

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **16th September 2008**

By: **Director of Law and Personnel**

Title of report: **Mental health services strategy update**

Purpose of report: **To outline the joint commissioning strategy which sets out how mental health services for adults of working age should change and improve over the next three years**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Note the progress on the commissioning strategy for mental health services for adults.**
 - 2. Consider which aspects of the mental health services the Committee wishes to monitor and how this might be achieved**
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1. Background

1.1 The Sussex Partnership NHS Trust was formed on 1 April 2006 covering East Sussex, Brighton & Hove and West Sussex. East Sussex HOSC retains an independent scrutiny of mental health and learning disability issues in East Sussex with issues being referred to neighbouring HOSCs only when a joint approach is required.

1.2 In August 2008, the Trust was awarded Foundation Trust status and at the same time was awarded teaching status.

1.3 In September 2006, Lorraine Reid, Executive Director for East Sussex, Sussex Partnership NHS Foundation Trust briefed HOSC on organisation of services. HOSC learned that the Trust and service commissioners were working together to give service users greater choice in their treatment. The drive was toward treating people earlier and trying to reduce the number of patients who develop acute conditions.

1.4 In September 2007, Lorraine Reid briefed HOSC on how service plans for the future were being developed – these included:

- Child and Adolescent Mental Health Services
- Adult Mental Health Services
- Mental Health for Older People
- Secure and Forensic Services
- Substance Misuse Service
- Learning Disability Services

1.5 HOSC noted that commissioning strategies were in place for all but one of the care groups. The adult mental health strategy was scheduled for completion in October 2007.

1.6 Lorraine Reid is attending HOSC and will give an update on mental health services and in particular will outline the commissioning strategy for mental health services for adults of working age. Attached as appendix 1 is a summary of the joint commissioning strategy for mental health and attached as appendix 2 is a copy of Lorraine Reid's slide presentation.

2. Areas for HOSC to explore:

- Aspects of the commissioning strategy that are in place and how they are being received by patients and GPs
- Progress on establishing systems which mean there can be early intervention in psychosis
- Progress on re-deployment of resources into primary care to reduce the number of 'inappropriate' referrals to specialist services
- Progress in the establishment of the 'Care Programme Approach'
- Equality of access and alignment of resources to meet the greatest needs
- How funding currently committed to national specialist centres outside the county will be re-deployed and how much is this funding.
- How plans to help people 'navigate' through the different services are developing
- Impact of becoming a foundation trust and being awarded teaching status
- Status of resources to deal with mental health demands of Lewes Prison which is expected to have 200 extra prisoners when the new extension is completed.
- Service developments in services for alcohol misuse.
- Capacity of secure and forensic services and plans for the future.

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JOINT COMMISSIONING STRATEGY FOR MENTAL HEALTH SUMMARY FOR HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Introduction to the Strategy

This commissioning strategy sets out how mental health services for adults of working age should change and improve over the next three years. It has been produced jointly by those health and social care agencies and others, who are responsible for using the money provided by central government to fund these services.

It therefore starts with a review of government policy, an assessment of the needs of the adult population in East Sussex, and the views of stakeholders including those who use local services.

It then reviews what exists at the moment, how well these services meet the needs and aspirations of local people and professionals, and identifies gaps in services and / or shortfalls in performance, that will be addressed in order to bring about improvements.

It contains actions plans and details of the arrangements whereby commissioners will be held to account for the implementation of the strategy, which will be reviewed annually.

Organisation of the Strategy

The strategy is organised around different stages in a 'care pathway', which describes the different circumstances in which people may come to need mental health services. These range from the need for information and advice, counselling and psychological therapies, to specialist care in the case of serious illness and 'acute' or urgent situations, through to recovery of good mental health and 'getting your life back'.

It is organised in this way because services too should be organised around the different needs of individuals, and they should respond in a way which is appropriate and proportionate to need, rather than be based simply on what is available.

What we have been told

People have told us for example that good information and advice is sometimes all they need, either to feel reassured that the mental health problems they are experiencing are understandable in their circumstances, or to help them with difficulties they may be having because of their mental health problems, with their employer, or with debt, housing or other important aspect of their lives.

The strategy therefore aims to ensure that information and advice is more readily available, consistent wherever it is provided from, and that there are day services where people can go to talk to others about their experiences, and get help not only for their mental health and well-being, but also with other problems that arise as a result.

As many people who experience mental health problems first visit their GP for help with how they're feeling, we have also talked to GPs who have confirmed we should also improve their access to information and advice, which we will do. GPs also told us that a great many of the people who consult them have mental health problems, which are not always so severe that they need referral to specialist services, but need more than they are able to offer in the time available to them.

Other stakeholders have told us as well, that had they had help sooner when they started to become unwell, they might not have deteriorated to the point where they needed more specialist services. We will therefore expand mental health in primary care teams and improve access to psychological therapies, so they are available outside of specialist services, to help the great many people in East Sussex who suffer from common mental health problems, such as anxiety and depression.

Professionals working in specialist services have also told us they support the idea of more resources being re-deployed in to primary care, to reduce the number of 'inappropriate' referrals they receive and have to assess, so they can concentrate on doing what they are best qualified to do, which is provide care and treatment to people with more severe mental health problems.

Improving practice in relation to multi-disciplinary working and the 'Care Programme Approach' (CPA) which incorporates planning for recovery, is expected to be central to this, as will making sure staffed residential care is only a step along the pathway to recovery, by making sure it providing a more active environment for rehabilitation. People have told us for example, that they want themselves and their carers to be more actively involved in plans for their care and treatment, greater freedom to chose when and how they move on, and clearer arrangements for how to rapidly re-access services, should they have a crisis or find they need more help.

Assessment of Needs

Using the population based needs assessment we will ensure resources are more closely aligned with where needs are geographically more likely to be greatest, so that both primary care and secondary care are able to cope with the demands placed upon them. It is also expected that some funding currently committed to national specialist centres outside of the County, such as in London, will be re-deployed to develop more local services for people with problems such as eating disorders and personality disorders.

Having ensured resources are distributed fairly or 'equitably', we will then work with specialist services to ensure the type and quality of the care and treatment they provide is consistent, performs to the same standards, and achieves comparable outcomes wherever people live. This will involve for example improving the availability of home treatment as an alternative to hospital admission across the County. It will also involve monitoring how long it is before people achieve the outcomes set for their recovery and are able to be discharged, as a result of work not only to address mental health problems, but work with other agencies to address social needs for work, housing and support that enables people to 'get their life back'.

Finally

How people can have a greater say in how they are looked after was a popular theme in our consultations with stakeholders, and is also an important government policy. We will therefore begin to explore how new roles can be developed for staff, which will be aimed specifically at helping people to 'navigate' through the different services available to them, and extend these through the exercise of greater choice over what will be of benefit to them, at different times and stages in their care pathway.