Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 2 February 2017

Question 1 Part 1: There is considerable public concern about mental health services in Sheffield. Despite some successes, accounts of poor access especially for young people are compounded by a more general constriction of services because of cuts; the withdrawal of some community-based clinical staff; and increasing stress on those who are left - especially given the rise in need indicated in this month's Quality and Outcomes Report.

CCG Response:

Children and Young People

In Sheffield we are implementing our local transformation plan to improve children and young people's mental health. We have improved access to mental health treatment and to the citywide early intervention offer. We will continue to improve provision in line with our plan.

Adults

With regards to cuts into community services in adult teams, we have actually invested into Home Treatment Teams in mental health and out of hours community responses over the last 12 months. SHSC have themselves done work on pathway design which may have seen changed configuration, but there is now £750k more invested into community services than in 2015/2016.

The 'rise in need' referred to in the Quality and Outcomes Report relates to the performance against the 2 week wait for Early Intervention in Psychosis assessment. Whilst the target was still being met in November, our provider is receiving a far higher-than-anticipated level of demand. This is an issue recognised by NHS England and will be the focus of a meeting hosted by them scheduled for 17 March. It is nationally recognised that the prevalence rates on which the service provision was developed reflected those experienced in the south of England, and are below those which many CCGs in the north are experiencing. SHSC has been asked to develop a business case to develop the service to meet local demand.

Question 1 Part 2: Recent attempts to explain or justify the closure of beds and more at Hurlfield View, Birch Avenue and Wainwright Crescent have produced seemingly contradictory accounts from commissioners and providers.

CCG Response:

Hurlfield View

NHS Sheffield CCG does not commission services at Hurlfield View; these are commissioned by Sheffield City Council. We are however continuing to work closely with colleagues at both the council and Sheffield Health and Social Care NHS Foundation

Trust (the provider) to ensure that the health needs of those individuals who currently use Hurlfield View continue to be met.

Birch Avenue

There is no intention to close Birch Avenue, we know there is a need for this service and do not want it to close. The safety and welfare of patients remains paramount, and ensuring they continue to receive high quality care that meets their needs is our priority. We are not changing the service provided; this will continue to be nursing care for people with enhanced dementia needs as it is now. The tender process that South Yorkshire Housing Association are currently undertaking is about seeking a new staffing provider, not changing the actual service.

Family members and carers will be invited to take part in the evaluation process. We hope that we will be able to retain many of the same staff and would be looking for them to transfer to the new provider so they could continue caring for residents.

Wainwright Crescent

NHS Sheffield CCG has no plans to disinvest from the service currently provided at Wainwright Crescent. We are aware however that the 'step down' beds at Wainwright Crescent which are commissioned by Sheffield City Council will not in future be block purchased. The service will instead be provided in a number of different ways, depending on personal choice and the specific needs of each individual. This may mean that some people can be cared for in their own home, rather than within a ward type setting; underpinning the person centred approach to better supporting people in the least restrictive environment within their own community.

Question 1 Part 3: Continuing poor outcome statistics for IAPT suggest problems either in appropriate referrals or the quality of service offered - as well as longstanding weaknesses in the IAPT model.

CCG Response:

The IAPT performance data reported in the Quality and Outcomes Report: Month 8 - 2016/2017 for Governing Body meeting 12 January 2017 related to the August 2016 national data. Sheffield is in fact held up as a beacon of good performance particularly in relation to supporting people with more complex needs. In December 2016 the service was invited by the National IAPT Director to write a case study on the service changes that have been implemented and the outstanding performance achieved recognising that the service offered which embraces medically unexplained symptoms (MUS) and long term conditions (LTC) is considerably more comprehensive than that in most other areas.

Summary of IAPT Performance using locally captured data

TARGET PERFORMANCE	Actual performance		
	November 2016	December 2016	January 2017
Access to first treatment - 18wk (95% per month)	100% - October	99% - Nov 16	99.36% - Dec 16
Access to first treatment - 6wk (75% per month)	89% - October	88.5% - Nov 16	89.1% - Dec 16
Waiting clearance times (<10 weeks)	4.36 – Oct 16	5.17 – Nov 16	5.56 – Dec 16
Recovery rate (50% monthly)	50.3% - October	50.3% - Nov 16	50.17% - Dec 16
Access rate (3.75% quarterly, suggested 1.25% monthly)	1.55% - October	1.88% - Nov 16	1.05% - Dec 16

Question 1 Part 4 Whilst welcoming the CCG's intention, reported in the Operational Plan, to restore financial parity of esteem and (with cautions) deliver other improvements, the robustness of the overall targets seems far from secure. Can the CCG undertake to bring to a meeting in the near future a specific paper concentrating on adult mental health services in the city, outlining needs, resources and more specific plans to deliver the improvements in Sheffield's mental health which it is seeking.

CCG Response:

The Mental Health Commissioning Team has set its operational plans against the national 5 Year Forward expectations relating to our investment and local performance. However, these national expectations do not all come with investment. Therefore we have to bid for national money when we can against the national targets, which we plan to deliver, whilst also reviewing how we spend our money to ensure that we are achieving outcomes and best value overall in mental health. There is also the need imposed on us by NHS England to balance our books overall as a health care system. This has led to a resource gap for the CCG as a whole, and meant the organisation had to make decisions on investment in 2016/17. Due to this and the expected phasing of investment the increase in Mental Health spend in 2016/17 is 1.6% against a target of 2.1%. The 5 years financial plan has been based on a gap analysis resulting in expected areas of investment within the Mental Health Five Year forward Year. This means that the CCG is unlikely to meet the Mental Health - Investment Standard in 2017/18 alone (0.7% increase against a target of 1.6%) however the standard will be met over the two year planning and contract planning for the CCG of 2017-19.

All of this investment is with a backdrop that Sheffield CCG is within the top 10 CCG in terms of percentage of overall spend spent on Mental Health, Learning Disability and Autism. Sheffield CCG currently spend 18% of its allocation on Mental Health, Learning Disability and Autism compared to a region average of 13%.

As previously stated to Governing Body, we recognise that addressing mental health from a CCG perspective alone will not enable us to achieve the plans that we intend to deliver, especially in the context of the impact of austerity measures on our Local Authority. Therefore we plan to deliver our investments and savings plans jointly, and to identify new models of service that enable us to jointly achieve the Five Year Forward Vision.

We would be happy to attend Governing Body as a Joint MH CCG/LA team in coming months and we will table a discussion at GB in the near future around mental health provision across Sheffield.

Question 2: ***The October minutes of the Joint CCGs Committee brought to this agenda state that from December it would be no longer shadow but be operating according to the agreed terms of reference. These should include the manual for the Working Together JCCCG agreed by Sheffield CCG in October which says that meetings will be held in public (Appendix 2 10.1) Yet the answer to the question I asked at the last Governing Body meeting stated that there would be no public meeting at least until March. It seems clear that the JCCCG, once formally operating, comes under legislation requiring meetings to be held in public e.g. Public Bodies (Admission to Meetings) Act 1960 and that the same could apply to the STP Board. Can the CCC GB confirm that no binding decisions regarding public services will have been made until the JCCCG begins formally to meet in public.***

CCG Response: *Following queries raised by members of the Governing Body relating to the operation of the Joint Committee of CCGs (Joint Committee), advice was sought from the lawyers who had prepared the Joint Committee Establishment Agreement for the CCGs, which provided helpful clarity on the operation of the committee going forward. Further clarity was also sought from the Working Together Programme Director on a number of process issues, including clarity around the formal appointments process for the committee's two Lay Members and as to when the committee would start to meet in public.*

At its meeting on 6 December 2016, the Joint Committee agreed that there would be a joint formal appointments process for the Lay Members. The Working Together Programme Director has confirmed that the Joint Committee is properly constituted and that it will make no binding decisions until it is meeting in public. The first such meeting is expected to be in April 2017.

The CCGs, as a Joint Committee, have collectively agreed to only consider business cases for hyper acute stroke services and children's surgery at the moment, and that arrangements set out in the Agreement will be reviewed before any further commissioning responsibilities are delegated to the Joint Committee for consideration.