

South West London and St. George's

Mental Health NHS Trust

Sutton Health & Wellbeing Committee – 7.5.09

Service Provision Paper

This paper has been developed with a very specific focus on working age adult mental health services in Sutton. We would be happy to work with councillors at a subsequent stage on Child & Adolescent Mental Health; Mental Health for Older People (National Dementia Strategy published in 2009); Drug and Alcohol Services; or in respect of the regional/national mental health services provided within the Trust.

The key issues are reflected within a Sutton Mental Health Business Plan and summarized within the Sutton Mental Health Action Plan (see appendix) which has been jointly agreed by LBS, SWL&StG and S&M PCT to identify and progress the significant issues in a coordinated manner. This has been presented and approved by the Sutton Health Liaison Meeting and progress monitored on a quarterly basis through the Joint Executive Commissioning Group.

1 Performance and Service Development Issues

1.1 National Service Framework – Until April, 2008, Sutton (and Merton) were significantly under-achieving against the key Mental National Service Framework(1999) targets of Early Intervention Service (EIS) caseload and Crisis and Home Treatment (C&HT) completed episodes – this was due to those respective services having insufficient capacity. A root and branch review of S&M adult community services took place throughout 2007.08 and a new model implemented from April'08. This model has met the key targets of:

- EIS caseload – 170 (S&M)
- C&HT home treatment episodes – 755 (S&M)

A particular impact of this is Sutton has been a greater capacity to manage acute crisis in the community and thus a reduction (10%+) in the demand for in-patient beds. This has enabled the demand for in-patient beds to be absorbed within Sutton Hospital, where previously a significant proportion of Sutton admissions 'overflowed' into other Trust hospital sites as beds were full.

This remodelling of the service enabled within the existing financial envelope and therefore achieved through the reduction of one community mental health team. Ongoing work is taking place with primary care to ensure the principle that service users receive the

appropriate treatment in the least restrictive manner, consequent to their needs.

1.2 Patient Survey – The National Patient Survey is undertaken by the Healthcare Commission and is a very important measure in measuring a Trust's performance. Following some very disappointing survey results in 2005 (bottom 20% of MH Trusts), SWL&StG have been national leaders in developing Recovery as the underpinning philosophy of service delivery. This focus has been welcomed by our service users, and has contributed to the Trust moving into the top 20% of MH Trusts nationally, and the best performing London MH Trust, as judged by the patient survey.

Our internal Sutton service user survey for 2008 have just been reported and benchmarks very consistently with average levels within the National Patient User Survey. A particular local factor was the review of Sutton mental health services over 2007/08 which resulted in a reconfiguration of services, and many service users being transferred between teams. This would naturally cause some anxiety with service users and detriment their overall perception of satisfaction with services. The 2008 survey thus provides a platform for individual teams and services to review their own performance, and to aspire to achievable improvement over the next 12 months. This process is currently being collated, and action plans developed which will be monitored through the directorate governance structure.

1.3 Local Authority Indicators – As an integrated mental health and social care service, SWL&StG are responsible for performance against key social care indicators:

Direct Payments – there are currently 11 direct payments packages approved, and this is an area that we will work on to improve. We have jointly reviewed and rationalized the process, and are aiming for significantly higher performance in this area.

Helping People to Live at Home – this remains constant at 2.3%

Safeguarding – There is a very high level of safeguarding awareness in Sutton mental health services with 36 investigations undertaken in 2008.09 – this is the highest of any of the five boroughs within the Trust.

Mental Health Act 2008 – the new Mental Health Act was implemented without incident from November, 2008.

2 Recent Changes to Provision

Given recent concerns expressed by stakeholders, it is important to give a background to services that have changed over the last six years and may be perceived as closures:

Ascot Ward – Psychiatric Intensive Care Unit (PICU). This service was incorporated within the Trust's two ward 17 bedded psychiatric intensive care unit provision across the sector in 2003. The rationale for its closure was that there was insufficient need for a Sutton specific

service. Sutton uses @ 2 beds/year on average, and service users are admitted into SWL&StG PICU services on clinical need i.e. there is no waiting list.

Chiltern Day Hospital – this service was incorporated within the more community orientated Cheam and Wallington Resource Centres in 2004/05. The rationale for this was a duplication of services, and that the functions of Chiltern Day Hospital and the needs of its service users would be better met in more community orientated settings.

Stepping Stones – this was a Tier 4 residential unit for children aged 4-11 with mental health need covering South West London and beyond. It closed in 2005 following a public consultation, as there had been insufficient referrals and therefore income to cover its costs – only one Sutton and Merton child had been admitted within the previous 3 years. This has also coincided with a period of significant investment in Child and Adolescent Mental Health Services (CAMHS) which has further developed improved the capacity of community based services to treat the child/adolescent within the context of his/her family and school. Sutton and Merton PCT retain the capacity to commission Tier 4 placements on an individual basis.

Malvern Ward – this was an older person's continuing care ward which did not meet the Healthcare Commission standards on privacy and dignity and was closed in Sept'08 following public consultation. The needs of all service users were rigorously assessed, and they were placed in appropriate nursing or residential care. That continuing care needs are met within more individualised and 'homely' third sector placements rather than within the NHS, is representative of the national picture. An additional Challenging Behavior Team, with a role to support residential and nursing homes to manage this client group, was set up within this process – it is of note that this is precisely the type of service now recommended within the National Dementia Strategy.

4 Elm Avenue/Mayfield House – these were in-patient wards for people with a dual diagnosis of mental health and learning disabilities across South West London. This service was re-modelled in 2006/07 with the significant enhancement of the Community Mental Health Learning Disability Teams (borough-based) and the re-location of this service from Orchard Hill to modern facilities at Tolworth Hospital. Sutton and Merton PCT's commissioned in-patient need (5.5 beds/year) is met within this service.

2.1. Adult Service Review – see section 1.1

2.2 Psychological Therapies in Primary Care (PTiPC) – this psychology based service commenced in 2006, and investment levels doubled to £1.2M in 2008 due to the unforeseen demand for the service. The local provision in Sutton is split between two providers – SWL&StG and the Priory. This extra investment has enabled a significantly improved performance with SWL&StG measures for 3,000 (S&M) referrals:

- All referrals assessed within 5 working days

- Treatment commences within 30 working days of referral receipt.
- 50%+ success rate.

S&M PCT and SWL&StG were approved as a second wave site within the national Improving Access to Psychological Therapies (IAPT) programme. This will result in an effective doubling of provision by autumn'09, including the offering psychological interventions for people with long term physical conditions (e.g. stroke, angina, diabetes).

The local service is currently being tendered and the preferred provider will be announced by July'09.

2.3 'Happy Soul' is an Asian and Black film and arts festival exploring mental well-being with BME communities in South West London. The connection of mental health with family shame in many black and minority ethnic (BME) cultures impedes the timely identification of mental ill-health and early access to services – the festival therefore aims to reduce this by exploring mental health in a culturally accessible manner. SWL&StG organize this festival which won the 2008 London Mental Health and Social Care award for community engagement. Happy Soul III extended into Sutton for the first time in 2009 with four events in Sutton over March/April.

3 Current Service Reviews

There is an ongoing need to review services to ensure effective outcomes and value for money – this will become increasingly acute in coming years with reduced public spending levels. Reviews currently taking place are detailed below.

3.1 Sutton Hospital Site – Through service reviews (e.g. Malvern) and the increased capacity of community mental health services, mental health in-patient services at Sutton Hospital are now reduced to three wards:

- Jasper – 30 bedded acute admission for working age adults.
- Horizon – 13 bedded challenging behaviour/rehabilitation for working age adults
- Fox – 14 bedded older people's assessment/treatment ward.

As an in-patient site, this now benchmarks as very small, and presents a number of potential governance issues e.g. site security, managing peaks and troughs in demand, capacity to manage emergencies on a 24/7 basis. SWL&StG and S&M PCT jointly commissioned the Health and Social Care Advisory Service to undertake a review of these governance issues. The report is due to be published in May'09, and both organisations will need to commit to a jointly agreed process to ensure how to best provide safe and effective in-patient services to Sutton residents.

This will also integrate within the process currently being led by the four main PCTs who commission SWL&StG services to review in-patient

provision across the sector. The work from this process is expected to report in autumn'09.

3.2 A&E – a small proportion of 4 hour breaches at E&StH A&E are mental health related. Currently, a mental health service is commissioned within E&StH on a 9-5 basis, and mental health responses outside of these hours are covered by a solitary doctor who also covers the in-patient services at Sutton Hospital. S&M PCT and SWL&StG are currently reviewing this with a view to increasing the mental health service operating within E&StH, and thus minimizing any mental health related breaches.

3.3 Sec.75 Agreement – The adult community mental health services in Sutton are integrated within a Section 31 agreement, which was signed in 2001. SWL&StG and LBS are currently in the process of reviewing and extending this integration through a Sec.75 agreement which proposes that:

- Mental health social workers should transfer their employment from LBS to SWL&StG;
- The integration arrangements should extend to the Older Person's Community Mental Health Team;
- A review of the current arrangements for approving and reviewing community care funded placements.

We are currently working through the infrastructure of this process and planning to sign off this agreement in autumn'09.

4. Planned Service Reviews

4.1 Mental Health Service Model – Whilst the current Sutton mental health service model is consistent with the National Service Framework, this dates back to 1999 and is in need of a refresh. Any future service model must incorporate effective, well governed and recovery-focused community services (where 97% of adult mental health caseload are treated) with in-patient services which are designed and staffed to treat those in particularly acute need or stage of vulnerability. Some early stage scoping work is taking place on this, and it is clear that the key principles of any service model review will be based upon recovery/personalisation of services, and ensuring value for money bearing in mind the expected public finance restrictions over coming years. This process will address both community and in-patient service models in an integrated manner, and we would be happy bring issues back to councillors at an opportune time.

The personalisation of services will involve a move from services (residential placements, day care, home support) currently commissioned through block contracts, to being determined much more so through what individual service users choose to do with the individual budget allocated to them consequent of their assessed needs. This is likely to lead to a much more flexible and individual-sensitive provision and may have implications for both the future social care skill mix in teams and for building-based services (e.g. day

services) currently commissioned where a lot of resource is tied up in building related costs.

In this respect it is of note that Sutton, in having two statutory services run building-based day services is the exception rather than the rule. Both in South West London and nationally, the emphasis of day services is vocational and meeting service user needs through a range of voluntary, educational and employment opportunities rather than through day services. Whilst there are no current plans to change the day service provision, this will need to be an issue for future consideration as the philosophy of service provision evolves.

This focus on individual choice does need to balance against the safety of individuals with mental health needs, their carers and risks to the wider community. Recent legislation, including the Mental Capacity Act, where the individual may not have the capacity to make choices for themselves; and the amended Mental Health Act which allows Community Treatment Orders where significant ongoing risk persists, provide this

5. Specific Issues

5.1 Recession – The likely impact of a recession will entail both job loss and job insecurity. This can lead to a loss of social role which has a direct correlation with ill health – in mental health, this is most likely to manifest itself in increased levels of anxiety and depression. The health aspect is likely to lag behind the economic indicators, and no significant impact has thus been experienced thus to date.

The major health response to this is encompassed within the Government's Improving Access to Psychological Therapies (IAPT) IAPT programme which recognizes anxiety and depression as major root causes of sickness levels and incapacity benefit, and thus prescribes a huge increase in psychological therapies provision, paying for itself in macro-economic terms from the reduction in incapacity benefit which would result from less people needing to claim this. Additional to this, specific employment workers who will assist people to retain and regain employment are included within the specification. The local progress on this is referred to in Sections 2.2 and 5.2.

Within secondary mental health services, employment is addressed through two main processes:

- 'Mainstream' – this organisation won the tender for employment services for people with mental health problems.
- Remploy – SWL&StG have recently commenced a pilot with Remploy whereby employment workers are embedded within CMHTs, and supporting clients back to employment then becomes part of the mainstream business of CMHTs. This pilot works on the national evidence of Individual Placement Schemes and commenced in February - although anecdotally successful, it is too early to judge against the pilot targets.

5.2 Talking Therapies – The majority of psychological therapies are accessed through the PTiPC service (see section 2.2). The SWL&StG service assessed and treated in excess of 3,000 Sutton and Merton residents with anxiety or depression in 2008.09. The main modes of treatment were Cognitive Behavioural Therapy (CBT) and Inter Personal Psychotherapy (IPT). These are provided both on an individual and group basis.

The IAPT process will increase the capacity of the service to 7,000 referrals in 2009.10 (extending to 9,000 by 2011.12) across Sutton and Merton and widen the scope of therapies offered to include counselling for depression and family therapy.

Whilst talking as a therapy is the core treatment in all mental health services, access to formal psychotherapies is more limited in secondary mental health services. A psychologist works in each adult team and has a primary focus on treatment of people with personality disorder, and delivering (normally) CBT/IPT based therapies for people with resistant depression, schizophrenia and bi-polar disorders. SWL&StG also operate the Service User Network, a national pilot Tier 1 personality disorder service, and a specialist Tier 3 personality disorder service across Wandsworth, Merton and Sutton.

Family therapy is available through the Sutton Family Therapy Service, and psychodynamic psychotherapy and arts therapies through the Psychotherapy Department – all based at Sutton Hospital. The Behavioral Cognitive Psychotherapy and Eating Disorder services have also been re-modelled in recent years to provide therapists working on a borough basis, both seeing complex patients directly, and developing the skills of mainstream workers in primary and secondary care to identify and treat these conditions.

5.3 Changes to In-Patient Provision – Recent changes to in-patient provision affecting Sutton residents include:

2005 – Closure of Stepping Stones (based on Sutton site) as a specialist Tier 4 residential unit for children 4-11 with mental health problems. This was due to very low referral rates, and S&M PCT has the capacity to commission placements elsewhere on a case by case basis.

2007/08 – Closure of Franklin and Malvern older person's continuing care services. These services are re-provided on an individual basis within nursing and residential homes. This is consistent with the national model where the needs of continuing care clients can be met on a more personalized manner within the third sector. A Challenging Behavior Service has now been set up to assist the treatment of older people with challenging behaviors in these environments.

2008/09 – Temporary closure of Henderson Hospital, Tier 4 Personality Disorder Service covering South of England pending consultation. S&M PCT

retains the capacity to commission placements elsewhere on a case by case basis.

The core mental health in-patient provision remains unchanged:

Jasper Ward – 30 bedded acute admission ward for working age adults.

Horizon Ward – 13 bedded rehabilitation/challenging behaviour.

Fox Ward – 14 bedded assessment/treatment ward for older adults with mental health needs.

Future provision will be determined through the processes described in sections 3.1 and 4.1.

SWL&StG offer access to a range of specialist tertiary mental health services (e.g. Forensic, Eating Disorders, CAMHS Tier 4 (11-17), Obsessive Compulsive Disorders)

5.4 Long term Conditions – There is increasing evidence of the psychological needs of people with long-term physical conditions (angina, COPD, diabetes, strokes) and in medically unexplained symptoms. SWL&StG is very keen to work with potential partners both to explore the health benefits, and potential cost benefits on an invest-to-save basis. Both nationally and locally, work is at an early stage, but SWL&StG is working with a Merton Practice Based Commissioning Group on a pilot to deliver psychological interventions for people with COPD – this is proving popular with GPs and service users, and we are in the process of formally evaluating the project. Early discussions are also taking place in Merton regarding collaboration around angina and strokes.

Psychological interventions for people with long-term physical conditions is also recognized as an issue to be addressed within IAPT, and the SWL&StG tender submission details plans as to how this may be addressed.

SWL&StG are also working closely with S&M PCT within the Better Healthcare Closer to Home programme to co-locate community mental health services with primary care services in Local Care Centres. This co-location is consistent with Lord Darzi's polyclinic model will serve to de-stigmatise mental health provision; and improve the joint meeting of physical and mental health care needs. This should enable not only an improvement in the psychological care aspects of long term physical conditions, but also the physical health care needs of people with mental health needs. The latter is a particular area of health inequality, given that people with severe and enduring mental health needs have a life expectancy of ten years less than the population average – mainly due to poor diets, high smoking levels and lack of physical exercise.

6 Conclusion

As with all other areas of health and social care, mental health provision has changed significantly over the last five years, and will need to change significantly over the next five. This paper has tried to pull out the key themes:

- The improvement of mental health provision in primary care, particularly through the IAPT programme.
- The specialist mental health service model needing to be reviewed within the principles of Recovery and Transforming Social Care that puts the service user at the centre and challenges service provision to be flexible around his/her needs.
- The co-existence of mental health and physical health needs and the need for more flexible service models to address this.
- The right balance of community and in-patient provision and potential impact of this on the number and location of future in-patient sites.
- The need for services to demonstrate value for money and continue to be affordable in the future.

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