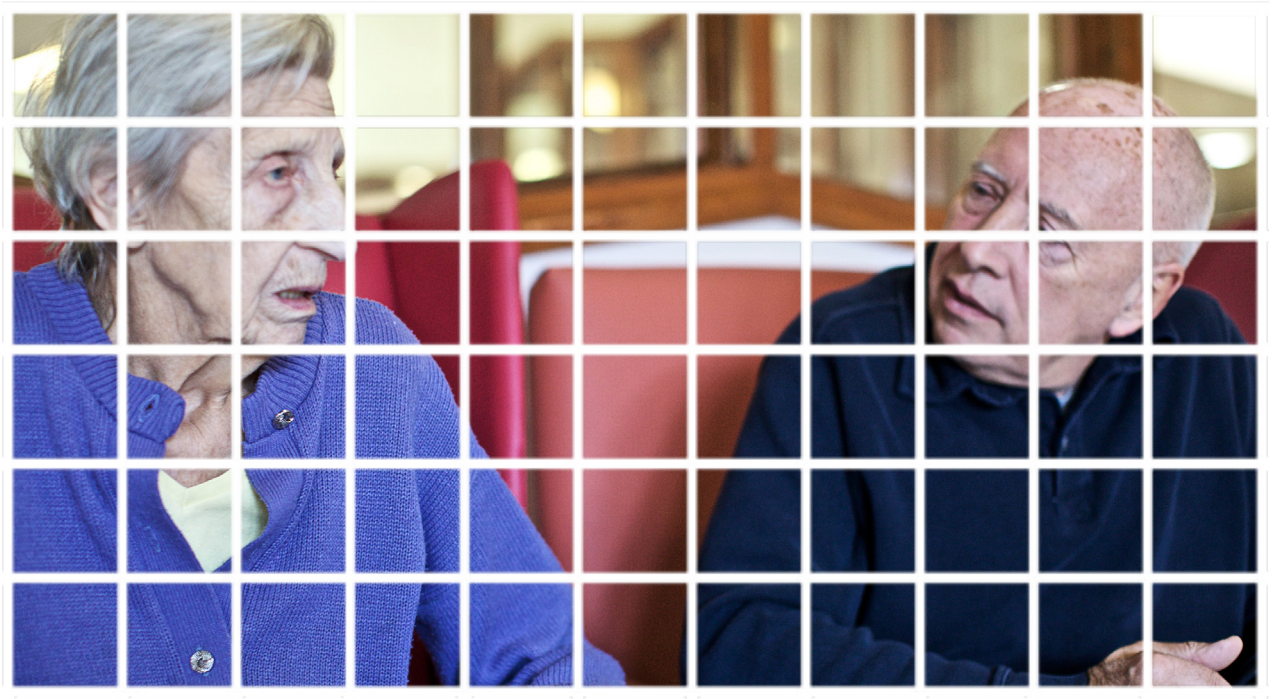
Clinical Commissioning Intentions for Sheffield's Mental Health, Learning Disability and Dementia Services



A Five Year Aspiration

Working with you to make Sheffield HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

Introduction

Dr Geraldine Strathdee - Parity of Esteem

Click the image to view or visit:
https://www.youtube.com/watch?v=YtYrhYNjCEQ

Our Goals

Our vision for Mental Health, Learning Disability and Dementia Services has three key themes of:

- Prevention and tackling inequality
- Access and first response
- Recovery and long term support

So that in five years' time people will experience better mental and physical wellbeing; reduced ill health and an increased life expectancy [1] ('Everyone Counts: Planning for Patients 2014/15 – 1018/19' page 58(1))

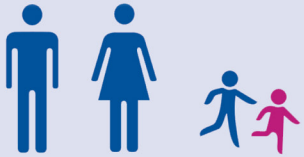
We will work to reduce stigma and inequalities in access and treatment, and target resources at earlier intervention in better integrated primary and community settings.

01. Learning Disabilities impact on life expectancy

People with learning disabilities die much younger than the rest of the population. Men die 13 years younger and women die 20 years younger, on average.

02. Learning Disabilities and premature death

42% of deaths are considered to be premature. Younger people with learning disabilities are more likely to die premature than the rest of the population.



03. The most common immediate cause of death

The most common immediate causes of death in people with learning disabilities:

34% Respiratory

21% Heart

04. The most common underlying cause of death

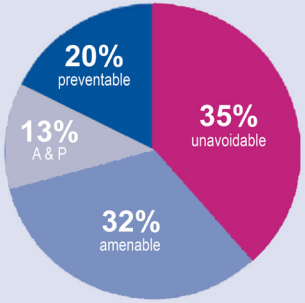
The most common underlying cause of death in people with learning disabilities:

22% Heart

20% Cancer

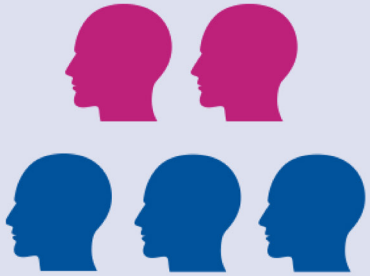
05. 65% of premature deaths are avoidable

32% of deaths are amenable, 13% are amenable and prevenatable and 20% are preventable



06. Difficulties faced in diagnosing problems

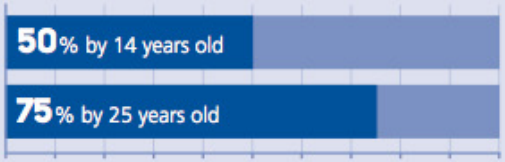
2 in 5 people with learning disabilities are faced with problems assessing, investigating and ultimately treating of conditions



01. Mental health problems develop at a young age.

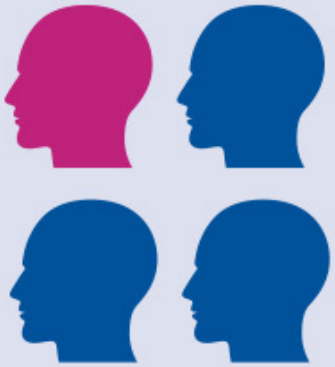
1 in 5 children have a mental health problem in any given year.[8]

First experience of mental health problems in those suffering lifetime mental health problems.[9]



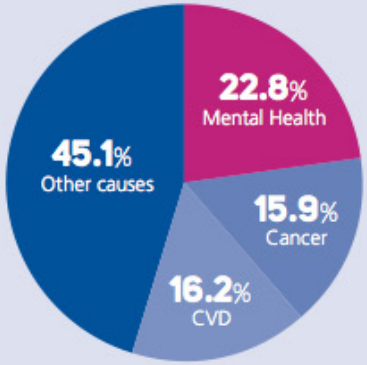
02. Mental health is widespread & common.

Every year 1 in 4 adults experience at least one mental disorder.[10]



03. Mental health is a significant burden.

Mental ill health is the single largest cause of disability in the UK.[11]



04. Mental health impacts on life expectancy.

Average life expectancy in England and Wales for people with mental health problems is 60 years behind the national average.[12]

05. People with mental health problems have worse physical outcomes.

People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.

PEOPLE WITH SCHIZOPHRENIA ARE:

2 x more likely to die from cardiovascular disease,

3 x more likely to die from respiratory disease.

06. When people with LTCs also have mental health issues the cost of treatment can rise significantly.

NHS BILL

1/3 people with long term physical conditions also experience mental health problems increasing treatment costs by around

£8 - 13bn a year[13]

07. The mental health of people with serious physical health problems is often overlooked.

1/2 of terminally ill or advanced cancer patients suffer from depression, anxiety, and/or an adjustment disorder...

...yet less than half receive treatment for their mental health.[14]

08. Mental health problems affect the likelihood that people will be compliant with their treatment.

Depressed co-morbid patients are **three times more likely** to be non-compliant with treatment recommendations than non-depressed patients.[15]

09. There are often long waits for mental health services.

1 in 10 people wait over a year for access to talking therapies[16]

10. There is a wider economic impact of mental health.

The full costs of mental illness in England have been estimated to be £105.2 billion a year.[17]

£105,200,000,000

Enhancing Care

Ensuring there is a city wide standard approach to prevention of mental and physical ill health, within the principle of 'ordinary lives' (2) and parity of esteem (3):

- Promoting early diagnosis and early intervention
- Ensuring there is equitable access to all health services commissioned by NHS Sheffield CCG and partners
- Ensuring coordinated management of people with complex needs within acute care, intermediate care, Right First Time initiatives and primary/community care
- Addressing the recommendations in the Confidential Inquiry into Premature Deaths of People with Learning Disability (4)
- Addressing the reduction of out of city placements for people with a learning disability
- Enhance the stepped model of care (5) in specialist services by:
- Establishing an outcome and recovery focussed commissioning approach, which will maximise value for money
- Reviewing service delivery so that we move from intensive secondary care provision into prevention and low level support; so that these are provided for and resourced within primary care and community care settings

- Continuing to focus on commissioning services for people with complex needs by ensuring the provision of specialist services that are able to support them in the least restrictive environments and as close to home as possible
- Ensuring appropriate access to mental health care for 16 and 17 year olds, including people with learning disability to address a current gap, working with the Children's Portfolio
- Improve out of hours crisis response for people with SMI/LD and Dementia
- Improve the physical health of inpatients and those people with established severe mental illness and/or learning disability.

How to Achieve These Aims & Objectives

Co-ordinated care in the Sandwell Integrated Primary Care Mental Health and Wellbeing Service

Click the image to view or visit:

https://www.youtube.com/watch?v=Rp74CbnnXhY

How to Achieve These Aims & Objectives

- Establish better coordination/case finding of the needs of people with complex health and cognitive impairments and improve access to specialist community advice and support. This will include exploring models of social prescribing and 'care navigator'/signposting service provision as seen in this video clip by the Sandwell Integrated Primary Care Mental Health and Wellbeing Service:
- Increase prevention and early intervention activity by shifting resources (financial & skills) from acute care to primary and community care developing primary care mental health services and developing a primary care 'offer' on similar lines to the IAPT model.
- Use Equality Impact Assessments to address the health inequality and increased morbidity and mortality faced by this population and ensure mainstream services make 'reasonable adjustments' to their service delivery to ensure equitable access.
- Ensure a seamless transition from children's to adult services and address the 16- 18 transitional gap by commissioning a single service from one provider.
- Focus on recovery through outcomes based contracting. (6)
- Improve the out of hour's crisis response, working with the acute care portfolio to further develop the crisis pathway and A&E response/ reconfiguration.
- Reduce out of city placements for people with LD linked to the Winterbourne View Concordat. (7)
- Invest in adult liaison psychiatry (8) to ensure coordinated management of complex physical & mental health needs within acute care.
  Ensure appropriate in-patient psychiatric bed capacity with commensurate increase in community provision.
- Redesign of specialist MH/LD/dementia services to better support the work of primary and secondary care.
- Develop Cross Portfolio Commissioning Intentions so that physical & mental ill health and wellbeing are considered together.
- These 'cross portfolio' intentions, which although will be led by other portfolio teams may impact on the generic delivery of Mental Health, Learning Disability and Dementia services through integration and better joint working. These are listed below (although please note this is not a definitive list of all CCG Commissioning Intentions):
- Identify opportunities to develop technology to support patient self-care and remote monitoring/increased non-face-to-face activity.
- Identify and implement provision of referral education and support to impact on referral quality and support adherence to local pathways.

How to Achieve These Aims & Objectives

- Invest in ill health prevention and cost effective alternatives to secondary care admission.
- Simplify the system so the public know the best way to access urgent and emergency care and particularly understand the role of primary care (including pharmacy), ensuring the default model of care is ambulatory care and care at or close to home.
- Ensure that every part of the unscheduled care response is operating effectively in hours and out of hours, including 111, ambulance services, GP out of hours deputising services supported by a comprehensive and up to date Directory of Services (DOS).
- Work with partners and citizens to create a culture of more self-care (e.g. through social and neighbourhood networks and working with the voluntary sector).
- Establish proactive case finding to support people who are (or are at risk of becoming), frequent emergency attenders due to their substance or alcohol misuse.
  By 2015/16 the emergency departments at the Northern General Hospital and Sheffield Children's Hospital will care for people with critical and life threatening illnesses only.
- Work with Public Health colleagues, co-commissioners and providers so that all health and social care staff will deliver the same health promoting messages e.g. every contact counts (9), the promotion of recovery and independence and public health campaigns that are co-ordinated with identified needs. Work with Sheffield City Council to identify work for integrated commissioning and complete commissioning plans for each area.
- Ensure equity of access for all, including housebound patients, people with mental health problems, dementia, or learning disabilities, people from ethnic minorities and people with multiple morbidity.
- Develop a dashboard looking at key indicators across selected condition-specific pathways, to identify any under-diagnosis and under-treatment of those populations with a learning disability, a serious mental illness or those who are socially isolated and outcomes for the whole population with these diseases.
- Continue work with community nursing colleagues to ensure the delivery of a community nursing service that is responsive and delivers holistic, high quality care to those that need it.
- Target those with 5+ emergency admissions or A & E attendances and implement care plans jointly across primary and secondary care (YAS/SHSC/SCC as appropriate).
- Develop Emotional Wellbeing and Mental Health Services by supporting the implementation of Children's IAPT.
- Develop the pathway for supporting Maternal Mental Health ensuring the specification for these services is clear.

References

(1) www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

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(3) www.rcpsych.ac.uk/pdf/OP88.pdf

(4) http://www.bris.ac.uk/cipold/

(5) http://www.cpft.nhs.uk/professionals/stepped-care-model.htm

(6) Outcomes based Commissioning - http://www.nhsconfed.org/Publications/Documents/outcomes_based_approach_011211.pdf

(7) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf

(8) http://www.dementiauk.org/assets/files/what_we_do/networks/liaison/RAID_Faculty_of_Old_Age_Psychiatry_17.3.111.pdf

(9) http://www.makingeverycontactcount.co.uk/

CIPOLD infographic references

http://www.bris.ac.uk/cipold/reports/fullfinalreport.pdf