

<b>17 December 2013</b>	<b>ITEM: 7</b>
<b>Health and Well-being Overview and Scrutiny Committee</b>	
<b>South Essex Mental Health Strategy and Thurrock Mental Health Services update</b>	
<b>Report of:</b> Catherine Wilson Service Manager Commissioning and Service Development	
<b>Accountable Director:</b> Roger Harris Director Adults Health and Commissioning	
<b>This report is</b> Public	
<b>Purpose of Report:</b> The purpose of this report is to update the Health and Well Being Overview and Scrutiny Committee regarding the progress of the South Essex Mental Health Strategy and the delivery of Mental Health services in Thurrock.	

### **EXECUTIVE SUMMARY**

The South Essex Mental Health Strategy has been written by Health and Social Care partners across South Essex. Thurrock Council, Southend-on-Sea Council, Essex County Council and, Thurrock CCG, Castle Point and Rochford CCG, Basildon and Brentwood CCG and Southend CCG have worked together to produce the strategy which has been widely consulted on. Progress with the Strategy has at times been slow however the document has been completed and the implementation of the Strategy is moving forward. There has been significant work with our current mental health provider South Essex Partnership Foundation Trust (SEPT) who in the main at the start of the work delivered traditional services following the medical model with limited vision for change.

The Strategy is firmly framed within the National agenda for change within mental health services and it focuses on delivering outcomes for people with a recovery focus embedded in the transformation of services. Considerable work has been undertaken with SEPT and by SEPT themselves over the last year to move the vision forward with the following overarching outcomes:

- People have good mental health
- People with mental health problems recover
- People with mental health problems have good physical health and people with physical health problems have good mental health; and
- People with mental health problems achieve the best possible quality of life

Five areas have been identified as key to delivering change to services:

1. Strengthening GP knowledge and skills

2. Developing easy access to services at the initial referral stage and ensuring quick return to services should that be required.
3. Improving IAPT services
4. Supporting people more robustly in the community to prevent admission
5. Developing a crisis pathway that responds appropriately and may include some inpatient assessment, treatment, care and support.

Initially SEPT proposed a model of service that was complex and risk averse firmly placed within a medical model. However the Joint Commissioners Team, representing all of the health and social care partners, worked alongside SEPT. Resulting from this SEPT have developed new proposals which seek to deliver a more person centred holistic approach.

The first 2 areas to be addressed are as follows:

The SEPT proposal is a new Gateway to services with a single point of entry, it is proposed that the service will be available 7 days a week and will consist of a multi-disciplinary team who can advise and redirect to appropriate services including routine case management, crisis response, support services, self help resources and the third sector.

Following on from this SEPT propose to develop a new community service divided into a First Response team which will provide a multi-disciplinary service for up to 6 months and then a Recovery Team again a multi-disciplinary team providing a recovery framework for individuals for up to 2 years. Recovery plans will be developed with individuals and these will be robustly monitored.

The outcomes to be achieved from these two proposed new services will be that fewer patients will be managed within longer term care, patients will receive more recovery focused interventions and resources within a context of personalisation offer more individualised services

The next step is for SEPT to present a business case to deliver their proposals.

In Thurrock we will need to consider how this will affect our current section 75 agreement with SEPT, this agreement details the secondment of social care staff to SEPT. The new plan to redevelop the access to services and strengthen community responses will affect Adult Social Care staff. It is envisaged that both the access teams and the two community teams will have social workers and support staff within them SEPT are still to formalise how that will be delivered. Adult social care will in the light of this need to consider where mental health social care staff are best placed either to remain entirely in SEPT or for some to work within the local authority. The social care staff are the highest proportion of staff within our current Community Mental Health Team.

The other consideration for adult social care is that we are unique across partners as we have two providers in Thurrock SEPT who deliver mental health services and NELFT who deliver community services should tendering opportunities arise both would want to be considered for all service provision.

There is another dimension to consider and that is Child and Adolescent Mental Health Services (CaMH's) currently Children's services are considering options within a refreshed CaMH's strategy regarding commissioning Tier 2 services and whether we commission an all age service social care.

There are some positive developments in Thurrock, the Mental Health Partnership Board has been re-established, the Mental Health Forum for service users and carers has been re-established and will have it first meeting on the 11<sup>th</sup> November 2013.

Recovery Budgets continue to work well with over 100 being allocated in the last financial year 2012-2013. There have been some very positive outcomes for people who have reported good progress and improvements in their recovery. Gardening equipment for one gentleman has meant a meaningful hobby enabling him to support his wife who has significant mental ill health without being away from her. The stress of his caring role has diminished greatly and he feels able to carry on whereas before he received the recovery budget he said he was at breaking point. The budget was £130, a small investment in prevention that has maintained two people positively for nearly a year.

A separate Mental Health Funding Panel has been developed to allocate funding for care packages. The reason for this was to support understanding of social care systems and eligibility criteria. The complexity of cases required more time to support this development. The panel process is also helping to identify the gaps in service provision to support commissioning and service development.

The Mental Health Personalisation Board chaired by SEPT has raised the profile of personalisation within the Trust and has added value to the role of social work and social care. Thurrock has a personalisation action plan jointly with SEPT which is regularly reviewed and positive progress is being made. Actions to be delivered in the last part of this year are identification of service users eligible for social care services and the development of more Direct Payments within Mental Health.

## **1. RECOMMENDATIONS:**

- 1.1 That the Health and Well Being Overview and Scrutiny Committee are informed about the continued development of the South Essex Mental Health Strategy**
- 1.2 That the Health and Well Being Overview and Scrutiny Committee are informed about the implications for Thurrock regarding the South Essex Mental Health Strategy.**
- 1.3 That the Health and Well Being Overview and Scrutiny Committee are informed about the positive developments in Mental Health services in Thurrock.**

## 2. INTRODUCTION AND BACKGROUND:

2.1 The South Essex Mental Health Strategy does not exist in isolation its underlying premise is that of partnership working illustrated in the fact that it is jointly produced by all Commissioning partners to best serve the population of South Essex.

2.2 The strategy is of course 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 South Essex Mental Health Strategy is therefore also fundamentally linked to the key work that has been undertaken across Essex, Southend and Thurrock to produce:

- The Dementia Strategy
- The Drug and Alcohol Strategies for all localities
- The Children and Adolescent Mental Health Strategy

### 2.3 What we know about Thurrock

- 1 in 6 people will experience mental health problems at any one time in their lives, in south Essex that is almost 17% of the adult population (just under 77,500 adults).
- 72,049 adults are predicted to have Common Mental Health Disorders (CMD) and 5,349 adults are predicted to have Psychotic illnesses in South Essex
- One in ten children aged 5 – 16 have a clinically significant mental health problem
- Mental Health illness prevalence is projected to rise by 2.7% by 2020
- Many of the risk factors for mental illness are linked to deprivation; 6.8% of Thurrock residents live in seriously deprived areas, defined as those in the 20% most deprived nationally
- Local high risk groups include Black and Minority Ethnic (BME) populations and Travellers
- There is a strong relationship between physical health and mental health
- Housing is central to positive mental health and real employment represents the most effective treatment for mental illness
- The social and economic costs of mental ill health are high, to those experiencing problems, their families and to the wider economy, and a great deal of public money is spent dealing with the consequences of mental ill health

Local people who experience mental ill health have clearly said they want different responses focusing on recovery, ease of access, consistency and a

focus on their individual needs and this is reflected in the strategy and the proposed models of service put forward by SEPT.

The vision for mental health services is that:

**People in South Essex achieve the best quality of life and maintain both good physical and mental health and wellbeing**

This vision will be delivered by:

- Focusing on recovery that works for individuals
- Providing rapid access to services and advice “anytime, anyplace, anywhere”
- Ensuring that pathways are mapped to support the individual
- Challenging stigma, creating visibility and promoting inclusion
- Encouraging peer support and personalised responses
- Providing more support to GP’s and the community
- Ensuring that physical and mental health are considered together

**2.4 How will we measure success?**

Within the strategy an outcomes framework had been developed based on the 4 key outcomes identified above. The delivery of the new model of service will be based on the following principles of integrated working:

- Mental Health Commissioning will be for a whole system approach.
- Strategic leadership and a jointly agreed outcomes framework.
- Informed by service user needs at population and locality level.
- Commissioning of service through best value principles including integrating commissioning support resources and shared information.
- Drive up performance and deliver improved mental health outcomes
- Commissioning which address the specific issues of age transition and interface between related areas of Mental Health-including LD/CAMHS/substance Misuse
- Commissioning which reduces fragmentation by age and allows for services to be delivered effectively to children and adults with complex needs.
- Commissioning with workforce skills fit for the future-including enhanced business and market analysis skills, provider negotiating skills
- Integrated commissioning for individuals through a jointly contracted assessment service or strengthened management of commissioning for individual care.

The foundation of these principles will support the development of measures for success. We will draw together the high level outcomes addressing each with suggested indicators and levels of performance

**3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

3.1 N/A

**4. REASONS FOR RECOMMENDATION:**

4.1 There are to be significant changes in the delivery of mental health services in Thurrock and across South Essex and it is important that the Health and Well Being Board are updated and kept regularly informed of progress and implications for Thurrock.

**5. CONSULTATION (including Overview and Scrutiny, if applicable)**

5.1 Not applicable for this report.

**6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

6.1 The proposed changes to services will need to be monitored to ensure that the Local Authority Statutory duties are delivered. The well being of Thurrock residents who experience mental ill health is key within the overarching priorities of the Council.

**7. IMPLICATIONS**

**7.1 Financial**

Implications verified by: **Jill Kirby**  
Telephone and email: **01375 652663**  
**jkirby@thurrock.gov.uk**

There are no current direct financial implications associated with the recommendations within this report however the delivery of the Section 75 Agreement will need to be considered within the overall budget for Mental Health services..

**7.2 Legal**

Implications verified by: **Chris Pickering**  
Telephone and email: **01375 65 2925**  
**chris.pickering@bdtlegal.org.uk**

There are no direct legal implications within the context of this report.

**7.3 Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
Telephone and email: **01375652472**  
**SdeAlyn@thurrock.gov.uk**

The delivery of any new service model will need to be closely monitored to ensure that there is equality of access to primary and secondary care for those with mental ill health. The strategy addresses the diverse needs identified within Thurrock and the Diversity Team would want to monitor that this is delivered within the service provision.

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

N/A

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

No Health Without Mental Health: Cross Government Mental Health Outcomes Strategy (February 2011)

**APPENDICES TO THIS REPORT:**

- N/A

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