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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	23 May 2018	Agenda Item	3a
Report Title	Update on Review of Mental Health Spending Recovery and Sustainability Work Stream		
Report Author	Sandra Husbands		
Report Sponsor			
Presented by	Sandra Husbands		
Freedom of Information	Open		
Purpose of the Report	This report provides the committee with an update of progress on the review of mental health spending work stream in the recovery and sustainability programme.		
Key Issues	<ul style="list-style-type: none"> • This is a high risk work stream. • There is a shortfall of £1.3m in our savings projection against the target of £3.5m • There is low confidence that we will achieve the specified savings of £2.2m, because of various risks to delivery, including <ul style="list-style-type: none"> ○ Project management/delivery capacity ○ Engagement with the community and local authorities ○ Overlap/interface with other work streams 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the contents 		

UPDATE ON REVIEW OF MENTAL HEALTH SPENDING RECOVERY AND SUSTAINABILITY WORKSTREAM

1. INTRODUCTION

The purpose of this paper is to provide the committee with an update on and progress of this work stream and an understanding of the risks and issues associated with it.

2. BACKGROUND

The financial savings plan that has been agreed by the board and with Welsh Government includes £3.5 million of savings that was originally to be found within the overspend on mental health services, over and above its ring-fenced allocation. This work stream is led by the director of public health, working with the mental health service unit director.

At first, there appeared to be some potential in exploring this gap between the mental health programme budget and the ring fence. However, the programme budget comprises not only specialist mental health services, but also other legitimate areas of spend associated with mental health, such as emergency department attendances, or primary care prescriptions. Therefore, the scope of the project has had to change and became a broader look into any potential opportunity to reduce spending, while improving quality in mental health services. The following areas are now in scope:

- Older people's mental health service (OPMHS) redesign, phase II – continued development of community models of care for older people with mental health needs, closer to home, supported by £1.254m Welsh Government Innovation and Transformation Fund. This will involve an element of workforce redesign and development of new community-based services, primarily managing people in their own homes, accompanied by the closure of two hospital wards. The plans are being developed for submission to Welsh Government by the end of June. This is expected to release £1.5m savings
- Potential reductions in prescribing costs by community mental health teams could be achieved through medicines optimisation with dedicated pharmacy support. If this were implemented, it would be expected to release around £700K savings. This could possibly be more but it requires an investment of around £44k to do so, as there needs to be some additional pharmacist capacity to explore this area further and deliver it.
- Transforming access to psychological therapies with support of the £717k Welsh Government funding announced in April. This is a service improvement that will result in improvements in access to talking therapies, but not cashable savings, in the first instance.

Each of these projects is still being developed. It has not been possible to specify clear timelines. Confidence in delivery if not high.

The total potential savings identified from the work stream = £2.2m. This leaves us with a shortfall of £1.3m from our total savings target.

3. GOVERNANCE AND RISK ISSUES

There are several risks to delivery of this work stream, which have not only contributed to the slippage to date, but also could continue to undermine the programme. These include:

- There is no project management support for the work stream
- Improvements or savings in secondary care prescribing of high cost psychotropic drugs are not deliverable without additional pharmacy capacity. A proposal was put forward to employ an additional band 7 pharmacist to carry out this work. However, the business case did not appear to support it, in terms of already identifiable savings. It is also not possible to find this capacity through new ways of working within the existing establishment. The business case is currently being reworked for presentation to the Investment Benefits Group.
- OPMHS reconfiguration may be difficult to deliver within year, because there is no additional capacity to deliver this service change, over and above the changes in the service redesign work stream. In addition, the initial consultation for the first phase service change has been contentious with communities and local authorities and further engagement will be required for this reconfiguration to go ahead. This will need to be handled sensitively with the Community Health Council, as well.
- WG funding is intended to encourage investment in mental health services, not savings. We will have to submit plans for improving *and* investing in our services, in order to access the funds. The reason we will be able to achieve savings via this funding route is that the time it takes to design, consult on and then to implement our plans will mean that we are only able to start spending against these funds in Q4, which means we should be able to “bank” the slippage. The risk is that WG will either decide not to release the funds or claw them back, if our service improvement plans are not implemented to their timescale.

4. FINANCIAL IMPLICATIONS

The financial implications are as above.

5. RECOMMENDATION

The committee is asked to note the report

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓		
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
							✓
Quality, Safety and Patient Experience							
The plans are not developed enough to discuss the quality, safety and patient experience implications, at this stage.							
Financial Implications							
Legal Implications (including equality and diversity assessment)							
Staffing Implications							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Report History	None						
Appendices	None						