

Central Bedfordshire Health and Wellbeing Board

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or Exempt Information

Title of Report Improving mental health outcomes – adults

Meeting Date: 18 July 2013

Responsible Officer(s) Julie Ogley (Director of Social Care, Health and Housing, CBC)

Dr Diane Gray (Bedfordshire Clinical Commissioning Group)

Presented by: Dr J Baxter, Bedfordshire Clinical Commissioning Group

Action Required:

1. To note actions being taken to address decrease in performance in three key mental health outcome measures.
2. To discuss additional Areas of Mental Health Performance Management which could be looked at in more detail to get a better feel for customer and carer experience of mental health services.

Executive Summary

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| 1. | <p>At its meeting in March 2013 the Health and Wellbeing Board (HWB) requested a report detailing the actions in place to improve the position in relation to the three Mental Health indicators below that were behind benchmark:</p> <ol style="list-style-type: none">1. the proportion of people with anxiety and/or depression who receive psychological therapies (IAPT)2. Proportion of people with mental illness in settled accommodation3. Proportion of people with mental illness in paid employment <p>This paper outlines the actions underway and action in place</p> |
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Background

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| 2. | <p>Increasing access to psychological therapies</p> <p>The Department of Health set a national target two year target to increase access to psychological therapies so that 15% of the population with</p> |
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	<p>depression and anxiety access services by March 2015. The Bedfordshire position at March 2013 was that 4.1% (13,090) of the population had accessed a service.</p>
2.1	<p>Completed actions</p> <p>Since the last Health and Wellbeing Board meeting BCCG has approved a two year plan; which includes increased financial support to enable the service to expand and deliver access to 10% of the population by March 14 and 15% in March 2015.</p>
2.2	<p>Actions underway</p>
2.2.1	<p>Contract monitoring and management</p> <p>The local service Step by Step has achieved 4.1% access rates for the last three years. With additional investment and recent improvements in the pathway, which are being monitored closely, the service is working with commissioners to increase access and deliver 8.8% access rates by March 2014.</p>
2.2.2	<p>Increase capacity through counsellor accreditation</p> <p>Historically IAPT services have been very centrally prescribed with national requirements for staff and data collection routes. This has meant that Counsellor activity cannot be included within the IAPT data return as they are not regarded as 'IAPT accredited' although they offer services that largely meet IAPT requirements. BCCG are one of the only CCG's in the country who have arranged for a course to be run locally in July which will enable counsellors to gain accreditation so their work with people can be 'counted' . They will then attend an IT course to enable them to upload their data. It is expected that these changes will deliver access to a further 6.5% of the population.</p>
2.2.3	<p>Expected year end position</p> <p>The CCG expects to see the impact of these increases in service delivery reported by providers to the CCG in their quarter 2 data returns which are received in mid-October. These will be closely monitored and reviewed through routine contract routes. The table below shows the trajectory for the year.</p> <p>The total increase possible from the increases outlined above is 8.8% from Step by Step and 6.5% from the accredited counsellors giving a total of 15.3%.</p>

	<p>The table below sets out the trajectory for this next financial year.</p> <table border="1" data-bbox="352 356 1453 472"> <thead> <tr> <th data-bbox="352 356 719 432">Jul – Sept 13 – Q2 report October 13</th> <th data-bbox="719 356 1086 432">Oct- Dec 13 reports Jan 14</th> <th data-bbox="1086 356 1453 432">Jan – march 14 Q4 reports April 14</th> </tr> </thead> <tbody> <tr> <td data-bbox="352 432 719 472">5%</td> <td data-bbox="719 432 1086 472">7.5%</td> <td data-bbox="1086 432 1453 472">10.0%</td> </tr> </tbody> </table> <p>Recommendation</p> <p>That the Board note the actions in place to deliver the IAPT target.</p>	Jul – Sept 13 – Q2 report October 13	Oct- Dec 13 reports Jan 14	Jan – march 14 Q4 reports April 14	5%	7.5%	10.0%
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3.	<p>Improving the Performance Measurement of:</p> <ul style="list-style-type: none"> • Proportion of adults in contact with secondary mental health services in paid employment (ASCOF - IF measure) <p>Proportion of adults in contact with secondary mental health services living independently, with or without support (ASCOF - IH measure)</p>						
3.1	<p>Background</p> <p>Both ASCOF IF and ASCOF IH are measures which are required to be submitted as part of the Adult Social Care Outcomes Framework, (ASCOF). The data source for these measures is the Mental Health Minimum Data Set, and the performance information for both these measures is submitted by South Essex Partnership Trust, (SEPT) the local specialist Mental Health NHS Foundation Trust.</p>						
3.2	<p>Definition of the Measures</p> <p>ASCOF – IF is designed to measure improved employment outcomes for adults with mental health problems, with the aim of reducing their risk of social exclusion and discrimination. Key outcomes for this measure are:</p> <ul style="list-style-type: none"> • employment should be seen as one of the important factors in helping people with a mental health issue manage or recover from their mental health condition • employment outcomes demonstrate that the overall quality of life for people with mental health issues improve so that they have more money, better family lives and play a bigger part in their local community • employment opportunities demonstrate how things such as physical health and wellbeing are improved for people with mental health issues. <p>Information for this measure is collected and recorded at the time of the most recent social worker assessment or review for each individual.</p>						
	<p>ASCOF – IH is designed to measure improved outcomes for adults with mental health problems by demonstrating the proportion who are in stable</p>						

and appropriate accommodation. Key outcomes for this measure are:

- improving safety for people with mental health issues, so they do not experience discrimination and stigma within their local communities
- reducing the risk of social exclusion and loneliness which in themselves could make the persons mental health worse.

Information for this measure is also collected and recorded at the time of the most recent social worker assessment or review for each individual.

3.3 Performance Information for 2010–11 and 2011–12

Adults in contact with secondary mental health services in employment (ASCOF- IF)

Year	Central Bedfordshire	All England Average	CIPFA Family Group Average	CIPFA Family Group	
				Lowest	Highest
2010-11	17.5%	12.9%	9.2%	3.5%	28.7%
2011-12	5.4%	8.9%	10.1%	2.8%	18.0%

Adults in contact with secondary mental health services living independently, with or without support (ASCOF IH)

Year	Central Bedfordshire	All England Average	CIPFA Family Group Average	CIPFA Family Group	
				Lowest	Highest
2010-11	92.8%	74.9%	66.7%	45.5%	92.8%
2011-12	53.1%	54.6%	55.5%	19.5%	71.4%

For both measures there has been a significant drop in performance between 2010–11 and 2011–12.

Through support provided by the Central Bedfordshire Council Social Care Performance Team, it has been checked that though both these measures moved from being National Indicators, to the ASCOF; there has been no

	<p>change in the way the information is collected. However looking at the All England average percentage this also showed a decrease, for these two reporting years. Working with colleagues in the SEPT Performance Unit, actions were agreed to address this dip in performance.</p>
3.4	<p>Actions Taken to Address Performance Issues</p> <p>The following actions have been put in place to take forward a coordinated approach with SEPT to addressing this decrease in performance.</p>
	<ul style="list-style-type: none"> As part of the annual performance target setting process with SEPT, the 2012/13 internal SEPT data collection process has been scrutinised by both SEPT and Central Bedfordshire Council Performance Team. This showed that there were significant data recording issues within SEPT Teams especially in 2011/12, where outcomes from individual reviews of care and treatment packages were not being recorded correctly. An action from this was that throughout 2012/13 each Community Mental Health Team (CMHT), has needed to recheck all case loads and a more robust procedure has been put in place to ensure electronic service user records are updated after reviews to show the accommodation and employment status of each individual service user.
	<p>This checking process also identified where there were a few examples of duplicate entry of information and this misleading data has been removed from both the local CMHT records and the master data-set of performance information held by SEPT's Performance Unit.</p>
	<p>The 2012/13 ASCOF outturn for both these measures has just been released, however the actual wider reporting of the data is embargoed until final moderation is completed by the National office of the Information centre for Social Care. The direction of travel though indicates that for 2012/13 the percentage for both measures has increased and is closer to the 2010-11 outturns.</p>
	<ul style="list-style-type: none"> The Performance Management Group for the mental health Section 75 contract between Central Bedfordshire Council and SEPT, which meets every two months, has included both these measures as reports which will be required of SEPT. This will allow for any changes in performance to be identified and mitigating actions agreed with SEPT.
	<p>To get a better feel for how support from SEPT and other services are making a real difference to people's lives, when they are supported with their employment and housing needs, at each Performance Management Group meeting a random sample of case studies are going to be presented. This show individual's personal journeys as they manage their</p>

	mental health conditions as well as highlighting any barriers they have encountered as they have become well, so as a whole social care and health system we can better target any change to how services are delivered.
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Detailed Recommendation	
4.	Recommendation: Though actions have been put in place to address the performance decrease in these two Mental Health indicators, would the Board like both BCCCG and the Social Care, Health and Housing Directorate to explore in more detail other areas of performance to gain much greater insight into peoples real life experiences, for example: experience of carers receiving needs assessments, customer direct feedback on whether through the course of their treatment they felt treated with dignity and respect.

Issues	
Strategy Implications	
5.	This area aligns with Priory 9 of the H&WBB Strategy: Improving Mental Health and Wellbeing of Adults.
6.	There is an alignment with the BCCG Strategic Commissioning Plan and the areas of focus: care right now (urgent or unscheduled care) and care when its not that simple (addressing complex care needs)
Governance & Delivery	
7.	Delivery and Progress will also be reported to the: Mental Health programme Board, the joint commissioning group, the Mental Health Delivery Partnership Board and HCOP Progress for the two ASCF measures will also be monitored through the CBC Section 75 Performance Management Group
Management Responsibility	
8.	Responsibility for the delivery of the outcomes rests with the Director for Social Care, Health and Housing and the Chief Operating Officer for the Clinical Commissioning Group. This responsibility may be delegated for day to day operational delivery.
Public Sector Equality Duty (PSED)	
9.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the

	need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty /No
	No Yes Please describe in risk analysis

Risk Analysis

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)

Presented by (type name)