

Update on the Fit for my Future review of acute mental health inpatient beds for people of working age

Lead Officers: Maria Heard, Fit for my Future Programme Director
Dr Alex Murray, Clinical Lead, Fit for my Future

Author: Amanda Hirst

Contact Details: amanda.hirst1@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1. Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset CCG and Somerset County Council, and includes the main NHS provider organisations in the county.
- 1.2. Mental health services were identified as an area for consideration and review in the original Fit for my Future case for change. Significant further work has been carried out since its publication in September 2018.

This report sets out our vision for mental health services and the future model of care. It updates members of the committee on:

- the engagement undertaken so far to seek stakeholder views on potential options for the future configuration of acute mental health inpatient beds for adults of working age
 - engagement and input from the same stakeholder panel into the design of a public engagement / consultation strategy, and
 - next steps in the overall governance process.
- 1.3. Work is continuing to finalise the programme timelines for neighbourhoods and community settings of care and acute settings of care. We anticipate a period of engagement on the former is likely to start sometime in the autumn but detailed plans are yet to be finalised. We will bring a further update back to members when the two programme timelines have been clarified.

2. Issues for consideration / Recommendations

- 2.1. Members are asked to consider and comment on the report.

3. Background

- 3.1. Somerset is a largely rural county of 550,000 people, with a relatively elderly population. It is thought that 70,000 people in the county have a mental health problem at any one time. This often influences, and is influenced by, a number of factors including low educational

attainment, social isolation, unemployment and financial and relationship problems.

3.2. Mental health services deal with a wide spectrum of need. A relatively small number of people at any one time will have a serious mental illness requiring support from specialist support services; we would expect to have:

- 75 people detained under the Mental Health Act
- 1,640 people who have a defined care programme,
- around 2,400 people are in touch with services providing specialist treatment.

Together these account for less than 1% of the Somerset population. A further estimated 4,600 people are registered with GPs as having a mental health illness, and ten times this number with depression.

The Fit for my Future Case for Change, published on 12 September 2018, recognised the importance of achieving equity in support for mental and physical health services. It stated, 'Mental health services are highly stretched and have many gaps. In recent years our investment in mental health provision has not matched that spent on physical health.'

3.3. Our vision for mental health services

Wherever possible we want mental health support to be:

- Drawn together with the person concerned, to meet their needs and build on their strengths
- Focused on maximising the person's ability to thrive in their life
- Provided by a range of services and agencies including VCSE (Voluntary, Community and Social Enterprise) organisations, peer support, primary care, social care and specialist mental health providers
- Delivered closer to home, rooted in community neighbourhood settings and tapping into the person's own network of support
- Accessible with flexible entry points to get the right level of support - where necessary service navigators will help to guide people to the right place and service(s) for them
- Provided at a level best suited to meet the person's level of need and dissolving the boundaries between health and social care as well as primary and secondary mental health care
- Holistic and equitable in meeting the physical, mental and emotional needs of people receiving support, with an ambition of closing the health inequalities gap in terms of life expectancy for people with a severe mental health condition.

3.4. Future model of care

As identified in section 3.2, along with the rest of the country, there has been a history of under-investment in mental health services across in Somerset in recent years.

Recognising this, and despite the financial challenges for health services as a whole in Somerset, the health and care system has decided to commit significant additional investment into mental health services to begin to tackle this underfunding by creating a new model of care for mental health.

The future model of care is designed to ensure people are supported more effectively as early as possible with prevention and early intervention, and with far more integrated services, with:

- A single point of access into the system
- A service where people do not fall between the gaps
- Increased investment across the spectrum of care.

One of the key changes to the delivery of mental health services is the appointment of eight

'Recovery Partners', (people with lived experience of mental health problems), to work alongside team members in the delivery of care and treatment.

Recruitment is already taking place to build the teams who will support the delivery of the new model.

An outline of the model is attached at the end of this report.

3.5. Future configuration of acute mental health inpatient beds for people of working age

The purpose of the Fit for my Future review of this part of the mental health service is not to reduce funding but to arrive at the most effective and efficient model going forward, taking into account a range of factors including location and proximity to emergency departments. Acute inpatient mental health beds for people of working age are currently provided in four wards over three sites, two in Taunton, and one each in Yeovil and Wells.

A detailed case for change has been produced together with options for consideration to reach the optimum future configuration. NHS England and Improvement requires Clinical Commissioning Groups (CCGs) to follow a prescribed process before moving to public engagement / consultation on the proposed options:

- **Clinical Review by members of the South West Clinical Senate:** the Senate panel of clinicians is drawn together from across the south west to give a detailed clinical view of the strength of the case for change, the options for consideration and the evidence to support them.
- **NHS England and Improvement Quality Assurance:** at this final stage of the NHS process, NHSE & I will consider whether the case for change and proposals demonstrate evidence to meet five core tests including strong public and patient engagement, consistency with current and prospective need for patient choice, and support for the proposals from clinical commissioners.

The CCG must have NHS England and Improvement approval before proceeding to final public engagement / consultation.

4. Engagement undertaken so far

- 4.1.** Throughout the development of the case for change and emerging options, service users have been represented by MIND and the Community Council for Somerset which runs a number of community based projects including Somerset Village Agents and Talking Cafes. Each has had a place on the Mental Health and Learning Disabilities Programme Board which has fed into and reviewed the work on the case for change and emerging options at various stages throughout the process, as well as the design of the new model for mental health services.

Option appraisal deliberative workshop

On 12 July, a one day workshop was held at Victoria Park Community Centre in Bridgwater with stakeholders who support and / or have experience of using mental health services. Over 70 invitations were sent to a range of stakeholders, and further invitations were forwarded to key stakeholders and organisations including MIND and Somerset Partnership to encourage patient and care representation. Participate, an organisation with particular expertise in engagement and consultation in the health and care sector, selected a sample to reflect a cross-section of participants, including staff.

A total of 39 people expressed an interest in participating in the workshop, of those 29 accepted the invitation and 20 people actually attended.

- 4.2.** At various stages throughout the event, Dr Alex Murray, clinical lead for Fit for my Future, took the panel through the case for change, the new emerging mental health model, the evaluation criteria and the potential options for acute mental health inpatient beds for adults of working age.

The views expressed and findings from the workshop will be considered through the governance process and fed into the pre-consultation / engagement business case.

- 4.3. Further workshop to help co-design the public engagement / consultation strategy**
On 31 July a further half-day workshop was held with stakeholders drawn from the same pool; many of them had been at the earlier workshop on 12 July. Sixteen participants were invited to share their thoughts on the framework for the strategy, stakeholders with whom to engage / consult, and the detail of the process to follow in drawing together a consultation / engagement strategy.

Participants pointed out the need for a multi-faceted approach to involvement both in terms of the methods of communication used and in ensuring the engagement is as far reaching as possible within mental health and amongst the wider public.

They felt obstacles to involvement generally centred on the mental health of patients whom workshop participants felt should be involved but may not be well enough to take part. Solutions to this were to consider and potentially pilot different methods to test which would be most effective, and ensuring the approach is accessible to all by providing support and easy read materials.

The way in which any possible changes are communicated was also seen as important because the panel members felt uncertainty and change could cause additional stress and anxiety for patients and their families.

- 4.4. Next steps**
The feedback from the 31 July workshop has supported the development of a strategy for engagement / consultation, scheduled to take place in autumn 2019, on the future configuration of acute mental health inpatient beds for people of working age.

Further details of the approach will be presented to the Somerset County Council Adult and Health and Overview Scrutiny Committee on 2 October after the Strategy has been considered and approved by the Fit for my Future Programme Board and the CCG Governing Body in September.

The strategy will be included in the pre-consultation business case referred to earlier in this report to be considered by NHS England and Improvement on 15 October as part of the overall proposal for configuration of inpatient beds.

5. Implications

- 5.1.** As previously stated in this report, the review will not involve a reduction of acute mental health inpatient beds but rather a potential reconfiguration of the location of the beds.

6. Background papers

- 6.1.** The business case which includes the case for change and the potential options for reconfiguration will be published when engagement / consultation begins.

Note For sight of individual background papers please contact the report author.

The emerging Mental Health (MH) model in Somerset

