

NHS
South Kent Coast
Clinical Commissioning Group



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 South Kent Coast 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: 10 December 2013

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

Annually we invest over £16 million in adult mental health services in South Kent Coast 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. 2386 people completed treatment for the full year 2012/13 in SKC compared to 1361 in the first half of 13/14 an increase of 14%. 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 SKC 17594	Actual	Q1-Q2	Target /14	Q1-Q2
Referrals	3161		1876	
Entered treatment	1610		1500	
Completed treatment	1361		1050	
% Recovered	52%		50%	
% off sick pay	5%		5%	
% of need entered treatment	18.3%		17.1%	

Early intervention services in SKC accepted 14 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 South Kent Coast CCG	Sep-2013
1,2,3 (primary care)	1639
4,8,10 (shorter term planned care)	487
7,11 and 12 (stable long term conditions shared with primary care)	396
6,13,16 and 17 (stable long term conditions complex needs)	179
5, 14 &15 (Urgent care)	132
18-21 (dementia)	1400

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 opportunity

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-June 2013 5444 people visited the Live it Well website compared to 1445 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 13% increase in the number of people who moved to recovery to 657 people in South Kent Coast CGG area. Recovery rates in SKC are much higher than the England average of 46% at 52%.

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) incentives 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 as inpatients 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 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 71 times; and over 72 further episodes of advocacy to people with mental health problems in the South Kent Coast 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. MCCH in Folkestone and Shaw Trust in Dover/Folkestone worked with 407 people and helped 176 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*

Informal community services received £470,000 funding in the SKC CCG area by KCC in 2013/14 delivering services to reduce social isolation through community services and user forums to facilitate engagement. MCCH (Dover and Deal) and Folkestone MIND Provided informal support to 790 people with mental health problems on a regular basis, both in centre activities and a wide range of activities out in the local community in South Kent Coast CCG area.

User forums are held twice a month facilitate user participation in decision making and take part in service evaluations of aspects of mental health provision. Speak Up in Dover and Deal and SWOF in Shepway held fortnightly meetings with 84 mental health service users in Folkestone, Dover and Deal and facilitated 61 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 carers views by a range of means and identify gaps in service facilitate carers participation in decision making forums

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

Suicide rates in Kent are slightly lower compared to England. South Kent Coast CCG has one of the with the highest suicide rates in Kent 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

South Kent Coast Clinical Commissioning Group

- Primary care psychological talking therapy- £1.27 million
- Secondary care mental health services - £16 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.

SKC has set up a MH LPM 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 now supported by two GP clinical leads that are increasingly involved in the redesign of mental health services.

Recommendation; 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.