



## REPORT TO CROYDON (Governing Body)

28 May 2013

**Title of Paper: Commissioner Response to JSNA**

Lead Director	Stephen Warren
Report Author	Sarah Ives/Bernadette Alves (For JSNA)
Contact details	Sarah.ives@croydonpct.nhs.uk /bernadette.alves@croydonpct.nhs.uk
Committees which have previously discussed/agreed the report.	DASHH DMT Croydon CCG SMT
Committees that will be required to receive/approve the report	HWBB
Purpose of Report	Information /Approval

### Recommendation:

This report recommends that Governing Body:

1. Read and comment on the response of the joint adult mental health commissioners to the summary themes and composite recommendations of the JSNA.
2. Note that the JSNA chapters are embedded at the end of this document - overview, depression and schizophrenia chapters, and are to be read for information.

In addition, this report recommends that the Governing Body:

3. Recommend that commissioners take account of the recommendations from the mental health JSNA in developing a mental health strategy and subsequent commissioning intentions.

### Executive Summary:

The joint adult mental health commissioners response to the JSNA is a strategic response and describes a process for how commissioners will prioritise the recommendations made in the JSNA.

Croydon's 2012/13 JSNA is made up of **five separate sections**.

- An **Overview chapter** which describes the big picture of mental health and well-being in Croydon and considers the impact of demographic change on population mental health in Croydon.

- The **Key Dataset** for Croydon which describes Croydon's position relative to London and England for over 200 indicators relating to health and well-being. It goes beyond mental health.
- **Depression** in adults – in depth topic
- **Schizophrenia** in adults – in depth topic
- **Emotional health and well-being of children and young people** aged 0 to 18 – in depth topic

The overview, depression and schizophrenia chapters are included in this report (Appendix 2) and are the focus of the commissioner response.

There are 13 Themes and over ninety recommendations and commissioners have developed a table that responds to the themes and this is appended at the end of the report (appendix 1).

### Key Messages and Issues (making reference to paragraph within report)

The commissioner response to the JSNA prioritises the need to ensure that the implementation of any and all recommendations must be done within Croydon's financial resource allocation. And recommendations that are able to release cost savings will be prioritised in the first instance.

It is also recommended that commissioners develop a mental health strategy and supporting action plan as a priority.

### Governance:

Clinical Leadership Comments where appropriate	Not yet received
Financial Implications	The main financial implications lie in the unmet need that is identified within the JSNA and the projections of growing need in the future.
Implications for other CCGs	None
Equality Impact Assessment	Addressed within the body of the JSNA chapters.
Information Privacy Issues	N/A
Reputational Issues	None anticipated.
Communication Plan	To be developed as part of a wider strategy.

**Title of Paper: Commissioner Response to the JSNA****1. Background and Context**

The report is a strategic response to the recent JSNA and describes a process for how health and social care commissioners will prioritise the recommendations made by the JSNA.

Mental Health commissioners in Croydon welcome the JSNA and would like to thank everybody who contributed to it for their hard work. We also note the continued need for on-going contributions from our stakeholders as we move to implementing the recommendations contained within the JSNA. This response focuses on three of the four mental health chapters of Croydon's 2012/13 JSNA.

- Overview chapter
- Schizophrenia in adults
- Depression in adults

In order to prioritise the recommendations within the JSNA, commissioners will use an agreed set of principles, and identify existing mechanisms and enablers in order to implement plans and recommendations. The agreed principles are:

- Quality
- Effectiveness
- Need
- Equity
- Cost effectiveness
- Executable
- Stakeholder views

**2. Introduction**

The overarching strategic aim of Croydon's mental health commissioning plan is to promote population well-being, to reduce the burden of mental illness and reduce mental health inequalities. Not only to ensure early diagnosis, high quality, effective treatment, and prevention of relapse, but also to maximise quality of life, especially for people with severe mental illness, who are at particular risk of social exclusion and to support carers.

As with the wider strategic aims of both LB Croydon and Croydon CCG, plans for mental health will be to move the focus towards a preventative and recovery based approach, with services and interventions being delivered within community settings.

In order to deliver this it is clear that the resources currently invested in mental health will need to be reviewed so as to ensure that they are effective and equitably used, maximising the benefits to people both receiving and needing services. It is also a priority that all services are commissioned in accordance with the financial resources available.

## 2.1 Financial context

The health and social care economy in Croydon is challenging. Both Croydon Clinical Commissioning Group (CCG) and Croydon Local Authority have a statutory duty to maintain financial balance, only spending money in accordance with the budgets allocated to them. Within mental health there is a need to ensure the best possible value for money from the investment made, and to consider all ways in which current services models could be redesigned to secure efficiencies and cost savings.

In addition Croydon CCG has commissioned mental health strategies to undertake a value for money review which is scheduled to be completed at the end of May. The output from this review will inform future commissioning and investment plans.

## 2.2 Joint Strategic Needs Assessment (JSNA)

Croydon's 2012/13 JSNA is made up of five separate sections,

1. An **Overview chapter** which describes the big picture of mental health and well-being in Croydon and considers the impact of demographic change on population mental health in Croydon.
2. The **Key Dataset** for Croydon which describes Croydon's position relative to London and England for over 200 indicators relating to health and well-being. It is not specific to mental health.
3. **Schizophrenia** in adults – in depth topic
4. **Depression** in adults – in depth topic
5. **Emotional health and well-being of children and young people** aged 0 to 18 – in depth topic

This paper responds to three of the four mental health sections:

- Overview chapter
- Schizophrenia in adults
- Depression in adults

The children's commissioners are planning to respond to the chapter on the emotional health and well-being of children and young people.

Within these chapters over ninety recommendations were made and these were grouped into thirteen themes. It is not the intention of this response to respond individually to all ninety recommendations, rather commissioners will provide an overview response to the key themes, noting what work is already happening and what the future plans for addressing themes and or recommendations will be.

Commissioners will also cross reference the JSNA's themes and recommendations with other key pieces of work that are currently taking place in Croydon<sup>1</sup>, as well as existing local data and research<sup>2</sup>. Doing this will ensure that Croydon's commissioning plans are comprehensive, reduce duplication in work to implement changes and ensure all locally developed evidence is fully utilised.

### 2.2.1 Priorities

It will not be possible to address all the recommendations at once, so a process for agreeing what and how things will be prioritised will be agreed. Commissioners will also agree a timescale for implementation which is likely to cover a three years period – details of this will be developed into a strategy for mental health and supporting action plan that will cover Croydon. The table in **Appendix 1** begins to identify what work is currently being taken forward and what initial plans are for taking forward other JSNA recommendations – it should be noted however that these may be subject to change as a result of our strategy development and stakeholder engagement.

Given Croydon's financial context the over ridding priority will be to ensure that all recommendations contained within the JSNA are implemented within the financial resource allocation available to us. Recommendations that are able to release cost savings, (both to meet our financial challenges and to reinvest in service redesign) will be prioritised in the first instance.

Mental health commissioners across health and social care have agreed a set of principles by which we will priorities the recommendations within the JSNA. These principles are

- **Quality** – interventions/recommendations improve quality and outcomes. .
- **Effectiveness** – strength of evidence that the intervention/recommendation works.
- **Need** – number of people likely to be affected and likely impact on them.

---

<sup>1</sup> Croydon CCG and LB Croydon have commissioned Mental Health Strategies to conduct a benchmarking, VfM and review of service model. An independent review of older people's mental health services is also being completed.

<sup>2</sup> Croydon Mental Health PBMA review (NHS SW London, Croydon Borough Team, led by Bernadette Alves). Croydon JSNA (Rachel Nicholson and David Osborne). Triage business case materials (SLaM NHS FT). Epidemiological projections on psychosis in south London (Garety and Boydell for SLaM NHS FT)

- **Equity** – the intervention/recommendation reduces health inequalities.
- **Cost effectiveness** – a consideration of the balance of investment needed and the potential savings, taking account of available evidence.
- **Executable** – consideration of the resource and project management required to bring around change e.g. whether it entails a service review or modification of an existing pathway
- **Stakeholder views** – ensures the intervention/recommendation is in line with what is wanted locally and improves patient/carer experience.

Once the JSNA's recommendations have been prioritised using these principles, commissioners will identify the existing mechanisms and enablers to implement them. For example; contractual incentives such as CQUINs could be used to encourage providers to act differently, GP networks provide a forum for clinicians to lead service redesign initiatives, and stakeholder involvement to evaluate how effective services are.

It is also worth noting here that the need to improve the physical health of people who have a mental illness remains a priority. And as a starting point to starting the process described above, Croydon CCG and LB Croydon will develop a mental health strategy that describes the vision for mental health commissioning in Croydon.

### **3. Recommendation**

It is recommended that the recommendations of the JSNA inform future mental health commissioning intentions. It is also recommended that, as a priority commissioners develop a mental health strategy that cross references all relevant work streams and available information in Croydon. The strategy will also encompass the recommendations contained within the JSNA, and include relevant findings from local work as appropriate, as noted above.

### **4. Next Steps**

CCCG and LBC representatives will finalise this response further to comments received from SMT and DASHH. Paper will be finalised and submitted to the June HWBB meeting for information and discussion.



**Appendix 1 - Draft**

<b>Theme and/or Recommendation</b>	<b>Action currently being taken</b>	<b>Future actions being considered</b>	<b>Lead</b>
Theme 1: Strategy	1. The mental health planning group is currently planning the development of a local whole systems strategy. 2. Strategy awareness and training is happening across the borough	1. A mental health strategy and supporting action plan will be written and local stakeholders will be engaged as part of this work. 2. An impact assessment will be carried out on the strategy	Commissioners  Public health
	3. JSNA being discussed with range of stakeholders	3. Strategy/ JSNA need projections to be refreshed as appropriate.	Public health
	4. Two CCG Mental health Clinical leads leading commissioning.	4. HWBB to be asked to consider adopting MH champions	HWBB
Theme 2: Service User Voice	1. Service user group is currently commissioned and consulted with regard to commissioned services and decision making. 2. As part of the mental health partnership group Service User representatives prioritised JSNA recommendations	1. As part of strategy development work Service User involvement will be formalised	Commissioners
		2. Review options for service user involvement in specific MH GP network discussions	Commissioners and MH clinical leads
		3. Scope options with service users and providers re treatment shared decision making	Service Users, Commissioners, SLaM and GP leads
Theme 3: Inequalities	1. Awareness training in primary care 2. Options for changes to IAPT service being considered in	1. Consider available options for research into specific BME inequity of access to services in Croydon (psych. Therapies), low diagnosis rates	Commissioners and public health.

	<p>response to referrals</p> <p>3. The Mind the Gap report</p>	<p>(depression) and over representation (inpatient)</p> <p>2. Work with SLaM (MAP CAG) to understand and scope options re BME access</p> <p>3. Work with service users and third sector to review MIND the Gap report and other local intelligence.</p>	<p>Commissioners and SLaM</p> <p>Service users, Third Sector and Commissioners</p>
Theme 4: Wellbeing	<p>1. Primary care pathways work</p> <p>2. Service specification reviews and updates</p> <p>3. Data and information reviews</p> <p>4. Review of older people's MH services</p>	<p>1. Review options to improve self - management and consider options for peer support.</p> <p>2. Evaluate existing self - management services.</p>	Commissioners
		<p>3. Explore collaborative working across NHS and LA departments – whole systems approach to wellbeing</p>	Adults and Children's commissioners (NHS and LA)
Theme 5: Physical and Mental health	<p>1. Awareness and training</p> <p>2. Primary care work</p> <p>3. Wellbeing agenda</p> <p>4. Medicine/treatment protocols</p> <p>5. Review of IAPT to consider targeting LTCs</p> <p>6. BSBV and HfL recommendations</p>	<p>1. Primary care work to identify people with MUS.</p>	GP Networks
		<p>2. MH promotion mainstreaming in Public health</p>	Public health
		<p>3. Standardise GP physical health monitoring for MH</p>	NHS England, GP Networks, Commissioners
		<p>4. Evaluate MH CQUIN work to ensure good practice mainstreamed</p>	Commissioners/Public Health
Theme 6: Primary Care	<p>1. Social Inclusion work stream</p> <p>2. Included in primary care strategy</p> <p>3. Wellbeing strategy work</p> <p>4. Training programmes</p>	<p>1. Standardise screening and diagnosis for depression</p>	GP Networks

Theme 7: Pathways and interfaces	<ol style="list-style-type: none"> <li>1. Wellbeing strategy work</li> <li>2. Social inclusion work stream</li> </ol>	TBC	TBC
Theme 8: Treatment Services	<ol style="list-style-type: none"> <li>1. There are existing psychological therapies services in primary and secondary care in Croydon, each of merit, but hampered by a lack of capacity.</li> <li>2. An adult mental health re-ablement service is being piloted in Croydon.</li> </ol>	<ol style="list-style-type: none"> <li>3. Scope options to move resources from other services to support improvement in psychological therapies.</li> <li>4. Evaluate the Croydon re-ablement pilot service model and adopt if it helps manage demand for acute care.</li> </ol>	Commissioners
Theme 9: Recovery Services	<ol style="list-style-type: none"> <li>1. There are existing high quality welfare benefits advice and advocacy services, the latter supports clients with housing advice.</li> <li>2. Services supporting service users with social inclusion, including benefits and employment advice were reviewed in 12/13.</li> </ol>	<ol style="list-style-type: none"> <li>1. Work with providers to extend the ways in which good advice is provided to service users.</li> <li>3. Develop implementation plan, based on Review findings.</li> </ol>	1. Commissioners
Theme 10: Advice and Information	<ol style="list-style-type: none"> <li>1. Recent review of recovery services identified the need for improved information services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Commissioners will develop an implementation plan, based on Review findings..</li> </ol>	1. Commissioners
Theme 11: Training and Awareness	<ol style="list-style-type: none"> <li>1. Commissioners recognise the need for better integration of physical and mental healthcare, particularly through training and advice to service users and the professionals</li> </ol>	<ol style="list-style-type: none"> <li>1. The mental health strategy will identify quality improvements to be made to local health outcomes, including improved wellbeing for the whole community, and better physical health for people with severe mental</li> </ol>	1. Commissioners

	who support them.	illness.	
Theme 12: Carers	1. There is an existing adult mental health carers' support service	1. To work with carers' support service to identify ways of extending its reach, to develop new support groups, and provide more service information.	1. Commissioners
Theme 13: Data, monitoring and evaluation	<p>1. Patient experience data is collected with regard local statutory and voluntary sector providers.</p> <p>2. A task and finish group has been established under the Mental Health Partnership Group to look at outcomes and other data requirements.</p>	<p>1. To improve the dissemination of patient experience data, and consider whether existing data is sufficient.</p> <p>2. The Mental Health Partnership Task and Finish Outcomes Group</p>	<p>1. Commissioners</p> <p>2. Commissioners and Public Health</p>

**Appendix 2**

**JSNA Mental Health Chapters**

**Embedded documents removed**

Author: Sarah Ives

Title: Interim MH Commissioning Manager

Date: 17 May 2013