

HEALTH AND WELLBEING BOARD

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MEDWAY ADULT MENTAL HEALTH STRATEGY 2018 TO 2023

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Summary

The Medway Adult Mental Health Strategy 2018 to 2023 has been developed by NHS Medway Clinical Commissioning Group and Medway Council. It sets out our vision for improving outcomes for people with mental health problems in Medway over the next five years.

The Medway Adult Mental Health Strategy 2018 to 2023 was considered by the Health and Adult Social Care Overview and Scrutiny Committee on 16 October 2018 and its comments are set out in section 5 of the report.

1. Budget and Policy Framework

- 1.1 The Medway Adult Mental Health Strategy 2018 to 2023 supports the delivery of Council Plan priorities, in particular 'Supporting Medway's people to realise their potential' and 'Healthy and active communities'.
- 1.2 This is a key local strategy and will be presented to Cabinet on 20 November 2018 for approval following consideration by the Health and Adult Social Care Overview and Scrutiny Committee on 16 October and the Health and Wellbeing Board.
- 1.3 An action plan outlining the key aims, actions, leads and outcome measures has been developed alongside this Strategy and will be finalised once the Strategy has received authorisation from Cabinet.

2. Background

- 2.1 The Medway Adult Mental Health Strategy 2018 to 2023, as set out in Appendix 1 to the report, was developed with NHS Medway Clinical Commissioning Group and Medway Council.

- 2.2 The Strategy sets out our vision for improving outcomes for people with mental health problems in Medway. This Strategy is for adult mental health only and does not include children and younger people, Dementia, ASD/ADHD or Learning Disabilities.
- 2.3 The Strategy sets out how, over the next five years, NHS Medway Clinical Commissioning Group, Medway Council and other local partners will:
- Commit to achieving parity of esteem for mental health.
 - Promote mental health and well-being in our communities.
 - Focus on early intervention and preventing Medway residents from developing significant mental health problems.
 - Ensure that when people do need help that they can access the appropriate intervention quickly; services are of the highest possible quality and will proactively support people to recover and remain well.
 - Recognise the need for services to be integrated and work together to deliver high quality services close to home.
 - Improve mental health provision in primary care, allowing specialist secondary care mental health services to focus on complex and specialist interventions.
- 2.4 Medway has a population of circa 278,542 residents and this is expected to grow by 10% to 307,300 by 2026. A Mental Health needs assessment has been undertaken, which outlines that the population is predicted to grow and the age of that population is increasing as people live longer.
- 2.5 Mental health problems account for our largest burden of ill health. It is estimated that up to 1 in 4 adults will suffer from a mental health problem at some point in their life, which would equate to circa 69,635 people in Medway.
- 2.6 The demographic data, gaps in service provision and stakeholder feedback arising from the Mental Health needs assessment and gap analysis, is summarised in section 6.1 of the Strategy. The demographic data evidences the increasing numbers of people living in Medway with mental health problems as well as the increasing severity of need. In 2017, 28,000 18-64 year olds in Medway had a Common Mental Health Disorder (CMD) such as depression, anxiety and obsessive-compulsive disorder. This increased to 31,053 in 2018, representing 15.8% of Medway's population.

3. Options

- 3.1 Option 1 is to do nothing, which would mean that there is no local strategic framework for the development of Mental Health services to meet the needs outlined in the Strategy. This option is not recommended.
- 3.2 Option 2 to implement the Strategy, which is designed to improve the outcomes for people with mental health problems in Medway. This is the recommended option.

4. Advice and analysis

4.1 This Strategy brings together the following five priorities:

1. Mental Health promotion, early help and prevention of mental illness
2. Supporting people with mental health illness to live fulfilling lives
3. Improving targeted and responsive crisis support
4. Supporting people with Severe Mental Illness (SMI) including parity of esteem
5. Developing and implementing a Workforce Development Strategy

4.2 In addition to the above five priorities, there are seven cross cutting themes that will underpin all activity in implementing the Mental Health Strategy. They are:

- To improve the physical health of those with mental health problems.
- Achieve parity of esteem for mental health.
- Obtaining the commitment of Social Care, Health and other partners such as housing and the Voluntary and Community Sector (VCS) to work together to promote mental and well-being in our communities.
- Co-produce services and support in conjunction with service users and carers.
- Adopt integrated mental health support service that removes traditional tiered approaches and ensures emotional, physical and mental health and well-being are addressed as one.
- Mental health services and support are to be accessed in a timely, responsive and equitable way.
- Transition between children and adult's mental health services takes place in a timely and co-ordinated way ensuring continuity of care.

4.3 The Model for Delivery: The Medway Model is a new way of transforming local health and care services so that, where appropriate and possible, they can be delivered closer to people's homes and delivered in an integrated way across all partner agencies across six locations in Medway.

5. Health and Adult Social Care Overview and Scrutiny Committee – 16 October 2018

5.1 The report was presented to the Health and Adult Social Care Overview and Scrutiny Committee on 16 October. The Committee commented as follows:

5.2 The draft Adult Mental Health Strategy had been jointly developed by Medway NHS Clinical Commissioning Group and Medway Council. The development of the Strategy was important in view of the prevalence of mental health issues amongst the population, the increasing population and an increasing

severity of need. The Strategy set out the case for change based on a needs analysis undertaken by the Council and feedback from stakeholders. The key focus of the Strategy was on the strengthening of preventative services. This included providing high quality responsive services to support people in crisis and supporting people to live well and manage conditions. The Strategy highlighted the importance of developing mental health services as part of the development of the Medway Model and ensuring that mental health is given the same priority as physical health services as part of development of local care services.

5.3 Members of the Committee asked a number of questions which were responded to as follows:

5.3.1 **Factors affecting mental health** – A Member highlighted a number of contributory factors that could lead to poor mental health, such as homelessness, unemployment, housing difficulties, relationship problems and debt and emphasised that mental health was a wider social issue than just being health specific. The Member was concerned whether there were sufficient resources available locally to tackle the challenge. The Head of Mental Health Commissioning at the CCG agreed that mental health was a wider concern than just being a health problem. The aim was to ensure the provision of adequate community services as well as acute services. One aim of the Strategy would be to increase the number of people seen by Medway Talking Therapies. Currently, 19.8% of people diagnosed with depression accessed the service. The 2021 target was for this to increase to 25%. Funding for services was challenging with the aim being to find new ways of providing services.

5.3.2 Grant funding had been used to support homeless people with mental health problems. This saw a social worker spending half their time working with homeless people to help them access mental health services. The charity Porchlight now employed two employment advisors specifically for Medway using grant funding, while the Meghan Community Interest Company offered peer support.

5.3.3 **Local Plan** – In view of the forecast population increase in Medway, a Member asked whether information from the Strategy would be included in the Medway Local Plan. It was confirmed that the CCG was working closely with the Council in the development of the Local Plan and to ensure that the correct health services were available once the Local Plan was agreed. The Council's Local Plan lead officer had attended several CCG events in advance of production of draft Local Plan and had been fully involved in providing information to support Plan development.

5.3.4 **Increasing demand for services** – It was confirmed that the increased demand for mental health services was due to a combination of better diagnosis and an increasing local population. People were becoming more aware of mental health issues and the link between good mental and physical health and were becoming more prepared to talk about mental health issues.

5.3.5 **Referral and Communications Challenges** – A Member highlighted the difficulty that people could face in getting a referral for mental health treatment due to high thresholds, that GPs did not always have adequate information to facilitate an effective referral and the risk of relapse once support ended. The

Member noted that a number of Committee Members had visited the Kent and Medway Partnership Trust (KMPT) Benchley Unit, which treated people with a personality disorder. It was clear that progress was being made in terms of provision for the most seriously affected people.

5.3.6 The Head of Mental Health Commissioning said that funding for mental health provision was being increased year on year with there being £1million extra available in the current year. Funding was determined as part of a ten year long term plan. Funding was provided for investment in specific areas to ensure it was spent on the intended activity. There was a lack of knowledge of the mental health services available and how to access them. Care Navigators would be working with GPs to help address this and ensure that the GPs were aware of the services available.

5.3.7 **Mental impact of physical injury** – A Member asked what work was being undertaken to help patients who had suffered physical injury with any resulting mental trauma. The Committee was advised that the CCG worked with Medway Foundation Trust and the hospital's liaison service. However, it was unlikely that a patient would be referred to the liaison service unless a mental health need had been identified at the time of treatment. This would be discussed further with the liaison service. Work was also being undertaken to better understand the needs of people who frequently attend Accident and Emergency, particularly from a mental health perspective.

5.3.8 **Mental Health Model and Three Conversations** – A Member asked for an explanation of what a diagram of the proposed Mental Health Model contained in the report and also how staff were being prepared for the implementation of the Three Conversations approach within Adult Social Care. It was confirmed that the diagram in the report indicated how people would be supported. The circles at the centre of the diagram showed the support that people would access most frequently while the outer circles indicated services that would be accessed less frequently as the aim would be for successful intervention to have occurred before the person's health reached crisis point.

5.3.9 The Three Conversations Model had been implemented in Adult Social Care over the previous eighteen months and had gradually been extended to cover the whole service. The Committee had previously been provided updates on progress. It was acknowledged that traditional approaches towards social care, such as assessing the needs of a person and then identifying an appropriate package of care to support this need did not always work effectively for someone with mental health needs. Three Conversations considered how people could be better supported on an ongoing basis. Discussions were taking place with the CCG and other partners to consider how to embed Three Conversations across the healthcare system. It was noted that the Community Support Outreach Team supported people following a crisis or episode of mental health difficulties. This included working with people to provide support and help them to gain access to appropriate services and help avoid the need for long term support.

5.3.10 **Continuity of care** – A Member emphasised that this was crucial in the diagnosis and treatment of a mental health problem. It was acknowledged that ensuring continuity of care from GPs was a challenge. The Committee was informed that efforts were made to ensure that a patient had the same care

co-ordinator throughout their mental health treatment and that work was taking place within the crisis and home treatment teams to look at how continuity of care could be ensured. This was challenging in a 24/7 service. The age at which those who had received services as a child could continue to be treated before transitioning to adult services was now 25 which helped to facilitate a smoother transition.

5.3.11 **Safeguarding** – A Committee Member highlighted that safeguarding concerns raised about people with primary mental health needs that had progressed to a full enquiry had increased from 14 in a year to 16, which was a significant percentage increase. The Assistant Director of Adult Social Care said that the increase highlighted the increasing awareness of the importance of safeguarding and that the increase could therefore be considered to be positive. A Safeguarding Awareness week had recently been held, jointly with Kent County Council, with the theme having been exploitation and social isolation. The Director of People – Children and Adults Services added that one area of growing awareness in relation to safeguarding was self-neglect and it was anticipated that referrals for adults with long term mental health needs would increase further.

5.4 The Committee commented on the draft strategy prior to its consideration by the Health and Wellbeing Board and presentation to Cabinet for approval.

6. Risk management

6.1 A Diversity Impact Assessment is included at Appendix 2.

6.2 The Strategy is not requiring additional financial investment but seeking to improve ways of working by:

- Focusing on early intervention and preventing Medway residents from developing significant mental health problems.
- Ensuring that when people do need help that they can access the appropriate intervention quickly; services are of the highest possible quality and will proactively support people to recover and remain well.
- Recognising the need for services to be integrated and work together to deliver high quality services close to home.

6.3 Failing to do so poses a risk of increasing burden on acute services and long term packages of care.

7. Consultation

7.1 A range of workshops were held to capture feedback from stakeholders including people with mental health needs. Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was compiled using the feedback from the workshop telling us what local people think about mental health services in Medway.

8. Financial implications

- 8.1 There are no financial implications for Medway Council arising directly from this report although implementation of the Strategy would need to be done within existing resources.

9. Legal implications

- 9.1 There are no legal implications for Medway Council arising directly from this report.

10. Recommendation

- 10.1 The Health and Wellbeing Board is asked to comment on the draft Strategy prior to its presentation to Cabinet for approval.

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Appendices

Appendix 1 - Medway Adult Mental Health Strategy 2017 to 2022

Appendix 2 – Diversity Risk Assessment

Background papers

None