

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

We told you in our recent 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 first update as at November 2016.

Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators
			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 'individual' CYP aged 0-18 receiving treatment from NHS funded community services
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
3	CAMHS	Evidenced-based community eating disorder services for CYP (% of CYP receiving treatment within 4 weeks routine, 1 week urgent)		✓		✓	Yes	baseline	local trajectory	local trajectory	local trajectory	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 that will monitor improvements and demonstrate quality of service delivery
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
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 was waited in excess of 18 weeks 5. Develop measures to monitor secondary waits

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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 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
7	CAMHS/AMH	Develop a 0-25 years' transition service			✓								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
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
9	CAMHS/AMH	Early Intervention in Psychosis (EIP) (% of people receiving treatment within 2 weeks)		✓			Yes	50%	50%	53%	56%	60%	1. Number of people experiencing a first episode of psychosis start treatment within 2 weeks of referral with a NICE recommended package of care 1. CQI provider self-assessment rating of 'good' (graded level 3) by 2018/19 across all domains
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. Continue to work with NHS England and local community providers to develop a comprehensive service
11	AMH	Perinatal mental health services (increase to baseline of woman accessing evidence-based specialist perinatal mental health treatment)		✓			NHS England						Work to commence spring 2017 1. Evaluate impact of employment advisors embedded into each of the three Community Mental Health Team (CMHT) 2. NHSE national baseline audit for IPS services completion in Q3/4 2016 3. Plan developed to improve access to IPS employment support for people with SMH 4. If invited, bid for transformation funding in autumn 2017, submission December 2017
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	Work to commence spring 2017 1. Evaluate impact of employment advisors embedded into each of the three Community Mental Health Team (CMHT) 2. NHSE national baseline audit for IPS services completion in Q3/4 2016 3. Plan developed to improve access to IPS employment support for people with SMH 4. If invited, bid for transformation funding in autumn 2017, submission December 2017

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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. 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
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%				Work to commence spring 2017 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 5. Implementation plan
15	AMH	Develop services and support to access early intervention and prevention	✓										Work to commence spring 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity including evaluating existing projects 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
16	AMH/OPMH	Increase access to psychological therapies (IAPT) (% of people with common MH conditions accessing psychological therapies each year)		✓		Yes	15%	17%	19%	22%	25%		1. Workforce planning, number of therapists needed and training places secured 2. Number of people receiving treatment 3. Number of therapists co-located in general practice (as per NHSE planning guidance)



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17	AMH	Develop Personality Disorder pathways	✓										<p>Work to commence winter 2017</p> <ol style="list-style-type: none"> <li>1. Plan and deliver pathway development workshop</li> <li>2. Establish and test assumption for demand and capacity</li> <li>3. Development of service specification</li> <li>4. Development of service performance indicators, and outcome measures</li> <li>5. Implementation plan</li> </ol>
18	AMH	Redesign rehabilitation pathway	✓										<p>Work to commence winter 2016</p> <ol style="list-style-type: none"> <li>1. Complete service review, including options appraisal</li> <li>2. Engagement and consultation with stakeholders, including; service users, experts by experience, carers, clinicians and voluntary sector organisations</li> <li>3. Development of service specification</li> <li>4. Development of service performance indicators, and outcome measures</li> <li>5. Implementation plan</li> </ol>
19	AMH/OPMH	Eliminate (inappropriate) use of acute out of area (OOA) placements (number of patients in acute OOA placements)	✓	✓								Zero	<ol style="list-style-type: none"> <li>1. Data collection and monitoring of adult mental health OOA placements including bed type, placement provider, placement reason, duration and cost</li> </ol>
20	AMH/OPMH	Secure care pathway		✓									<p>Work to commence summer 2017</p>
21	OPMH	Dementia diagnosis rate (% of prevalence with diagnosis of dementia +65 years)		✓			66.7%					66.7%	<ol style="list-style-type: none"> <li>1. Number of people diagnosed (65+)</li> <li>2. Referral to treatment times</li> </ol>
22	OPMH	Dementia post diagnostic care and support		✓									<ol style="list-style-type: none"> <li>1. CCQI provider self-assessment tool completion</li> <li>2. Number of care plan reviews undertaken in primary care using QOF data</li> </ol>
23	All	Suicide prevention (reduction of 10% from baseline by 2020/21)		✓			Baseline					10% reduction	<ol style="list-style-type: none"> <li>1. Local multi-agency suicide prevention plan, following the latest evidence and PHE guidance completed</li> <li>2. Published suicide rates, using ONS statistics</li> </ol>
24	All	Mental Health Liaison (acute hospitals with an all-age service achieving 'Core 24' service standard)	✓	✓									<ol style="list-style-type: none"> <li>1. Completion of annual workforce survey to monitor compliance with workforce elements of the 'core 24' standard</li> <li>2. Access and waiting times monitored through CCQI</li> </ol>

<b>RAG status definitions - overall delivery confidence</b>	<b>R</b>
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	<b>R</b>
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	<b>A</b>
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	<b>G</b>
Programme is delivered	<b>C</b>
Programme of work not yet started	<b>N</b>

**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>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
<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 reporting</b> 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>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 RCPsych College Centre for Quality Improvement (CCQI)</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 CCQI

