

NHS
Ashford Clinical Commissioning Group



Agenda Item 4

Partnership working towards delivering outcome 4 of the Kent Health and Wellbeing Strategy- People with Mental Ill Health Issues are supported to 'Live Well'.

Summary: To provide a joint update on progress for the Ashford Health and Wellbeing Board on the Kent Joint Health and Well Being Strategy - Outcome 4 - mental health, People with mental ill health issues are supported to live well.

Date: January 2014

Classification: Unrestricted

The 12-month HWB strategy is the starting point for a long term partnership approach to improve health and care services whilst reducing health inequalities in Kent by strengthening partnership working between councils and healthcare commissioning groups.

Progress towards Kent Joint Health and Well Being Strategy- Outcome 4, in Ashford.

Annually £8.25 million is invested in secondary care adult mental health services and £1 million in primary care in Ashford CCG which is delivered through the Kent wide integrated strategy (Live it Well) for mental health and wellbeing of people in Kent.

The three key drivers for the next three years are increased personalisation, partnership working and better use of primary care. Personalisation will see more people in charge of their care plans, fundamentally changing the relationships between service users and mental health staff. Primary care has a key role to play in mental health services; over 90% of people with mental health problems are treated exclusively within primary care. By moving resources such as mental health social care staff into primary care, we will help people earlier, before mental health problems become too difficult to manage. We should see the following happen: early recognition of mental ill health will be increased, ensuring that patients and their families can access support at the appropriate time, improving their quality of life; improved access to community support and early intervention services will see an increase in people reporting an improvement in their own mental ill health and wellbeing and the stigma of mental ill health will be reduced.

Outcome 4 of the Kent HWB strategy Mental Health - People with mental ill health issues are supported to live well, identified seven key outcomes.

1. Promote independence and ensure the right care and support is available to prevent crisis
2. Lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services
3. Ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours
4. Improve awareness raising and access to good quality information
5. Work with the voluntary sector, other providers, carers and families to reduce the social isolation of people with mental health issues
6. Ensure we have robust audit processes around mental health e.g. suicide prevention
7. Use the Safeguarding Vulnerable Adults competency framework to evidence that all staff that come into contact with vulnerable adults are competent to do so.

The success of the outcomes to be measured by:

1. Improving rates of recognition and diagnosis in Kent and get people into the right services when they need them
2. Promoting independence and ensuring the right care and support is available to prevent crisis
3. Awareness raising and access to good quality information
4. Ensuring more people with mental ill health are recovering
5. Ensuring more people with mental ill health have good physical health
6. Ensuring more people with mental ill health have a positive experience of care and support
7. Ensuring more people with mental ill health are supported in employment and/or education
8. Working with the voluntary sector, other provider, carers and families to reduce the social isolation of people with mental health issues
9. Ensuring we have robust audit processes around mental health e.g. suicide prevention.

The Kent JSNA 2010 states that at any time in Kent there are approximately 160,000 people suffering from common Mental Health issues, 60,000 people with severe Mental Health issues and 12,000 with severe mental illness such as schizophrenia and bi-polar conditions.

The overarching strategic context for the delivery of Mental Health services in Kent is set by:

- The NHS Outcomes Framework
- No Health Without Mental Health
- The Kent Health & Wellbeing Strategy 2012/2013
- The Live it Well Strategy

In order to ensure that there are a range of services to meet individual needs, Statutory Services including Clinical Commissioning Groups (CCG), Families and Social Care (FSC) and Public Health (PH) need to work in partnership with the voluntary and independent sector to improve Mental Health and Wellbeing.

Progress during 2013/14 towards Outcome 4 of the Kent Health and Wellbeing Strategy - measures of success.

1. *Improving rates of recognition and diagnosis in Kent and get people into the right services when they need them*

Primary care psychological talking therapy is available through GP or self-referral. 1,466 people completed treatment for the full year 2012/13 in Ashford compared to 957 in the first half of 13/14 an increase of 30%. There is now an improved choice of providers under Any Qualified Provider and waiting times for treatment are within 28 days.

Primary Care Psychological Therapy Quarter 1-2 2013/14 Estimated need Ashford = 11160	Actual Q1-Q2 13/14	Target Q2 13 /14
Referrals	1848	1247
Entered treatment	1041	998
Completed treatment	957	698
% Recovered	56%	50%
% off sick pay	9%	5%
% of need entered treatment	18.6%	17.9%

Early intervention services in Ashford accepted 13 new cases during Q1-Q2 2013/14.

Mental Health Matters helpline is available 24 hours a day 365 days a year. People feeling distressed, anxious or depressed are able to call the Mental Health Matters helpline on 0800 107 0160 any time. Support workers use counselling skills to provide confidential emotional support and guidance and have details of local and national support services. There were nearly 4000 calls made to the helpline in the first half of 2012/13, up 47% from 2010/11.

PbR (Payment by Results) for Mental health requires that 95% of all people have a HoNOS (Health of the nation outcome scale). This is then used to assign people to a care pathway which best suits their needs. Service users have to be assessed and reviewed regularly in accordance with NICE guidance. PbR forms the basis of improving quality of care compared to traditional block contract arrangements.

Number of people in PbR cluster Ashford CCG	November 2013
1, 2, and 3 (primary care)	1052
4, 8 and 10 (shorter term planned care)	341
7, 11 and 12 (stable long term conditions shared with primary care)	149
6, 13, 16 and 17 (stable long term conditions complex needs)	45
5, 14 and 15 (urgent care)	66
18 - 21 (dementia)	521

2. Promoting independence and ensuring the right care and support is available to prevent crisis

Primary care mental health workers is a pilot project providing specialist care to people with stable long term mental health conditions who would otherwise be in need of secondary care services. The project is delivered within the GP community setting which provides the opportunity to:

- Increase identification and management of the full range of adult mental health conditions in primary care, including where this is secondary to a physical long term health condition.
- Ensure patients get to the right mental health service, sooner.
- Increase the capacity of primary care to safely and effectively manage stable long-term mental health conditions.
- Improve service quality and outcomes for people with mental ill-health, based on recovery principles.
- Ensure primary care plays a lead role in the management of the Payment by Results system in mental health services.
- Help to achieve system wide change and efficiency savings through the delivery of QIPP.

Crisis cards are now issued to all service users by KMPT which includes the information they need to quickly access care in a crisis.

Community Link Workers work closely with GPs to help identify practical solutions to issues such as housing, access to benefit and employment. The scheme is due to be evaluated by March 2014.

Crisis Home Treatment services provide interventions and support to treat people in their own homes and prevent admission to acute inpatient hospitals unless required.

A range of supported accommodation has been developed over the last five years, to meet individual need in conjunction with KCC District and Borough Housing Partners. Through working together we have seen an additional 215 units of new supported accommodation across Kent. Everyone needs a stable roof over their head, in order to keep or find a job, build a social network, or participate in a range of other opportunities. Loss of accommodation is most likely to happen to the more vulnerable or disadvantaged members of our society.

Safeguarding Coordinators have been appointed to support with safeguarding practice, record keeping and data quality. The coordinators also provide training, induction and carry out regular audits to assist with performance management and learning from experience.

3. Awareness raising and access to good quality information

www.liveitwell.org.uk is a website developed in partnership between health and social care to provide the public and clinicians with help to maintain their wellbeing and quickly find support and information when needed. During April- September 2013, 11,304 people visited the Live it Well website compared to 1,445 in the same period 2010. A customised search facility enables people to find the information that is most relevant to their needs.

“The Live it Library” is a collaborative project between Live It Well (KCC), KMPT and Rethink Mental Illness. People who have experienced or are experiencing Mental Health issues share their stories in film online. Over thirty videos of experts by experience challenge stigma, promote understanding, offer hope and enable people to speak honestly about their experiences.

4. Ensuring more people with mental ill health are recovering

Primary Care Psychological therapy measures the outcomes of all people who enter treatment. During the first half of 2013/14 there was a 50% increase in the number of people who moved to recovery to 511 people in Ashford CGG area. Recovery rates in Ashford are much higher than the England average of 46% at 56%.

Recovery-orientated services aim to support people to build lives for themselves with an emphasis on self-directed care, choice and control. Commissioners are working with providers to support people to build lives for themselves with an emphasis on hope, control and opportunity. The Implementing Recovery programme provides tools for people to assess how well they are doing and take steps to become more recovery-orientated. In secondary care services a CQUIN scheme (Commissioning for Quality and Innovation) incentivises KMPT (Kent and Medway Partnership Trust) to collect and measure both patient reported outcome scores (the recovery star) and clinician outcome scores (HoNOS). From the 1st October 2013 every new service user in secondary care will have a personal care plan including a crisis plan and will have had greater involvement in the agreement of their care plan. By the end of 2013/14 there will be better information than ever before on how many people have progressed towards the aims they have agreed themselves in their personal care plans.

5. Ensuring more people with mental ill health have good physical health

People with a severe mental illness die up to 20 years younger than their peers in the UK. (Chang et al., 2011; Brown et al., 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

Primary Care mental health workers, in addition to psychological support also provide weight management support, smoking cessation and support towards reducing drug and alcohol abuse.

Monitoring of physical health in secondary care services has improved but more work is still required to improve the communication between secondary and primary care. 100% of inpatients receive a physical health check in mental health acute wards. In Community mental health services only 33% of people were recorded as having had a physical health check in Q1. This is expected to be at 90% by the end of 2013/14. Whilst the figures would appear to be low, this is an improvement from previous years when data on physical health checks was not collected.

The integration of physical health into decisions about prescribing and monitoring of medication has improved as evidenced in the results of the 2012/13 CQC community survey.

6. Ensuring more people with mental ill health have a positive experience of care and support

Psychiatric liaison services work within Acute General Hospital emergency departments to improve the experience of people who require support for mental health needs and improve their experience. There has been a 20% reduction in the number of people known to mental health services who present at Acute General Hospital emergency departments.

A patient experience measurement exercise has been funded by CQUIN and has surveyed four times as many people as the national CQC survey within secondary care mental health services. The results will be available in December 2013 and will result in action plans to improve patient experience in those areas identified by patients as needing improvement.

Patient experience in talking therapy treatments is an outcome measure making up part of the tariff for talking therapy treatment. Every person is asked if the treatment met their needs and helped with their situation.

Advocacy services provide time limited and focused advocacy interventions and enable empower service users to develop confidence and skills in dealing with issues, protect the rights of service users by working with other agencies and give support at Care Planning meetings and reviews. Rethink provided a statutory IMHA (Independent Mental Health Advocacy) service under the Mental Health Act 8 times; and 12 further episodes of advocacy to people with mental health problems in the Ashford area.

7. Ensuring more people with mental ill health are supported in employment and/or education

Employment projects are commissioned as a joint strategy between Kent County Council and the CCG. Both contribute to the overall funding and the performance management of the projects is undertaken by Kent County Council on behalf of both KCC and the CCG's. Projects include vocational profiling, occupational action plans, skills development and work placements. Training is provided to enhance confidence and the ability to build workplace relationships. Service Users are supported to use community based opportunities in finding work and work with local employers to find work placements. Shaw Trust worked with 65

people and helped 23 people into sustained employment (defined as being for 13 weeks or more).

8. Working with the voluntary sector, other provider, carers and families to reduce the social isolation of people with mental health issues

Families and Social Care and Ashford CCG received £454,489 funding from KCC in the Ashford area in 2013/14.

Informal community services deliver services to reduce social isolation through community services and user forums to facilitate engagement. MCCH and Ashford and Tenterden Umbrella provided informal support to 1,019 people with mental health problems on a regular basis, both in centre activities and a wide range of activities out in the local community.

User forums Speakup CIC held fortnightly meetings with 22 mental health service users and facilitated 20 episodes of service user participation in decision-making meetings with professionals and commissioners to present a service user perspective and to take part in service evaluations.

Carers Support funded by KCC hold regular meetings of carers and support individual carers on a range of issues that they face, provide carer training and support programmes to build capacity in carers to participate at all relevant levels, collect carer's views by a range of means and identify gaps in service facilitate carers participation in decision making forums.

Rethink Community Support within the BME community provided informal support to 27 people with mental health problems on a regular basis, both in centre activities and activities out in the local community. Carers Services within the BME community provided support to over 27 carer's of people with mental health problems as well as carer's receiving help with a carer's break.

9. Ensuring we have robust audit processes around mental health e.g. suicide prevention

Suicide rates in Kent are slightly lower compared to England a new national suicide strategy was published in 2012 with a stronger emphasis on public mental health and supporting families than previous strategies. Suicide prevention report attached.

Finance and Local performance

Ashford Clinical Commissioning Group

- Primary care psychological talking therapy- £1. million
- Secondary care mental health services - £8.2 million

Kent County Council Investment (Kent-wide)

Kent County Council spends £24.1 million on Mental Health services across Kent. £9.4 million relate to a Section 75 Partnership Agreement which is in place between Kent County Council and Kent and Medway NHS and Social Care Partnership Trust. £9.8million is spent on community services including supporting service users in residential care. **Kent Public Health (alongside FSC)** provides £750k.

Tripartite arrangements between CCGs public health and social care now deliver an additional half a million pounds of funding across Kent for primary care community link workers who support people in primary care with their social care needs.

Ashford has set up a Mental Health Local Performance Meeting to look at service delivery issues that have been raised in local community engagement forums where this is impacting a more responsive system for clients to be assessed and receive a service. The CCG is supported by one GP clinical lead who is increasingly involved in the redesign of mental health services.

Whilst the HWB Strategy Outcome 4 for mental health focuses very much on service provision for those who already have a mental health problem, the 'Live it Well' strategy sets out the need to address mental health and wellbeing in a joined up way and make improvements for those with common mental health problems.

The Marmot Review looked at strategies for reducing health inequalities and concluded that 'focusing solely on the most disadvantaged will not reduce health inequalities sufficiently'. It advised on both universal and targeted solutions to build individual and community resilience, with a particular focus on groups at increased risk of developing mental health problems such as people with long term physical health conditions, older people, pregnant women or new mothers who are socially isolated and people who are unemployed or in poor housing.

It is likely therefore that a targeted psychological and social approach in Ashford for those most at risk of developing a mental health problem and using the leadership and authority of the HWB partnership to drive forward together will have more of an impact on prevention, early detection, resilience and wellbeing.

Conclusion

There is a strong moral and economic case to tackle the challenge that mental health problems pose for the people of Ashford. There is also evidence of the effectiveness of strategies and the practical steps that can be taken to reduce the prevalence of mental ill health to promote well-being and build resilience.

Whilst it is important to improve pathways for people with mental illness (HWB Strategy Outcome 4) it is as equally important to address mental wellbeing and resilience so to improve the lives of more people in Ashford (Live it well). This will also enhance the other work to address health inequalities and improve physical health. (No health without mental health.)

Recommendations

The recommendation is to hold an East Kent summit for mental health to bring together the key leaders and decision makers from the partner organisations represented on the HWB Board to:

- Consider and understand the Joint Strategic Needs Assessment and Assets (JSNA) for Ashford including those most at risk of developing mental health problems.

- Set the strategic direction for mental health and well-being in Ashford and open up new ways for a mental health and well-being focus across all services and departments.
- Agree target groups and the actions required so frontline staff can make every contact count.

The HWB Board is asked to approve the proposal to host a mental health summit for East Kent in February 2014.

The Health & Wellbeing Board is asked to note the continuing progress towards the Health and Wellbeing strategy and the development of local resources to support it.