

MEMBERS' BRIEFING

SUBJECT: BARNET, ENFIELD & HARINGEY MENTAL HEALTH TRUST QUALITY AND PERFORMANCE

1. Contract overview

- Barnet CCG contract value 2014/15: £27,726,230).
Breakdown as follows:
 - Adults services: £17.4m
 - CAMHS: £3.34m
 - older people: £5.32m
 - more specialised care such as eating disorders and attention deficit hyperactivity disorder (ADHD), community forensic services: £1.17m
- LB Barnet (Public Health) commissions substance misuse services from the Trust, with a contract value of £1,836,311
- BEHMHT total contract value across all commissioners 2014/15: £103,595,854
- Barnet is part of a tri-borough arrangement with Enfield and Haringey; Enfield CCG is the lead commissioner
- Contract negotiations are in progress for the 2015/16 contract year, with a target date for completion by 31st March 2015. Weekly provider meetings are held involving all commissioners. There is a monthly technical meeting held with Finance officers from the CCGs and the Trust.
- Contract management: the contract is monitored on behalf of the CCGs by the North East London Commissioning Support Unit (the CSU) and the tri-borough CCGs meet with the CSU and the mental health Trust monthly to monitor financial and activity performance against targets and outcomes, with CCG quality and safeguarding leads attending a monthly Clinical Quality Review Group. The Section 75 agreement governance and performance is via the Partnership Management Group (see below).
- Transformation Board: the Board comprises senior leaders from the Trust, the tri-borough CCGs and local authorities, as well as the CCG clinical leads for mental health. It has an agreed programme of transformation work and agrees changes in policy (e.g. a hospital discharge policy), as well as overseeing pieces of work that benefit patients in all boroughs (for example, reducing delayed discharge from hospital).

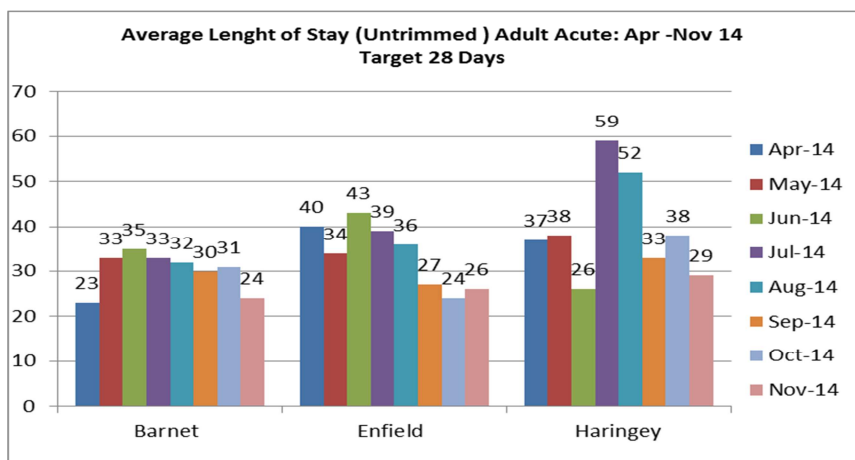
2. 'Snapshot' service user profile

- On 4 January, 2015 the Trust reported 3,027 registered Barnet service users across all care clusters in its Q3 report. [Care clusters link service users with similar needs and severities, to standardise provision of resources and levels of care. They are a mechanism developed in conjunction with the introduction of Payment by Results. A breakdown of the current caseload by care cluster is attached at **Appendix 1**.]
- On 4 January, 2015, of the 3,027 patients registered, 98 were inpatients. Just over 50% of inpatients were within clusters 12 and 13 (see **Appendix 1** definitions).

- Equivalent figures for Enfield are 2,983 registered service users, of whom 109 were inpatients; and for Haringey, 2881 registered service users, with 77 inpatients.

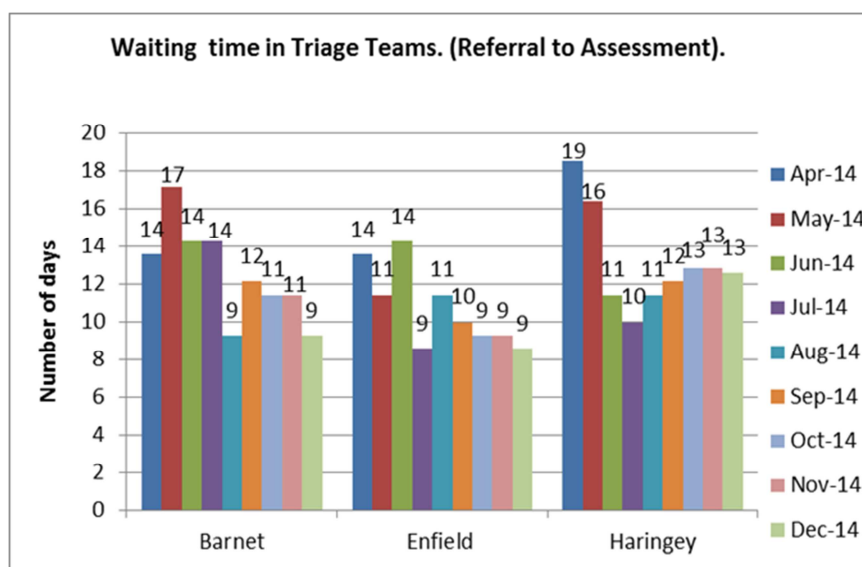
3. Performance information

- Data quality has long been an area of concern to commissioners, but BEHMHT has recently appointed an assistant director for information and performance who has made significant changes to reporting mechanisms. The most recent contract monitoring meetings have seen an improvement in provision of meaningful information but there is further work to be done.
- Addressing waiting times and excessive delays in treatment starts is a priority for commissioners and the Trust. CAMHS waiting times are the focus of dedicated project management support from the Central Performance Team. Eating disorder services continue to demonstrate significant waits for Obesity and Psychology services. The overall median wait time is just under 16 weeks. Since December however, the number referrals beyond the 13 week wait time for Barnet has dropped, in contrast to Enfield and Haringey where work continued to clear waiting lists.
- Barnet crisis and emergency team has waiting times of 0-3 weeks on average (compared to up to 6 weeks in Haringey).
- Average inpatient stays range from 23 days in April 2014 to 35 in June, down to 24 in November, with a Trust target of 28 days.



- Delayed transfer of care: collaboration between Barnet, Enfield and Haringey CCGs, local authorities and housing departments, and the Trust has resulted in dramatic reductions in the number of patients delayed in hospital (when they can return home). In addition, very few patients are accommodated out of area. From c.15 delayed discharge/out of area patients in mid-June, down to 0-4 delayed patients and zero out of area in December and this trend is continuing. In addition to improvements in bed management and systems in the Trust, there has been very good collaboration with Barnet Housing. Each week, a multi-agency meeting is held to discuss patients, who are delayed and awaiting discharge and patients who have accommodation issues and may, therefore, be delayed.

- Triage service: waiting times from referral to assessment continue to be of concern to commissioners, but are showing a downward trend – from an average high in May of 17 days, to 9 days in December. However, the delays in triage could be contributing to high referrals to the crisis team.



- The Trust has a target of 5% for re-admissions (as a percentage of all admissions). For Barnet, the average has ranged from a high of 8% in June 2014, to a low of zero in September, with November showing 2%. For emergency re-admissions (with a target of 3 patients per month), Barnet shows a high of 5 emergency re-admissions in June, with 0 in December.

4. Quality overview

- Clinical quality is monitored locally via the Clinical Quality Review Group (CQRG), which is attended by CCG quality and safeguarding leads, CCG GP leads, the CSU and the Trust. Commissioners also attend, as does NHS England and the Trust Development Agency. It meets monthly.
- The Trust is monitored against quality indicators in the Quality Account. The Trust also brings its Strategic Quality Assurance Plan to CQRG for external assurance. The Plan identifies improvements required in key areas, such as governance, workforce, serious incident management, service user experience, and safeguarding.
- CQC inspections between March 2013 and September 2013 highlighted concerns and non-compliance with standards on Dementia and Cognitive Impairment wards. The CQC re-inspected Oaks Ward in September 2014 and found that it met standards. The CQC re-inspected three wards in October 2014 and found them compliant in all areas.
- Barnet CCG undertook a quality and safeguarding “walk the pathway” exercise, covering two wards (Trent –an acute ward in the Dennis Scott Unit at Edgware Hospital; and the Ken Porter unit – a continuing care ward for long-term complex needs patients). The team comprised a senior clinical quality manager, the CCG

adult safeguarding lead, a GP and the Joint Mental Health Commissioning Manager. Similar exercises were carried out by Enfield and Haringey, and reported to the CQRG and Transformation Board.

- A team from Barnet CCG, led by the clinical lead (Dr Charlotte Benjamin) undertook an audit of clinical records in the Crisis Home Treatment Team. It found some good practice and some areas for improvement, and was reported to the Transformation Board.
- Trust Development Agency (TDA): the TDA is working with the Secretary of State for Health to determine the Dalton Review categories for all 93 NHS Trusts in England which are not foundation trusts. At its meeting on 22/01/15 the TDA outlined its intentions to work with NHS Trusts to improve quality and efficiency. There are four main areas where the NHS TDA is contributing to or leading on implementation of proposed changes:
 - the development of new models of care in “vanguard” sites;
 - the development of a new regime to create the conditions for success in the most challenged health economies;
 - consideration of the proposed changes to the transactions process as proposed by the Dalton Review; and
 - contributing to NHS England’s ongoing review of the system’s improvement architecture.

5. Barnet CCG review of services and commissioning intentions

- 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.
- The key recommendation from the report is that mental health care and support needs to be much more service user-focused, less reliant on secondary care (i.e. The Trust) and with more support provided in primary care and community settings.
- An initial workshop to prioritise next steps was held in December followed by the Reimagining Mental Health workshop, which took place on 24th February 2015. Some of the themes emerging 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
 - continued involvement of people with mental health needs and carers is key to shaping future services
- The Health and Wellbeing Board Briefing that includes information on the workshop and the Mental Health Review is attached as **Appendix 2: Joint Commissioning Unit (Adults) Work Plan for Mental Health**. Further joint meetings are planned to start to work on a programme for planning and delivery of a new model for health and well-being services in the community.

6. Crisis Concordat and urgent care funding

- The Government launched the Crisis 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 have been required to develop and sign a declaration of commitment to the Concordat, and develop an action plan to meet the Concordat's principles (due by end March, 2015).
- A London-wide declaration was launched in November, 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.
- The declaration is attached as **Appendix 3**.
- Government has 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. Total: £573,724. The three CCGs have pooled their resources for joint projects and Enfield is the lead borough.
- Camden and Islington are working together, and were awarded £146,148.00 and £126,509.00 respectively.
- Governance for the funding is via System Resilience Groups, and Barnet SRG is the lead SRG for the North Central London (NCL) five boroughs (B, E and H, Camden and Islington).
- Projects funded are as follows:

1	Commission independent/voluntary sector to provide additional contacts/services/activity opportunities	£78,000
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.	65,724
3	Early Intervention in Psychosis service – reduce waiting times, clear waiting list	70,000
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	60,000
5	IAPT waiting list reduction [Barnet only*]	£119,090

- Projects (2) and (4) were tendered and won by Resolving Chaos - <http://resolving-chaos.org/> . Resolving Chaos will be working with all key stakeholders (including LBB) to undertake these projects by 31st March 2015.

7. Section 75 agreement

- The Section 75 partnership agreement is between Barnet Council and Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) for the provision of integrated mental health services.
- Start date of agreement: 1 August 2012; duration: 3 years
- The S. 75 agreement is due to for review this year, and will be re-negotiated in light of decisions taken by the Council’s Mental Health Working Group.
- The Partnership Management Group (PMG) is responsible for leading, driving and co-ordinating activity, including monitoring performance and managing change to ensure that the integrated mental health services achieve the Partnership objectives. The PMG is accountable to the Health and Wellbeing Board through the submission of an Annual Report setting out progress on delivering the objectives of the Partnership Agreement.
- Full year Budget for Integrated Mental Health Service:

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

8. Social care performance :

- there are currently no specific social care performance concerns reported to the Partnership Management Group
- Performance against social care KPIs is collected and reported by LBB
- KPI: Timely reviews of social care packages – 55%; no target set
- There are three specific safeguarding adults KPIs:
 - Adult Protection Plans to be developed for those that need them with people identified as responsible for delivery; reported monthly; 100% compliance
 - Adult Protection Plans reviewed by team manager within the timescales set at case conference; reported monthly; 100% compliance% of adult social care users reporting they feel as safe as they want; collected annually in the Adult Social Care Service User Survey (Q7) and reported in May of each year; 2013/14 baseline 56.73% (2012/13 = 52.5%; 2011/12 = 61.29%) ; no target set.

9. Contracts with other mental health trusts

- Barnet CCG also has contracts for provision of mental health services with the following mental health trusts:
 - Camden & Islington; value 2014/15 £398k
 - Central & North West London; value £1.314m
 - South London & Maudsley; value £176k

- Tavistock & Portman; value £480k
- Improving Access to Psychological Therapies (IAPT) services are contracted through Surrey & Borders NHS Foundation Trust; value £1.5m.
- The CCG's total budget in 2014/15 for mental health contracts is £30,948,995. The final budget position for 2015/16 is yet to be determined.

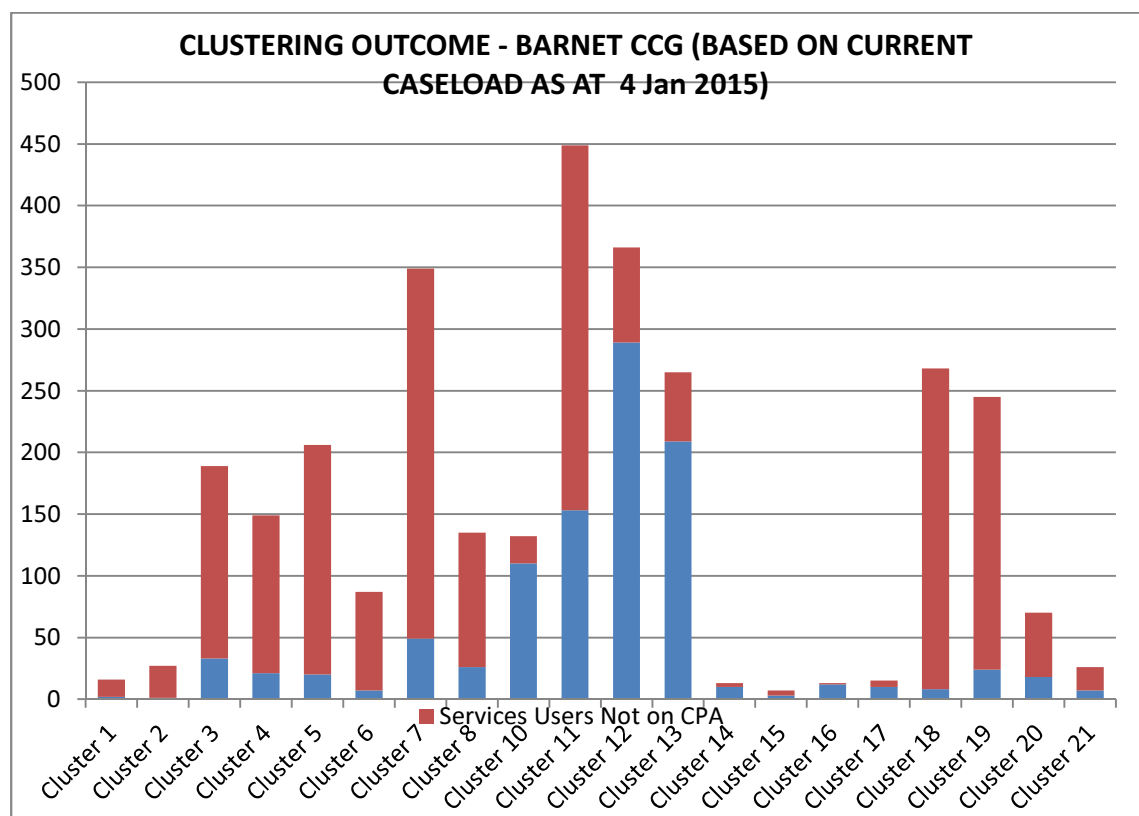
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Adults and Communities Director

March 2015

APPENDIX 1 – Current Barnet caseload by care cluster

Cluster	Client group
1	Common mental health problems (low severity)
2	Common mental health problems
3	Non-psychotic (moderate severity)
4	Non-psychotic (severe)
5	Non-psychotic (very severe)
6	Non-psychotic disorders of overvalued Ideas
7	Enduring non-psychotic disorders (high disability)
8	Non-psychotic chaotic and challenging disorders
10	First episode in psychosis
11	Ongoing recurrent psychosis (low symptoms)
12	Ongoing or recurrent psychosis (high disability)
13	Ongoing or recurrent psychosis (high symptom and disability)
14	Psychotic crisis
15	Severe psychotic depression
16	Dual diagnosis (substance abuse and mental illness)
17	Psychosis and affective disorder difficult to engage
18	Cognitive impairment (low need)
19	Cognitive impairment or dementia (moderate need)
20	Cognitive impairment or dementia (high need)
21	Cognitive impairment or dementia (high physical or engagement)



CPA = care programme approach

Health and Wellbeing Board Briefing: Joint Commissioning Unit (Adults) Work Plan for Mental Health

CURRENT WORK

Reimagining Mental Health Workshop

The CCG commissioned the **Mental Health review** that was presented to the Governing Body in October 2014. It examined the current mental health services provided by Barnet Enfield and Haringey Mental Health Trust and advocated modernising the current secondary care services towards a community based model of care delivery within the community.

There are significant changes that signalled the need for a review:

- increasing demographic pressures,
- the planned implementation of Mental Health Tariffs
- future introduction of choice for non-crisis care in mental health care
- provision for crisis care

The Reimagining Mental Health workshop took place on 24th February and included stakeholders from statutory and 3rd sector organisations and service users, carers and their representatives, to start to map the vision for future mental health services in Barnet. Some of the themes emerging from the presentations and discussions:

- 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
- continued involvement of people with mental health needs and carers is key to shaping future services

The workshop presentations included headlines from the **South Locality Primary Care Liaison Pilot** (which is reporting early reductions in hospital admissions through step-up functions). This has been extended to the end of June and work has started on evaluating the success of the project and how the model might be taken forward. The Lambeth Living Well Collaborative showcased their flexible portfolio of services, which offers service users a personal pathway through an integrated approach to mental health.

Further joint meetings are planned to start to work on a programme for planning and delivery of a new model for health and well-being services in the community.

Improved Access to Psychological Therapies (IAPT)

The CCG has recommissioned its IAPT services from Surrey and Borders Partnership Trust. The service has seen considerable improvements in patient waiting times for treatment from IAPT services.

The collaboration between Barnet, Enfield and Haringey Commissioners to commission

mental health services from BEH Mental Health Trust is continuing. Enfield is the lead for the **Barnet, Enfield and Haringey MH contract** and NE London CSU is the contract management lead. Regular discussions are taking place regarding:

- the implementation of **Mental Health Tariffs** to act as the finance framework for patient care
- the development of the **Crisis Care Concordat** and the development of an implementation plan post the review of acute mental health services including remodelling crisis home treatment and resolution teams
- improving **delayed transfers of care DTOC** (Barnet commissioners reviewed the inpatient and discharge pathway with BEH and reduced DTOC significantly).

FUTURE COMMISSIONING

The local authority has also set out its draft approach to commissioning mental health services in a **report on Mental Health to the Adults Safeguarding Committee** in October 2014. The recommendations called for:

- a re-focus of mental health services on recovery, social inclusion and enablement
- moving away from 'professionalised' models of care towards more community, home based, peer-led models of support
- orientating professionals towards prevention and early intervention for carers and users
- integrating community and peer groups into specialist care
- separate social work teams for adult mental health, hosted by the Local Authority working alongside NHS teams and aligned to primary care localities / practices.
- Housing needs staff and JCP to work within or aligned to social work teams working to shared assessments and joint outcomes aligned with the Mental Health outcomes star.
- Mental Health specialist services commissioned to provide an explicit health and social care enablement service which provides the gateway into funded packages of support from social care.
- Day services reshaped to become community-led initiatives for peer support groups.

Further work is recommended to involve stakeholders across health and social care organisations to redefine the mental health pathway through **a whole family approach** and align implementation to commissioning intentions.

The CCG has defined its future intentions in its **mental health commissioning intentions:**

- To implement and embed the new IAPT service model linked to LTC
- Develop business case for extended PCMH to integrate management of physical and mental health conditions
- Review MH 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

Barnet's Mental Health Review

Barnet Clinical Commissioning Group

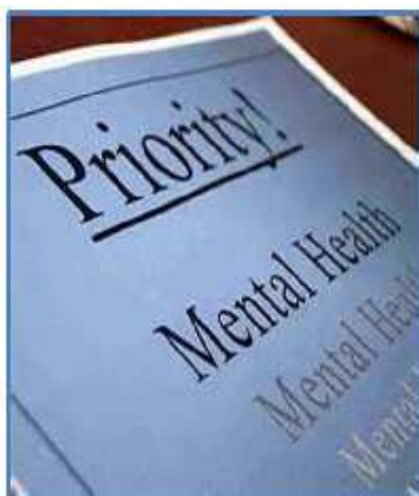
Why we did a review

- In May 2014 the CCG Board received a report about concerns from GPs, patients, Barnet Council and CQC inspection reports about the quality of services delivered by Barnet, Enfield and Haringey Mental Health Trust (BEHMHT).
- Health services face major changes in response to the increasing population.
- The introduction of Mental Health Tariffs could affect the costs of mental health services.
- The introduction of both patient choice for non-crisis mental health care and waiting times targets could have an impact on how we commission services.



What did we conclude?

- We urgently need to modernise mental health services in Barnet.
- We need to move away from secondary care and hospital based services towards a model that emphasises prevention and is primary care and community focused, to:
 - improve service user outcomes and experience
 - raise the quality of services
 - ensure clinical and cost effectiveness.
- We want to collaborate with our stakeholders to develop a new model together.
- The NHS needs to spend at least £1.2m more to achieve parity of esteem with other areas of health.
- Through our economic analysis and talking to our neighbouring CCGs, it would not be worthwhile totally re-commissioning mental health services, and could de-stabilise the local health economy.



Who was involved in the review?

- We had a steering group that was led by Dr Charlotte Benjamin, the CCG's Clinical Lead for mental health. It that included people from Barnet CCG, Barnet Council (Public Health & Adult Social Care), Healthwatch Barnet, and the BEH Mental Health Programmes Lead.
- We held service user and GP focus group events to identify local people's and GPs' experiences of mental health services.
- Public Health did a mental health needs assessment, and we hired consultants to do equalities and financial assessments.

APPENDIX 3 – London Declaration to the Crisis Concordat

The 2014 London Declaration on improving outcomes for people experiencing mental health crisis, 27th October 2014.

We, as partner organisations in **London**, will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work to improve the system of care and support that is provided for such people in **London** before, during and after the crisis itself.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in **London** by putting in place local action plans which reflect the new crisis care commissioning standards and which are regularly reviewed and updated.

This declaration supports ‘parity of esteem’ between physical and mental health care in the following ways:

- Through adopting the new crisis care commissioning standards in **London**
- Through everyone agreeing a shared ‘care pathway’ to safely support, assess and manage anyone who asks any of our services in **London** for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals’ experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there are safe and effective services in **London** with clear and agreed policies and procedures in place for people in crisis.
 - By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to service users, patients, carers and staff, or the wider community and to support people’s recovery and wellbeing.