

Medway Mental Health Strategy

Progress Update Paper

Medway HASC

16th March 2017

EXECUTIVE SUMMARY

1.1 This report has been prepared at the invitation of the Medway Council Health and Adult Social Care Overview and Scrutiny Committee to provide an update on the development programme for the Medway Mental Health Strategy. The update covers:

- A summary of work undertaken to date
- Key issues for consideration in the Medway strategy arising from the Kent and Medway Sustainability and Transformation Plan
- Proposed next steps for Committee approval

To date since the workshop in October there has been a mapping of engagement work that took place in 2014 and October 2016 which will be used to frame a number of statements about services and gaps in Medway. Since the workshop the STP mental health work stream started in December it was therefore felt that to set something specifically for Medway at this time would be a duplication of effort.

1.2 The Medway Mental Health Strategy whilst providing a unique response to the mental health needs of the residents of Medway sits within the wider context of the evolving system-wide Kent and Medway Sustainability and Transformation Plan [STP]. The Mental Health elements of the STP have been developed with full system wide engagement over a four month period. The mental health programme has successfully developed:

- An overarching vision
- A proposed work plan
- A proposed set of benefits criteria

1.3 The STP Mental Health section is currently subject to ongoing review and is aiming to produce an overarching case for change by the end of March 2017. The case for change will be built on works done to date but will also seek to ensure that we are truly transformational across a complex system. The challenge for us all is to ensure we deliver locally based services, respond to need and ensure that we are fully embedded within the local care and hospital work streams. A critical part of this within Medway is ensuring effective engagement with social services, housing and homeless services along with community and voluntary agencies.

1.4 This report provides an update for the HASC and seeks approval of the proposed approach, in the development of the STP strategy alongside a specific strategy for Medway that delivers what the STP requires and what is needed locally for the Medway population.

1.5 Work done to date:

To date since the workshop in October there has been a mapping of engagement work that took place in 2014 and October 2016 which will be used to frame a number of statements about services and gaps in Medway at the time these events took place. These statements can then be reviewed to determine if we think there are still true, or whether the situation has changed since then. Doing this should provide a reasonable framework to use to inform the development of the strategy. It would also help us to determine what data we need to collect locally to influence the STP

The Kent and Medway STP

2.1 The Kent and Medway STP set an overarching context for the Medway Mental Health Strategy. The Mental Health element of the Kent and Medway STP has been developed by representatives of all providers and commissioners of mental health services across Kent and Medway. Medway CCG, Medway Community Health, Medway Council and Medway Foundation Trust have been actively engaged in the development process.

2.2 The Kent and Medway STP sets out a vision for mental health services:

“Our vision is to ensure that within Kent and Medway we create an environment where mental health is everyone’s business, where every health and social care contact counts where we all work together to encourage and support children, their parents, young people and adults of all ages with a mental health problem or at risk of developing one to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.”

2.3 Underpinning this vision are a number of priorities with both local services and hospital care that we will seek to address.

Local Care:

We will ensure that our out of hospital provision ensures parity of esteem for any individual with a mental health condition

- We will create an environment in which we promote self management and prevention
- We will support improved access to mental health services in primary care
- We will develop integrated pathways of care with physical health teams particularly for those people who suffer from multiple co morbid long term conditions
- We will make use of community assets to deliver improved access to mental health and wellbeing support locally within a person’s community when appropriate
- We will promote mental health education and awareness in primary and community services
- We will continue to develop our peer support workforce

Acute Clinical Care:

We will ensure that our acute clinical model provision ensures parity of esteem for any individual with a mental health condition

- We will create an environment in which we deliver an improved crisis response
- We will work with partner agencies to reduce the number of s136 detentions and improve conversion rates from the current 20%
- We will implement integrated crisis plans for those people who frequently present across all services
- We will implement a 24/7 core liaison psychiatry model including a focus on medically unexplained symptoms
- We will implement alternatives to admission for people who have a Personality Disorder
- We will implement integrated pathways of care for those people who frequently present with either substance misuse issues or a dual diagnosis

Proposed Workstreams:

The proposed workstreams include a number of priority initiatives which include:

- Supporting prevention, early intervention and recovery through low key models of service delivery:
 - The Three Conversation Model is a strengths based approach to having initial conversations building on what is working in peoples lives, enabling them to maintain this whilst dealing together to develop mechanisms to support people whilst in crisis. It empowers people and ensures that the every contact counts
 - Live Well offering improved access to community based mental health services
 - Peer Supported Open Dialogue – which provides system based family interventions for people experiencing their first episode of mental health crisis – this is the only project of its kind in the UK
- Delivering an enhanced response to people when they experience a crisis including:
 - Implementation of a Core 24 liaison psychiatry service providing an enhanced level of support to people presenting in acute mental health crisis in acute hospitals
 - Implementation of an improved mothers and infants mental health service

Whilst these provide a solid platform for us we need to continually challenge whether these are truly transformational. Our current view is that these need to be developed to enhance:

- Services for children and adolescents
- Improved services for people presenting with a personality disorder
- Improved services for people who frequently present
- Improved services for people who are homeless and experience significant housing issues
- Improved services for people who have dementia
- Improved services for people presenting with a dual diagnosis

Next Steps

- 3.1 The STP Mental Health case for change is scheduled for completion by the end of March 2017. This will be developed by all partners across Kent and Medway and will be refined at a system wide workshop at the end of February.
- 3.2 The Case for Change will set out the rationale for change and provide a platform for the development and implementation of the truly transformational initiatives within mental health that deliver on a local level.
- 3.3 It will be essential that there is both an STP Perspective but also a local perspective on what is needed locally and what the local drivers of change are. This will be refined across Medway during March to the end of May.
- 3.4 It is proposed that before final sign off the strategy be brought to Overview and scrutiny for discussion, amendment's / agreement in June 2017