

NAME OF MEETING
AGENDA ITEM NO

Item for Decision/Assurance/Information (Please underline and bold)

DATE OF MEETING 12 JUNE 2019

Report of:	Judd Skelton Assistant Director Integrated Commissioning Salford City Council / Salford CCG
Date of Paper:	04.06.2019
Subject:	Adult Mental Health Progress Report
In case of query Please contact:	Judd Skelton 0161 212 5632
Purpose of Paper:	
<p>The purpose of this paper is to provide Adult Commissioning Committee with a progress report regarding a range of national, Greater Manchester and local priorities in Adult Mental Health. This includes priorities and targets identified in the NHS Five Year Forward View for Mental Health.</p> <p>The paper also provide an overview of the Mental Health Grants programme administered by Salford CVS using Greater Manchester Mental Health Transformation funding.</p> <p>The paper also provided an update on the development of a Salford Living Well model, scaling up learning form Lambeth over a three year programme.</p> <p>Adult Commissioning Committee is asked to note and comment on the report.</p>	

Further explanatory information required

<p>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</p>	<p>This report identifies progress against key priorities and objectives in the Salford Mental Health Commissioning Strategy which works to the following vision:</p> <p>“Salford is a city where good mental health, a good start in life, a family approach to mental wellbeing, the ability to adapt and manage adversity and recognition of the wider factors affecting mental health are supported throughout people’s lives”</p>
<p>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</p>	<p>N/A</p>
<p>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</p>	<p>N/A</p>
<p>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</p>	<p>N/A</p>
<p>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</p>	<p>N/A</p>
<p>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</p>	<p>Mental Health provision</p>

Footnote:

Members of – Adults’ Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

Document Development

Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e. survey, event, consultation)			X	The public has not been engaged regarding the production of this report in particular. However, public engagement underpins the approach taken regarding mental health commissioning in Salford, in particular regarding the development of the Living Well model which is built on a platform of significant co-design and co-production with people with lived experience of mental health.	
Clinical Engagement (Please detail the method i.e. survey, event, consultation)			X	Clinicians have not been engaged regarding the production of this report in particular. However, the Clinical Lead for Mental Health is a key member of the Mental Health Commissioning Strategy Group and Living Well Programme and so is fully engaged in the programme of work.	
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to the XXX			X		
Presented to the XXX			X		
Presented to the XXX			X		

Presented to any other groups or committees, including Partnership Groups (Please specify in comments)			X		
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Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Adult Mental Health Progress Report

1. Executive Summary

The purpose of this paper is to provide Adult Commissioning Committee with a progress report regarding a range of national, Greater Manchester (GM) and local priorities in Adult Mental Health. This includes priorities and targets identified in the NHS Five Year Forward View for Mental Health.

There have been some challenges regarding the GMMH Improving Access to Psychological Therapies (IAPT) performance in relation to waiting times but an improvement plan is in place and we are expecting to see the service meeting waiting time targets on entry by July.

Performance for Early Intervention in Psychosis exceeds target and additional investment has been secured via a business case to Salford CCG to improve the therapeutic offer within this service.

Significant work has been undertaken to address and reduce the number of people being placed out of area in acute inpatient units. Collaborative commissioning with Bolton, Trafford and Manchester CCGs has seen significant reductions in out of area placements (no male acute placements outside of GM), significant cost avoidance and improved patient experience.

The paper also provides an overview of the Mental Health Grants programme administered by Salford CVS using Greater Manchester Mental Health Transformation funding which has seen ten new services funded which meet priorities in the new Salford Mental Health Commissioning Strategy.

Finally, the paper provides an update on the development of a Salford Living Well model, scaling up learning from Lambeth over a three year programme. This exciting programme of work is built on a platform of considerable co-production and co-design with people with lived experience of mental ill health and will focus on those people who are too complex for Primary Care but not meeting eligibility for Secondary Care.

Adult Commissioning Committee is asked to note and comment on the report.

2 MENTAL HEALTH UPDATE

The Five Year Forward View for Mental Health (5YFV) and the NHS Long Term Plan sets out a range of targets for mental health. This paper provides an update on the current adult mental health performance against these targets locally, along with an update on the additional mental health work streams, aligning with ongoing work across Greater Manchester.

The Executive Summary from the Adult Mental Health Report (that outlines performance across mental health provision) which was submitted to Service and Finance Group on June 4th 2019 is attached in Appendix 1 for information.

2.1 Improving Access to Psychological Therapies (IAPT)

“The Mental Health Five Year Forward View Implementation Plan set out the ambition to increase access to integrated evidence-based psychological therapies to at least 600,000 additional adults with anxiety and depression each year by 2020/21. The primary purpose of this indicator is to measure improvement in access rates to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders”.

Salford has very robust reporting and monitoring around IAPT performance as we have developed these services over many years, and Salford was a Wave 1 IAPT expansion site.

In Quarter 4 18/19 Salford continues to achieve against the access target (20.8% against a target of 19%) and the recovery target (51% against a target of 50%), however the two waiting times measures (referral to treatment targets – RTT) are below target. Step 3 IAPT (provided by GMMH) has experienced a significant waiting list backlog and improvements in waiting time performance will not be realised until the waiting list has been addressed.

Recurrent investment in IAPT services was agreed by the CCG in June 2018 and GMMH has allocated additional non-recurrent investment to support waiting list initiatives. In addition, GMMH agreed additional investment and the implementation of IESO (a digital solution) to support reduction of the waiting list and achievement of the RTT targets.

The waiting list was halved in the first two months of 2019. The current waiting list for RTT relevant waiters stands at 516 (as at 03.06.19), however, there has been a significant shift in the profile of the waiting list, with reductions in those people waiting over 18 weeks ('red waiters') and an increase in the number of people within 0-6 weeks or 6 -18 weeks ('green, yellow and amber waiters'). Consequently the number of 'red' waiters (over 18 weeks) on 03.06.19 is now only 25. It is anticipated that the waiting list backlog will be resolved by the end of June 2019.

GMMH's RTT performance has improved considerably and as of 03.06.19 is 70% for 6 weeks (against a target of 75%) and 87% for 18 weeks (against a target of 95%). It is expected that GMMH RTT performance will be on target 'on entry' by July 2019 and in published data by the end of November 2019.

Six Degrees, who provide Salford's Step 2 IAPT provision, has excellent waiting time performance, with year-end performance expected to be 81% for 6 weeks and 100% for 18 weeks and it should be noted that they deal with around 65% of Salford's total IAPT presentations. Six Degrees data will mean that while the GMMH published waiting time data might not be on target until November, the overall CCG position will be on target sooner. A piece of work is ongoing to explore this trajectory further.

An improvement plan has been developed with GMMH and performance is being monitored on a fortnightly basis, with additional focus in GMMH local commissioning meetings. Commissioners are working closely with GMMH colleagues to receive regular assurance.

Commissioners have asked to monitor caseload size routinely so as to identify any potential problems as early as possible in the future.

Recovery data regarding people who are stepped up from the step 2 to the step 3 service is double counted nationally due to data processing approaches at NHS Digital. This has been recognised as a challenge by NHS Digital and has been escalated at GM.

2.2 Perinatal Mental Health

The impact of mental health problems experienced by women in pregnancy and during the first year following the birth of their child can be challenging for both, mother and baby, as well as their families. The 5YFV sets out an objective that by 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This needs to include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

There are three work streams that are being progressed at a GM and local level.

The first work stream focuses on the specialist community psychiatric input that is required to meet the needs of the most acutely unwell patients. This work stream is being taken forward at a GM level with GMMH being commissioned to provide this service across GM since they are also the provider of the existing GM Mother and Baby unit. The GM service is being developed in clusters, with Salford being included in the second cluster. This is now live.

The second workstream focuses on the provision of psychological therapies for people with perinatal mental health difficulties. The GMMH IAPT step 3 business case included capacity for additional perinatal specific resource. This included two perinatal step 3 IAPT workers and a 0.25 wte perinatal IAPT lead. The perinatal IAPT workers will have a specific focus on perinatal provision; however they will also support the wider IAPT service, with a current focus on reduction of the waiting list.

IAPT services are being guided to work to a 'perinatal frame of mind'. This has included supporting work around a perinatal IAPT checklist to 'self-assess' how the service is meeting the needs of people in the perinatal period. This checklist is then being used to support a development plan within IAPT services to further improve perinatal provision. Two workshops have taken place to explore links between adult mental health services and the wider perinatal pathway. This has resulted in an action plan which will further develop relationships and pathways with midwifery, health visitors and support for partners.

The third work stream focuses on addressing attachment and bonding issues via early intervention approaches. Work is underway to explore demographics and need within Salford to underpin a local model or options appraisal for development of this service. The service will be based on the Tameside and Glossop model supported by GM.

2.3 Early Intervention in Psychosis (EIP)

NHS England states "The access and waiting time standard requires that more than 50% of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral".

In order to achieve the standard, both the maximum waiting time from referral to treatment and access to NICE recommended care must be met. Success is measured as 'more than 50% of people experiencing a first episode of psychosis are treated with a NICE recommended care package within two weeks of referral'. NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.

Salford CCG allocated significant additional investment to the local EIP service in 2016 (c£784,355). Consequently, while meeting the EIP targets has been identified as a challenge at a GM level, our local EIP service is currently achieving the national target in relation to the percentage of people experiencing first episode psychosis who commence a NICE-recommended package of care within two weeks of referral. Salford's performance for Q4 18/19 is 93% which exceeds the target of 53%.

Whilst the service is comfortably meeting the above access target, there are significant capacity challenges in the service to meet the delivery of NICE concordant care. This was highlighted in the recent national annual audit which suggested that whilst performing well in comparison to other services in GM, Salford's services still required some improvement, particularly in relation to the provision of Cognitive Behavioural Therapy for Psychosis (CBTp), Family Intervention (FI) and Individual Placement Support (IPS). This resulted in an assessment of a level 2 service in line with the national audit criteria. Salford's EIP service would be expected to work towards becoming a level 3 service in 2019. To support this, a recurrent investment of £148,360 was agreed to improve the delivery of NICE concordant interventions. Additional non recurrent investment of £121,549 was agreed to support an 18 month test of change relating to the assessment function in the service. This details a total investment of £269,909. Recruitment is underway with staffing expected in place by September 2019.

2.4 Adult Mental Health Crisis Services

The 5YFV outlines that: 'at least 50% of acute hospitals should meet the core 24 service standard for mental health liaison as a minimum. People presenting with a mental health need in A&E departments and on physical health wards will have access to swift an compassionate assessment of their mental health needs and high quality NICE recommended care, 24 hours per day, 7 days per week. There will be a reduction in inappropriate inpatient admissions, shorter length of stay, reduction in delayed transfers of care and reduced readmissions'

Salford CCG has invested considerably in development of its local Mental Health Liaison Service - £1.2m in 2013. Salford has secured some of the GM transformation funds (circa £630K in wave 1) to develop this further to be fully CORE24 compliant and meet all targets.

64.7% of referrals from A&E were seen within one hour in March 2019. This is still under the expected target of 75%; however the target was achieved for January and February 2019. The dip in performance for March is thought to be due to the high number of people (444) presenting at A&E in March 2019. Performance for referrals from A&E seen within two hours was 86% for March 2019 against a target of 95%. Again this is a slight drop in performance due to the numbers of people being seen.

In addition, whilst not a 5YFV target, there is work ongoing via a Greater Manchester workstream around Crisis Care. This is picked up locally under the work relating to Living

Well and a wider piece of work which will help to explore how crisis support can be integrated within our current systems.

2.5 Mental Health Out of Area Placements (OAPs)

The 5YFV states that by 2020/21, out of area placements will essentially be eliminated for acute mental health care for adults.

As part of the Best Value work, a risk share agreement for Maryfield Court with the CCGs of Bolton, Salford and Trafford for 13 male acute beds (3 of which are for Salford) is in place. This is based on the average number of male acute inpatients in an OAP during 17/18. The remaining beds were to be managed by GMMH for the management of Manchester OAPs.

The objective is to use these “closer-to-home” beds to accommodate males needing an acute admission where their host district does not currently have an available bed. This greatly reduces likelihood of patients needing to be admitted to units at great distance from their home area. An additional benefit is the oversight that GMMH is providing i.e. they have managerial and clinician input visiting on a daily basis .

Since the programme went live in August 2019 Salford has seen huge benefit as a result of:

- Improved patient experience being closer to home with quicker repatriation back to Salford.
- Lower unit costs for each bed-night used,
- Lower volumes in view of GMMH having the "breathing space" to better manage capacity and occupancy,
- Impact of risk-share with Bolton, Manchester and Trafford, providing commissioners with increased capacity for their own patients, thereby reducing potential occupancy of a Salford bed.

For the 6 months to January 2018 the average monthly cost of acute out of area placements was £60k [£720k pa]. This increased by 50% for 6 months to July 2018, where the average monthly cost was £96k [£1.1m pa]. The programme went live in August 2018 and up to January 2019 ,the average monthly cost had reduced to £7k [£84k pa]. The GMMH costs [extrapolated over a 12-month period] were £260k making a total cost of £344k i.e. a potential 2018/19 benefit through cost avoidance of c£800k.

This agreement was reviewed recently and Salford utilises fewer beds than commissioned under this agreement. Due to the risk share arrangements, Manchester picks up any spare capacity, preventing additional cost to Salford. Salford has also had no male out of area placements since this approach came into effect. Based on the evaluation data, Salford has agreed to commission 2 beds for 19/20. These beds will be provided by the Priory rather than Maryfield Court and will offer more flexibility in that they are suitable for both males and females.

2.7 Suicide Prevention Strategy

Reduction of deaths by suicide by a target of 10% was set as a national target in the 5YFV. A Greater Manchester Suicide Prevention Executive is in place which is overseeing the implementation of the GM Suicide Prevention Strategy and action plan. Salford is well connected into this with the Assistant Director for Integrated Commissioning being the lead GM MH Commissioner in this area.

Salford's annual suicide audit shows that there were 27 deaths from suicide and undetermined injury in 2017. Local work is being undertaken in line with the Salford Suicide Prevention action plan which includes:

- Development of a training ladder – this will explore the different types of training available (ranging from 20 minute online training through to 2 day assist training) and plan how best to promote training to the different communities and teams in Salford.
- Roll out of suicide prevention z cards – local resources developed by people with personal experience will be made available across Salford in key community locations with the aim of helping to raise awareness of how to support someone who is experiencing thoughts of suicide.
- Lived Experience project – supporting people with lived experience to share their journeys with the aim of developing our support offer and understanding where elements of the pathway can be improved.
- Evaluation of the 'Reach Out' programme delivered by Start in Salford – as part of the CGG Innovation Programme, Start in Salford has delivered a range of activities relating to suicide prevention. This is currently being evaluated with a view to planning what future activities may be required.
- Local communications approaches – As a subgroup of the Suicide Prevention Partnership, the comms group leads on specific campaigns relating to suicide prevention. This year, the focus is on exam stress and the construction workforce. All local communications are planned to align with the GM communications plan.

The GM suicide prevention campaign has been launched, resulting in a toolkit of resources for use by local partners. This includes images from the 10 GM localities, along with facts and statistics relating to suicide prevention which can be used on social media and as posters in local venues. The theme of the campaign is 'Shining a Light on Suicide' and Salford's image utilises the iconic Lads and Girls Club. A website with further information and resources from the programme is available: <http://www.shiningalightonsuicide.org.uk/>

The GM Suicide Bereavement Service (provided by Six Degrees Social Enterprise) is now live and will run as a two year pilot to co-ordinate practical support for people bereaved by suicide and to signpost to local support services.

2.8 Employment Support

The Five Year Forward View for Mental Health (5YFV) identifies the disparity between those people with mental health issues and the general population in relation to achieving employment. 43 % of all people with mental health problems (predominantly common mental health problems) are in employment compared to 74% of the general population and 65% of people with other health conditions. The employment rate for people in secondary care mental health services is even lower at 6.7% nationally.

It is noted that the current Q4 ASCOF performance relating to employment for people with mental health problems is 7.4%. As the target of 10% is set for a year end position, it was expected that performance would have improved over time. Unfortunately, this has not been evidenced in the ASCOF figures, however there are challenges in the data recording which may be influencing this reporting. To address this, greater exploration of GMMH data is being undertaken along with the exploration of a recording process to ensure that Care

Coordinators are updated on employment status following people's participation in the employment pathway.

Referrals to the Start Forward pilot service have initially been low. This has been explored in detail and there are some challenges in referral processes to support a greater flow of referrals. Due to Community Engagement Recovery Team (CERT) focussing on people needing enhanced support and the Start Forward programme relying on discussions within allocation meetings to receive referrals from the standard care cohort, the service isn't always identified as a referral point. Therefore there has been further partnership working between GMMH and Start to refine the referral pathway to facilitate an improved approach. The Start Forward service is due to undergo a full review to better understand outcomes and to inform future provision and this service may be located within the Living Well model in the future (see section 4)

As part of the investment in Early Intervention in Psychosis services detailed in section 2.3, additional capacity is resourced in Individual Placement Support (IPS) which should provide oversight of the wider pathway.

Commissioners are also linked into the GM work relating to employment support and this is focused on ensuring that local pathways are considered in the forthcoming GM service to facilitate referrals.

3) VCSE Mental Health Grants Funding

Salford was the only area of Greater Manchester to make the decision to allocate the entirety of its GM Mental Health Transformation Fund to the VCSE sector. £300k per annum over three years has been allocated to Salford CVS to administer a grants programme. Through triangulation of the engagement work with staff, service users and carers, VCSE sector colleagues and public health data, we developed a list of key areas for the bidding processes to focus on.

The first round of bids took place in late 2018 and the following programmes were funded:

Large Bids (up to £50k for 3 years)	
Organisation	Project Summary
Salford IDASS	Support to Safety Provision of dedicated mental health support to women in receipt of support for domestic abuse.
Gaydio	Gaydio Academy – Salford Mentoring and support of 100 individuals from the LGBT community in creating audio content relating to mental health.
42nd Street	Developing an iThrive Approach to Wellbeing in the Orthodox Jewish Community Training of 20 professionals within the OJ community and delivery of mental health support to young people.

Unlimited Potential	<p>Meaningful Employment – people with autism and Asperger’s syndrome</p> <p>An offer has been made to fund accelerated research and development of a practical plan to deliver an employment brokering service for local people with autism and Asperger’s syndrome and employers in need of specialist skills. This plan will be considered for possible funding 2019-21.</p>
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Small Bids (£10k for 1 year)	
Organisation	Project Summary
Warm Hut	<p>Tumayini Project</p> <p>Weekly IT and English conversation club, keep fit, self-management of long-term conditions sessions + monthly dementia café.</p>
Sow the City	<p>Hospital Beds</p> <p>Therapeutic gardening project in hospital gardens and volunteering in the community</p>
Community Pride CIC	<p>Salford Mad Pride 19</p> <p>Expansion of the community-led public engagement project to raise awareness of services and support available</p>
Citywall	<p>Schools Wellbeing Project</p> <p>Provision of highly targeting in-school for support for young people in need of mental health counselling.</p>
Salford Mental Health Forum	<p>Mental Health Peer Support Team</p> <p>Peer support and referral for those in need of mental health services. Professional support has been offered to the MH Forum in delivering this project. The project will commence in Q4 2018/19 to allow embedding of the Lambeth model.</p>

Kings Church Salford	<p>Who Let The Dads Out Parent and toddlers support aimed at single fathers who have access to their children at weekends, male foster carers and men who work during the week and want to spend quality time outside of the home with their children at weekend.</p>
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The approach has been to ensure that a sufficient number of bids were taken forward to support priority areas, whilst also ensuring capacity to support further bids in years 2 and 3. For the 2018/19 fund, over £4m worth of bids were received.

The remaining £50K from the 2018/19 Transformation Fund is being used to support the employment programme with Start in Salford as referred to in section 2.8.

From 19/20 the Mental Health Grants will align with and meet priorities identified in the Living Well Programme in Salford (see Section 4).

4. LIVING WELL SALFORD PROGRAMME UPDATE

The Living Well UK Programme is a national three year programme to help us think differently about mental health support. It will help Salford to focus on people's skills, aspirations and experiences to build a different way of offering support and help.

Over the last eight years, Lambeth has been changing their mental health support to help everyone who experiences mental health difficulties to work towards recovery, stay well, make their own choices and take part in everyday life. Salford, Luton, Edinburgh and Tameside and Glossop have all been selected to learn from this work as part of a programme funded by the National Lottery Community Fund over the next three years . Salford will be working with the Innovation Unit, a not for profit social enterprise. The Innovation Unit will help all of the sites in the Living Well UK programme to develop their own local systems to meet the needs of local people. We are calling this work Living Well Salford.

The Living Well Collaborative is a place for developing our ideas, making decisions and making sure that the programme remains true to our vision. These sessions are different because there are no hierarchies and everyone's contribution is equal. People are recognised as experts in their own experiences – be that getting support or developing and delivering services. We have been meeting monthly since January 2019 and our meetings have included adults with lived experience, commissioners and providers (both statutory and VCSE sector).

The Collaborative decided to focus on adults who feel that they aren't getting access to the help and mental health support they need, perhaps being too complex for Primary Care but not meeting eligibility for Secondary Care.

We have also established a Design Team. This is made up of representatives from the Collaborative. People with lived experience have been sharing their experiences. This is helping the Design Team to better understand people's strengths, aspirations and the things

that get in the way of living a good life. The Design Team will be using the insights from these experiences to help test out how we can do things differently. Based on what people tell us, we will work together as a Collaborative to co-design different ways of supporting people. We will be learning as we go so we will need to test out ideas. The Collaborative have decided that small tests of co-designed ideas will be taking place in Broughton first. We want to keep things small until we know how well they will work. When we have tested different ways of supporting people and learned what works best, we will look to carry out this work across Salford. Initial prototyping will begin in July, starting working 12 people in Broughton and gradually shape and scale up with wider roll out expected in January 2020.

We are also setting up a number of smaller groups to help with the work. This includes: an Evaluation Group (helping us to check that what we are doing is making a difference) and an Outcomes Group (to help plan how to measure the difference made to the people of Salford).

4. RECOMMENDATIONS

That Adult Commissioning Committee notes and comments on the report.

Judd Skelton, Assistant Director Integrated Commissioning

Appendix 1

Adult MH Service Report – Quarter 4 2018/19

Executive Summary

- The CCG achieved 4 of the 6 national targets relating to Mental Health in Quarter 4, according to local data. The 2 measures below the required threshold relate to IAPT 6 & 18 week RTT targets. Aggregated underperformance against these targets is predominantly due to pressures in the step 3 IAPT service.
- Performance against all Five Year Forward View (5YFV) stretch targets exceeded 2018/19 expectations.
- 2 National Quality Requirements for the GMMH Contract did not achieve target in Q4, relating to IAPT 6 and 18 week RTT targets. These issues are currently being managed via a performance improvement plan linked to investment made into step 3 services in 2018. It is anticipated that published performance will be at the required level for both RTT targets by September 2019.
- 7 Local Quality Requirements for the GMMH Contract did not achieve target in Q2. Underperformance mostly relates to service areas where there are known issues, with action already being taken to resolve, as follows:
 - MH Liaison 1 and 2 Hour Targets – Performance has significantly improved against both targets over the course of the financial year following investment and subsequent recruitment earlier this year. Performance issues in month 12 are linked to unusually high demand.
 - 30 day readmissions – Performance has been good for the majority of the year but has dipped in quarter 4. This is due to a spate of readmissions of 3 patients on the PD pathway.
 - IAPT Recovery – actions to resolve are linked to RTT improvement plan detailed above.
 - GP receipt of discharge summaries within 7 days of discharge – caused by low number of junior doctors and some data issues linked to new clinical system.
 - Other measures with very marginal underperformance relate to timeliness and receipt of nutritional and weight assessments. Whilst underperformance is very marginal, quality colleagues have still been made aware due to the nature of these measures.
- Six Degrees achieved 2 out of 3 national IAPT targets in quarter 4. The service did not achieve the 6 week RTT target due to issues with staff sickness in quarter 3. Staff are now back in work and a request has been made to Health Education England to source 6 trainee PWP's to provide additional resilience. Performance is anticipated to be affected until September 2019.
- Self Help Services achieved all contractual IAPT targets in quarter 4.

- All individual placements have an allocated care co-ordinator and up to date review documentation has been provided to commissioners for all but one existing placement. Commissioners are expecting review documents for 7 placements, due before the end of May.