

TRUST BOARD

29 June 2017

Paper Title:	Progress of Service Delivery against the Five Year Forward View for Mental Health
Section:	Public
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Agenda Item:	10
Presented For:	Information

1. Purpose of this Report

The purpose of this paper is to inform and update the board on progress in delivering the recommendations proposed by the Five Year Forward View in Mental Health.

2. Summary of Key Points

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS, for people of all ages. Consequently The Five Year Forward View for Mental Health was developed which outlined a strategy to improve mental health care across the NHS by 2020/21. The report addresses a number of key areas each with specific recommendations that will take the strategy forward. There are a total of 58 recommendations which describe deliverables in conjunction with developed commissioning and improved partnership working with a key focus on the delivery of improved access and delivery of services for all. Bradford District Care Foundation Trust has developed services in line with both commissioning intentions and the Five Year Forward View in many of the areas recommended within the strategy. This report provides an update on the development of services that are directly related to the recommendations within the strategy.

3. Board / Committee Consideration

The Board is asked to consider the achieved development of services and improved delivery in line with the Five Year Forward View for Mental Health

4. Financial Implications

Delivering on the Five Year Forward View recommendations is not only reliant on service development and ensuring best value for money but working and agreeing with commissioners that funding is released within the strategy's implementation plan and is realised into the delivery of the recommendations. Investment throughout 2017-2021 will

be required to further deliver on recommendations and activity identified within the Five Year Forward View.

Revenue Capital

5. Assurance

	Assurance provided?
Board Assurance Framework	Yes
CQC Themes (see below)	Yes
NHSI Single Oversight Framework	No
Other (please specify):	

This paper provides assurance in relation to the following CQC Themes:

Safe:	People who use our services are protected from abuse and avoidable harm.
Caring:	Staff involve people who use our services and treat them with compassion, kindness, dignity and respect.
Responsive:	Services are organised to meet the needs of people who use our services
Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.
Well led:	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

6. Previous Meetings/Committees Where the Report Has Been Considered

Audit Committee <input type="checkbox"/>	Quality & Safety Committee <input type="checkbox"/>	Remuneration Committee <input type="checkbox"/>	FB&I Committee <input type="checkbox"/>
Executive Management team <input type="checkbox"/>	Directors Meeting <input type="checkbox"/>	Chair of Committee's Meeting <input type="checkbox"/>	MH Legislation Committee <input type="checkbox"/>

7. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Services provide an improved patient experience within Mental Health Services in line with National and Local Strategy	Services provide excellent quality of care through the improvement of access and delivery and development of new services	Developed services in line with the national strategic drivers provide the right services in the right place	Developments continue to include and work in conjunction with partners across the social, health, voluntary and emergency services economy

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

9. Recommendations

That the Board:

- Notes progress on the delivery of good quality care in line with the Five year Forward view.

Progress of Service Delivery against the Five Year Forward View for Mental Health

1. Introduction and Background

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS, for people of all ages. The Taskforce consulted with experts in the field of mental health, members of the public, people with lived experience and organisations resulting in their findings identifying needed improvements within three key themes – prevention, access and quality. In February 2016 the Mental Health Taskforce produced The Five Year Forward View for Mental Health (FYFV) that outlined a strategy to “re-energise and improve mental health care across the NHS” by 2020/21 focusing on the experience of people with mental health problems. The report addresses a number of key areas each with specific recommendations that will take the strategy forward. These key areas are:

- Commissioning for prevention and quality care
- Good quality care for all 7 days a week
- Innovation and research to drive change
- Strengthening the workforce
- A transparency and data revolution
- Incentives, levers and payment
- Fair regulation and inspection
- Leadership inside the NHS, Government and in a wider society

It initiated a process of transformation to achieve the recognition of equal importance between mental and physical health for people of all ages and the implementation plan, published in July 2016 set out five common principles that local areas should adopt as they plan to deliver this Five Year Forward View:

- co-production with people with lived experience of services, their families and carers
- working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing
- identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery
- to respond to the needs of all individuals including those from BME communities and LGBT people
- designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives
- Underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

The Five Year Forward view also took into consideration existing strategies such as Future in Mind (March 2015) by the government’s Children and Young People’s Task Force providing transformation plans for children and young people. Within the delivery

plan key financial investment – some of which is expected to be delivered through releasing cost savings – has been identified to be distributed through commissioning bodies.

There are 58 recommendations in the report which describe deliverables in conjunction with developed commissioning and improved partnership working. Although there are cross cutting themes there are specific service related recommendations to support the improvement of mental health services in line with the report. This paper summarises the Trust's current developments in line with the Five Year Forward View for Mental Health with a particular focus on good quality care for all 7 days a week.

2. Good Quality Care for All 7 days a week

Recommendations within the Five Year Forward View for mental health and provision of good quality care for all focused around four main themes - Crisis service provision, increased access to services, physical health care for people with a mental health diagnosis and the provision of care closer to home.

2.1 Crisis Services

“NHS England should ensure that a 24/7 community based mental health crisis response is available and offers an alternative to acute admissions” (recommendation 17, five year forward view for mental health, 2016).

Bradford District Care Foundation Trust (BDCFT) provide a 24/7 mental health crisis and response service within the Intensive Home Treatment Team (IHTT), the First Response Service (FRS), services within the police control room and our A&E liaison service. Following further investment from the Clinical Commissioning Groups (CCGs), system resilience funding and Sustainable and transformational funding (STP), the delivery of emergency and crisis care within mental health expanded across a whole systems approach to further develop alternatives to admission and A&E diversion. The system involves partnership working with voluntary care organisations and the local authority with MIND providing the Sanctuary (an out of hours alternative to admission for those in crisis) and The Cellar Trust providing the Haven (an alternative support during the day for people in crisis). These services are enabling an alternative to both acute care admissions and A&E attendance with a notable reduction in repeat presentations at A&E services from those experiencing mental health crises.

- Over 2016/17 a total of **921** service users admitted directly to IHTT following assessment by FRS
- **427** service users have utilised the Haven since August 2016
- Over 2016/17 a total of **834** Service users have utilised the Sanctuary
- **80%** of service users identified that they would have utilised A&E if diversion services were unavailable (1008 service users)
- **97%** of attendees reported they were satisfied with the support received
- **32%** reduction in attendances of the frequent A&E service users correlating to a reduction of 585 visits to A&E from the 51 identified patients.

- **27** of the 51 identified frequent A&E attenders have been diverted to the Haven & Sanctuary

Following Future in Mind (FiM) investment further developments have been made within access to services for children and young people (CYP) in crisis. This includes the employment of 3 WTE CYP workers in IHTT and the establishment of Safer spaces. As part of the Vanguard Mental Health Accelerator Programme a bid was presented and Bradford was allocated £450k to set up and deliver a pilot for a safer space in Bradford that could be replicated or rolled out across West Yorkshire. BDCFT has been working in partnership with a mental health specialist housing provider Creative Support to create an alternative offer of safe provision, ensuring the continued commitment to improving CYP mental health crisis care nationally and across West Yorkshire. This consists of allocated overnight placements for children and young people as an alternative to admission and supported through the first response service.

As well as this, in partnership with the Police, BDCFT have supported a number of nurses that are now trained police specials and are able to provide, when on duty with the police, mental health advice, support and signposting as well as shared education and advice across the two services.

Although providing a nationally recognised model of provision for both access and crisis care the service is not as yet compliant to CORE 24 standards. This standard specifies services to be based within A&E departments 24 hours a day, provide Consultant cover and deliver in- reach to the hospitals. The current delivered model does provide services that are based or able to be based within the A&E departments but further work is required with commissioners to ensure the Trust works in partnership with Bradford Hospitals Teaching Trust and Airedale NHS Trust to develop fully compliant CORE 24 service standards.

2.2 Increased access to services

Recommendations are specifically identified regarding increases access to services. There is a specific focus on improvement for women accessing services during the perinatal period, improvement in “improving access to psychological therapies” (IAPT) and increasing access to services that provide a NICE approved package of care for those experiencing a first episode psychosis. The Trust has both developed and initiated services to deliver to these recommendations.

Early Intervention

The better access to mental health standard for Early Intervention in Psychosis (EIP) states that 50% of all those experiencing a first episode of psychosis are to be treated with a NICE approved care package within 2 weeks of referral to mental health services. In addition to this the waiting time and intervention standard has become ageless giving an increase age range spanning over 35 up to 65. Recommendation 16 within the FYFV also suggests that the access standard should increase to 60% by 2020/21. Alongside increased funding provided by the CCG's, the Trust's current EIP service was able to expand and now delivers above the 50% access target as well as further delivering on NICE approved packages or care for all those experiencing a first episode psychosis up to age of 65. Demand for this service is currently being analysed in order to look at further requirements, developments and potential investment required to achieve the 60% access targets required by 2020.

Perinatal Mental Health

By 2020/21 NHS England should support at least 30,000 more women each year to access specialist mental health care during the perinatal period. Within Bradford district and Craven the offer to mothers and children was a limited resource of parent-infant therapy/training delivered by 0.8 WTE of a practitioner. Although great in roads were achieved in raising awareness, there was still not a dedicated resource. This has led to variable outcomes being achieved and limited engagement with the regional mother and baby unit. However BDCFT were successful in achieving two years funds from NHS England to develop a perinatal mental health service. This service will provide Psychiatry, Psychology, Nursing and specialist support to mothers and expectant mothers who have experience mental health issues as well as delivering training and expertise across the district. Currently in development, the service is being recruited to and it has been agreed that this funding will be recurrently supported by the CCGs. NHS England has also made extra funding available that will employ both Nursery Nurses and Occupational Therapy which is an expansion to the initially proposed model. It is expected that the service will be fully operational in the Autumn.

Improving Access to Psychological Therapies

The Trust provides Improved Access to Psychological Therapies (IAPT) with significant waiting time and access targets. The FYFV gives clear direction that access targets (currently 16.8% of people with common mental health conditions) should increase to 25% by 2020/21 with a significant focus on people living with long term conditions. There has been no further funding for the development of this service as yet from the CCGs and the Trust is still commissioned to provide access to 15% of the population, achieve a 50% recovery rate and achieve both 6 week and 18 week targets. During 2016/17 the Trust further developed IAPT services by launching a wellbeing college approach offering access to a range of on line support, educational and therapeutic courses and both low intensity and high intensity therapy. This allowed self-referral and telephone assessments providing sign posting to both delivered programs and alternative services.

Bmywellbeingcollege.nhs.uk has significantly improved access to the services and although not quite reaching the 15% target, all waiting times have been achieved and a Trust wide 50% recovery rate has been reached for the first time. We have increased our enrolment service and over the last two months seen an increase from 200 people a month who have been assessed following self-referral to now 600 self-referred clients whom have been offered assessment. The wellbeing college actively delivers courses such as 'stressbusters' and as part of a lead provider role for psychological therapies, the Trust has also developed a strong partnerships with voluntary services (VCS) and are both commissioning and supporting our partners to deliver stressbuster sessions within their services. The VCS partners include the Cellar Trust, Project 6, Inspired Neighbourhoods and Together Women project and will deliver a total of 5000 stressbuster sessions during 2017/18.

The Trust is currently working with commissioners regarding further investment to enable achievement of the increasing access targets which has been planned for 2018/19. However current commissioned services will not

allow full development of the expected increased targets and provision to those with long term conditions currently.

2.3 Care Closer to Home

Within recommendation 22, the Five Year Forward View sets out expectations that standards of care should be delivered as close to home as possible, improve services to reduce admissions and eliminate any out of area placements.

With the development of the FRS and enhancing acute care including the intensive home treatment support through the development of the workforce (e.g. Increasing advanced nurse practitioners, allied health professionals etc) and a more intensive approach, the Trust has achieved no out of area placements for over two years. This has produced a saving of over 1.8 million.

There is recognition that a community based approach and model of care wrapped round a patient and closer to their home has greater benefits in terms of supporting people in their recovery and ongoing wellbeing than spending time as an inpatient in a ward. An engagement processes was initiated daily for a week (known as the intense week) where models were explored with a range of professionals, voluntary sector partners, service user representatives and statutory provider partners in early 2017. As a consequence, the Trust has approved a project to design a care offer and implementation plan that can deliver a recovery approach for community mental health (CMHT) and an alternative community model for acute/crisis mental health services for patient care that enables care closer to home whilst achieving the financial envelope available. In the first instance this will need to transform and enhance our support in the community and reduce the demand on acute services with opportunities for ward admissions to be reduced where possible. This will require a multi disciplinarily approach to review and repurpose the way we currently deliver community and inpatient support and move to a recovery model approach.

The New model of care will focuses on 3 key elements:

- Wellbeing College (previously IAPT)
- Intensive Wellness centre (current inpatient services)
- Recovery & Prevention Services (current CMHTs)

In order to deliver this transformation care pathways will continue to be developed in line with the FYFV recommendations and will deliver:-

- A model of care boundary free to enable focus on patient journey to wellness
- Strengthened care co-ordination roles and responsibilities
- Quality transitions between services
- Supported journey to independence with the development of peer support workers
- Best and most appropriate digital care
- A flexible workforce to meet the demands of the new model of care
- Partnership working with voluntary sector to achieve individuals being supported to independence
- Flexible service delivery model that can be adapted to meet the requirements of the patients and changes to demand and capacity
- Ensure engagement with other interdependent projects to ensure alignment

This two year project is now in its planning stages to begin implementation during

quarter 3. The transformation process will also align with the further development of care pathways and packages, ensuring that specific care pathways are designed in line with clustering packages. This has been agreed with the CCGs to be delivered over the 2017/19 and is in line with recommendation 13 of the FYFV.

2.4 Physical Health for People with a Mental Health Diagnosis

The Five Year Forward View for Mental health emphasises that people with mental health problems are at greater risk of poor physical health and get reduced access to prevention and screening programs. Recommendation 20 also suggests that all mental health inpatient units should be smoke free by 2018.

As presented in previous papers to the board, since the 1st of July 2015, BDCFT has been a smoke free organisation. Remaining smoke free continues to be a positive step and continues to reinforce the Trust's position as a health promoting organisation with a responsibility for the mental and physical health of all its service users, staff and visitors.

Within all CMHTs and the EIP service physical health clinics are led by associate practitioners who carry out annual health checks on every service user in line with national best practice and CQUIN initiatives. All CQUINS in physical health last year involving the physical health checks and screening for service users were achieved. Within inpatient services staff are trained up to the Calderdale competency framework and every acute ward now has an associate practitioner who completes a physical health check for every patient. All associate practitioners are supported through a peer support network that is supported by physical health nurses to offer supervision and guidance.

3. Further Developments for Children and Young People

In line with the FYFV and the Future in Mind (FiM) program further developments have been made in the Trusts child and adolescent mental health services (CAMHS).

BDCFT CAMHS are undertaking a review of its CAMHS services. This is to support and compliment the CCG led 'Future in Mind' Transformation Plan that looks at a whole system review of services supporting Children and Young Peoples emotional and mental well-being. As discussed BDCFT in partnership with Creative Support have developed Crisis Response Services for children and young people by resourcing IHTT and supporting safer spaces. Following further investment through FiM, BDCFT are currently developing a designated Eating Disorder service within CAMHS which will aim to meet the access and waiting times standard discussed in the FYFV. Primary Mental Health worker roles are now within schools and BDCFT are also supporting other FiM work streams in and around 'Early Help Hubs' with potential investment from FiM being identified to provide specialist CAMHS input into the Early Help Hubs ensuring robust and early triaging of mental health assessment and intervention at the lowest level.

4. Mental health employment services

Recommendation 5 within the strategy calls for increased Individual Placement and support (IPS), an evidence based approach to supporting mental health service users into employment. IPS services are based on a 'place then train' approach and

require strict fidelity to the model.

BDCFT entered a partnership with the Centre for Mental Health in February 2015 to establish an IPS service for CMHT service users in Bradford, Airedale, Wharfedale and Craven. The service was funded for 18 months and had a target of 120 referrals and 60 job outcomes. A small team was established with an Employment Specialist located in each CMHT. During the 18 month period, the team received 300 referrals and achieved 78 job outcomes. The service was externally assessed for fidelity to the model and achieved national recognition as a Centre of Excellence.

On the back of this success, the CCG's have agreed to fund the service during 2017/18 in order that the service can maintain minimum adherence to the IPS model. The service continues to deliver significant successes with 12 service users gaining employment in May 2017. NHS England is currently undertaking a mapping exercise of IPS services nationally and it is anticipated that further funding will become available for 2018/19.

BDCFT has also been successful in a partnership bid with Cellar Trust to deliver an employment support programme for people in the Bradford District who are long term unemployed and who face barriers to entering employment because of mental health problems or disability. The programme is funded by the European Structural and Investment Fund (ESIF), and is managed by Bradford Council. The contract is 18 months from April 2017 with the potential to roll over for a further 18 months.

5. The Mental Health and Wellbeing & Next Steps

Bradford Health and Wellbeing Board and the Mental Health Programme Delivery Board (MHPDB) have led on the development of a Mental Wellbeing Strategy launched in 2017.

There are five strategic outcomes within the strategy and strategic commitments to further developing services, pathways and partnerships in order to ensure the improvement of mental health and wellbeing. As a commissioning strategy each of the priorities and commitments are consistent with the national direction and the Five Year Forward View and many reflect current commissioned services and developments with the Trust's delivery plan including the expansion of children's and young people's services (in line with the Future in Mind investment), the further development of the Early Intervention in Psychosis service (in line with Better Access) and the local development of a local suicide prevention strategy.

The strategy also indicates a commitment to the further development of services both in line with the national agenda and local requirements. BDCFT have been fully involved and contributed to the development to the strategy, being a member of the MHPDB and continue to contribute to the ongoing commitments and delivery. Through this and contracting processes the Trust will continue to engage with commissioners and partners to identify service development areas required to continue to delivery on the Five Year Forward View for Mental Health and the necessary investment required.

6. Assurances in Place

Through service redesign and responding to commissioner requirements the Trust has made considerable progress on delivering on the recommendations within the FYFV. Processes are in place to ensure the ongoing delivery and monitoring of the developments

discussed alongside the recommendations of the FYFV. The Trust plays an active role in the delivery of the Mental Wellbeing Strategy, STPs and partnership working across the health economy to ensure that requirements against delivery of the FYFV are identified and delivered. BDCFT takes a leading role across the Mental Health West Yorkshire Program with the Chief Executive Officer, Nicola Lees being the Senior Responsible Officer for the STP mental health program and as such chairs the mental health programme steering group. The Mental Health Programme Steering Group have undertaken a review of the current programme to establish agreement on:

- i) are we 'Doing the right things' and 'Doing things right'
- ii) priorities for the Mental Health Programme in 2017/18 and 2018/19

The following were agreed as the priority workstreams/projects aligned with national must do's and supporting the closing of 3 STP gaps;

- Urgent and Emergency Care/Crisis
- Suicide Reduction
- Beds and Out of Area Placements
- CAMHs
- ASD/ADHD

Delivery plans are now being developed to ensure collaborative working and a joint approach across the mental health Trusts with these priorities.

7. Financial Implications

Delivering the FYFV recommendations is not only reliant on service development and ensuring best value for money but working and agreeing with commissioners that moneys released within the FYFV implementation plan are realised into the delivery of the recommendations. Investment throughout 2017-2021 will be required to further deliver on recommendations and activity identified. This will be identified through the contracting negotiations but currently the Trust is delivering on commissioned expectations that relate to the FYFV under current contract arrangements.

8. Risk Implications

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Lack of funding delivered that has been identified through the FYFV and Mental wellbeing strategy	Medium	Unable to deliver on further developments and service enhancements identified within the FYFV	<ul style="list-style-type: none"> - Service redesign to ensure best value for money - Contract negotiations established to deliver within

			identified paramet ers
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9. Monitoring and review

Developments discussed are monitored through monthly performance monitoring within the organisation, Quality and Safety committee and contract monitoring with commissioning bodies (CCGs and NHS England).

10. Recommendations

That the Board:

- Notes the progress on the delivery of good quality care in line with the Five year Forward view.