

# Governing Body (Public) Meeting

 DATE: 28<sup>th</sup> February 2013

Title	<b>Mental Health</b>	
Recommended action for the Governing Body	That the Governing Body: <b>Note</b> the report*	
Executive Summary	This is an updated report of the mental health contract performance for Month 10 (January 2013).	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	
	Equality and Diversity	
	Patient impact	
	Financial	
	Legal Issues	
	NHS constitution	

<b>Consultation</b> (Public, member or other)	None	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	None	
Communications Plan	None	
Author	Martin Murphy, Joyce Dukes and Emma Gennard	
<b>ENCLOSURE: D(vi)</b> <b>Governing Body (Public) Meeting</b> <b>28<sup>th</sup> February 2013</b> <b>Agenda Item: 06/13</b>		Executive Sponsor
		Sarah Valentine

**Bexley Clinical Commissioning Group**

**Mental Health Contracts – Performance Report  
28<sup>th</sup> February 2013**

This is an updated report of the mental health contract performance for Month 10 (January 2013). The report has been structured as follows:

<b>1.0</b>	Major variances – why and what is being done to mitigate / pull back
<b>2.0</b>	CQUIN update
<b>3.0</b>	QIPP update
<b>4.0</b>	Risks and Opportunities (including clinical)
<b>5.0</b>	AQP / procurement / tendering update
<b>6.0</b>	Any other issues

This information was previously reported and presented by the Head of Mental Health Commissioning on a quarterly basis to the Joint Funds Sub Committee up until March 2011 when the head of adult social care advised that these reports were no longer required.



## Bexley Clinical Commissioning Group

This report has been compiled by in the mental health commissioning team.

1.0	<b>Major variances – cause and remedial action/mitigation</b>
	<p>The Month 10 position for Mental Health shows a forecast out turn overspend of £914k – see below.</p> <p><b>Major variances</b></p> <p><u>W65734 MH Adult Cost Per Case – FOT variance £207k</u>  The number of patients within cost per case has been reduced from 13 at the start of the year. A small cohort of long-term complex-needs patients will remain but work continues to identify clinically-appropriate placements which allow patients to step down to reduced levels of secure accommodation in line with their care plans and eventual goal to return to the community.</p> <p><u>W65751 Oxleas Mental Health – FOT variance £834k</u>  The over-spend year to date is due to above contract activity in Forensic, TARN, and UEA over-performance.</p> <p>Forensic beds occupied throughout Q1, Q2 and Q3 have remained high despite patients moving in and out during the period. Bexley contract 8 beds in Forensic services, but over the past 12 months activity has been between 12-14 beds. The rise in activity has been observed as increasing numbers of patients being transferred from prison. Active steps are being taken to identify possible moves to community placements and meetings continue to take place with members of the Oxleas Forensic Liaison Service.</p> <p>The Forensic service will transfer to the Specialist Commissioning Group from 1<sup>st</sup> April 2013.</p> <p><u>W65733 CAMHS CPC – FOT variance -£90k</u>  CAMHS Assertive Outreach Team is gatekeeping admissions into in-patient care. The service has received approval for a QIPP scheme to extend its work to provide cover 24/7 to enable further reductions to take place in out of hours and weekend admissions.</p>



## Bexley Clinical Commissioning Group

<b><u>M10 Directorate Report</u></b>												
Directorate Code Description	CC	CC Description	Sum of Annual Budget £000	Sum of In Month Budget £000	Sum of In Month Actual £000	Sum of In Month Variance £000	Sum of YTD Budget £000	Sum of YTD Actual £000	Sum of YTD Variance £000	FOT £000	FOT Variance £000	
Mental Health	W65731	Mental Hth Pooled Budget	95	8	11	3	79	90	11	95	0	
	W65732	Mental Health Advocacy	78	6	6	0	65	64	-1	78	0	
	W65733	CAMHS CPC	756	63	41	-22	630	506	-124	666	-90	
	W65734	MH Adult CPC	656	55	-131	-185	547	651	104	863	207	
	W65735	ServSeconded to Oxleas	1,740	145	168	23	1,450	1,451	0	1,740	0	
	W65737	Mind Drop in Centre	35	3	3	0	29	29	0	35	0	
	W65738	Partnership Fund Income	-102	-9	-8	0	-85	-85	0	-102	0	
	W65739	Together	880	73	71	-2	733	733	0	880	0	
	W65740	Aspergers	116	10	-2	-12	97	48	-49	79	-37	
	W65741	Counselling Service	353	29	30	1	294	294	0	353	0	
	W65742	Other Mental Health	37	3	62	59	31	123	92	37	0	
	W65743	Other Social Care Funding	0	0	0	0	0	0	0	0	0	
	W65744	Addictions Spot Purchase	410	34	0	-34	342	342	0	410	0	
	W65745	Reinstate	95	8	8	0	79	79	0	95	0	
	W65746	Recharge Bexley Council	-2,704	-225	-218	8	-2,253	-2,253	0	-2,704	0	
	W65747	SLAM	1,371	59	52	-7	1,254	1,227	-27	1,371	0	
	W65748	Bexley Council EMI	683	57	57	0	569	569	0	683	0	
	W65749	Personalisation budgets	184	15	-6	-21	153	132	-21	184	0	
	W65750	Oxleas Community	0	0	0	0	0	0	0	0	0	
	W65751	Oxleas Mental Health	22,381	1,708	1,889	181	18,966	19,658	693	23,215	834	
	W65752	Mind Resource Centre	71	6	0	-6	60	59	0	71	0	
	W65753	Mind Directory + Inform	58	5	0	-5	48	27	-21	58	0	
	W65754	Mind Advocacy	43	4	8	4	36	40	4	43	0	
	W65755	Mind Welfare Rights	54	4	0	-4	45	41	-4	54	0	

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### Bexley Clinical Commissioning Group

	W65756	Nat Schizophrenia Fship	86	7	0	-7	72	60	-12	86	0
	W65757	Alzheimers Society	40	3	-2	-5	33	34	0	40	0
	W65760	IAPT	554	46	46	0	461	461	0	554	0
	<b>Total at Month 10</b>		<b>27,972</b>	<b>2,118</b>	<b>2,085</b>	<b>-33</b>	<b>23,736</b>	<b>24,381</b>	<b>645</b>	<b>28,886</b>	<b>914</b>

## Bexley Clinical Commissioning Group

2.0	<b>CQUIN Update</b>				
Oxleas are on progressing well against all the CQUIN's and have shown good progress on those without a milestone for					
Goal No	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	Physical Health	<i>Improving the physical health of patients with MH problems and good practice communication</i>	55%	£313,460.40	Safety Effectiveness Experience
2	GP Data Set	<i>To improve information to inform future clinical commissioning priorities</i>	15%	£85,489.20	Effectiveness Innovation
3	Safeguarding	To enable commissioners to develop and strengthen the on-going local assurance regarding safeguarding children.	15%	£85,489.20	Safety
4	Dementia	Improving dementia care and prescribing in Mental Health Trusts	10%	£56,992.80	Safety Effectiveness
5	Vulnerable Adults	<i>To review and ensure vulnerable adults are receiving fair access to mental health services.</i>	5%	£28,496.40	Effectiveness Patient Experience
<b>Totals:</b>			<b>100.00%</b>	<b>£569,928.00</b>	
<p>Q2. All targets have been achieved for Q2.</p> <p>The next BBG Quality Meeting to discuss CQUIN performance for Q3 will take place on 20 February 2013.</p> <p>Meetings are currently being held between BBG Commissioners and the Provider to agree CQUIN targets for 2013-14.</p>					

3.0	<b>QIPP Update</b>
	<p><b>QIPP 2013-14</b></p> <p><b>IAPT QIPP</b>  A mental health referral pilot is planned to streamline the pathway into mental health services; to ensure patients are seen in the right service, first time and to prevent entry into secondary services when treatments exist within primary care. It is anticipated that the advent of Payment by Results in mental health will adversely affect the affordability of routine mental assessments. The pilot will place Community Psychiatric Nurses within the IAPT service to carry out standard assessments to ascertain the nature and complexity of all referrals and provide vital information to inform future commissioning decisions.</p> <p>Additional investment will be required to complete the Pilot and create full-time substantive posts for the three current High Intensity therapists who are currently completing training. The additional capacity created will reduce waiting lists, meet additional demand, and ensure the national IAPT target of 15% of prevalence of mild to moderate mental health disorders is met by 2014-15.</p>
	<p><b>General Mental Health QIPP</b>  Identification of proposed QIPP schemes is at an advanced stage with a follow-on meeting planned for 5<sup>th</sup> March 2013.</p> <p>CIP of £476k has been identified within Mental Health for 2012-13. The CIP/QIPP for the 2 year period will total £1,563k.  There is a risk that the current forecast out-turn of £914k will form a considerable proportion of this year's QIPP.</p>
	<p><b>Mental Health in Acute</b></p> <p>This scheme is currently under review by Sarah Valentine. It is proposed to take on a project manager to scope the QIPP further to enable firm decisions to be made about 'actual' savings to expect.</p>



4.0	Risks and Opportunities (including clinical)
<p><b>Risk – BDMH1 - Payment by Results for Mental Health</b></p>	
<p><i>Residual Risk: 8</i></p>	
<p><i>Risk Detail: There is a risk that the new PBR tariff being introduced by DH will adversely affect mental health services commissioned from Oxleas due to lack of cost exercises undertaken by Bexley due to lack of information from Provider services.</i></p>	
<p><b>Update:</b></p>	
<p>A Joint Technical PbR Group has been set up to enable Oxleas and Commissioners and Finance to work together to share progress on PbR and allow input from both parties. The project has been divided into sub-groups to allow work to progress swiftly.</p>	
<p>Sub Groups consist of: Assessment and Clusters; Care Pathways and packages; Information Development; Costing/Tariff and Finance; Contract and Activity Planning.</p>	
<p>Project plans are currently being finalised for 2013-14 in line with DH guidance.</p>	
<p><b>Risk – BDMH2 – Talking Therapies – IAPT</b></p>	
<p><i>Residual Risk: 6</i></p>	
<p><i>Risk Detail: There is a risk that if we do not plan for and implement the growth of the IAPT service in Bexley in line with the National Strategy for completion by 2014, that there will not be sufficient capacity to meet the target of 15% of prevalence. This risk is caused by lack of investment into the IAPT service leading to lack of capacity to meet current and future demand.</i></p>	
<p><b>Update:</b></p>	
<p>The PMO have provisionally approved the substantive posts for High Intensity Therapists for 2013-14 on the basis that the service is preventative and is a valuable QIPP within mental health services. The current contract for IAPT and Primary Care Counselling has been re-tendered and a preferred bidder is being recommended to the CCG governing body for approval on 28 February 2013. The new service will streamline referrals and allow the services to work more closely for the benefit of patients, reducing dual referrals and improving waiting times.</p>	
<p><b>Risk - BDMH3 – Dementia</b></p>	
<p><i>Residual Risk: 4</i></p>	
<p><i>Risk Detail: There is a risk that we may not meet the objectives set out in the National Dementia Strategy 2009 and that Bexley will not meet the needs of clients with Dementia and their carers to a national standard. This will be caused by lack of joint working and KPI's across providers to ensure there are appropriate measures in place to monitor progress in line with strategy implementation of 2013. This will lead to inequality of service provision in Bexley including below national levels of best practice in Dementia service provision.</i></p>	
<p><b>Update:</b></p>	
<p>Bi-monthly meetings continue to make progress in this area.</p>	

**Risk - BDMH4 – Out of Borough Placements**

*Residual Risk: 4*

*Risk Detail: There is a risk that the cost per case/ residential budget for Adult Mental Health will overspend caused by a small group of complex clients where local services cannot meet their needs requiring high cost of out of area placements. This is a cost pressure for Mental Health.*

**Update:**

The Cost per Case budget is being monitored closely. Where clinically appropriate, and working closely with Oxleas, substantial progress has been made to being clients back to Bexley within existing service provision. Additional costs over and above contracted services are avoided whenever possible.

5.0	<b>AQP/Procurement/Tendering Update</b>
	<p><b>Independent Mental Health Advocacy (IMHA) Service</b>          The “Standstill” period ended on 18<sup>th</sup> December 2012 and the award of the contract was not contested. A contract is currently being drawn up. The contract will commence on 1 March 2013.</p> <p><b>IAPT Bexley Psychological Therapy Service</b>          The tender process has identified a preferred bidder and approval is being sought from the CCG Governing Body meeting on 28 February 2013. The contract is due to commence on 1 April 2013.</p>
6.0	<b>Any other issues</b>
6.1	<p>The directors of Commissioning from Bexley, Bromley and Greenwich met and agreed a bi-lateral approach to the 2013-14 contract negotiations for the Community Mental Health Contract. Negotiations are currently taking place and the contract will be issued on a one-year basis in line with guidance from the National Commissioning Board.</p>
6.2	<p><b>GP MH Lead Clinical Process</b></p> <p>Howard Stoate requested a brief update on the involvement of GP MH leads in mental health commissioning:</p> <p>Annie Milstein and Wolfgang Wallat are the GP MH leads in Bexley and are involved in the clinical commissioning process as follows:</p> <ol style="list-style-type: none"> <li>1. Monthly GP MH commissioning update with commissioners to discuss any issues arising, contractual overview, clinical pathways, individual GP issues and preparation for Oxleas GP Liaison meeting.</li> <li>2. Bi-Monthly Oxleas GP Liaison meeting. Currently meeting with each directorate from Oxleas discussing problematic areas and or areas for improvement. Annie and Wolfgang are responsible for feeding outcome and actions back to Bexley GP’s as required.</li> <li>3. Wolfgang Wallat attends the quarterly BBG MH CQUIN and Quality meeting with Oxleas and the bi-monthly Dementia Steering Group.</li> <li>4. Annie and Wolfgang are attending the London Mental Health in Primary Care Programme between them and feeding back to the commissioner.</li> <li>5. Sid Deshmukh is attending the London Dementia Development Programme for Bexley.</li> <li>6. Annie and Wolfgang are aware of and tasked with signing off any MH QIPP schemes from a clinical perspective.</li> <li>7. Communication is open between Annie and Wolfgang and the commissioner and we often discuss MH issues as they arise in addition to the above e.g meeting arranged this week to discuss improvement ideas after attending most recent GP MH Programme workshop.</li> </ol>



## Bexley Clinical Commissioning Group

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Chair: Caroline Hewitt

Interim Chief Executive: Christina Craig

CCG Chair: Dr Howard Stoate

CCG Chief Officer (Designate): Sarah