4 December 2012	ITEM 8

Health and Well-being Overview and Scrutiny Committee

South Essex Mental Health Strategy

Report of: Catherine Wilson, Service Manager Commissioning

Wards and communities affected: All	**Key Decision:** To note that the second draft of the South Essex Mental Health Strategy is completed and approved by the South Essex Joint Commissioning Board and that the formal consultation on the strategy is scheduled to begin in December 2012

Accountable Head of Service: Roger Harris, Head of Commissioning and Resources

Accountable Director: Jo Olsson, Director People Services

This report is public

Purpose of Report:

The purpose of this report is to update the Health and Well-Being Overview and Scrutiny Committee on the progress of the South Essex Mental Health Strategy jointly written by Thurrock Council, Southend-on-Sea Council, Essex County Council, South Essex PCT Cluster, Southend CCG, Thurrock CCG, Basildon and Brentwood CCG and Castle Point and Rochford CCG.

EXECUTIVE SUMMARY

The South Essex Mental Health Strategy has been jointly produced by all Commissioning partners to best serve the population of South Essex.

As previously noted to the Health and Well Being Overview and Scrutiny Committee the strategy is underpinned by the outcomes within No Health Without Mental Health: Cross Government Mental Health Outcomes Strategy (February 2011) which explains how care and support services, Public Health, Adult Social Care, NHS Healthcare and Children's Services, will all contribute to the ambition for improved mental health.

The vision within the strategy is based on the following principles:

- People have good mental health
- People with mental health problems will recover

- People with mental health problems will have good physical health and people with physical health problems will have good mental health
- People with mental health problems will have the best possible quality of life.

The dialogue around the first draft of the strategy has supported the further development of this final draft reframing the strategy to support the delivery of this original vision.

1. RECOMMENDATIONS:

1.1 For the Health and Well-Being Overview and Scrutiny Committee to be updated and advised that the South Essex Mental Health Strategy is completed and the process of consultation will begin once it has progressed through the Governance process of each organisation.

2. INTRODUCTION AND BACKGROUND:

2.1 The information within the second draft of the South Essex Mental Health Strategy has been condensed to more accurately reflect the case for change in South Essex together with the more detailed information regarding how these changes need to take place. This reflects the initial consultation, prior to producing the strategy, that the outcomes required were for a more person centred easier to access service for people who use services, their carers and professionals within mental health specialist services and wider health services,. The core design principles are based on the incremental stepped approach that is recommended in the National Institute for Clinical Excellence (NICE) Commissioning Guidance for developing services for people with mental health problems. The Strategy reflects the core principle of the stepped approach which is that people are matched to an intervention that is appropriate to their level of need and preference. The 5 steps now outlined in the strategy support the original view that early intervention helps prevent the imbalance that currently exists with a large proportion of resources focused on bed based mental health services. The realignment of resources to more community based services being the key strategic approach.

2.2 The strategy outline clearly what needs to change within the current model of service detailing the following concerns:

- The current service is too focussed on crisis and severe mental ill-health and there is little focus on prevention;
- Links into primary care are not as strong as they should be and more support for primary care is required to allow them to do more within the mental health arena;

- The threshold for entry into the system is set so high that it encourages dependency and focuses resources into the “high end” of the service;
- The personalisation agenda that has been developing through social care is not embedded within mental health service delivery;
- Significant savings are going to have to be made across health and social care so it must be ensured that value for money is being obtained.

2.3 The strategy outlines the 5 steps to support mental health intervention.

Step One is focused in primary care with more support for GP’s and practice nurses to deliver services to people experiencing a range of mental health problems. 90% of mental health need is managed within primary care. This step proposes that GP’s and practice nurses should be support to have:

- Good knowledge
- Good understanding
- Good relationships

And

- Clear boundaries of responsibility within mental health services

This will lead to implementing improvements in confidence, quality, consistency and effectiveness of response and the reduction in health inequalities.

This leads to the **Gateway to Services,** the consultation and dialogue highlighted that access to services needs considerable improvement particularly with increased specialist care availability and much better crisis response. People wanted an holistic service with a single point of access. The Gateway will be there to ensure that people receive the appropriate response to their need the strategy proposes that the Gateway will be delivered through the core design principles of:

- Clinical responsibility
- Safety
- Efficiency
- Multi-disciplinary approaches
- Comprehensive responses
- Having capacity

And

- Capability

This will lead to implementing improvements in response times, service user satisfaction, and safety, reducing avoidable incidences, reductions in self discharge and increased choice in provider and self-management where it is safe and appropriate.

The numbers accessing services as the implementation of the strategy progresses will, based on projected needs, remain reasonably constant; however, the outcome to be delivered will be a single point of entry instead of multiple access points.

Step Two and Step Three remain focused in primary care but within the IAPT (Improved Access to Psychological Therapies) Plus services a whole range of service users benefit from this type of service; the aim within the strategy is to make

this area of service more inclusive responding to consultation outcomes of more person centred accessible integrated services. The design principles for this service are:

- Evidence based
- Person centred and personalised
- Responding to need
- Age inclusive
- Capable
- Integrated
- Accessible
- Outcome focused
- Recovery focused
- Linked to all aspects of the community
- Preventative

This will lead to implementing improvements in the reduction of waiting times, improved recovery and outcome measures, increases in the numbers of patients seen in primary care, improved links with employment, housing and social networks and the delivery of greater service user and GP satisfaction. The success of the delivery of the strategy will see more people receiving treatment from IAPT Plus with less people being referred to secondary care. The intention is to increase the overall expenditure in primary care mental health services by rebalancing the money available.

Step Four is focused on the delivery of secondary care community services, the role of this step is to provide specialist care for people who have complex needs and are at significant risk including people who have been treated under the Mental Health Act. There are currently a number of teams providing this care including:

- Outpatient services
- Community mental health teams
- Early intervention in psychosis
- Assertive outreach
- Day care
- Therapies and psychology

The current Mental Health Provider, South Essex Partnership NHS Foundation Trust (SEPT), for South Essex are looking at opportunities to redesign this area of provision. Through their work they have acknowledged there are opportunities for secondary care to provide more intensive support earlier in the development of a person's condition. SEPT also felt that there were people in secondary care who could be supported in primary care with the right services and service design in place. Changing the balance of care delivered between primary and secondary care is a key strategic aim within the strategy as it will support a better flow for patients.

The design principles for **Step Four** are:

- Clear evidence base and efficient pathways
- Managing care in the least restrictive way
- Rapid access back to specialist care

- Regular multi-disciplinary reviews
- Focus on holistic patient outcomes
- Clarity and delivery of statutory social care responsibilities
- Recovery focused
- Choice and personalisation
- Target need

The strategy is aiming to ensure:

- Earlier intervention
- Improved patient outcomes
- Increased use of personal budgets
- Broader use of alternative providers
- Reduction of the use of mental health act procedure

The successful delivery of the strategy will mean that less people will be treated in secondary care for shorter periods of time.

Step Five is the delivery of crisis and inpatient care, the vision within the strategy is to deliver the most responsive crisis care in the least restrictive environment based on the design principles of:

- Safety
- Accessibility
- Capacity
- Integration – good pathways form crisis services to prevent relapse and support reablement
- Capability
- Developing alternatives to inpatient care

The aim will therefore be to:

- Avoid unnecessary admissions
- Reduce the need for mental health act assessments
- Reduce length of stay
- Reduce the need to go to A&E
- Reduce delayed discharge
- Increase home assessments

The aim is to reduce the beds available whilst improving the delivery of more robust and responsive community based secondary services and supporting the growth of mental health expertise with in primary care.

2.5 The South Essex Mental Health Strategy outlines a timetable to support the full development of each of the Steps described above; it is acknowledged that the process will be a 5 year task to redesign the current service safely for people who use services and professionals who provide services. Chapter 7 gives an initial time table and proposal to show how it is planned to change mental health services over the next 3 to 5 years and how that change will be measured.

2.6 Three multi-agency working groups will be established to deliver the strategy using the outcomes commissioning framework, the timetable will be developed into detailed action and implementation plans. The proposals for the working groups are:

Step One and the Gateway this group will:

1. Review, pilot and roll out a new gateway
2. Develop a training programme for primary care
3. Develop a plan to reduce physical health inequalities
4. Pilot improving psychological support for people with long tem physical conditions

Step Two, Three and Four this group will:

1. In year pilot a new model of primary and secondary care in one CCG,
2. In year 2 review and plan to roll out the new model across south Essex
3. Redesign voluntary sector service to support the new model by providing alternatives to mainstream services particularly for people who are eligible for personal budgets.

Step Five this group will:

1. By the end of year 1 fully roll out the new crisis pathway across South Essex

3. ISSUES AND/OR OPTIONS:

N/A

4. CONSULTATION (including Overview and Scrutiny, if applicable)

4.1 The South Essex Mental Health Strategy is now going through the Governance processes of the PCT, all three Local Authorities and the four CCG's. Once this has happened the Strategy will go out for formal consultation. Following this the service redesign will begin and the working groups as described above will be established overseen by the South Essex Mental Health Commissioning Board.

4.2 Each of the three Working Group will work to a 3 year plan 2013 – 2016, for each area the first year will be to undertake a cost benefits and further needs analysis, then re-design the service piloting the new model and the care pathways supporting that model. In broad terms the second year will be to review and monitor the implementation and the third year will be to roll out the service model and audit the changes and improvements.

4.3 As noted in the previous report to the Health and Well Being Overview and Scrutiny Committee, our Section 75 Agreement with SEPT whereby we second our social care staff to SEPT has been extended until the 31-3-13. The development of the strategy has taken considerably longer than envisaged and as such we are now exploring the options with our Local Authority colleagues from Southend and South Essex regarding how we move forward with our Section 75 agreements to maintain service provision whilst supporting the implementation of the South Essex Mental Health Strategy

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

5.1 The provision of good quality Mental Health Services across Thurrock have far reaching consequences for individual and the communities' well-being and a positive strategy focusing on good outcomes and recovery for individuals will ensure the people with Mental Ill Health achieve the best possible quality of life.

6. IMPLICATIONS

6.1 **Financial**

No implications as this is an update report following on from the report presented to Health and Well Being Overview and Scrutiny Committee on the 17th January 2012

6.2 **Legal**

Implications Verified by: **Lucinda Bell**
Email: **Lucinda.bell@BDTLegal.org.uk**

No implications as this is an update report following on from the report presented to Health and Well Being Overview and Scrutiny Committee on the 17th January 2012

6.3 **Diversity and Equality**

No implications as this is an update report following on from the report presented to Health and Well Being Overview and Scrutiny Committee on the 17th January 2012

6.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

N/A

7. CONCLUSION

7.1 The results of the consultation process will be shared with the Health and Well Being Overview and Scrutiny Committee and the progress of implementation will be regularly reported.

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