

Health and Wellbeing Strategy Outcome 4 - People with Mental Ill Health Issues are supported to 'Live Well' - UPDATE

Ian Ayres - 20 November 2013

Patient focused
Providing quality,
improving outcomes

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To: Health & Wellbeing Board

Date: 20 November 2013

Subject: Health and Wellbeing Strategy Outcome 4 - People with Mental Ill
Health Issues are supported to 'Live Well' - UPDATE

Classification: Unrestricted

Summary: To provide an update on progress for the Health and Wellbeing Board
on the Kent Joint Health and Well Being Strategy - Outcome 4 – People
with Mental Ill Health Issues are supported to 'Live Well'

1. BACKGROUND

1. Mental health is affected by issues in the environments we live in, including crime and the perception of crime; proximity to green spaces; housing; unemployment; debt & income levels; the quality of employment for those who do have work; the ability to live independently & autonomously and the freedom from pain and ill health
2. The Kent Joint Health and Well Being Strategy establishes the vision of how Mental Health Services should be designed and commissioned, responding to local need and accessible to all.
3. This has focused Health Commissioners to work with key partners within the Local Authority and stakeholders to transform how Mental Health Services are being delivered; moving away from the traditional hospital based setting and work towards a responsive service that will support people with mental health to live well in their own community.

4. Health Commissioners have capitalised on this opportunity through innovation to ensure care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and that human rights are protected.
5. CCGs now know more than ever before about the caseload mix of people with serious mental illness in Kent.
6. In March 2012/13 there were approximately 4815 adults in contact with secondary care services in East Kent of whom 2005 were more complex cases.
7. In West Kent, there were 3814 adults aged 18-64 in contact with secondary care services in March 2012/13 of which 1603 were more complex.
8. There were 3962 people over 65 on secondary care caseloads in East Kent and 2385 in West Kent in March 2012/13.
9. Therefore any commissioned Mental Health Services must continue to work towards
 - Improving rates of recognition and diagnosis in Kent and getting people into the right services when they need them;
 - Ensuring more people with mental ill health are recovering;
 - Ensuring more people with mental ill health have good physical health; as identified in the strategy.

2. PROGRESS TOWARDS OUTCOME 4 OF THE STRATEGY

(A)Strategic Measure – Improving rates of recognition and diagnosis in Kent and getting people into the right services

www.liveitwell.org.uk

Developed in partnership with Kent County Council to provide the public, GPs and other clinicians in Kent with help to maintain their wellbeing and quickly find support and information when needed.

Functionality includes a personal support handbook which visitors can create online. Live it Well promotes the 5 evidence based ways to wellbeing and provides practical help.

The information is designed to help early recognition of mental ill health and enable patients and their families to access support to improve their quality of life. Peer support, information on health and social care services including financial support and employment services and other resources to keep well and how to access them are provided as well as information for Carers. Visitors can also access a live online support service.

ACTIVITY TO DATE

During April-June of this year 5444 people visited the Live it Well website compared to 1445 in the same period 2010.

Improving Access to Psychological Talking Therapy in Primary Care

Primary care psychological therapies are available through self-referral or GP referral to offer treatment for people with common mental health disorders such as anxiety or depression

Investment in primary care psychological therapy in Kent has **risen from £1.8 million** in 2009/10 **to £6 million** in 2012/13. In 2010 there were **5663** referrals to primary care talking therapy in Kent compared **to 25560** in 12/13. A 78% increase within 3 years.

As of 2012/13 Patients have an improved choice of ten providers and therapies through the Any Qualified Provider Framework.

During 2013/14 **31,855** referrals to primary care talking therapy are expected across Kent of which 25,484 should enter treatment.

ACTIVITY TO DATE

Recovery rates in Kent are better than the England average with all CCG areas achieving or near the 50% target apart from Thanet where cases are more complex.

Mental Health Matters Helpline

Mental Health Matters helpline is now available 24 hours a day, 365 days a year. People feeling distressed, anxious, or down, are able to call the Mental Health Matters helpline on 0800 107 0160, round the clock.

Support workers at the helpline use counselling skills to provide confidential emotional support and guidance, free of charge. They also have details of local and national support services.

ACTIVITY TO DATE

There were 3963 calls made to the helpline between April and June 2013 compared to 2078 in the same period of 2011. This is a 47% increase over 2 years.

Primary care mental health workers – pilot project

To provide specialist care to people with stable long term mental health conditions who would otherwise be in need of secondary care services.

This project is delivered within the GP community setting, which provides opportunity to work with patients in improving their physical health and well being.

This might include smoking cessation, weight management, tackling malnutrition, drug and alcohol misuse. In East Kent there are 7 and DGS and Swale there are 4 and more planned for next year.

ACTIVITY TO DATE

Evaluation of the pilot is scheduled to be completed by quarter 4 of this financial year.

Community Link Workers

A new community support scheme for patients with Mental Health conditions that are living independently is in the implementation phase across CCGs.

Community Link Workers, work closely with GPs to help identify practical solutions to issues such as housing, access to benefit and employment.

ACTIVITY TO DATE

Evaluation of the pilot is scheduled to be completed by quarter 4 of this financial year.

Liaison Psychiatry Services based in Acute General Hospitals

The role of these services is to prevent unnecessary admissions and reduce length of stays for patients with a mental illness in Acute Hospital.

ACTIVITY TO DATE

There was a 20% reduction in the number of people known to secondary care mental health services who attend Emergency Departments at Acute General Hospitals with no physical medical need during 2012/13

By Q1 of this financial year, 668 people in Kent were seen by Liaison services in Acute General Hospitals.

Early Intervention in Psychosis

This scheme provides systemic support to young people and their families to maintain employment, education and socially inclusive activities to prevent admission to more formal mental health services.

ACTIVITY TO DATE

168 new cases will receive intensive interventions during 2013/14 in Kent.

Crisis Home Treatment Services

Provide interventions and support to treat people in their own homes and prevent admission to mental health acute inpatient hospitals unless required.

ACTIVITY TO DATE

2390 referrals were received by Crisis Home Treatment services in Q1 2013/14 in Kent.

(B)Strategic Measure – Ensuring more people with mental health are recovering

Recovery-oriented services

Commissioners are working with providers to support people to build lives for themselves outside of mental health services 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-oriented. A transformation programme is underway to embed recovery-orientated practice in Kent. Progress has been made, however there is more to do to ensure that the workforce is available to provide the care needed.

Part of this area of improvement is to embed the use of clinical outcome measures such as the Recovery Star and Health of the nation outcome scores. This will provide information on the progress of people towards the aims they have agreed themselves in their personal care plans.

ACTIVITY TO DATE

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.

(C)Strategic Measure – Ensuring more people with mental 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).

Whilst there has been some improvement in the monitoring of physical health in secondary care services more work is required to improve the communication between secondary and primary care. 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.

ACTIVITY TO DATE

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 in secondary care community services.

An innovation scheme to improve the measure of nutrition, swallowing assessments and appropriate interventions for people with severe dementia has been introduced in 2013/14 for people receiving secondary care.

3. AREAS OF FOCUS FOR MENTAL HEALTH COMMISSIONING IN 14/15

Health Commissioners will continue to:

- Promote independence and ensure the right care and support is available to prevent crisis.
- Build skills and teams to enhance psychiatric and psychological care
- One point of access 24 hours 7 days a week for urgent advice or assessment.
- Improve interagency working, particularly police, acute trust, GP and social care.
- Ensure that all people with a significant mental health concern or their carers can access a local crisis response service at any time
- Whole system working to serve the needs of people with long term physical conditions and medically unexplained symptoms
- Improve communication between primary and secondary care leading to better physical health care, intervention and monitoring.

- Embed recovery orientated practice engaging with the patient to ensure they are consulted and agree their own care plan
- Enhance recovery care and communication with general practice during recovery and discharge period.
- Increase the employment rate among people under the care of secondary mental health services.

4. RECOMMENDATIONS

For the Board to note the report.