

Update on Mental Health Services and their development in Somerset

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1. INTRODUCTION

- 1.1. During November 2015, an update and overview of Mental Health Services in Somerset was presented to the Committee.
- 1.2. This paper provides a further update on Mental Health Services for the Committee to note. Updates on Mental Health Services for children and young people are provided to the Children and Families Scrutiny Committee and are therefore not included within this report.

2. COMMISSIONING ARRANGEMENTS

- 2.1. A joint commissioning post has been in place for Mental Health Services since 2015 with oversight from the Joint Commissioning Board.

3. PROGRESS UPDATE ON “POSITIVE MENTAL HEALTH – A JOINT STRATEGY FOR SOMERSET”

- 3.1. *Positive Mental Health – A Joint Strategy for Somerset* sets our three main priorities:
 - People, families and communities take responsibility for their own health and wellbeing;
 - Families and Communities are thriving and resilient;
 - Somerset people are able to live independently for as long as possible.
- 3.2. The key themes of the Strategy are:
 - The need for prevention, early intervention and a focus on mental wellbeing;
 - The importance of working effectively with children and young people;
 - Recognition that good clinical services are not enough, people need help with a range of other needs to maintain their mental health;
 - The need to address both physical and mental health needs for the whole population, achieving parity of esteem for mental health;
 - The need to address the stigma associated with mental health problems;
 - The importance of integration and collaborative working across all agencies to achieve a common set of outcomes.

- 3.3. The Mental Health Strategy Group brings together, Somerset CCG and SCC commissioners from adults, children's and public health teams and continues to meet on a quarterly basis to oversee the implementation of the strategy and action plan. An update report was presented to the Health and Wellbeing Board during January 2017.

4. THE MENTAL HEALTH FIVE YEAR FORWARD VIEW

- 4.1. *The NHS Five Year Forward View for Mental Health* (2016) has set out a number of priority actions for change by 2020; these include:

- Improving supporting for people experiencing a mental health crisis, including access to 24/7 services and supporting people as close to home as possible;
- Improving responses to mental and physical health needs;
- Transforming perinatal care;
- Suicide prevention;
- Access standards and care pathways;
- Supporting employment;
- Improving data
- Changes to payment systems.

- 4.2. An implementation plan has been published along with a national dashboard against which CCGs and Sustainability and Transformation Plans (STPs) will be ranked in relation to their performance for mental health.

5. ADULT MENTAL HEALTH SERVICES

COMMUNITY MENTAL HEALTH SERVICES

- 5.1. Everyone has emotional, mental health and wellbeing needs and so all services have a responsibility for supporting individuals with these needs. However, it is acknowledged that in order for some individuals to achieve their personal outcomes they may require specialist mental health support and this is where the services provided by Somerset Partnership NHS Foundation Trust and the Somerset County Council Mental Health Social Care Service come in.

Community Mental Health Services are provided out of hubs in Taunton, Bridgwater, Yeovil and Wells and Mendip.

The community mental health services across Somerset are broad-ranging and an update on each part of the services is given below.

5.2. Mental Health Social Care Service

A refocused mental health social care service is now in place, with the management of this service now provided by Somerset County Council. Prior to October 2016, this mental health social work was managed on the Council's behalf by Somerset Partnership NHS Foundation Trust. A major focus of this service has been to enable individuals with mental health needs to achieve their personal goals and maintain and improve their emotional and mental health and wellbeing.

The new service has been and continues to be shaped by a project that is being

led by Ruth Allen, Chief Executive of the British Association of Social Workers, and Karen Linde, University of Leeds. This work has been focusing on the identity, value and role of Mental Health Social Work and its specific contributions to people's lives and wider mental health services.

Key principles of the service are as follows:

- A service that is responsive and accessible to individuals with significant emotional and mental health needs in Somerset who require specialist social care interventions;
- The principles of recovery and wellbeing are central to all provision;
- An ageless service that is needs-led and not diagnosis driven;
- Development of outreach and community-based provision that builds upon community assets and individuals' strengths, abilities and networks;
- Close alignment with mental health services delivered by Somerset Partnership through co-location of staff, use of RIO (patient record system) and joint working;
- Provision of liaison and advisory role to non-mental health specialist social care services.

The service works with adults of working age as well as with older adults. Access to this service is via Somerset Direct, community hubs & secondary care mental health services. An update on these services is described below.

5.3. Mental Health and Dementia Care and Support Commissioning Intentions

During 2016 a significant piece of work has taken place within Somerset County Council to review and refresh the commissioning intentions for adult mental health and dementia care and support services. These services include community services, support at home, supported living and residential care. In aligning to the Promoting Independence agenda across Adult Social Care and recognising the importance of providing support that enables individuals to work towards recovery and independence, the work to date has included market engagement and development, service user and stakeholder engagement, including the CCG, as well as looking at best practice across the country. This has resulted in a new set of Mental Health Commissioning Intentions, which have been shared with the local provider market and will be implemented during 2017.

The key priorities within these new Commissioning Intentions include:

- Strengthening the focus on recovery, enablement and promoting independence based upon a model of social inclusion
- A new preventative and enablement community offer that will align to the Community Connect programme (see section 5.12) and which will work with individuals with mental health needs and autism, supporting them to identify and work towards their own personal goals and enabling them to access local community services and resources.
- Reducing the usage of residential care, through increasing care and support options within the community
- Introducing a new framework for sourcing mental health care and support options that focuses on personalised care for individuals and a fair and open approach to sourcing care and support from the local market.

5.4. Working age Adult Specialist Secondary Care services

A number of factors, as highlighted below have prompted a review of existing mental health services, these include;

- A sustained increase in demand upon community mental health services over the past five years;
- Recruitment and retention challenges;
- The introduction of national Access and Waiting Time Targets (A&WTTs);
- A challenging financial context, and;
- A shift towards promotion, prevention, early, intervention, personalisation and services delivered as close to home as possible.

Somerset Partnership NHS Foundation Trust has undertaken a review of their existing services and in discussion with Somerset CCG, a new model of service delivery is being taken forward. Key features of this new model are for services to be safe, needs led, evidence-based, high quality, personal and accessible.

The new model of delivery based on the 3F principles: *Frontloaded*, *Focused* and *Fair*, as follows:

- **Frontloaded**, in that there will be a considerable relocation of resources and attention to ensuring quality is improved by aspiring to 'getting it right first time: every time';
- **Focussed**, in that the assessment phase will target priority areas and focus attention on the key needs of the individual, providing short focussed interventions to meet those needs and enable a swifter discharge by adopting a recovery and resilience approach;
- **Fair**, in that resources will be provided in an equitable manner targeting those with the greatest need based on acuity, complexity and risk by the adoption of an agreed prioritisation matrix and caseload zoning (a means of establishing risk, level of need and nature and frequency of intervention) for both new and existing referrals.

The 3F model will support the effective management available resources in the face of increasing demand, and improve the quality and focus of the community mental health services Somerset CCG commissions.

5.5. Improving Access to Psychological Therapies (IAPT)

IAPT is an NHS Psychological Therapies programme that offers NICE (National Institute of Health and Care Excellence) approved interventions for treating people with depression and anxiety disorders.

Somerset Partnership NHS Foundation Trust provides the IAPT (talking therapies) service and offers treatment for the adult population and those aged 18 and over. To support service improvement, funding which has been made available to ensure that this service meets local quality requirements in respect of increasing access to treatment, increasing the number of people completing treatment and meeting waiting time targets. Waiting lists are actively being reduced via the use of online solutions and agency staff.

5.6. Additional Specialist Services

In addition to IAPT services, Somerset Partnership NHS Foundation Trust provides a range of psychological interventions for individuals with severe and enduring mental health conditions. Interventions include Cognitive Behavioural Therapy, Cognitive Analytical Therapy, Dialectical Behavioural Therapy and Family Therapy.

The Eating Disorders Service provides specialist assessment, support and advice for individuals. This includes specialist nutrition advice and psychological therapies. Education and support for families and carers of those with an eating disorder is also provided, along with support and training for community mental health teams working with people with eating disorders.

The Early Intervention in Psychosis Services (EIPS) provided by Somerset Partnership NHS Foundation Trust is meeting with new standards set out by NHS England. These specify that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Most initial episodes of psychosis occur between early adolescence and age 25, however, the standard applies to people of all ages.

5.7. Perinatal Mental Health

Currently Somerset does not have a specialist mental health service specifically for women experiencing severe perinatal or post-natal depression.

Women who experience mild levels of depression before or after the birth of their baby will normally be supported by their family doctor.

Funding from Somerset CCG, Health Education England and the Local Authority is currently supporting:

- All Health Visitors being trained in detecting and assessing maternal and infant mental health issues and use screening questions at each contact with a woman;
- Midwife screening of patients for mental health issues at time of booking and subsequent appointments;
- Mental health support groups are being run jointly by health visitors and 'talking therapy practitioners' around the county;
- Women are offered referral to 'talking therapy' (IAPT) services, with women in pregnancy or the postnatal period being given priority. Women may be referred by their GP, midwife or health visitor;
- During December 2016, Musgrove Park Hospital launched an antenatal perinatal mental health clinic, staffed by specialist midwives and a consultant obstetrician;
- For women experiencing mental health crisis, support and appropriate interventions are provided via Adult Mental Health Services.
- Somerset CCG and the Local Authority have allocated training places to train perinatal mental health 'champions' in March 2017. This training will be cascaded to the wider workforce to increase awareness.

During 2016, Somerset CCG submitted a bid for national funding for perinatal mental health services. This bid was unsuccessful, however Somerset CCG has been informed that another bid opportunity will be available at the end of summer 2017. Somerset has a multi-agency Perinatal and Infant Mental Health Steering Group, and this group is working on the development of a care pathway, as well as preparing for the future bid.

5.8. The Crisis Response and Home Treatment (CRHT) Service

This service enables greater monitoring and support for patients and their families, a more flexible response to crisis avoiding unnecessary admissions as well as even greater support to early discharge. Following the additional investment in 2015, this service is now fully operational and provides 24/7 urgent assessment of individuals who, without their intervention would require admission to hospital. All admissions to hospital are “gate kept” by the CRHT and teams are in daily contact with their local acute mental health wards to ensure that early discharge planning and support is in place. It is worth noting that in Somerset numbers of out of area acute admissions are very low as compared with other areas.

5.9. Psychiatric Liaison Services

In line with the *NHS Five Year Forward View* by 2020, all acute trusts should have in place dedicated Liaison Mental Health Services for all ages, appropriate to the size, acuity and specialty of the hospital. The current service provided to Musgrove Park and Yeovil District Hospitals is delivered as part of the Home Treatment CRHT Service. Recognising the need for a dedicated service Somerset CCG has worked with Somerset Partnership NHS Foundation Trust and the two Acute Trusts to develop a bid which has been submitted to NHS England for consideration. This bid has been supported by the STP and we are awaiting news. In the meantime, additional resources have been placed into the existing service due to pump-priming and parity of esteem funding.

5.10. Inpatient Services

Somerset Partnership NHS Foundation Trust provides inpatient care for individuals who are not able to be safely cared for in the community and who may require a legal framework to ensure their needs are addressed. Inpatient wards are situated in Taunton, Yeovil, Bridgwater and Wells. Services include a psychiatric intensive care unit for the acute care of individuals in the most disturbed phase of their illness who cannot be therapeutically managed on a general acute ward.

A low secure inpatient rehabilitation and recovery unit is also provided in Wells for male adults with mental health difficulties.

6. OLDER PEOPLE'S MENTAL HEALTH SERVICES

6.1. Older Persons Community Mental Health Services

Somerset Partnership NHS Foundation Trust provides specialist mental health services for older people with illnesses such as dementia, including Alzheimer's disease, and also severe depression, severe anxiety, and psychoses, for example, schizophrenia. These services now sit as part of integrated community teams. The services work closely with service users, carers, the voluntary sector (e.g. Alzheimer's Society) and the Local Authority and GPs, to develop Care Plans to meet patient and carers individual support needs.

Services carry out initial assessments, establish treatment plans and arrange appropriate care packages for older people with severe mental health problems.

Services undertake the ongoing complex casework and review, through care management / care coordination. Information, support and advice is provided to older people and their relatives who use the service, together with support and co-working with other agencies (e.g. home care, residential, nursing homes and the Local Authority). The Service provides specialist individual therapies such as Cognitive Behaviour Therapy and other counselling services. The Service also provides support groups for service users with problems such as dementia, and support and groups for their carers.

Memory Assessment Services are based across the county and provide assessment, diagnosis, initial treatment and the provision of information and support. Follow-up for each individual patient and their carer will be provided either through the Community Mental Health Service or by referral on to Alzheimer's Society Dementia Advisors (which Somerset CCG commission), the Local Authority or for follow-up by a GP in Primary Care, as appropriate.

Inpatient services for older people are provided in Taunton and Yeovil.

6.2. Crisis Care Concordat

A multi-agency crisis care concordat group continues to meet on a quarterly basis. An action plan is in place and regular updates are provided to the Safeguarding Adults Board.

A Control Room Triage pilot commenced in commenced in September 2016. This is a tri-service initiative bringing together local police forces, fire brigades and the local NHS. This places experienced mental health professionals into the police communications centre to offer real time advice and guidance to support police and fire service officers who have to respond to incidents relating to mental ill-health. Early reports have been very positive with a reduction in the use of Section 136 of the Mental Health Act.

Use of Police cells as a place of safety for adults is only taking place if the person detained meets the 'exceptional circumstances' criteria. This is defined as when a person's behaviour is so *'extreme that they cannot otherwise be safely managed'*.

The Crisis Care Concordat Group is reviewing its action plan to take account of the proposed changes within the Policing and Crime Bill. A number of changes are proposed under Chapter 4: Powers under the Mental Health Act 1983 (“the 1983 Act”). This Chapter amends the police powers under sections 135 and 136 of the 1983 Act in respect of persons who are experiencing mental health problems, but have committed no crime; it will: as follows:

- a) Further reduce the use of police stations as a place of safety by providing that they can never be used in the case of under 18s, and making provision for their use to be restricted to exceptional circumstances in the case of adults;
- b) Provide a wider definition of “places of safety” to help increase local capacity and flexibility to respond to local needs;
- c) Enable the police to act promptly under the 1983 Act to protect individuals or the public from harm on private property (such as railway lines, work places and the rooftops of buildings), without the need to seek a warrant (a warrant will still be required for private dwellings);
- d) Reduce the maximum time period for which a person can be detained under section 135 or 136 from 72 hours to 24 hours (with the possibility of an extension to 36 hours in certain specified circumstances);
- e) Require the police to consult a health professional (where practicable) before detaining a person under section 136;
- f) Ensure that assessments can be conducted in private dwellings where these are designated as places of safety;
- g) Enable the police to conduct protective searches of a person subject to removal under section 135 or 136 to ensure they do not present an immediate danger to themselves or others.

6.3. Community Connect

Community Connect is the new way that SCC Adult Social Care is working with communities to deliver better outcomes for people in Somerset, including older people with emotional wellbeing needs and dementia. Having been developed and launched in West Somerset, this new way of working is being rolled out across the county and is focusing on three key strands:

- The new way of working
- Community collaboration
- Access to community information

Having recently received positive media coverage about the work being undertaken, there are already good examples of how this approach is using local community assets and resources to support people with dementia and their carers and families:

“They took the time to talk with me to discuss the things and people we have around us who could help. They gave me the confidence to ask for help.” - Feedback from a husband looking after his wife with advanced dementia. He was supported to have the confidence to ask his local church for some help, resulting in local people that they know visiting him and his wife to offer local support.

“I have more people to interact with and my daughter can work generating an

income”- Feedback from a lady with dementia whose daughter cares for her. The support she received enabled her to use a network support map to identify people she knew who could spend time with her, in addition to the support she received from two micro-providers.

6.4. Specialist Residential Care and Older People’s Mental Health Nursing Care

Whilst every effort is made to promote the independence of people with dementia and older people with significant mental health needs and their ability to remain living at home and in their local communities, for some individuals this may not always be possible. SCC commissions Specialist Residential Care (SRC) and Older People’s Mental Health (OPMH) Nursing Care for people with complex needs. These homes are spread across the county providing specialist care in local communities and are block purchased to ensure, wherever possible, the availability of a specialist placement. The focus of the care provided is to maintain peoples’ wellbeing, whilst also meeting individuals’ more complex needs, which within SRC is supported by Specialist Dementia Care Nurses, employed by Somerset Partnership NHS Foundation Trust.

6.5. Dementia

The Joint Somerset Dementia Strategy was refreshed in 2016 and has been presented to the Somerset CCG and to the Health and Wellbeing Board. The Somerset Dementia Strategy Group has collaboratively developed an overarching action plan aligned to the Challenge on Dementia 2020 commitments, and the Well Pathway for dementia. A short term action plan has also been developed with SMART actions for the first year. Health and care education and awareness raising events are planned during 2017.

Somerset CCG is monitored on two key indicators for dementia care: diagnosis rates (over 65); and annual reviews.

Diagnosis Rates

Somerset achieved a dementia diagnosis rate of 62.1% by March 2016: this reduced to 60.9% in April 2016 due to annual increase in the denominator (this impact was also seen elsewhere). There has been 1.32% growth in the dementia diagnosis rate between April and November 2016 leaving a gap of 5.28% to achieve the national ambition of 66.7%.

If Somerset can continue to make gradual progress in providing timely diagnosis for people with dementia, together with the fact that estimated prevalence figures for 2017/18 have been adjusted downwards for Somerset, the national ambition should be more achievable. Somerset has adjusted its forward planning trajectory setting it for achievement and maintenance of the national ambition of 66.7% diagnosis rate.

The Somerset Dementia Strategy Group has a constantly developing action plan

for delivery of the Strategy and in relation to dementia diagnosis, the key actions completed or in train currently are:

- Regular articles and 'toolkit' shared in the Somerset GP Bulletin to aid practices to search and identify people with a dementia and ensuring they are correctly coded (last one in October 2016)
- Increased staff awareness of dementia and dementia friend training across public sector which we hope will help identify people to clinicians who may have dementia but will also help reduce stigma and perceived stigma
- 2000 people aged 65-70 receiving a NHS Health Check between April 2015 and December 2016, received information about vascular dementia signs and symptoms and where to go for further information or support
- CCG will ask all new staff to attend a Dementia Friend session (two per year) as a follow on to mandatory induction – this will increase staff awareness and understanding professionally and personally.
- Provider organisations already include dementia information in staff induction
- Alzheimer's Society has provided PowerPoint slides for practices' waiting room TVs promoting the Dementia Advisor Service
- Medicines Management are checking that the Eclipse system is picking up all dementia codes
- Identification of BAME population pockets at increased risk of vascular dementia will be sent to vascular prevention teams
- Links will be made with alcohol and drug services to discuss awareness of dementia – the risks and signs and symptoms
- Primary Care Education Event planned in the first half of 2017 to reinforce the messages about benefits of diagnosis and reviews

Dementia Reviews

It is extremely challenging for Somerset to achieve similar numbers of people recorded as having had a review of their dementia in the last 12 months in primary care. This is due to the county undertaking a NHS England pilot scheme: Somerset Practice Quality Scheme (SPQS) instead of the National Quality Outcomes Framework (QOF) the latter being the source of national comparative data. SPQS does not require the 'tick box' approach of coding as proof of quality care, therefore practices are not required to complete the coding to receive SPQS funding, but they are expected to provide good quality primary care, and early indications do not show any detrimental evidence of increased emergency admissions, etc. This does not imply the reviews are not taking place. Within the current financial climate Somerset CCG is not in a position to commission audits of primary care records to try to demonstrate whether people have received an annual review of dementia.

Somerset continues to provide large numbers of primary care staff with training in personalised care planning and motivational interviewing and is seeking to receive a quality marque for the locally developed training courses.

Communications and meetings with primary care described above will also promote the values of annual reviews and care planning. Advance Care Planning for people with dementia will also be part of the Somerset Integrated Personal Commissioning Programme End of Life work stream, and over time this may lead to provision of personal health budgets.

Dementia Friendly Communities

Dementia Friendly Communities is a programme which facilitates the creation of dementia-friendly communities across the UK. Everyone from central and local government, health services, local corner shops and hairdressers share the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.

The success of Dementia Friendly Communities is based on local communities taking the lead in bringing together relevant community stakeholders and people with dementia and their carers and families to look at local issues and address them from within the community.

In becoming dementia-friendly, communities are asked to sign up to become Dementia Action Alliances and within Somerset ten local communities have already done so, with discussions taking place within a further five communities. Each community sets its own objectives which respond to local issues. In supporting Dementia Friendly Communities, SCC library staff have received dementia awareness training, SCC is in discussion with public transport providers to consider the steps that they can take to becoming dementia friendly and county councillors are being provided with the opportunity to become a Dementia Friends in Spring 2017, with sessions for SCC staff having been made available during 2016, and continuing into 2017.

7. CONCLUSION

- 7.1.** This brief paper presents an update on mental health services for adults and older people. Significant progress has been made since the last report. The performance and quality of the services commissioned by Somerset CCG is monitored via monthly and quarterly contract review meetings. Somerset County Council also has monitoring arrangements in place for the Mental Health Social Work Service as well as for their other commissioned services.

In implementing the Five Year Forward View for Mental Health, a number of bids have been submitted to NHS England to invest in and further develop services. These include a bid for a specialist Mental Health Liaison Service within the Acute hospitals and a bid to extend IAPT services to individuals with a broader range of conditions. As opportunities present, Somerset CCG will work with partners to develop and submit further bids to meet the ambitions set out within the Five Year Forward View.

During 2017, the new SCC commissioning intentions for adults' mental health and dementia care and support services will be implemented, which will see a refocus on the importance of community and outcome-based support options that promote independence and enable individuals to work towards recovery.

While services have developed there is always more to do in assuring that outcomes are being met and that people have ease of access to the highest quality of service to meet their needs.