

Southampton City Integrated Commissioning Unit (ICU) - Transforming mental health care and services for the residents of Southampton City

We told you in our mental health consultation report how you have helped us to shape mental health care and services in the city, and we told you that we would keep you updated on our progress, this document provides the second update as at October 2017

There is a glossary of terms and acronyms at the bottom of the page



Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators	October 2017 - Overall Delivery Confidence (on schedule to deliver) RAG status	Update provided October 2017
			MHM	FYFV-MH	LTP	OP		2016/17	2017/18	2018/19	2019/20	2020/21			
1	CAMHS	Increase number of CYP in treatment (% of CYP with a diagnosable MH condition receiving treatment from an NHS-funded community MH service) (baseline 2014/15 prevalence, to be reviewed 2018)	✓	✓		✓	Yes	28%	30%	32%	34%	35%	1. Number of new CYP aged 0-18 receiving treatment from NHS funded community services 2. Number of CYP aged 0-18 receiving treatment from NHS funded community services (CYP defined as 'individual')	G	1. Increased investment to develop an early intervention team, with all posts recruited working to the 3 clusters (East, Central and West), aligned to both GPs and schools. Referrals into the service is through the usual CAMHS referral route 2. Internal work within CAMHS has begun to increase the number of CYP accessing treatment in order to meet the national target
2	CAMHS	Develop YP IAPT (services working within CYP IAPT programme)	✓	✓		✓	Yes				YP IAPT service in place		1. CYP IAPT workforce capability programme, staff released for training 2. Staff accreditation status	G	1. Staff identified to attend CYP IAPT training course. Senior leadership role, manager and practitioner. Courses to begin January 2018.
3	CAMHS	Evidenced-based community eating disorder (ED) services for CYP (% of CYP receiving treatment within 4 weeks routine, 1 week urgent)		✓		✓	Yes	baseline	local plan	local plan	local plan	95%	1. Number of CYP (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral 2. Number of CYP (urgent cases) referred with a suspected ED that start treatment within 1 week of referral 3. Membership of national quality improvement and accreditation network for community ED services that will monitor improvements and demonstrate quality of service delivery	G	1. Meeting national target 2. Clinical and commissioner meetings arranged to support the on-going work between Southampton, Portsmouth and the Isle of Wight services to review the current pathways and improved integration as per NHS England directive
4	CAMHS	Develop services and support to access early intervention and prevention	✓			✓	Yes						1. Continue to develop workforce model 2. Develop service specification 3. Development of service performance indicators, and outcomes measures	G	1. As programme 1 above, increased investment to develop an early intervention team that will have greater links to clusters, GPs and schools 2. Once fully established this team will ensure that where appropriate those CYP that do not meet the criteria for Tier 3 CAMHS are offered support through the early intervention team 3. Re-established primary, secondary and special needs schools forums to improve links with schools
5	CAMHS	Reduce waiting times for CAMHS services (waiting time standard for routine access)	✓			✓	Yes	18 weeks	16 weeks	12 weeks	10 weeks	7 weeks	1. Average length of time from referral to assessment/treatment for routine access 2. Maximum length of time from referral to assessment/treatment for routine access 3. Action plan in place to address non-compliance with wait time trajectory, including regular review and updates 4. Detail of any CYP who waited in excess of 18 weeks 5. Develop measures to monitor secondary waits	A	1. There is focused work being undertaken to reduce waiting times for an initial assessment but also to ensure that secondary waits after an assessment are not increased 2. It is a priority to reduce waiting times but the anticipated reduction has been impacted by a number of things including staff vacancies and sickness levels. In response to this, three additional locum staff have been recruited and are focussing on decreasing the number and length of the current long waiters, and are also providing assertive outreach 3. The CAMHS team have made improvements to the way in which they undertake initial assessments, and it is anticipated that this will also contribute towards reducing the length of time a CYP is waiting
6	CAMHS	Improved access to crisis services which are appropriate for CYP				✓	Yes						Work to commence summer 2017 1. Identification of services that are appropriate for CYP 2. Include CYP section to Mental Health Crisis Care Concordat 3. Development of service performance indicators, and outcome measures	G	1. As part of the Crisis Care Concordat, work has begun on a STP footprint level to look at models of crisis services for CYP 2. This includes reviewing the current CYP crisis services within UHS which includes deliberate self harm and out of hours psychiatrist rotas
7	CAMHS/AMH	Develop a 0-25 years' transition service				✓							Work to commence spring 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan	N	1. This workstream has not yet begun in full 2. Work on the autism and ADHD pathway includes an option to extend the current service provision to the age of 25 years
8	CAMHS/AMH	Develop developmental disorders pathway for CYP and adults	✓			✓							Work to commence winter 2016 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan	G	1. Pathway workshops and co-production meetings have taken place with attendance from providers both secondary care, local autism and ADHD providers, patients, carers and voluntary organisations. This pathway will focus on diagnosis, pre-diagnosis and post-diagnosis support for all ages for both ADHD and autism 2. The working group are currently developing an options appraisal, and undertaking demand, capacity and financial scoping for a number of different models that are being considered 3. CAMHS have established an autism carousel model which takes clinical staff from CAMHS working alongside multidisciplinary teams paediatricians and speech and language therapists to work together 1 day a week to dedicate to diagnosis clinics as a new approach to autism diagnosis. Looking at the autism and ADHD pathway is now a priority for the whole of Hampshire, so further work across partners has begun
9	CAMHS/AMH	Early Intervention in Psychosis (EIP) (% of people receiving treatment within 2 weeks)		✓		✓	Yes	50%	50%	53%	56%	60%	1. The percentage of people experiencing a first episode of psychosis who started treatment within 2 weeks of referral with a NICE recommended package of care between December 2016 - July 2017 was reported as 85.3%, therefore achieving the 50% access standard for 2017/18 2. Royal College of Psychiatrists College Centre for Quality Improvement CCQI provider self-assessment rating of 'good' (graded level 3) by 2018/19 across all domains	G	1. Increased investment has been made into the EIP team from both CAMHS staffing resource and FYFV-MH investment 2. Currently meeting the national standard, access to the service currently includes individuals up to the age of 35 years, planning is underway to extend this to an age range up to 65 years to be in-line with national guidance 3. Current investment and planned investment in 2018/19 will fully establish the team to provide a service to the increased age range
10	CAMHS/AMH	Early Intervention in Psychosis (EIP) (specialist EIP provision in line with NICE recommendations)		✓		✓	Yes	Baseline	Graded at level 2	Graded at level 3	Graded at level 3	Graded at level 3	1. Royal College of Psychiatrists College Centre for Quality Improvement CCQI provider self-assessment rating of 'good' (graded level 3) by 2018/19 across all domains	G	
11	AMH	Perinatal mental health services (increase to baseline of women accessing evidence-based specialist perinatal mental health treatment)		✓			NHS England						1. Continue to work with NHS England and local community providers to develop a comprehensive service	N	1. NHS England are leading this workstream, with the current priority ensuring that all areas across England have specialist perinatal services and beds 2. Southampton have identified that we will continue to increase our perinatal services within the community where people do not meet the criteria for the secondary perinatal services, for example expanding group treatments that are available to include a "Mums Matter" 10-week Postnatal Depression group with crèche facilities in two locations in the city
12	AMH	Increase the number of people accessing individual placement support (IPS) (increase the number of people accessing IPS)	✓	✓				Baseline audit of IPS provision	STP areas selected for targeted funding	25% increase in access	60% increase in access	100% increase in access	1. Completed NHSE national baseline audit for IPS services; IPS fidelity self-assessment June 2017 2. Plans are being developed to meet IPS high fidelity across all self-assessment domains 3. Attendance at September NHSE workshop to inform future plans 4. Results from IPS fidelity self-assessment to be shared with CCG October 2017 5. Bids for transformation funding will open in November 2017, submissions will be accepted at STP level 6. Outcome of bidding process expected December 2017	G	1. Employment specialists now embedded within community mental health teams, with early information indicating that there has been a significant increase in the numbers of people being engaged, and people being supported into education, volunteering opportunities and paid work 2. Further areas of development have been identified, with an opportunity to bid for NHSE national money during November at STP footprint level
13	AMH	Crisis pathways (crisis resolution and home treatment teams, effective and properly resourced service models delivering best practice standards as described in the CORE fidelity criteria)	✓	✓			Yes	Review current provision against CORE					FYFV-MH 1. Royal College of Psychiatrists Centre for Quality Improvement CCQI provider self-assessment tool completion 2. Plans in place to address gaps identified  MHM 1. Continue pathway development work (inc. 'Arrivals and discharge lounge' & s136) 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan	G	1. 'Crisis Lounge' open since 16th October, initially open for four 'twilight' shifts each week - Monday to Thursday from 4pm to midnight. As recruitment progresses there will be a phased approach to build capacity to deliver a 24 hour / 7 day a week crisis lounge service 2. Increased investment into Acute Mental Health Team has occurred to help improve the home treatment element of the team, which provides a real alternative to an acute in-patient admission 3. Changes within the Police and Crime Bill are due imminently which will decrease the maximum detention time to 24hrs from 72hrs that people can be held within a section 136 suite (place of safety). Revised protocols and escalation procedures are being developed with all partners
14	AMH	Physical health checks for people with severe mental illness (SMI) (% of people on SMI register who receive NICE-recommended screening and access to physical care interventions)		✓			Yes		30%	60%			1. Review QOF planning guidance for 2017/18 when released 2. Co-produce an improvement action plan with primary care and mental health secondary care providers to increase uptake of routine screening initiative to equivalent or greater than the general population national average 3. Implementation of action plan 4. Comparison of screening rates of SMI register to general population national average	G	Dr Hana Burgess is leading on this work with GPs and Southern Health, the secondary mental health provider 1. Linked with primary care model above, current data for the number of people with SMI that have undertaken screening is being evaluated, along with reviewing protocols and procedures 2. Guidance on screening for patients with SMI has been produced and published relating to patients on oral neuroleptic medication, this covers the majority of patients with SMI who are at greatest risk of increased cardiovascular disease burden 3. Increased investment into acute inpatient wards within SHFT has occurred to ensure that physical health needs are identified and treated appropriately 4. The level of physical health assessments remains a concern within the EIP team and this is being perused with SHFT
15	AMH	Develop services and support to access early intervention and prevention	✓										Community Navigation Service for Mental Health including additional resources specifically targeted at providing support for adults with mental health needs and people with dementia 1. Plan and deliver pathway development workshop - completed 2. Establish and test assumption for demand and capacity including evaluating existing projects - completed 3. Development of service specification - completed 4. Development of service performance indicators, and outcome measures - completed 5. Procurement of new service, advert placed and invitation to tender open 03 July 2017 - 21 September 2017 6. Implementation plan  Peer Support model 1. 2. 3.	G	1. Community Navigation Services are currently out to tender and includes a specific resource for mental health and dementia 2. Peer support and service user involvement projects are currently underway, and are beginning with establishing a strong co-production element 3. Proposals are being reviewed for a service user lead and co-production partner which will include gathering areas of best practice from around the Country
16	AMH/OPMH	Increase access to psychological therapies (IAPT)	✓			✓	Yes	15%	16.8%	19.0%	22.0%	25.0%	1. Workforce planning, number of therapists needed and training places secured - completed for 2017/18 access	G	1. Discussions with providers and NHS England have occurred and plans are being developed to ensure that we are able to meet the

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		(% of people with common MH conditions accessing psychological therapies each year)											2. Number of people receiving treatment 3. Number of therapists located in general practice (as per NHSE planning guidance)	G	Increased access targets and to begin training for the Long Term Conditions element of the target
17	AMH	Develop Personality Disorder pathways	✓										Work to commence winter 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan	G	1. Working groups have been established, a needs assessment is being progressed, and a number of models of care are being reviewed
18	AMH	Redesign rehabilitation pathway	✓										Work commenced summer 2017 1. Complete service review, including options appraisal - to be finalised October 2. Engagement and consultation with stakeholders, including; service users, experts by experience, carers, clinicians and voluntary sector organisations 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan	G	1. A project plan is in place, with working group established 2. A service review is being completed of the existing bed based rehabilitation services
19	AMH/OPMH	Eliminate use of acute out of area (OOA) placements (number of patients in acute OOA placements)	✓	✓		✓						Zero	1. Data collection and monitoring of adult mental health OOA placements including bed type, placement provider, placement reason, duration and cost	G	1. This is an STP workstream and is being led by the Vulnerable Adult Team on behalf of the Hampshire 5 CCGs 2. It is clear that at times the use of an OOA bed may be appropriate, for example staff sensitive 3. Significant reduction in the number of Southampton residents that are admitted to an OOA bed away from their families and support networks 4. A large number of the programme areas will positively impact the elimination of OOA placements by further reducing the need for beds
20	AMH/OPMH	Secure care pathway		✓									Work to commence summer 2017	N	1. Secure inpatient facilities are commissioned by NHS England
21	OPMH	Dementia diagnosis rate (number of people with dementia diagnosis +65 years)		✓				66.7%	66.7%				1. Meet NHSE dementia diagnosis standard to diagnose at least two thirds (66.7%) of people with dementia	G	1. Southampton CCG have consistently achieved NHSE dementia diagnosis standard to diagnose at least two thirds (66.7%) of people with dementia as having the disease 2. Number of people diagnosed (65+), from 01 April 2017 the denominator for the diagnosis standard calculation has changed, moving from ONS resident population estimates to registered population. Despite increasing the actual number of people recorded as having received a diagnosis the CCG performance has now fallen below the diagnosis standard. If we continue to apply last year's denominator our performance for June would have been 68.2% the highest it has been since November 2016, and we would have continued to achieve the 66.7% standard 3. An action plan has been developed that aims to increase the number of people who have a formal diagnosis
22	OPMH	Dementia post diagnostic care and support		✓									Work to commence spring 2018 1. Royal College of Psychiatrists Centre for Quality Improvement CCIQ provider self-assessment tool completion 2. Number of care plan reviews undertaken in primary care using QOF data	G	1. Dementia Scrutiny report recommendations are being implemented 2. Dementia Friendly Communities work has been in place since November 2016, initially a 12 month project with local communities to see Southampton City being recognised as a dementia friendly city. The project will continue for a further 12 months
23	All	Suicide prevention (reduction of 10% from baseline by 2020/21)		✓		✓		Baseline				10% reduction	1. Local multi-agency suicide prevention plan, following the latest evidence and PHE guidance - completed 2. Published suicide rates, using ONS statistics	G	1. Suicide Prevention Plan has been published, and discussions have begun with other local authorities across the STP footprint 2. Southampton are also looking into the zero suicide aspirations that have been very successful in other areas of the country
24	All	Mental Health Liaison (acute hospitals with an all-age service achieving 'Core 24' service standard)	✓	✓		✓	Yes						1. Completion of annual workforce survey to monitor compliance with workforce elements of the 'core 24' standard 2. Access and waiting times monitored through Royal College of Psychiatrists Centre for Quality Improvement CCIQ	G	1. Successful NHS England bid for 'CORE 24' funding resulting in £400,000 of additional funding for the year 2018/19 which will increase the team to reach the 'CORE 24' standard, including introduction of waiting time standard 2. Long term funding from FYFV-MH investment has been identified to continue the service from Southampton City CCG, West Hampshire CCG and UHS 3. Recruitment has begun in this financial year 2017/18 which is being funded by Southampton City CCG in recognition of the difficulties in recruiting to the specialist posts

RAG status definitions - overall delivery confidence (on schedule to deliver)	
Successful delivery of the programme appears to be unachievable. There are major issues on the programme definition, schedule, budget required, quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The programme may need re-basing and/or overall viability re-assessed	R
Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun	A
Successful delivery of the programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten deliver significantly	G
Programme is delivered	C
Programme of work not yet started	N

Glossary of unfamiliar words, abbreviations and further information
<b>Adult mental health (AMH)</b> - service for adults aged 18-65
<b>Child and adolescent mental health services (CAMHS)</b> - service for children and young people under the age of 18 who experience a mental health problem
<b>Children and young people (CYP)</b>
<b>Clusters</b> - Services being delivered close to your community, and delivered around GP practice populations called clusters. The cluster that you belong to is based on where you live (your neighbourhood), and which GP practice you are registered with
<b>CORE fidelity criteria and 'Core 24'</b> sets out best practice standards for adult liaison mental health services
<b>Developmental disorders</b> - includes ADHD, high functioning autism and Asperger's
<b>Five Year Forward View for Mental Health (FYFV-MH)</b> - An independent report of the Mental Health Taskforce set out the start of a ten year journey for transformation, the report made a set of recommendations for NHS bodies to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people. It also set out recommendations where wider action is needed, for example, as well as access to good quality mental health care wherever they are seen in the NHS, people want a decent place to live, a job or good quality relationships in their local communities. Finally, the report places focus on tackling inequalities. Mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination.
The recommendations of the Five Year Forward View for Mental Health have been accepted by the NHS, and plans for their delivery over the coming years to 2020/21 are consistent with Southampton Mental Health Matters plans
The <b>Improving Access to Psychological Therapies (IAPT)</b> programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England
<b>Individual placement support (IPS)</b> provides help to people with mental illness find and keep competitive employment
<b>Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (LTP)</b> - The document provides guidance for local areas - CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors to support improvements in children and young people's mental health and wellbeing. The guidance should be read alongside Future in Mind (a report of the Children and Young People's Mental Health Taskforce Future in Mind, jointly chaired by NHS England and the Department of Health establishes a clear direction and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it
<b>Mental Health Crisis Care Concordat</b> is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis
<b>Mental Health Matters (MHM)</b> - A Mental Health Matters event took place in late 2014 which sought to hear the views of stakeholders in relation to mental health services and support in the city. The main feedback from this event was that people wanted an opportunity to be part of the review of mental health provision, and have a 'blank page' approach. This was followed by an engagement period during the Autumn of 2015 on the Mental Health Matters initiative that informed and contributed to the development of the proposals for the future of all age mental health services in the city. The next step was to undertake a period of public consultation, which ran from 5th February 2016 to 2nd May 2016. The proposals set out in the consultation were developed following feedback from service users, carers, GPs and other interested parties as a result of the engagement work during the Autumn 2015
<b>NHS Operational Planning and Contracting Guidance 2017 - 2019 (OP)</b> - NHS England and NHS Improvement publish operational and contracting planning guidance that provides local NHS organisations with an update on the national priorities. The plan sets out the requirement for local areas to develop plans to deliver in full the implementation plan for the FYFV-MH and summarises the key deliverables for mental health transformation
<b>Older persons mental health (OPMH)</b> - service for older adults aged over 65
<b>Perinatal mental health services</b> provide support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant
<b>RAG status</b> reporting is used when project managers are asked to indicate how well a project is doing using the series traffic lights. A red traffic light indicates problems, amber then everything is okay, and green things are going well
<b>Sustainability and Transformation Plan (STP)</b> - Every health and care system in England are producing multi-year plans showing how local services will evolve and become sustainable over the next five years. Hampshire, Portsmouth, Southampton and the Isle of Wight have established a mental health alliance
<b>The Quality and Outcomes Framework (QOF)</b> is the annual reward and incentive programme detailing GP practice achievement results. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services
<b>The Royal College of Psychiatrists Centre for Quality Improvement (CCIQ)</b> aims to raise the standard of care that people with emotional or mental health needs receive by helping providers, users and commissioners of services to assess and increase the quality of care they provide. More than 90% of Trusts in the UK who provide mental health services participate in the work of the CCIQ