

Mental Health and Dementia Focus and Delivery Group





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Background



Improving services for people of all ages with mental health problems is a priority for NHS England. A number of areas have been identified for focus initially and these require a system wide approach to deliver real progress:

- Dementia with a national ambition of two thirds of people with dementia receiving a formal diagnosis and accessing care and support by end March 2015.
- Improving Access to Psychological Therapies with a national ambition for at least 15% of those with anxiety or depression having access to clinically proven talking therapy services and that those services will achieve 50% recovery rates by end March 2015.
- Mental Capacity Act concerns have been raised that there is a low level of appreciation of the duties and expectations under this legislation which spans across patient groups.

Mental Health and Dementia Focus and Delivery Group



Purpose: The group has a clear purpose to provide intense focus on short term work required around the three key priorities including:

- Providing clinical and managerial leadership in supporting delivery at local, regional and national level and maintaining an overview of progress
- Contributing collectively to the development of the CCG assurance process and the wider levers and incentives to deliver the mental health priorities
- Supporting the co-ordination of actions through NHS England and with partners eg NHS IQ and HEE
- Taking forward improvements in the data and information used to measure and monitor progress
- Raising the prominence of the priorities, sharing best practice and understanding the issues and barriers

> Developing a flexible support offer including tools and guidance as required

Membership



Jointly led by Medical and Nursing Directorates in NHS England with representatives from across the system:

- Relevant NHS England directorates/services eg operations including regional and area teams, commissioning development, analytical team etc..
- National Clinical Directors for dementia and mental health
- Strategic Clinical Networks
- Clinical Commissioning Groups
- NHS Improving Quality

Improving Access to Psychological Therapies (IAPT)



Background

- >NHS Mandate commits that by end March 2015:
 - 15% Access rate
 - 50% Recovery rate

Where we are now

- Latest performance for access is whilst improving is behind trajectory although recovery is broadly on track
- Aggregated CCG intentions are for access rate to be at 12.1% at end 2013/14 but there is significant variation at CCG level
- Recent changes in data reporting which will deliver longer term benefits - have highlighted a range of data quality issues which will affect performance reporting in 13/14.

Improving Access to Psychological Therapies



What we understand about the challenges

Cabinet Offices Implementation Unit reviewed progress of IAPT and identified the following barriers:-

- Demand levels
- Inappropriate referrals
- Workforce challenges
- Intelligence gathered through RRGs: capacity, workforce, referral challenges

Where we need to be

Recovery plan agreed with DH: key actions to aid improved performance focusing around improved engagement, assurance, clinical leadership and support.

Dementia

Background



National Ambition: two thirds of people with dementia receiving a diagnosis, care and support by end March 2015

Where we are now

The diagnosis rate:

- >average diagnosis rate across England is 48% for 12/13, up from 45% (11/12) and 42% (10/11).
- > This means an extra 25,000 have received a diagnosis in 12/13
- There remains some distance to travel to achieve the national ambition of 67%.

CCG ambition plans:

Significant variation in CCGs dementia diagnosis ambition plans ranging from below 40% to above 70%

Dementia



What do we understand about the challenges

- ➢ Not all CCGs are starting from the same place
- Reluctance to case find : nothing can be done, increased demand for services
- Access/capacity for memory assessment services
- Variation in availability of support services which may also be fragmented
- Intelligence gathered through RRGs

Mental Capacity Act



- The Mental Health Nursing Lead will take forward actions on the Mental Capacity Act.
- > All CCGs have a designated MCA lead, as a condition of their authorisation
- > MH & Dementia Focus and Delivery Group:
 - To gather and review intelligence which organisations are discharging their duties under this act and identify ways of using this intelligence to further support the implementation of the act
 - To improve support and engagement with CCGs in understanding their role in concordance with the MCA when commissioning and monitoring services
 - Develop evidence based staffing tools for mental health, community, learning disability care and support services

Summary of Actions



Data/Information

Offer monthly data packs with analysis of what the data is telling us at a CCG level for IAPT.

- > Work with CCGs to improve IAPT data quality
- Refresh of the dementia calculator and provide CCG level diagnosis rates

Communication/Best Practice/Sharing Information

- Developing case studies of good practice
- Launch of knowledge portal (developed by South West SCN) as a platform for sharing and developing guidance, resources and tools as well as an interactive networking tool
- > Communications plan to share key messages and harness wider capacity
- Developing a wider network to support focus and delivery

Support and Development

- Develop a support offer across all 3 priorities working with SCNs and CCGs to designing something that can be delivered locally or nationally.
- Commissioning a leadership development programme for broader Mental health agenda

Summary of Actions



Assurance/Incentives/Levers

Identifying outliers in terms of planning and/or performance and feeding this into the assurance process

- > Developing the assurance framework to improve delivery focus
- Reviewing levers and incentives for planning round 14/15

Clinical Leadership

- Setting up Dementia Expert Reference Group
- National Clinical Director for Dementia undertaking rapid diagnostic visits to CCGs to gather best practice and understand barriers/challenges

Workforce Planning

- Working with the HEE and Local Education and Training Boards to ensure sufficient qualified therapists are available to meet demand for IAPT services and to meet the national trajectory. Considering ways to link qualified therapists with CCGs and IAPT providers post qualification.
- Further work to understand workforce capacity and training challenges in terms of Dementia and MCA.