

Board
PART I
23 December 2015

Title of Report:	Mental Health Strategic Review
Board Sponsor:	Dr Raj Mohile, GP Mental Health Lead
Prepared by :	Mark Tebbs, Head of Integrated Commissioning
Committees previous consulted:	QIPP CORE, October 2015 Thurrock Health and Wellbeing Board, November 2015
Executive Summary:	<p>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.</p> <p>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 two main local NHS providers: North Essex Partnership NHS FT (NEP) and South Essex Partnership NHS FT (SEPT). The impact and implications of any recommendations on adjacent services (for example, mental health services commissioned by NHS England) were also considered.</p> <p>The key findings of the review are:</p> <p>The commissioning landscape for mental health is complex driven by three main factors:</p> <ul style="list-style-type: none"> - Multiple commissioners - The integration agenda - Funding misalignment <p>The providers NEP and SEPT are facing three significant and inter-related challenges:</p> <ul style="list-style-type: none"> - Shrinking market - Challenging finances - Potential brand issues <p>Implications</p> <p>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</p>

to fail (financially) posing risk to the continuity of services and the safety of service users.

Summary of Recommendations

1. Simplify the commissioning landscape:
 - 1a Clarify the integration agenda
 - 1b Align around a clear commissioning path
 - 1c Work through how best to deploy social workers as the integration agenda plays out
 - 1d Agree a plan to re-align funding between CCGs
 - 1e Define where dementia services should sit

2. Create a common language and use to clarify needs and expectations:
 - 2a Agree a common language
 - 2b Clarify the desired provider capabilities
 - 2c Optimise section 75 partnership arrangements
 - 2c Work with providers around The Care Act compliance

3. Generate and share more data across the system:
 - 3a Conduct robust needs assessments
 - 3b Develop and track better outcomes
 - 3c Share the output of ongoing needs assessment work in dementia

4. Work more jointly:
 - 4a Create a pan-Essex MH commissioning team
 - 4b Optimise AMPHs arrangements
 - 4c Work together to ensure all-age, cross-system care

Thurrock response

- Are keen to understand the outcomes of the Super CQUIN PbR work currently being undertaken as a guide to inform future commissioning models (appreciate the report was rather silent on this significant undertaking)
- Need to establish a local data and intelligence baseline to enable informed decision aligned with CCG operational and strategic objectives.

Financial / Resource Implications:

Impact on services and service users will be considered as part of the implementation plan.

Fit with CCG strategy/objectives:

- Development of a model of integrated services based around federations of practices
- Evidencing delivery of Parity of Esteem by improving the quality of life of people with mental health problems and Long Term Conditions
- Compliance with the requirements of the Crisis Care Concordat and the Transforming Care Agenda

Risks identified / Outcome / Link to BAF:

Maintaining a strong, collaborative leadership focus on progressing this work so that it maintains momentum in the face of other priorities and pressures.

BAF Ref:

Actions Required:

When By:

**Recommendation to
the Committee:**

Based on our vision and direction of travel we see that commissioning decisions should be taken at a local level i.e. Thurrock, and that any decisions on a wider geographical area will only be taken where there is a clear, strong case that will benefit Thurrock residents. We therefore see a primacy of a Thurrock footprint with the option to in-reach into wider work or collaboration. We fully recognise that we will need to commission some services at scale and a common language would be of significant value. It is important that Thurrock CCG is an active participant in the development of the implementation plan whilst recognising that we are unlikely to want to be part of a pan Essex commissioning team.

The Board is asked to note the following next steps:

- Governance to take forward the findings of review is being developed, 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.
- 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.
- 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 organisational 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.
- 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.

The appendices referred to in the report are available by request.