SUMMARY

Introduction and Strategic Context

Mental health is becoming increasingly recognised as just as integral to general health and well-being as is physical health. The experience of mental health problems of one sort or another, whether mild or severe, short-lived or enduring, is widespread and common.

This Commissioning Strategy sets out how local services should be developed in the context of national policies and best practice, to help support and treat adults in East Sussex who experience these problems.

The strategic context for the Strategy is set by national policies, principally the National Service Framework for Mental Health and its 5-year update, which acknowledged the progress made in developing specialist services for severe and enduring mental health problems, whilst highlighting the need to improve mental health promotion and widen access to psychological therapies, and develop more mental health services in primary care.

These shifts also echo mainstream policies in particular ‘Our Health, Our Care, Our Say’ and ‘Putting People First’ in emphasising prevention and early intervention, the active management of long term conditions, and extending greater choice to service users to participate in how their care is delivered. Support with employment, housing and developing social networks are therefore expected to become increasingly important aspects of mental health services.

Bringing about these changes will be underpinned by the evolution and influence of practice based commissioning, and improvements in contracting arrangements between commissioners and providers particularly Foundation Trusts, and the contestability of services through tendering.

Through local consultations with stakeholders including service users, carers and voluntary sector organisations, widespread support has been found for these policies and their relevance to East Sussex, providing us with confidence that they can be implemented.

Needs Assessment

A population based assessment of mental health needs in East Sussex has been undertaken, which uses the relationship between deprivation and vulnerability to indicate where mental health problems are likely to be most prevalent, and research to estimate the numbers of people likely to be experiencing different sorts of mental health problems. These vary from mild to moderate neurotic disorders such as depression, to more severe and less common disorders such as schizophrenia and personality disorders.

Results suggest wide variations, and that the greatest needs are likely to exist in Hastings, Bexhill and Eastbourne, with pockets of high need in some more rural areas. It also confirms that neurotic disorders are indeed very common, with a prevalence rate approaching 20% of the population.

This analysis helps us to compare where we might expect to see varying levels and types of needs arising, and whether existing services are in the right place and of the right sort to respond to them.

Models of Best Practice

A review of what interventions are effective in addressing different mental health problems, is also important to enable comparisons to be made with existing services, and this is done based on research published by the National Institute for Health and Clinical Excellence and other organisations.

Results suggest that practical as well as emotional support is vital to maintain stability and build resilience, which can prevent stressful events and circumstances leading to mental health problems developing. Psychological therapies have been shown to be effective in the treatment of nearly all neurotic disorders.

Treatment with medication allied with good care planning, co-ordination and review by specialist mental health services, if underpinned by practical support to ensure stability and opportunities for education, employment and social networks, mean recovery from severe mental health problems is possible, and fulfilling lives can be led by those who experience them.

And for those with less common problems such as eating disorders, personality disorders, peri-natal conditions and dual diagnoses, there is now better evidence for effective treatments that can be developed more locally than might previously have been the case.

New Sorts of Care Pathway

Having identified the extent and distribution of mental health needs and what interventions are effective in addressing them, the challenge then arises as to the best way to organise staff within an integrated service system that makes the most of their skills, by ensuring they are available in the right place at the right time.

This involves being clear about what is needed along successive stages in a ‘care pathway’, from prevention of problems occurring at all, or early intervention to prevent deterioration, to responding to crisis and managing risk, through to recovery and reinstating stability and a sustainable more resilient lifestyle.

At each stage different services will be required, and there must be clarity about what these can and do aim to achieve, and ease of movement through transfers between professionals and organisations providing services, to ensure they remain relevant and most appropriate to what is needed at that time.

A ‘model’ service system is therefore set out that proposes a ‘stepped approach’ to the organisation of services, with increasingly more specialist mental health services being available at each step up. It is based on the principle that services should be proportionate to needs and only if these can not be met at a particular level should people ‘step-up’ to the next. These broadly correspond to successive stages in the care pathway.

Review of Existing Services and Gap Analysis

As our ‘model’ service system represents an ‘ideal’ for organising services to address mental health needs in the right place, at the right time, making best use of available resources, it enables us to compare whether there are any gaps in how existing services are being provided, and whether resources should be redeployed to different stages in the care pathway.

A summary of existing services and our gap analysis is provided below in relation to successive stages in the care pathway.

- **Promoting Mental Health and Well-being**

We are referring here to services for people who may have generally quite good mental health but may also be at some risk of developing particular problems, perhaps because of their vulnerabilities and / or their circumstances, which may be inherently stressful or at risk. They aim to increase resilience and help address practical problems as well as emotional difficulties to reduce the risk of becoming ill, as well as ways of identifying people who have early symptoms of problems that can be treated to reduce that risk.

We found there are many mainstream, often small providers of information and advice, but there are difficulties in ensuring this is consistent and able to accurately sign-post people to the help they may need. Where more specialist voluntary organisations exist these are patchy and different across East Sussex.

Where there is open access to voluntary sector provided mental health services, particularly day services that provide peer support, self-directed care, counselling and so on, these tend to focus on people who have long been in contact with the mental health system, and are limited in how approachable they are to others for whom they could otherwise provide a more preventative service. This is to be tackled by the implementation of a recently completed day and vocational services review, which has recommended ways to make them more accessible.

Similarly, support with housing for people with mental health problems is still largely tied up with the legacy of dedicated supported housing accommodation, rather than providing more flexible, floating support to people regardless of the housing they occupy. These issues are to be addressed through the implementation of the 'supporting people' strategy that will involve detaching support services from specific housing schemes, and commissioning more flexible, floating support services.

- **Initial Treatment and Prevention of Deterioration**

We are referring here to services for people who have already developed particular illnesses or problems that we can prevent or delay from getting any worse. Early intervention describes the ability of services to focus on making sure that risk of deterioration or an emergency happening are minimised, by the provision of often relatively simple and short term treatment like psychological therapies, support or advice. This will also often involve supporting friends or family who can help the individual concerned.

Sussex Partnership Trust provide mental health in primary care services as a single point of access for GPs to refer people they are concerned about. Their roles include sign-posting people for information and advice and to local voluntary sector services, (as above), and provide limited short-term psychological therapies including group work. In making their assessments of need they may also determine if it is necessary to refer people on to specialist mental health services.

Whilst the development of these mental health in primary care services has begun to address the need to do more at this stage in the care pathway, and has resulted in a large reduction in referrals to specialist mental health services, it is less clear they have sufficient resources to meet the needs of potentially large numbers of people, who do not qualify to 'step-up' to more specialist Trust services.

In particular, greater access to psychological therapies in primary care will be required to address the proportion of people with common mental health problems who, research suggests, will need more that conventional primary care can provide, but who are inappropriate for specialist services. This will be done by exploring a number of actions including enhanced training, access to national funds, rationalising primary care counselling services, and the redeployment of resources from their current provision within specialist Trust services.

The development and implementation of a new vision for mental health in primary care services will be a major piece of work, and will require the engagement of GPs and other stakeholders to determine in detail what they should do, for whom, and what staff and skills will be required to make them effective.

- **Addressing Immediate Risk and Serious Illness**

We are referring here to services for when people actually present in crisis or with severe symptoms that may threaten their safety, and whose circumstances give rise to an immediate need for specialist help from mental health service professionals. Emergency admissions to hospital may sometimes be appropriate here, but alternatives such as home treatment, should also be available. Additional help to a carer may also be important to prevent the situation deteriorating and becoming dangerous.

Referral rates to specialist community mental health teams have reduced by two thirds since the introduction of mental health in primary care teams, with caseloads also reducing by one fifth. This suggests that primarily through reduced demands for assessment activity, they will have developed a greater focus on people with serious mental illness. New teams are also in place to manage people with complex needs who at risk of disengagement from services, together with Crisis Resolution and Home Treatment (CRHT) teams that provide home based alternatives to hospital admission.

Rates of hospital admission are higher in the East Sussex Downs and Weald (ESDW) area, though occupied bed days are higher in Hastings and Rother, due to there being longer lengths of stay when people are admitted. At the same time there is more home treatment being provided in Hastings and Rother relative to the numbers of hospital admissions, suggesting there may be scope for increasing home treatment as an alternative to admission in the ESDW area, and reducing the need for in-patient beds.

- **Regaining Good Mental Health**

We are referring here to services for people whose immediate need for help or treatment has been addressed, their symptoms have been controlled, and any immediate risk to safety has passed. They are then ready to benefit from the sorts of care, support or treatment that will help them recover from what has happened. Services which aim to help aid people’s recovery could include psychological therapies, guidance on managing activities of daily living, and opportunities to discuss experiences, and develop social links with groups of people who have experienced similar problems, without feeling they’re being judged.

Whilst there should always be clarity about how to re-access specialist services, it is likely that during this period a greater role will be played by less specialist services, in encouraging opportunities to regain whatever level of independence is possible and desirable. At the same time support, information and advice for any carer involved will also assist the process of recovery.

With reductions in referral rates to specialist services enabling a greater focus on serious mental illness and complex roads to recovery, it might be expected there would be a corresponding and consistent pattern of changes in lengths of stay on CMHT caseloads. That we did not find such a pattern, nor one that could be related to variations in the expected needs of populations served by teams, suggests there may be significant variations in the quality of care management, review and discharge arrangements in practice.

There is some evidence to support this suggestion in the Trust's audit of the Care Programme Approach (CPA), and in the high levels of spending on residential care relative to community care packages. We will therefore look in more detail at how well specialist multi-disciplinary teams are working, and at standards for how long people stay on caseloads before their recovery enables their transfer back to primary care and other services.

Insofar as such transfers will be dependent at least in part, on the availability and readiness of other services to pick people up, and provide on-going support and practical help, we will also need to ensure these are sufficient and consistent across East Sussex.

- **Getting Your Life Back**

We are referring here to services for people who have on-going needs for care, support and treatment, which may continue for a long time or possibly the rest of their lives. Mental health services will help to maintain their mental health and well-being, but there will also need to be a much greater focus on providing opportunities (when they are ready to be taken), to pursue meaningful day time activities, leisure, education, and unpaid voluntary or paid employment. Assistance as necessary with benefits, housing and transport should also be provided.

In considering these services we have come 'full-circle' in the care pathway, as many provide the same things as are needed to build resilience that can prevent mental health problems developing in the first place, although here they are about preventing their recurrence.

Day and vocational services that provide social support and opportunities to rebuild confidence, through engagement in individually meaningful activities as well to return to paid employment will therefore be critical here, and they will be improved through the implementation of the review referred to above. Similarly, the more flexible ways of providing support with housing (also referred to earlier), will have an important role to play.

In helping people get their lives back after experiencing mental health problems, greater individual choice over what will work and be of benefit to them, are key areas for developing how health and social care services are to be delivered in the future. As these are likely to involve encouraging more self-care and maintaining a resilient, healthy lifestyle, such developments can be seen as similar to mainstream developments for the management of other long term conditions, like diabetes.

We will therefore be considering creating a new role of ‘care pathway facilitator’ to act both as a service user advocate and intermediary between specialist, primary and community services, who:

> “would help the individual identify their needs and how they want these to be met, and then act as a liaison point between various agencies to ensure this [was] acted on. Their role would be comparable with the existing care co-ordinator role but much broader, freeing up clinical staff to focus on their core roles in providing health and social care.” [Sainsbury Centre for Mental Health].

Market Analysis

The development of our ‘model’ service system will involve harnessing the contributions of different staff and skills, currently working in services provided by a range of organisations in different ‘sectors’. These include the voluntary sector, Adult Social Care services, GPs in ‘primary care’, and NHS Trusts in ‘secondary care’. We have therefore undertaken a brief assessment of their strengths and weaknesses, and indicated how their roles and responsibilities could be changed in the future through the process of commissioning.

We would anticipate for example, a greater role for the voluntary and primary care sectors in promoting mental health and well-being, and the prevention of deterioration, with NHS Trusts increasingly to focus on people with serious mental illness and the multi-disciplinary management of risk. The role of Adult Social Care services may also evolve and increasingly focus on promoting individual choice, and managing transitions between specialist and mainstream services.

Action Plans / Governance and Accountability Arrangements

A summary of the actions identified in our review of existing services and gap analysis is provided, which will be developed in to more detailed implementation plans. Arrangements for monitoring progress against these implementation plans are also described, and will continue to involve a wide range of stakeholders who have been involved in the development of this strategy.