Mid and South Essex STP: Developing a Costed Delivery Plan

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DRAFT V2 FOR REVIEW

Mid and South Essex STP: Developing a Costed Delivery Plan

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Mid and South Essex STP: Costed Delivery Plan

"This is the biggest transformation of mental health care in a generation"

ental Health condition prevalence across the STP

~1 in 5 people in Mid & South Essex are estimated to have a MH condition, many of which are undiagnosed, compared with an estimated ~1 in 4 people in England

People living in areas of greater deprivation are more likely to live with an MH condition. For example:

- Southend has highest recorded levels people with a MH condition overall, including people diagnosed with dementia, with similarly high rates of depression in Basildon & Brentwood
- MH need estimated by the LTP national formula estimates that several GP practices in Southend have almost twice the level of MH need to national average, whilst all other CCGs have on average 72-80% the level of need of England on average
- East Basildon and Southend localities have highest levels of people diagnosed with psychosis
- Alcohol dependency is lower overall than the national average but drug-related admissions vary, with levels in Southend well above national average

The number of people diagnosed with depression in primary care vary widely across all CCGs and across GP practices. As few as 16 out of 100 people with depression are diagnosed in some cases. This means it is possible many people are not accessing the necessary MH support in primary care settings.

defined clear parameters for success of the Costed Delivery Plan ogramme, developed in April-September 2019

als of the plan

evelopment of the osted Delivery Plan as several omponents:

- Develop a **baseline** of current state and **evidence base of best practice**
- Describe what the **future for mental health services** could look like
- Generate **a set of modelling assumptions** to cost the potential future state
- **Describe what it will take** to deliver

Prioritised guiding principles

- Focus on **current STP MH strategy and the 4 strategic transformation priorities under development, e.g.** :
  1. Crisis services
  2. Personality Disorder
  3. Dementia Services, and
  4. Integrated Primary & Community Care Model (focused on PCNs)
- **Following an agreed**:
  - **7-step Modelling approach**
  - **Needs-based segmentation** (SMI, CMI, Dementia, mostly healthy)
  - **5-service line focus** for modelling, and
  - **3-phase, 5-6 month process of data collection, analysis/modelling and engagement**

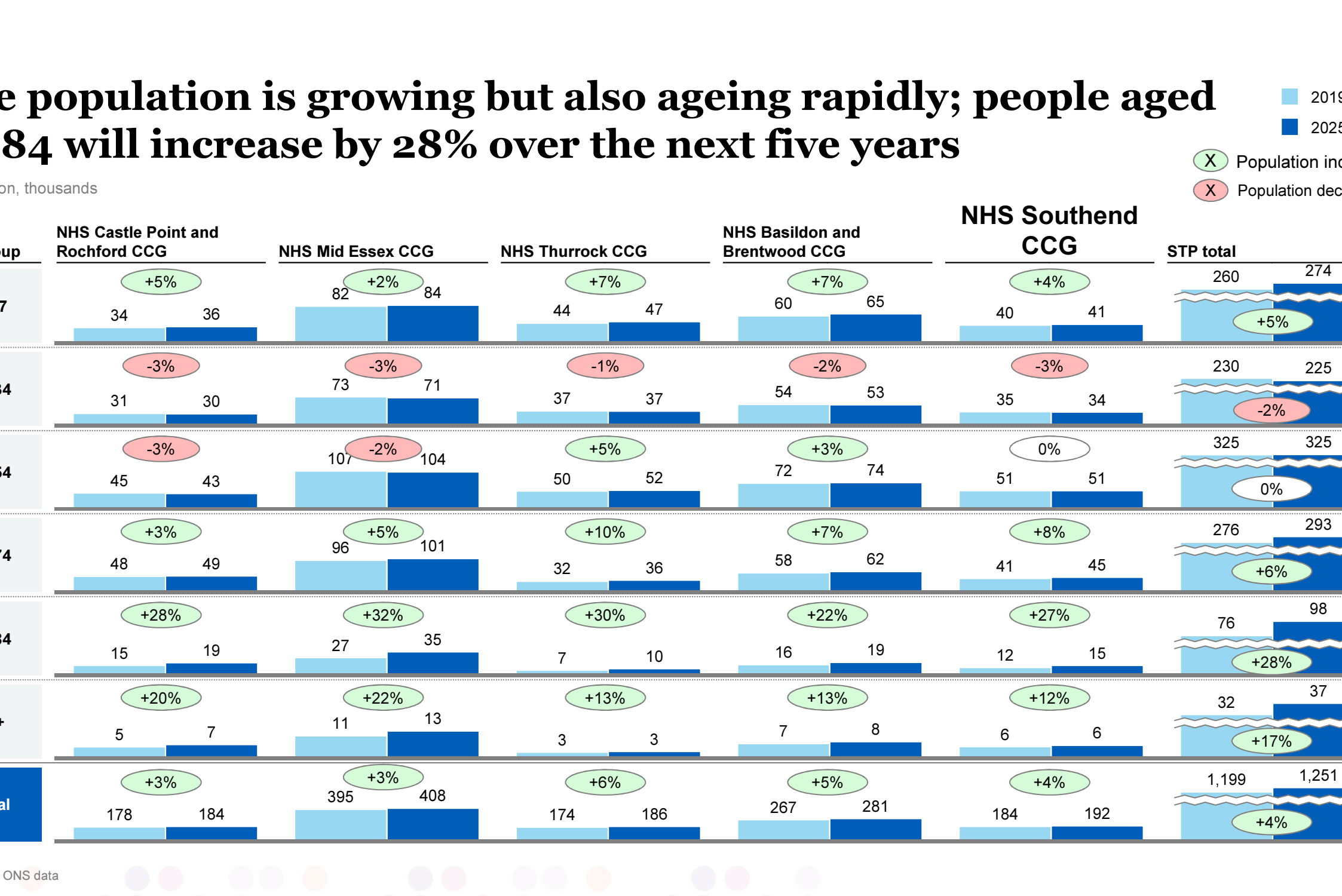
What this means for implementation

- The Costed Delivery Plan provides a **comprehensive picture of the activity an cost implications** of the **current STP strat** and the **4 core strategic transformation priorities** under development
- **For each it includes implications on key enablers** (e.g. workforce, estates, digital)
- It will also include **a high-level implementation road-map including also areas of Mental Health strategy that still need to be developed** and integrated into STP-wide Mental Health strategy and Deliv Plan going forward, such as the latest guida on LTP implementation, future developmen around CYP/CAMHS services et al.
- In doing so, it provides **a robust structure costing model** to integrate additional servi as they are being developed, **aligned with financial and operational leaders across STP** (e.g. Data Sub-Group, Steering Group

id and South Essex STP; Costed Delivery Plan team analysis; approach developed with Data Sub-Group and Programme Steering Group

e population is growing but also ageing rapidly; people aged 84 will increase by 28% over the next five years

on, thousands



ONS data

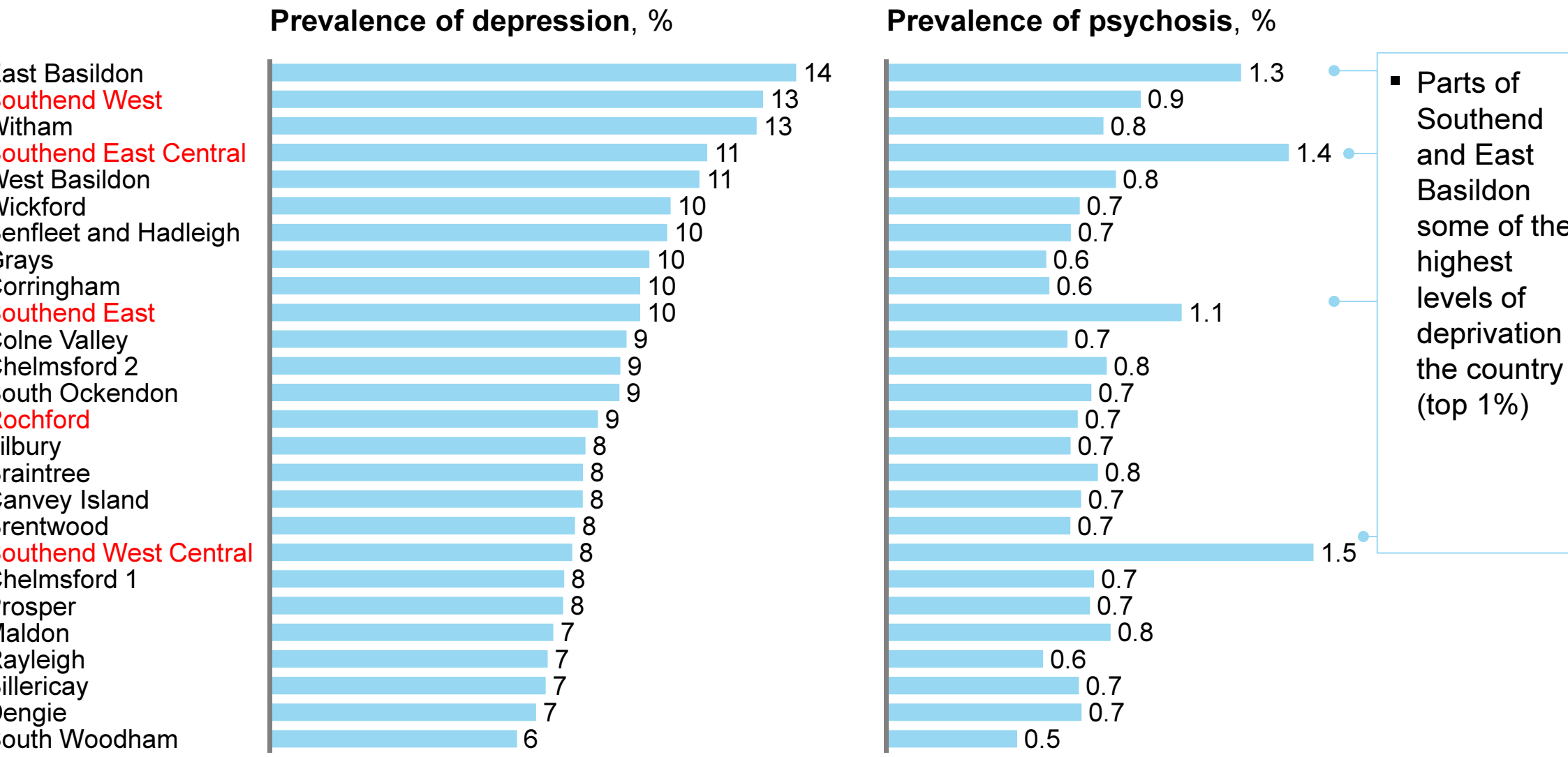
evalence and contacts will grow across settings of care over the nex e years

PRELIMIN

ategory	Unit	Estimated in 2019	Estimated in 2025	Assumptions / rationale
umber of adults ith a MH condition	Number of patients, k	178	186 (+4%)	▪ Assume prevalence grows in line with population ▪ Despite high growth in the older population, prevalence of dementia is still low and overall MH prevalence will remain at 19% (with rounding)
rimary care	Contacts per year, m	1.86	2.25 (+22%)	▪ Assume growth in line with Primary Care Strategy – 3.3% per year
nput to primary & ommunity care	Contacts	0.13	0.15 (+13%)	▪ Assume demographic growth: CMI – 0.4%, SMI – 0.9% dementia – 2.8% ▪ Assume non-demographic growth 1%
ommunity based IH support	Contacts, m	0.41	0.47 (+13%)	▪ Assume demographic growth as above ▪ Assume non-demographic growth 1%
risis	Contacts, k	34.8	38.8 (+12%)	▪ Assume demographic growth as above ▪ Assume non-demographic growth 1%

EPUT Activity Data March 2019, PC Strategy document

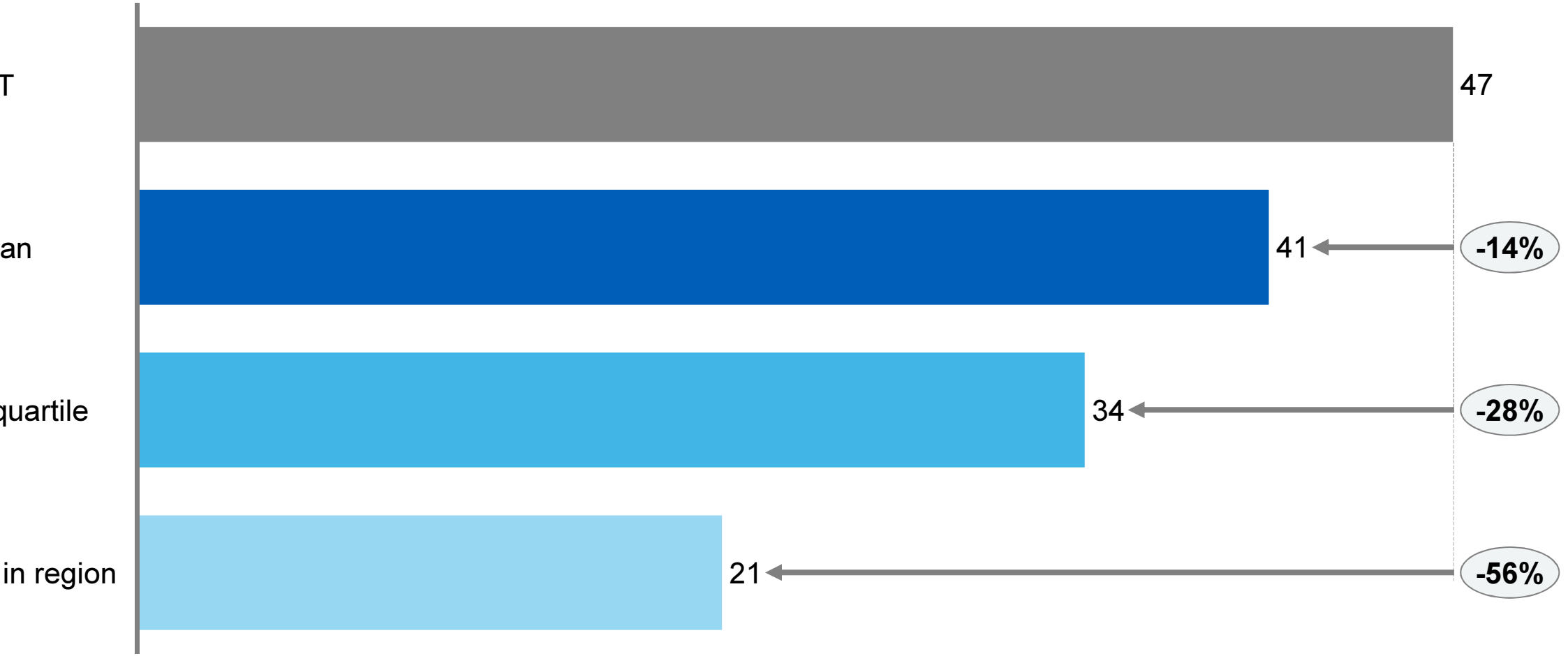
imilar pattern across localities: people in most deprived localities, for ample in East Basildon and Southend, are most likely to suffer from pression or psychosis



QOF

tients under Mental Health Act detentions are also likely to be spitalized longer than national benchmarks

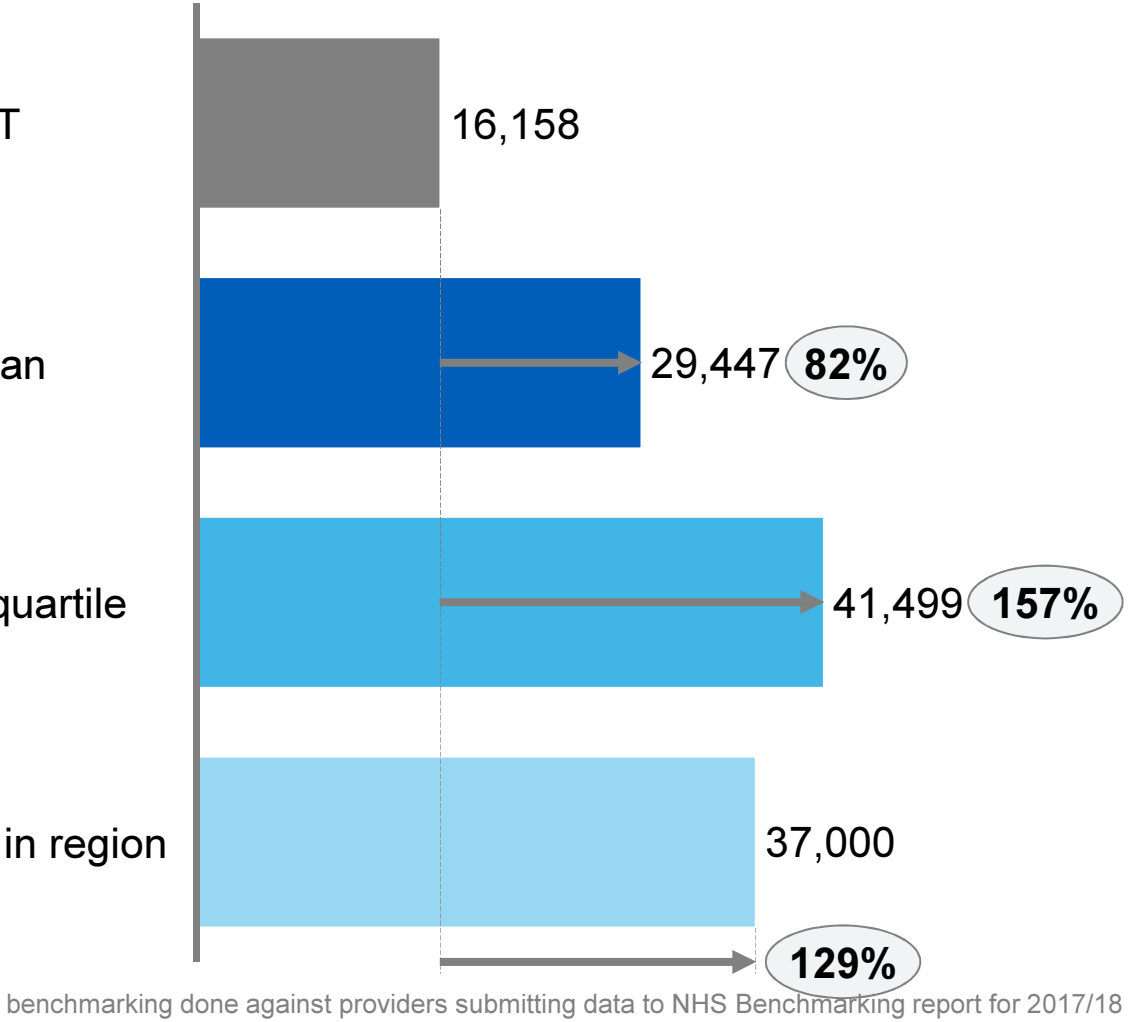
acute mean length of stay for Mental Health Act detentions



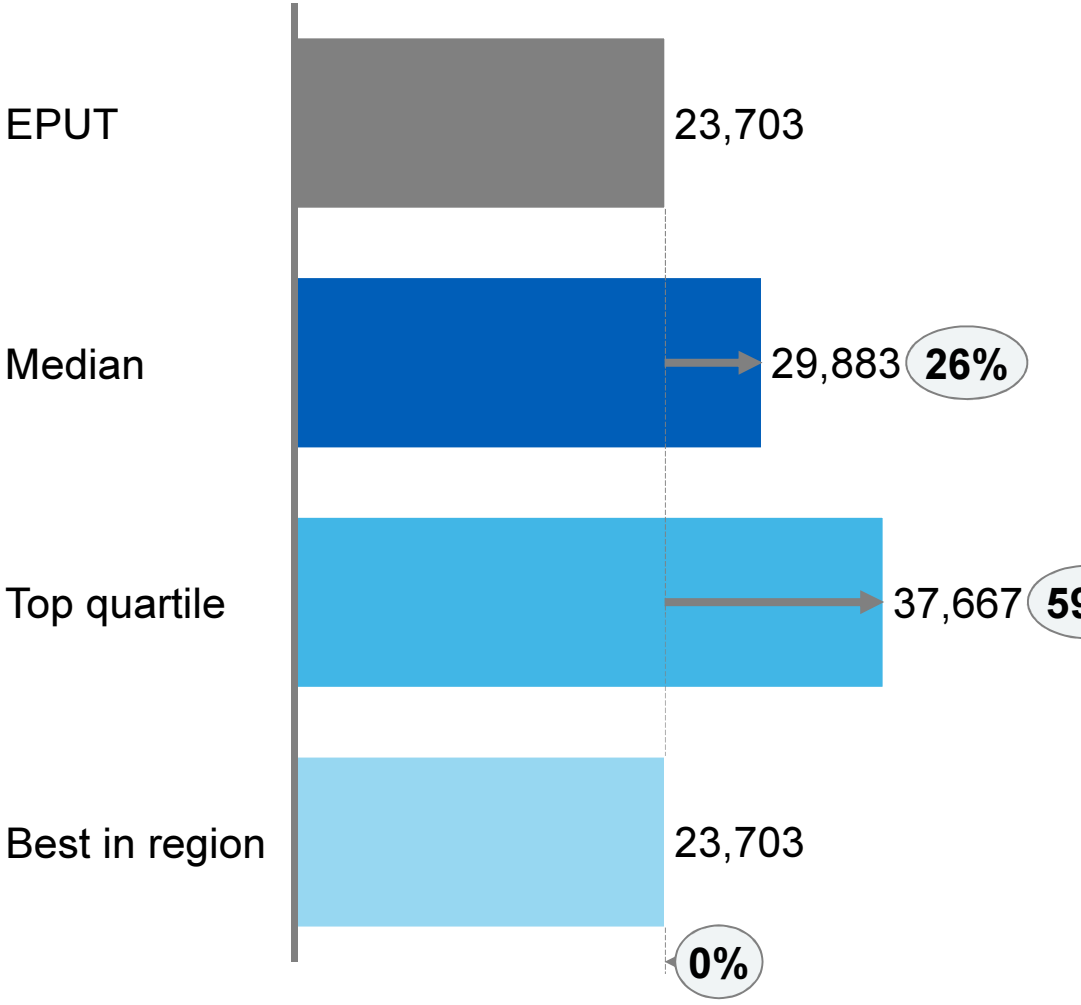
benchmarking done against providers submitting data to NHS Benchmarking report for 2017/18
marking is shown for whole of EPUT, not only the Mid and South Essex STP population
E: NHS Inpatient and Community Mental Health Benchmarking report for MH72 2017/18

while patients receive fewer community contacts than national average

r adult teams – community contacts per 100,000
tered population



Total community contacts per 100,000 registered populat



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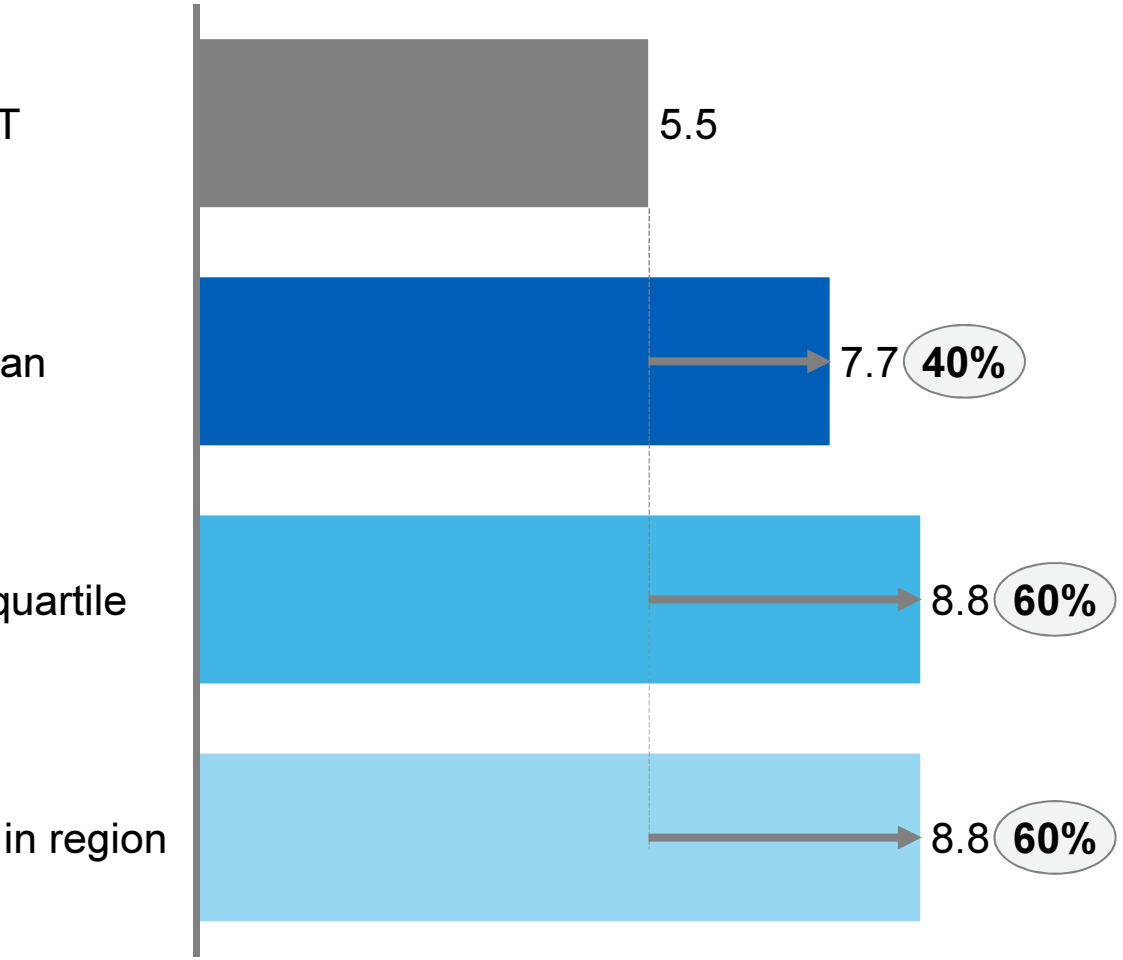
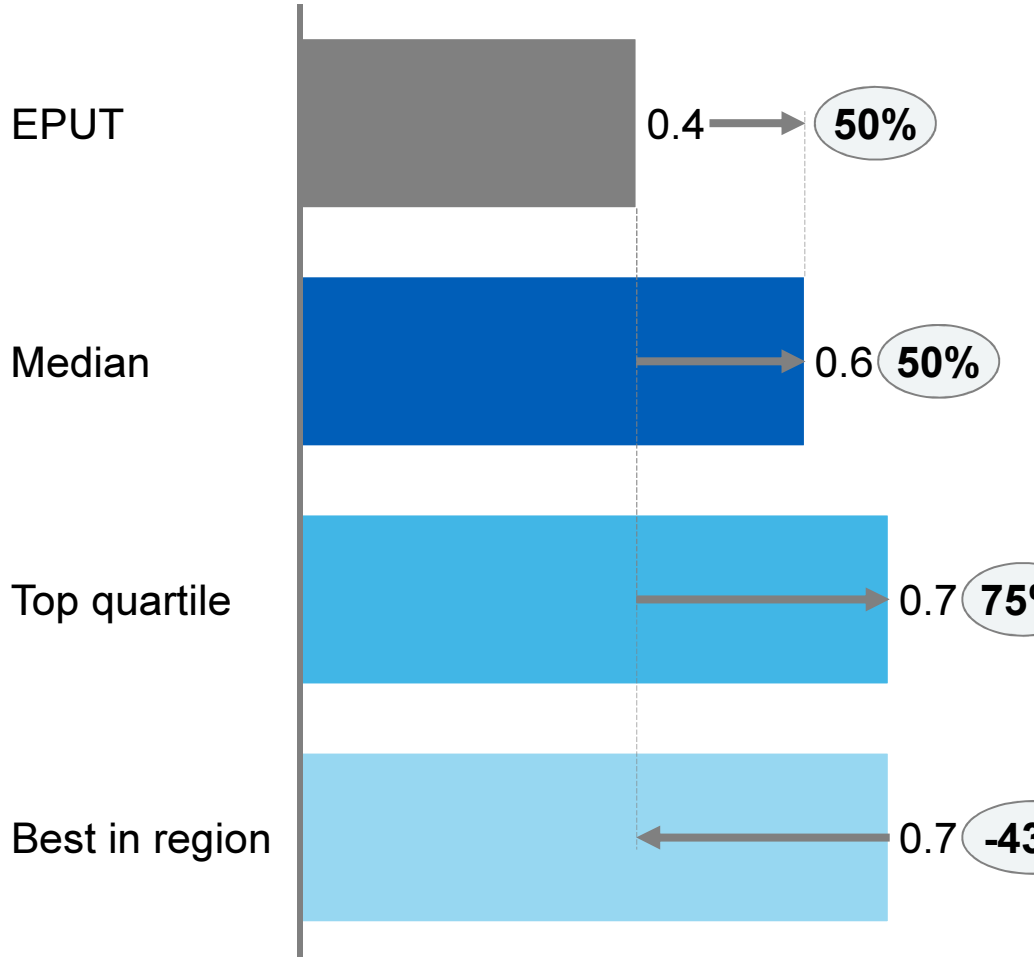
UT has proportionately fewer adult consultant psychiatrists and gistered nurses as a proportion of inpatient beds

acute registered nurses per 10 beds



Adult acute Consultant Psychiatrists per 10 beds



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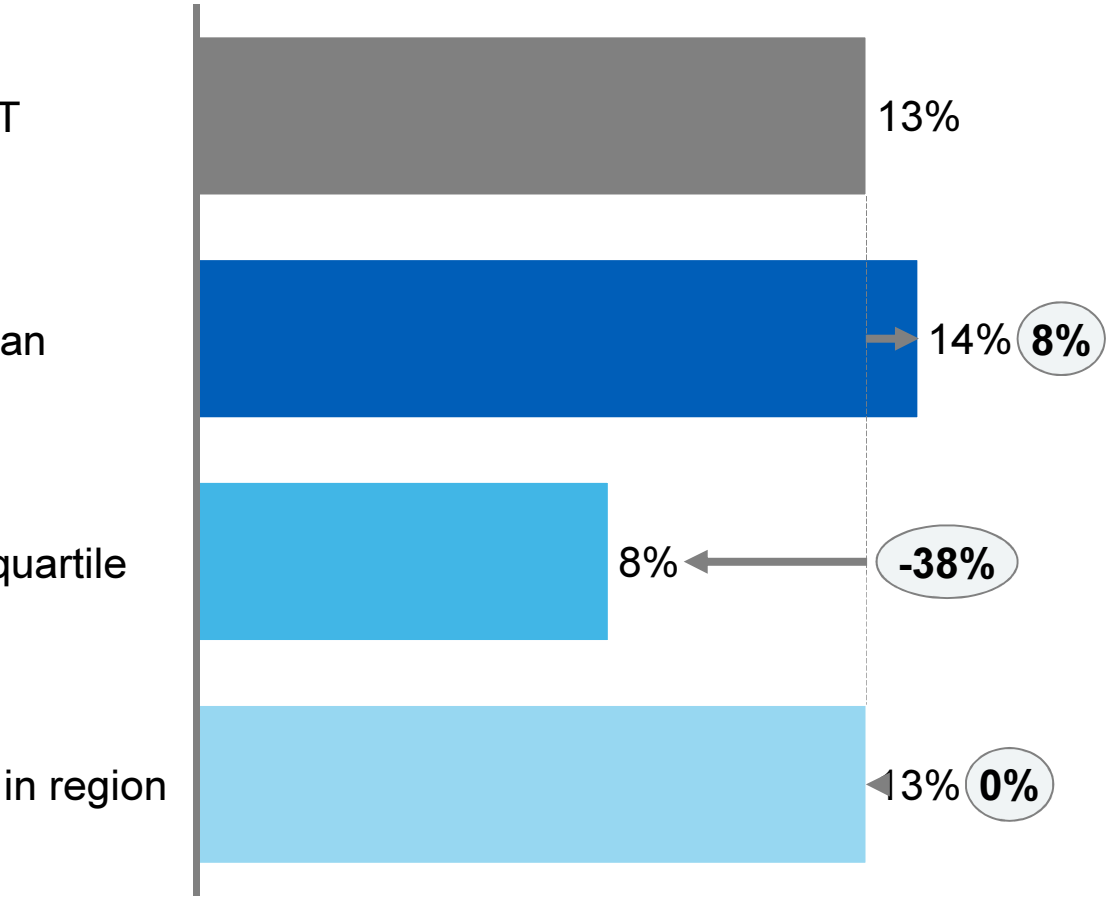
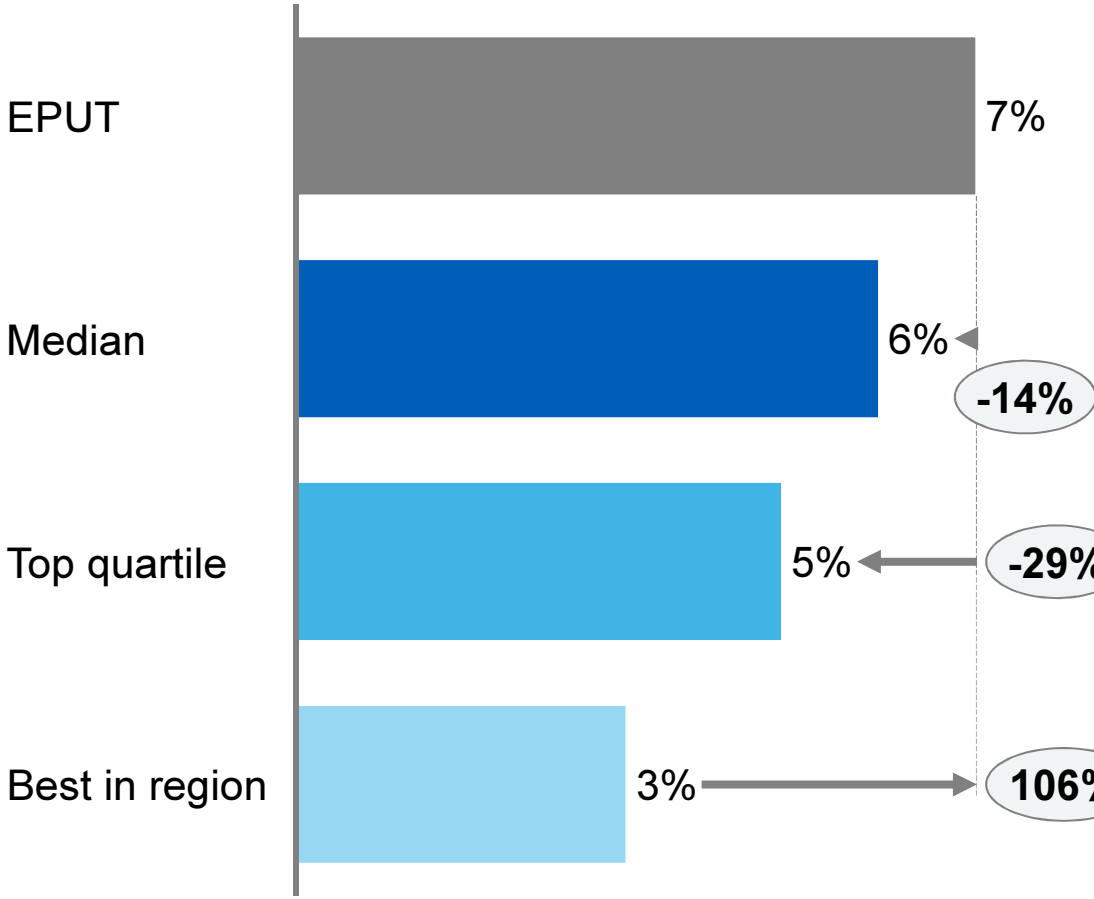
orkforce pressure poses a national challenge and EPUT is also der pressure with an overall vacancy rate of 13%, and kness/absence rate of 7%

acute WTE vacancies as % of total staffing



Adult acute staff sickness/absence %



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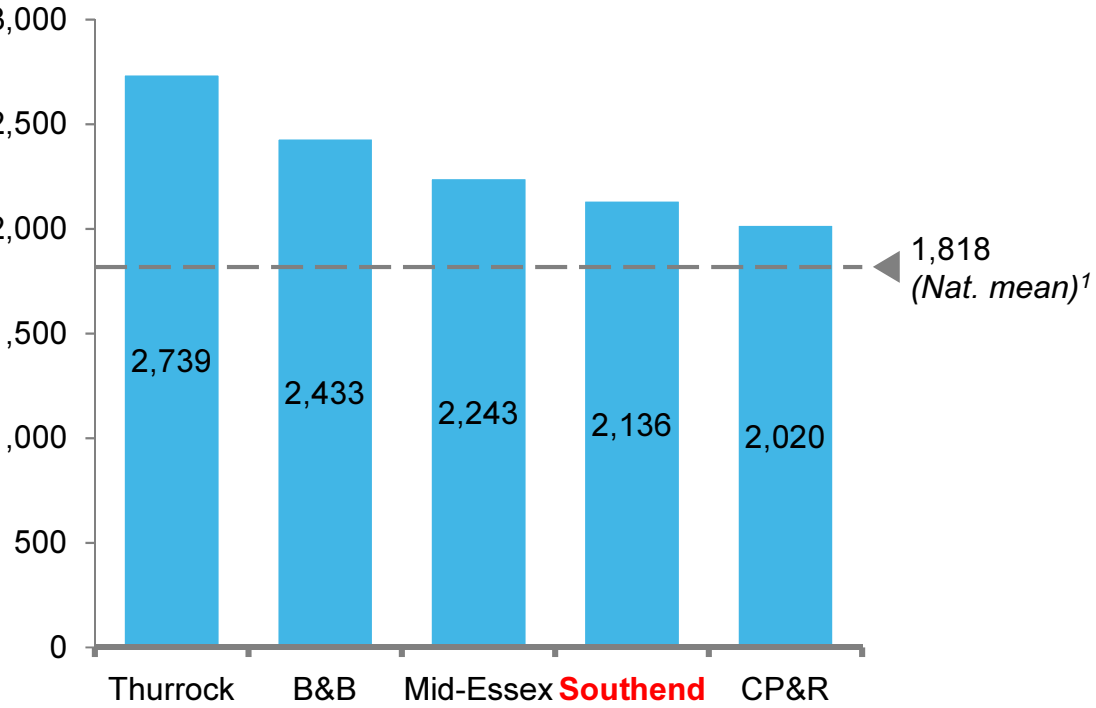
ffing levels in primary care are lower than national average across all CCGs
h gaps in workforce and unmet demand in appointments set to increase

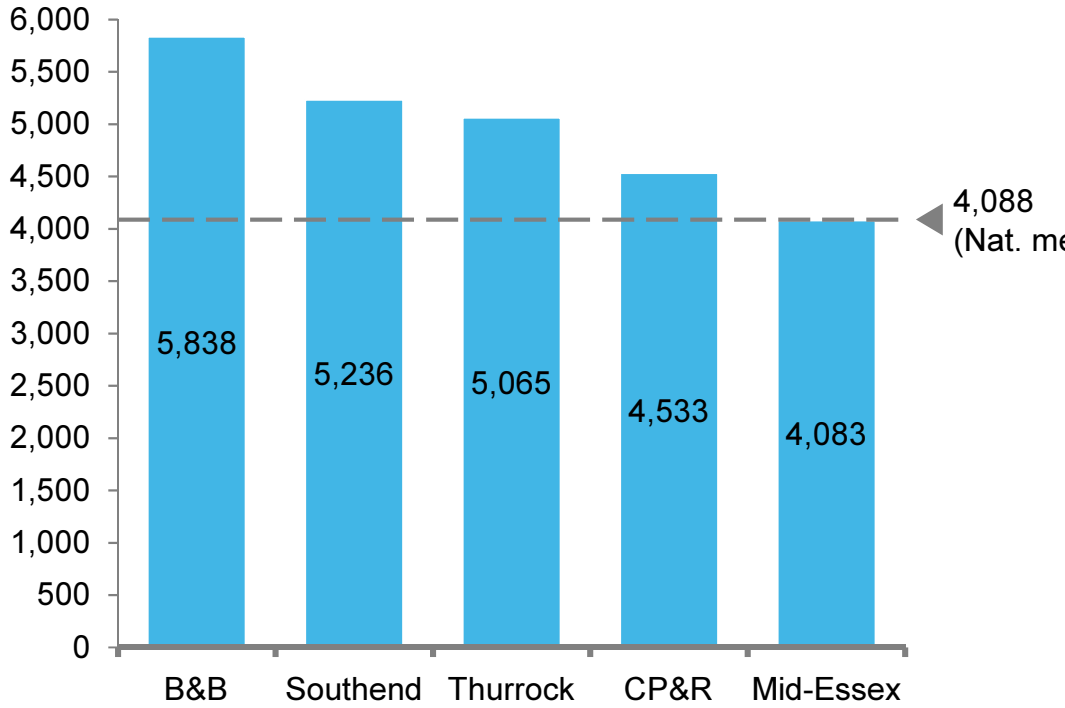
PRELIM

STP has fewer GPs per patient than national average



						Total
E¹	64	113	174	87	93	531
E	32	38	41	15	10	128
avg.						

M&SE has fewer nurses per patient than national average



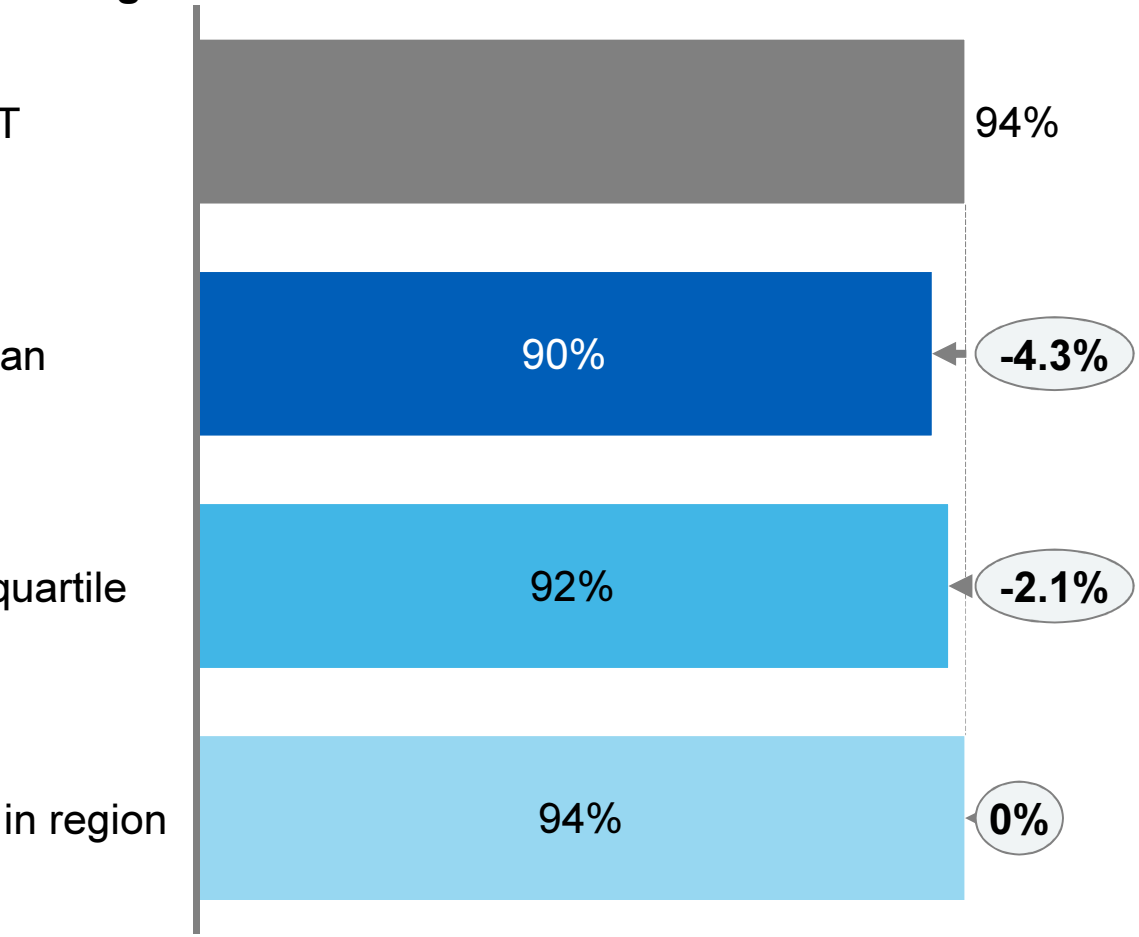
						To
	47	36	35	41	96	25
	20	10	8	4	0	4

g locums, but including registrars

GP data from Sep-17 MDS (unmodified) ; Nurse data from March 17 MDS (updated by CCG leads)

ients report high Friends and Family Patient Satisfaction scores, but system-e there is a concern around user access, experience and role in co-production

Friends and Family Test (FFT) Patient Satisfaction e is high…



However patients raise issues around user access and support available to individuals and families

"I decided to get counselling but did not know where to go"

There needs to be more support for the families of those affected… [so they can] better help the person"

"It should not take getting to crisis point…for a referral to take place"

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marking is shown for whole of EPUT, not only the Mid and South Essex STP population

E: NHS Inpatient and Community Mental Health Benchmarking report for MH72 2017/18; MH Strategy "Let's Talk"; interviews

ing forward, we have developed clear priorities for MH transformation ally, reflecting the NHS 5YFV and the Long Term Plan

ent work nationally has set ets and priorities

nary of core service commitments from 5YFV:

7 availability of crisis support service for mental health, leading to reduction and eventual elimination of out-of-area placements

grated mental and physical health services – especially in the perinatal pathway

us on prevention, with services aimed at children and young people, creating and sustaining mentally healthy communities, and support for ping people in work

nary of key Long Term Plan commitments:

v place-based MH community services integrated with PCNs

T expanded to be available for an additional 380,000 people/year

roved Urgent and crisis care (by 2023/24)

roved suicide prevention services and outcomes

te/mental health liaison services available in all acute A&Es

ppropriate out of area placements eliminated by 2021

luced ALOS to national average of 32 days

egrated Primary and Community Care model: also started defining the core functions and components of new model

PRELI

Costs and impacts mode

Not modelled – to be del by existing workforce

nents of the core model, consistent across the STP – the "80%"

Early identification and assessment	▪ Enhanced role to support GP to do rapid initial assessments – band 7 practitioner ▪ 90 minutes per assessment ▪ Whole system approach taken following assessment – what intervention needed from full range of services with support from care navigator ▪ Key enabler: MH training of all PCN staff
Care navigation*	▪ Single point of access to the full range of MH and related services e.g. PRISM services, carer support – will include social prescribing linked with 3rd sector to proactively address risk and focus on resilience-building, and link to Dementia Services ▪ Non-clinical function – band 4 / peer support / social link prescribing link worker
Regular MDT meetings	▪ MH-specific team for complex case patients by locality, tasked also with signposting to non-clinical services ▪ GP, care navigator, specialist MH input (e.g. CPN, psychiatrist, psychologist), social care worker ▪ Weekly per PCN, 3-6 hours, of which MH patients discussed for 45-90mins ▪ Uses shared care protocol to clarify roles & responsibility among wrap-around staff ▪ Key enablers of compatible information systems between primary and secondary care, digital tech to facilitate remote working (Skype/VC)
Physical health checks and medication reviews	▪ Physical health checks and medication reviews for SMI and Dementia patients ▪ Every 6-12 months by pharmacists, supported by an HCA ▪ Longer than GP appointment
Care planning	▪ Developing and agreeing an action plan with service users and families integrated with primary and secondary care services ▪ Existing secondary care activity expanded to support integrated primary care, including support from central STP care navigator
Embedded Social Care	▪ Within locality hubs; linking also to 3rd sector ▪ Existing services provided out of PCN hub sites
Consistent pathways	▪ Consistent pathways into specialist services (e.g. PD, dementia, CMHTs mapped to locality hubs) with well-documented shared-care protocols communicated with each PCN, links to PRISM services ▪ No new service offer but enables better linking of primary care with other services
Care for carers of dementia patients	▪ Providing additional support and advice on wellbeing and medical issues including health checks ▪ Development of a primary carers register ▪ Digital enablement such as SHIP in Southend

on £179 direct costs taken out in the short term; £350 taken out in longer term (90% scaling factor of EPUT bed day cost)

at this will mean for GP practices and other professionals: the new PCN model include some new workforce roles, but also different use of existing workforce

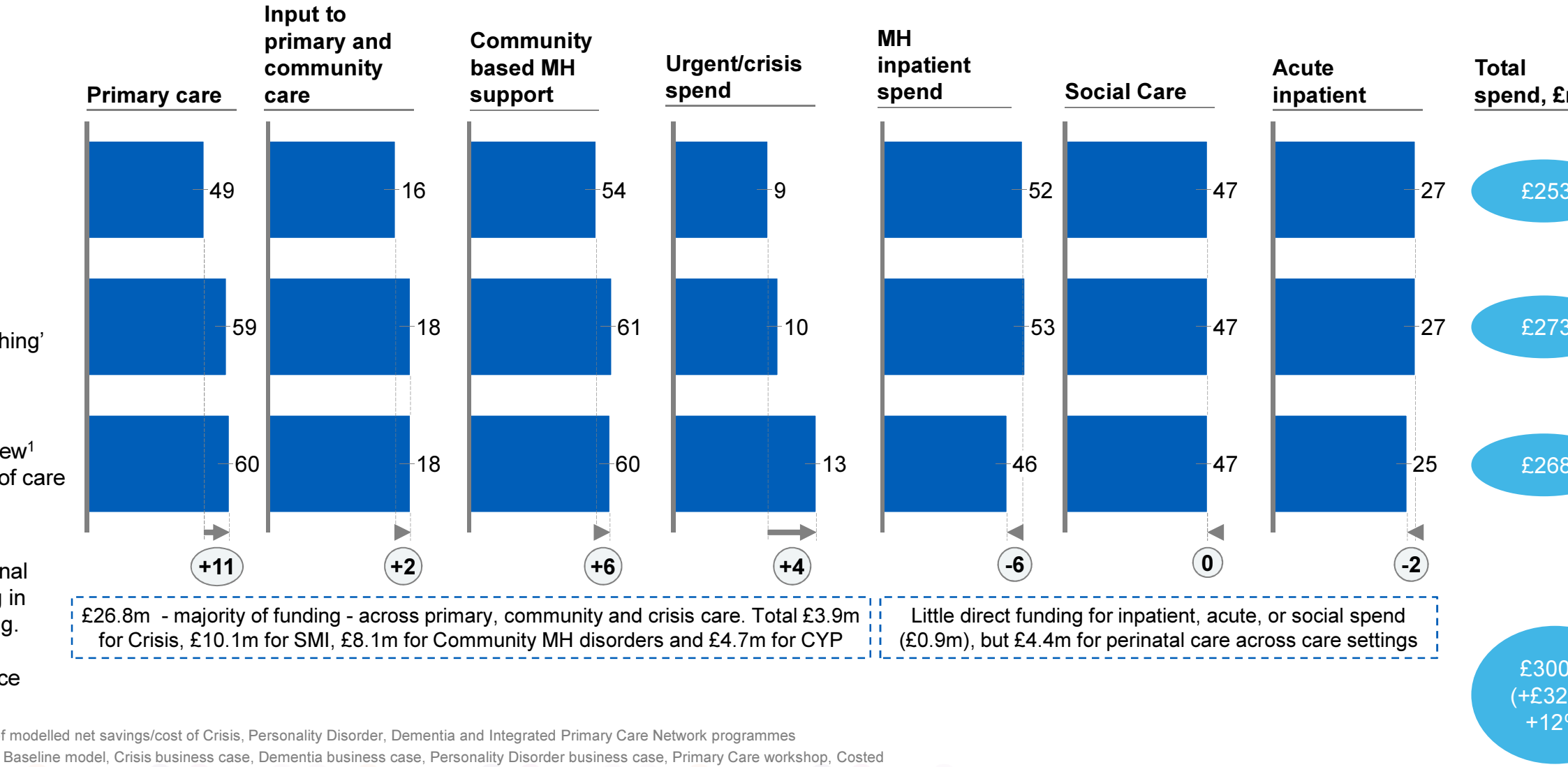
New roles | Existing

force type	How role differs from current model of care?
	▪ Shift to proactive responsibility for patient cohorts, attend MDTs, care planning
ry Care Nurse	▪ May attend MDTs, involved in care planning
al pharmacists[1]	▪ Included in baseline PCN model, n/a for MH
navigator/social prescriber[1]	▪ Single point of access to all MH services, attend MDTs, care planning, link to 3rd sector
otherapists[1]	▪ Included in baseline PCN model, n/a for MH
cian associates[1]	▪ Upskilled in MH component of role
munity paramedic[1]	▪ Increased integration with crisis services
	▪ Included in baseline PCN model, n/a for MH
ng associate	▪ Included in baseline PCN model, n/a for MH
iatrist	▪ Attend MDTs
ologist	▪ Attend MDTs
	▪ Attend MDTs, supports care planning, involved in physical health checks
5 MH practitioner	▪ Carries out early identification and assessment appointments in PCNs
support worker	▪ Link to MDT
l care worker	▪ Embedded in PCN
pist	▪ Provide care for carers

ngland expects funding to cover the additional hiring on average: 5 clinical pharmacists, 3 social prescribers, 3 first-contact physiotherapists, 2 physician associates and one community paramedic

plementing the four transformation programmes as currently designed will uce inpatient activity and increase Primary and Community-based care

osts across settings in 2019 and in 2025 under 'do nothing' scenario and under new model of care (£m)

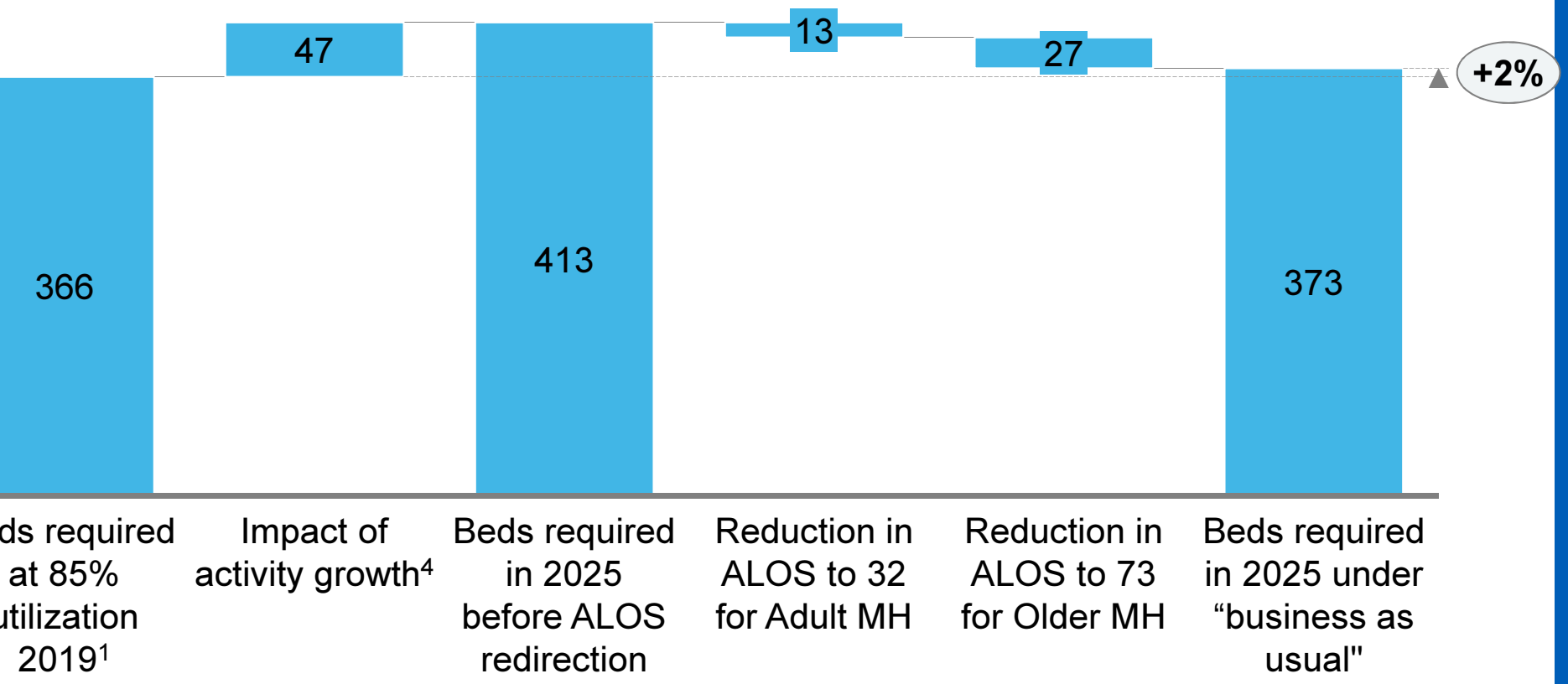


f modelled net savings/cost of Crisis, Personality Disorder, Dementia and Integrated Primary Care Network programmes

Baseline model, Crisis business case, Dementia business case, Personality Disorder business case, Primary Care workshop, Costed Delivery Plan model

spite estimated demand growth in beds, average LOS reductions could set additional demand for beds

nge in bed requirement[5] under "business as usual" scenario



n "Inpatient V4" file containing occupied bed days for 18/19 broken down by type
g nursing home beds
g 85% is best practice occupancy
g growth of adult MH vs older MH in line with demographic growth and non-demographic growth assumptions used for contacts. 18-64 demographic growth 0.3%, 65+ growth 1.7% per year
uirement has been calculated using the same set of assumptions finance have used: 100% costs are based in mid and south essex

EPUT bed capacity data, inpatient data, baseline model

Assumptions

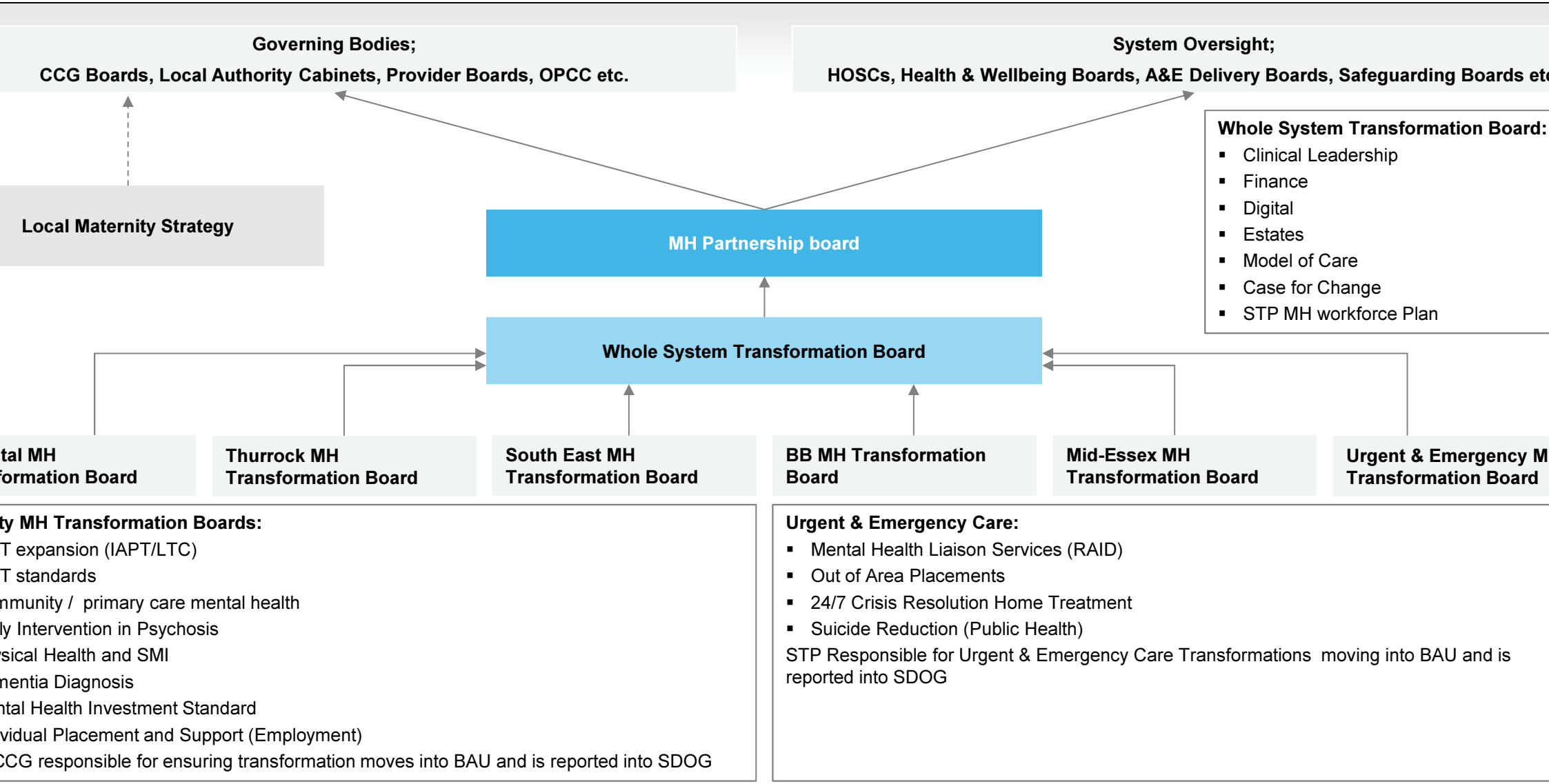
- Assume admissions grow line with other M activity
- Assume ALOS reduced to the following
  - 32 days for ad MH
  - 73 days for old MH
- "Business as usu scenario takes in account incremental expected improvements

Mid and South Essex STP: Costed Delivery Plan

- Rebalancing the system, to reduce inpatient admissions and provide improved outcomes for patients
- Coproduction and engagement is key to the delivery of the plan
- £30m to be invested by CCGs across the Mid & South Essex STP over the next 5 years
- Triangulation with the NHS 5 Year Forward View and NHS Long Term Plan
- All systems must change together to ensure success

e also set up a robust governance and oversight mechanism for ental Health Transformation

Model – Transformation Governance



Mid and South Essex STP: Costed Delivery Plan

- This is the biggest opportunity for mental health services in a generation
- Our ambitious programme will deliver significant benefits for the residents of Mid and South Essex

Questions