



# TRAFFORD LOCALITY PLAN TRANSFORMATION & NEXT STEPS FOR MENTAL HEALTH

Trafford Council Health Scrutiny  
Committee

12 September 2017

[www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk) Ric Taylor – Senior Commissioner NHS Trafford CCG

**NHS**  
Trafford  
Clinical Commissioning Group

# STRATEGIC LANDSCAPE



**THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH**



**GMCA** GREATER MANCHESTER COMBINED AUTHORITY

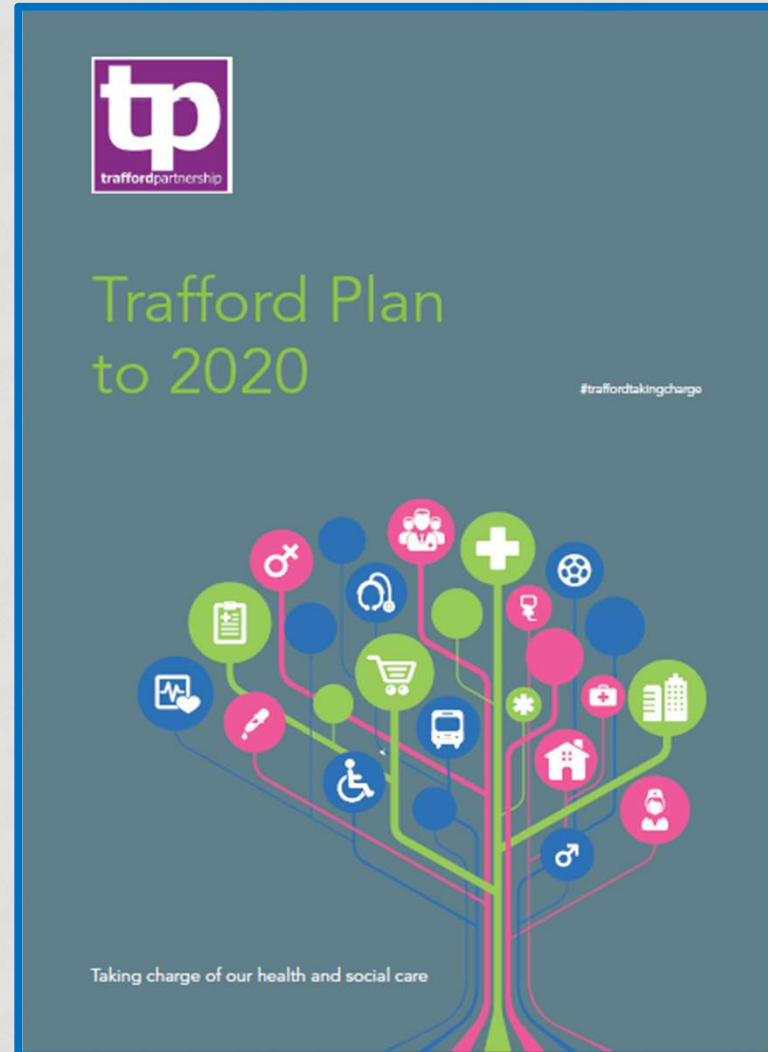
**NHS** in Greater Manchester

**Greater Manchester Health and Social Care Devolution**

Greater Manchester: supporting people with Mental Health

- Introduction to Health and Social Care Partnership (Devolution)
- Mental Health and Wellbeing Strategy and work priorities
- Engaging with patient, carers and community engagement

Greater Manchester Health and Social Care Partnership



**tp** traffordpartnership

**Trafford Plan to 2020**

#traffordtakingcharge

Taking charge of our health and social care

# ALIGNED PRIORITIES

## FIVE YEAR FORWARD VIEW

- Children & Young People
- Perinatal Mental Health
- Common Mental Health Problems
- Acute & Crisis Care
- Dementia
- Secure Care
- Health & Justice
- Suicide Prevention

## GM Strategy

- Prevention
- Access
- Integration
- Sustainability

## Trafford's Plan to 2020

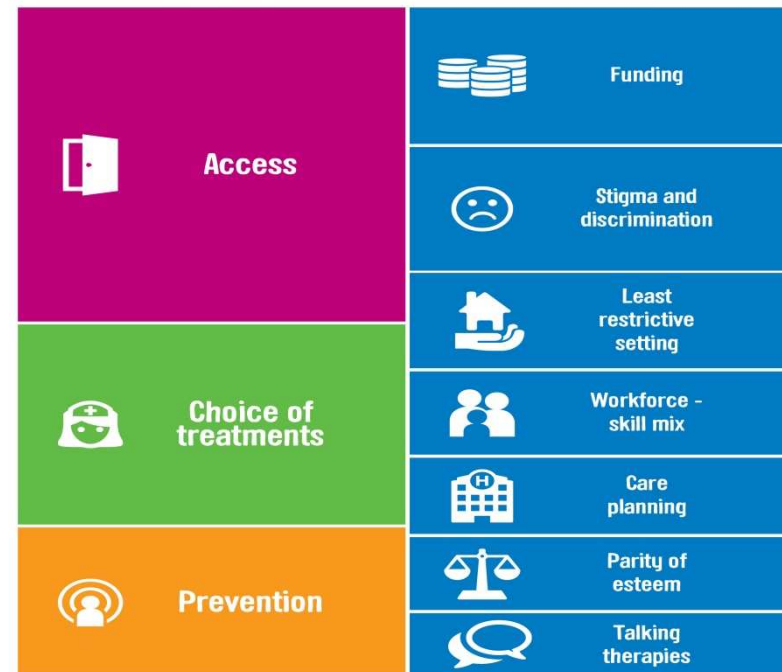
- Psychological Therapies
- Early Interventions for individuals who are experiencing Psychosis
- Dementia Diagnosis and Post-Diagnosis Support
- Enhanced round-the-clock Psychiatric Liaison Services
- A Crisis Concordat
- Shared Care Protocols for Prescribing and Physical Health
- Checks
- Enhanced support for Children and Adolescents with Mental Health difficulties

## How would you like things to be different in mental health by 2020?

More than 20,000 people gave their views on the top priorities for reshaping mental health care across the NHS.

All the findings will inform a full report which the Taskforce will publish in October.

The Mental Health Taskforce survey report revealed the top priorities:



#futurenhs

# INVESTMENT



## Parity of Esteem

- Commitment to uplift to Trafford CCG's mental health budget in line with the overall growth in the organisation's allocations
- 2% uplift for 2017/2018 would meet this requirement

## 2017 / 2018 Uplift

- Minimum £1.4m uplift
- Represents 4%
- Additional commitment to make available additional £350K against FYFV performance review

# QUALITY & PERFORMANCE

## Psychological Therapies

- 2016/2017 – Access **15.4** (Target 15%)

## Early Intervention in Psychosis

- May 2017 **71.4%** (Target 51%)

## Dementia Diagnosis

- **74.8%** (Target 67%)

## Liaison Psychiatry

- **99%** seen in A&E within 1 hour & **100%** within 4 hours



# CHALLENGES & OPPORTUNITIES



- **Austerity**
- **Increasing Demand**
- **Health Inequalities**
- **Five Year Forward View**
- **Transformation**
- **Integration**
- **Changing Provider Landscapes**

# PLANNING

## New Models of Primary Care Mental Health

### Five Year Forward View

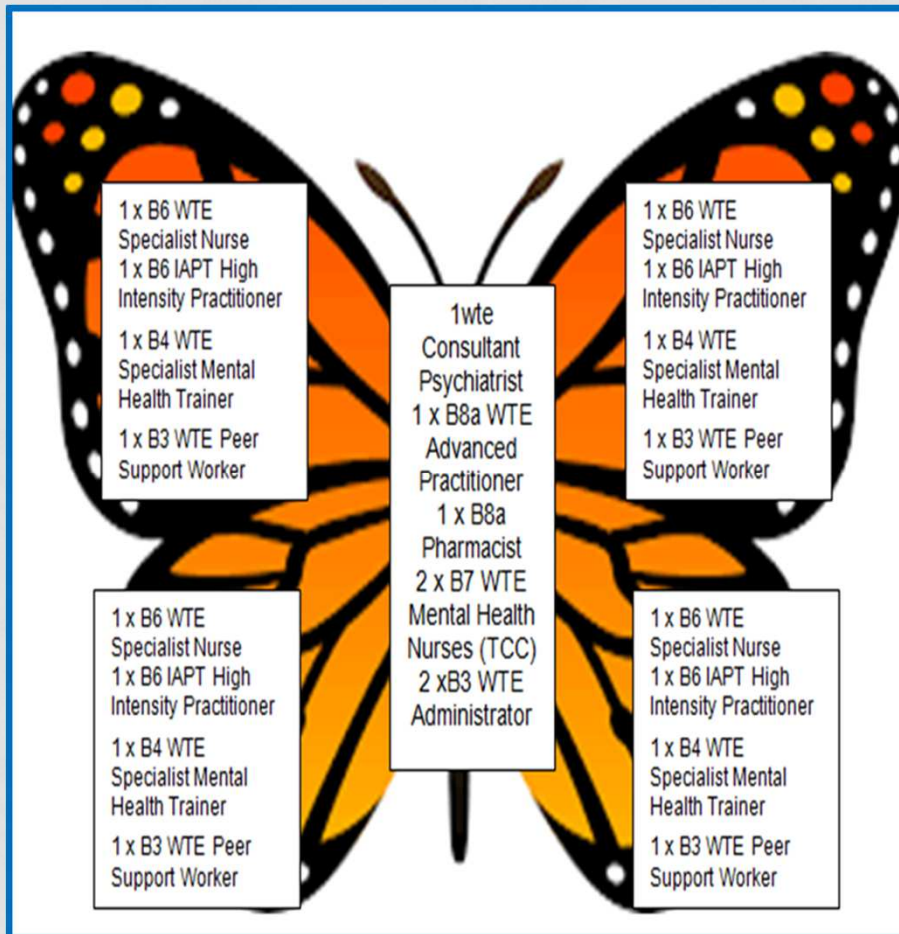
- GM Initiatives
- Maximising the opportunities created through acquisition
- Local – Mental Health Partnership

### Parity of Esteem

- Long Term Conditions



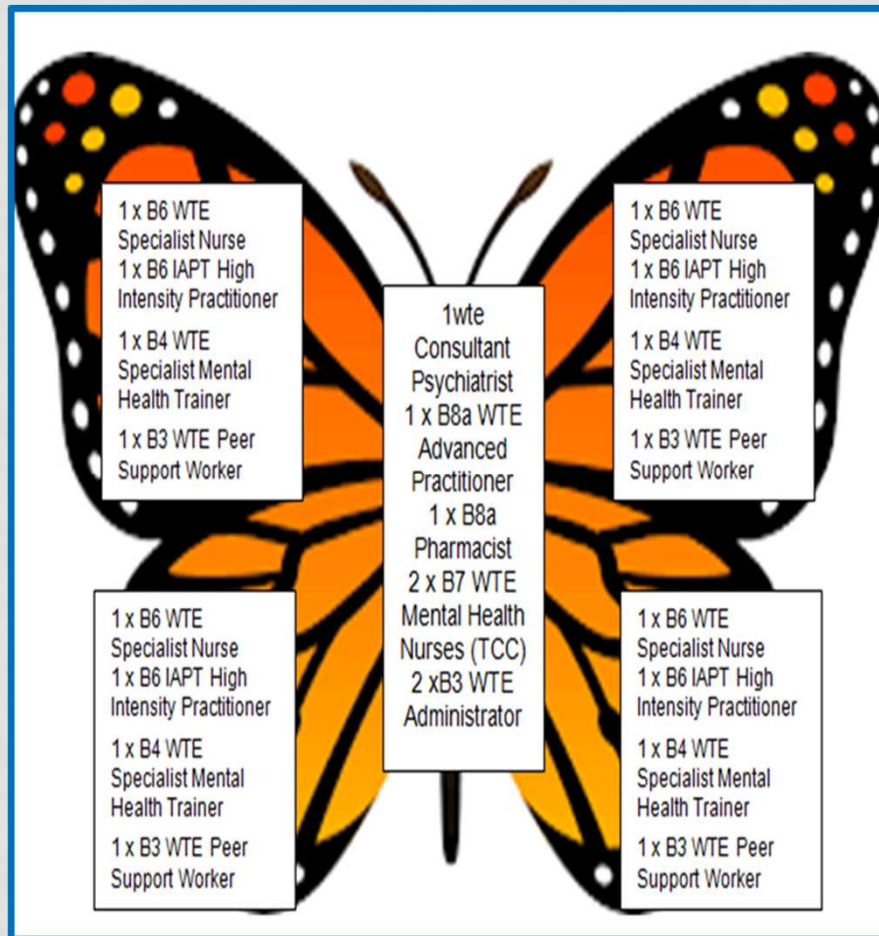
# PRIMARY CARE MENTAL HEALTH AND WELLBEING TEAM



Benefits to Patients	Benefits to Primary Care
<p>Prevention and mitigation of mental ill health.                      Better physical health and increased life expectancy.                      Greater capacity to contribute to society and communities with attendant benefits of an increase in the quantity and quality of social connections, an enhanced sense of purpose and self-esteem and improved life satisfaction, happiness and wellbeing.                      Reduced need to access A&amp;E and other acute health services.</p>	<p>Increased mental health capacity across primary care</p>
<p>Reduced stigma associated with mental health and in particular an enhanced and more informed response from primary care practitioners</p>	<p>Increased mental health awareness, knowledge and skills through targeted training including the advanced mental health diploma</p>
<p>Early diagnosis of mental health conditions.</p>	<p>Support to GPs in particular to ensure the most appropriate prescribing including social prescribing based on holistic assessments and accurate, early diagnosis</p>
<p>Earlier holistic assessment leading to immediate and targeted offer of care and support designed to be minimally intrusive but also to maximise the mitigation of future illness, distress, loss of earnings, family breakdown, use of prescribed and illegal drugs, use of alcohol etc.</p>	<p>Expanded 'primary care mental health toolkit' offering alternatives to medication such as peer support and access to range of third sector and other resources</p>
<p>Compliance with medication leading to more consistent treatment and therefore greater stability, ability to engage more fully in society and less breakdown of relationships</p>	<p>Enhanced management and care of complex patients: complex both because of mental health issues such as personality disorders but also complex due to co-morbid presentation combining mental and physical health issues.</p>
<p>Stronger community networks and support. Enhanced ability to contribute to family, and community life</p>	<p>Enhanced compliance with medication leading to greater stability and less use of primary care services</p>
<p>Reduced frustration and anxiety prompted by repeated presentations failing to resolve, in the patient's eyes, the problem at hand. Enhanced insight into difficulties and the development of effective coping strategies and resources.</p>	<p>General reduction in 'follow up' appointments through more appropriate community support packages and peer support</p>
	<p>Specific dramatic reduction in follow up appointments for a small cohort of particularly complex and 'demanding' patients estimated at least one patient per practice.</p>



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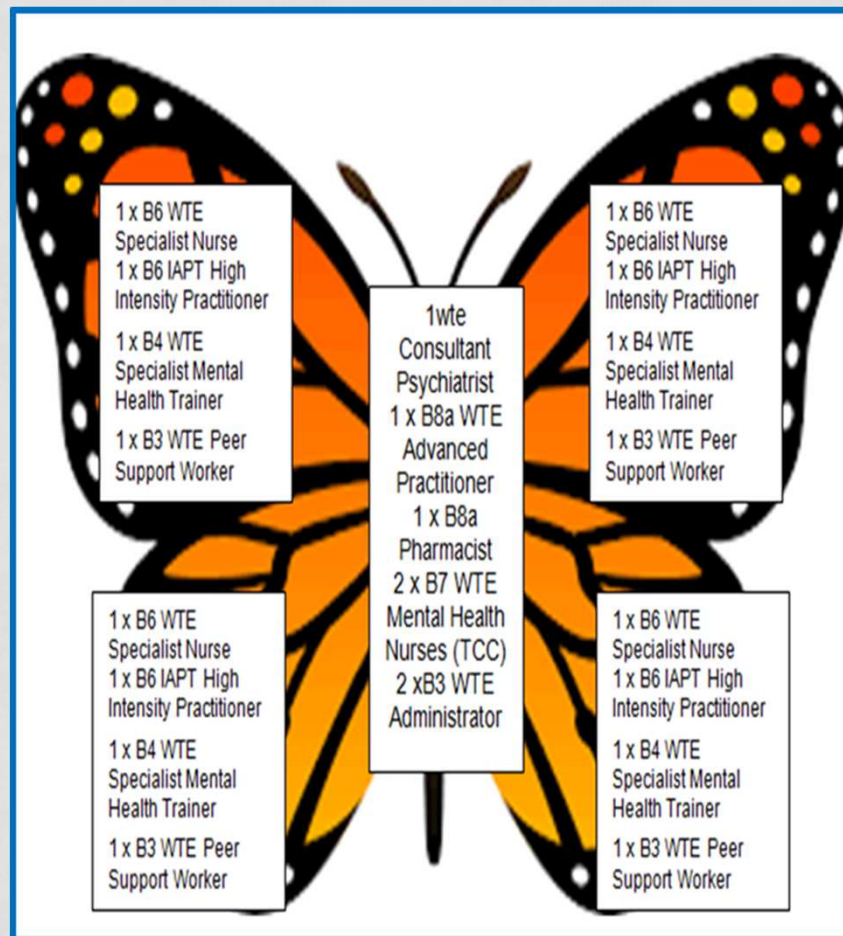


Benefits to Patients	Benefits to Primary Care
Better physical health – e.g. support to manage diabetes more effectively	Cleansing of SMI Registers
Better experience of primary care through earlier, less formulaic and more targeted interventions	Aligning of SMI Registers with secondary mental health CPA registers
Early diagnosis of physical health conditions and therefore mitigation of impact	Alignment of LTC Registers with SMI Registers
Better psychological support for people with long term conditions	Support to rationalise mental health coding
Earlier identification of physical health co-morbidities and more targeted public health messages and interventions	Enhanced capacity to carry out physical health checks for people with mental health conditions
Better access to health care through supported navigation	Support with risk stratification of complex mental health patients within the Trafford Co-ordination Centre
Less hospital admissions due to physical ill health	Mental Health better integrated into Trafford Coordination Centre which will act as a single point of contact ensuring that patients access the appropriate services across the borough to improve their health and wellbeing
	Enhanced peer support to help people manage and access primary and acute care mental and physical health care pathways.
	Improved public health interventions – in partial better targeting of key smoking cessation work streams and more general positive lifestyle changes
	Improved partnership working to improve health outcomes for people with mental health difficulties

# PRIMARY CARE MENTAL HEALTH AND WELLBEING TEAM

## Range of Possible Outcomes:

- IAPT Access rates
- IAPT recovery rates
- IAPT waiting times
- QOF framework performance
- Wider 5YFV / Must Do's Q&P measurements
- Reduction in A&E presentations for defined cohorts
- Subsequent reduction in emergency mental health assessments through Psychiatric Liaison services or other means
- Reduction in use of Section 136
- Reduction of non-elective admissions, lengths of stay and readmissions (general and mental health)
- Reduction in out-patient appointments (general and mental health)
- Reduction in inappropriate GP appointment uptake
- Increased use of personal budgets (both health and social care)
- Improved patient satisfaction and quality of life
- Increase in people at end of life dying in their place of choice
- Increase in use of voluntary services
- Improved workforce satisfaction
- Increased social prescribing and self-care
- Increased compliance to medications
- Reduced prescribing of medications



QUESTIONS?