an overview of on-going projects relating to mental health service provision, currently underway within Barnet Clinical Commissioning Group (BCCG) and Barnet Council (LBB).

This report is set against a background of the discussions led by the TDA (Trust Development Agency) in relation to the [Dalton Report](#) re the longer term financial sustainability of the Barnet Enfield and Haringey Mental Health Trust (BEHMHT) which is not in a position to become a Foundation Trust. This ongoing work is now supported by Carnall Farrar consultancy with involvement from key stakeholders including the TDA, NHS England (NHSE) and the respective CCGs and Councils.

The report therefore provides a progress update and notes the future direction of travel for mental health service provision in Barnet. The overall direction of travel is towards a model of service provision that is more focused on quality and patient outcomes in the context of a sustainable health and social care economy, less reliance on secondary care, more support provided in primary care and community settings and promoting a social work (as

opposed to a clinical) model of care.

It is also important to note that the projects within BCCG and LBB are interrelated and that any proposals on the future state will be aligned wherever possible (for example in relation to specifications and patient / service user outcomes) by Officers in the respective organisations prior to these being brought before Members for consideration. This work is also informed by other local and national initiatives; respectively work by BEHMHT on an Enablement Pathway; and the Crisis Care Concordat which was launched by the London Strategic Clinical Network in the capital on 27 October 2014 and any emerging work on developing Child and Adolescent Mental Health Services (CAMHS).

## **Recommendations**

- 1. That the Health and Well-Being Board notes and comments as appropriate on the progress on current interrelated work on mental health service provision within Barnet CCG and LBB.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 This report provides Members with an overview and direction of travel of current work within Barnet Clinical Commissioning Group (BCCG) and London Borough of Barnet (LBB) relating to reimagining mental health service provision in Barnet.
- 1.2 There are a number of key pieces of work underway within BCCG and LBB, namely:
  - BCCG – Mental Health Review (October 2014) and Reimagining Mental Health project
  - LBB – Commissioning Intentions 2015/16 and Redefining Adult Mental Health Social Care project
- 1.3 The overall direction of travel is towards a model of service provision that is more focused on quality and patient outcomes in the context of a sustainable health and social care economy, less reliance on secondary care, more support provided in primary care and community settings and promoting a social work (as opposed to a clinical) model of care. It is also important to note that this work is interrelated and that any proposals on the future state will be aligned wherever possible (for example in relation to specifications and patient / service user outcomes) by Officers in the respective organisations prior to these being brought before Members for consideration.
- 1.4 This work is also informed by other local and national initiatives; respectively work by Barnet Enfield and Haringey Mental Health Trust (BEHMHT) on an Enablement Pathway; and the Crisis Care Concordat which was launched by the London Strategic Clinical Network in the capital on 27 October 2014 and any emerging work on developing CAMHS services.
- 1.5 The following sections describe in detail the various work streams.

## 1.6 **BCCG related work:**

1.6.1 During the latter part of 2014, Barnet CCG undertook a comprehensive review of its mental health activity, including commissioning a full health needs assessment, financial review and equalities impact assessment. The report and recommendations from that review have been agreed by the CCG Board, and reported to the Transformation Board.

1.6.2 The key recommendation from the review is that mental health care and support needs to be much more service user focused, less reliant on secondary care (i.e. BEHMHT) and with more support provided in primary care and community settings. A Reimagining Mental Health workshop took place on 24th February 2015. Some of the themes which emerged from the presentations and discussions included the following:

- a co-production model could deliver better, more targeted health and social care services through a community-based approach;
- resources could be directed more appropriately through better collaboration between all organisations; and continued involvement of people with mental health needs and carers is key to shaping future services.

1.6.3 A series of breakfast meetings will be taking place (launched on 14 May 2015) to gather and focus stakeholder views which in turn will feed into a steering group that will make recommendations and support the development of a work plan in the context of transformational work taking place within North Central London cluster of CCGs (refer to paragraphs 1.6.4-6 below). The overall outcome of this work is to improve outcomes for people with mental health problems and their family carers in Barnet. The Council is a key stakeholder in this process and together with the CCG will ensure alignment of interrelated projects.

1.6.4 As discussed in the summary Carnall Farrar consultancy has been engaged by the North Central London (NCL) cluster of CCGs i.e. Barnet, Enfield, Haringey, Camden and Islington to support work on improving health outcomes, reducing inequality and achieving financial sustainability in relation to BEHMHT. The key stakeholders involved include the TDA, NHS England (NHSE) and the respective CCGs and Councils

1.6.5 Carnall Farrar's brief is to produce 4 key deliverable in the short term:

- A detailed financial baseline which sets out the scale and nature of the financial problem from a commissioner and provider perspective.
- A forward plan for developing a strategic change programme to deliver sustainability across NCL.
- A proposal on CCG governance to take this work forward.
- A finance, data and transformation readiness assessment of BEHMHT, considering how to create a viable future for mental health services in NCL.

Carnall Farrar has already started to facilitate a series of NCL / BEHMHT

contracting workshops as part of the above brief. At the initial workshop on 8 April 2015, a set of principles was agreed amongst the stakeholders. The outcome of this work is expected before September 2015 and one of the expected outcomes is a programme of transformational work as agreed by the key stakeholders.

1.6.6 In addition to the above, BCCG has defined its mental health commissioning intentions as follows:

- To implement and embed the new IAPT (Increasing Access to Psychological Therapies) service model linked to LTC (Long Term Conditions);
- Develop a business case for extended PCMH (Patient-Centred Medical Home) to integrate management of physical and mental health conditions;
- Review Mental Health crisis and acute services in order to improve productivity and develop a 'Crisis Concordat' action plan (this work is already underway);
- Evaluate RAID (Rapid Assessment Intervention Discharge) and psychiatric liaison services to inform future commissioning based on outcomes.

## 1.7 Other related work

1.8 BEHMHT Enablement Pathway:

1.8.1 'Enablement' is a strengths-based model of care, founded on the principles of self-help and independence, focusing on keeping patients well and preventing the need for higher level care whenever possible. The aim is to enable patients to identify and work towards their own community, social and employment goals. For example, in services for older adults, while recovery principles apply to service users, in many cases the aim of enablement would be to educate and empower carers to manage their relative's situation. Similarly with CAMHs (Child and Adolescent Mental Health Services), educational approaches can be aimed at children or parents.

1.8.2 Within BEHMHT work has recently commenced to operationalize enablement across all service lines in consultation with Trust staff, patients and stakeholders, including commissioners from Barnet, Enfield and Haringey.

1.9 Crisis Concordat and urgent care funding:

1.9.1 The Government launched the Crisis Care Concordat in 2014, as guidance for improving access to and quality of care for people with mental health needs in crisis. To support this, all areas of the country were required to develop and sign a declaration of commitment to the Concordat, and develop an action plan to meet the Concordat's principles (by end March 2015). A London-wide declaration was launched in October 2014, and a range of strategic partners have signed up to it. For health, all London CCGs have signed. For local government, London Councils have signed, as have the Association of Directors of Adult Social Services and the Mayor's Office.

1.9.2 Government made £5.67m of targeted funding available until 31 March 2015 to improve mental health crisis care and early intervention in psychosis. CCGs

were required to bid for funding specific projects to achieve the broad outcomes for the funding. Barnet CCG was allocated £227,750; Enfield CCG £180,763; Haringey CCG £165,211. The total for BEH is therefore £573,724 and the three CCGs have pooled their resources for joint projects with Enfield as the lead borough. Camden and Islington are working together, and were awarded £146,148 and £126,509 respectively.

1.9.3 Governance for the funding is via Enfield CCG as lead commissioner. Funding for Projects was allocated as follows:

1	Commission independent/voluntary sector to provide additional contacts/services/activity opportunities
2*	Develop a trust wide pathway that results in crisis prevention and reduced acute presentations; map existing crisis pathway and develop crisis concordat transformation action plan, to include identifying chaotic, vulnerable service users who repeatedly present to services in crisis and identify alternative interventions.
3	Early Intervention in Psychosis service – reduce waiting times, clear waiting list
4*	Undertake a review of the Early Intervention in Psychosis fidelity to the model as well as map the access and crisis pathway for people aged 14-18 years
5	IAPT waiting list reduction [Barnet only*]

\* Note: Projects (2) and (4) were tendered and won by Resolving Chaos - <http://resolving-chaos.org/>. Resolving Chaos was commissioned to work with all key stakeholders (including LBB).

Resolving Chaos has completed the projects and presented recommendations, focusing on service implications at Primary Care level and the Early Intervention in Psychosis Service. The recommendations are informing the development of a tri borough Care Crisis Concordat.

#### 1.10 LBB related work:

1.10.1 In November 2014, the Adults and Safeguarding Committee approved its Commissioning Plan for consultation as part of the wider engagement with residents to inform the Council's medium term financial strategy. Following a programme of resident engagement the Commissioning Plan for the period 2015/16 to 2019/20 was finalised and then approved by the Adults and Safeguarding Committee at its meeting on 19 March 2015.

1.10.2 The implications for residents are:

- Improved whole system response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

#### 1.10.3 The implications for providers are:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision of community based services.
- Increased demand for community based services including early intervention and prevention.
- Greater integration of housing with social care.

#### 1.10.4 Barnet Council's mental health commissioning intentions focus on 6 aspects:

- a) Re-focusing of social care on recovery, social inclusion and enablement. Promote a social work role which focuses on protective factors located outside of a medical model with much stronger working with primary care.
- b) Renewing the focus on the quality of services through strengthening the voice of workers and service users through the delivery model.
- c) Introduce a 'Consultant Social Worker' role into adult mental health services to provide independent challenge and review of support proposals for people with mental health needs and who require specialist mental health services.
- d) Integrated pathways across the wider public sector and establish a 'hub' which provides coordinated support to help people with mental health problems (back) into work.
- e) Increased range of accommodation options.
- f) Promoting mental wellbeing and reducing stigma through establishing joint commissioning of social care with public mental health provision.

1.10.5 The above commissioning intentions are being taken forward within the Council by the "Redefining Adult Mental Health Social Care Project". Officers are currently drafting the service specification for the redefined model prior to it being approved by Members for implementation. It is anticipated that the Adults and Safeguarding Committee meeting on 8 June 2015 will receive a detailed update report on the proposed service specification and a project delivery plan. Once the outline specification has been approved by Adults & Safeguarding Committee, a business case and implementation plan will be developed, which will include testing and piloting elements of the model. The current section 75 (s75) Mental Health agreement between LBB and BEHMHT, which expires in July 2015 will be extended for the required period to allow for a safe transition to the new model.

1.10.6 The current full year budget for the Integrated Mental Health Service contained within the s75 agreement is as follows:

Council Contribution	£2,132,989
BEHMHT Contribution	£7,700,904
Total Budget	£9,833,893

1.10.7 Committee will also want to be informed of the Employment Support initiatives for people with a mental illness in Barnet. Working with the Council's Joint Commissioning Unit, the Public Health team sought to address mental health need within the Borough and build on the success of the employment support / return to work pilot by commissioning two further services. These were as follows:

- Individual Placement & Support (IPS):-  
Twining Enterprise was commissioned to provide an IPS service. The service commenced in early November 2014 and will continue until the end of March 2016. The service, based within the Community Teams within BEHMHT, is aimed at people with severe and enduring mental health needs. Over the contract period, the service will engage and assess 180 service users and aim to achieve 54 job outcomes. A job outcome is defined as paid employment of at least 16 hours per week. The total funding for this project is £160k.
- Motivational & Psychological Support (MaPS):-  
Future Path Solutions Ltd was commissioned to provide motivational and psychological support to Job Centre Plus customers. This initiative (a continuation of the successful pilot which ran from January to October 2014) started earlier in November 2014 and will continue to March 2016. Over the contract period, no fewer than 300 people will be engaged of whom 124 people will commence employment which is similarly defined as paid work of at least 16 hours a week. This initiative costs £180k over the contract period.

1.10.8 The Council has been working closely with the West London Alliance (WLA) to successfully obtain central government funding for a further employment support project to support people with a mental health difficulty into employment. Barnet Council has been asked to lead on the delivery of this initiative and is expected to go to the market later this year. Barnet has been able to establish this lead position because of the infrastructure established by virtue of the use of the ring-fenced grant to develop the aforementioned IPS and MaPS initiatives.

## 2. REASONS FOR RECOMMENDATIONS

2.1 Not Applicable as the report is a progress update on current work within LBB and BCCG.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not Applicable as the report is a progress update on current work within LBB and BCCG.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 Any comments from Members on this report will be considered by the project teams within LBB and BCCG undertaking the redefining work and incorporated within the final proposals and recommendations of the projects' reports for approval by LBB and CCG Board Members.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 The key projects described in this report are closely aligned to the remit of the HWBB as it relates to key leaders from the health and care system working together to improve the health and well-being of local communities through local commissioning of health care, social care and public health; informed by the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. There is also close alignment with the strategic aims of LBB and BCCG as reflected in these two organisations' commissioning intentions for mental health services in Barnet.

#### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 None in the context of this report. As noted in paragraph 1.10.6, the current s75 agreement for Mental Health will need to be extended and then renewed to reflect the future state.

#### **5.3 Legal and Constitutional References**

- 5.3.1 The Council's Constitution (Document 15a: Responsibility for Functions Annexe A) sets out the Terms of Reference for the Health and Well-Being Board. These responsibilities include:

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

(4) To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(6) To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities



across the range of responsibilities of all partners in order to achieve this.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

#### 5.4 Risk Management

5.4.1 None in the context of this report. However, in a wider sense this report assists in ensuring that any risks are managed under the Mental Health Act 1983 and 2005 as not receiving this report would present a risk to the HWBB in that they would not be kept up to date on developments relating to mental health service provision, quality and outcomes for patients and service users.

#### 5.5 Equalities and Diversity

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires that a public authority must, in the exercise of its functions, **have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 For the purposes of the Public Sector Equalities Duty and by virtue of the Equality Act 2010, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.5.3 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.5.4 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Barnet CCG Equality Delivery System.

5.5.5 People with mental health problems often have disabilities which may be directly connected to their mental health and the projects are being developed with these considerations in mind to ensure that services meet the needs of a diverse population.

#### 5.6 Consultation and Engagement

5.6.1 As noted in the main body of the report, the key projects described have both involved extensive consultation and engagement with relevant stakeholders including “experts by lived experience” through the Mental Health Partnership Board and the breakfast meetings described in 1.6.3. This engagement will continue to inform the work of the projects and help shape the proposals for the future state.

## **6. BACKGROUND PAPERS**

- 6.1 Business Planning, Adults and Safeguarding Committee 20 November 2014, item 7 appendix A Commissioning Plan 2015 - 2020:  
<http://barnet.moderngov.co.uk/documents/s19321/Appendix%20A%20-%20Commissioning%20Plan.pdf>
  
- 6.2 Business Planning, Adults and Safeguarding Committee 19 March 2015, item 8 appendix A Commissioning Plan 2015 - 2020:  
<http://barnet.moderngov.co.uk/documents/s22062/Appendix%20A%20-%20Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf>
  
- 6.3 NHS Barnet CCG Board Clinical Cabinet Meeting, 23 October 2014 – Review of Mental Health Services (restricted Agenda item)
  
- 6.4 Mental Health Crisis Concordat, February 2014:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281242/36353\\_Mental\\_Health\\_Crisis\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf)