

**HEALTH AND WELLBEING SCRUTINY COMMITTEE****7 MAY 2009****BACKGROUND BRIEFING ON MENTAL HEALTH: WHO DOES WHAT?****Summary**

This paper is designed to help the Health and Wellbeing Scrutiny Committee navigate how mental health services are delivered in the borough. Its three main aims are (i) to survey the landscape of commissioning and provision; (ii) to provide summary of previous scrutiny of mental health issues by this committee and its predecessors; and (iii) to provide guidance on the scope of the meeting.

The main points to note about the **landscape of provision** are:

- (i) Sutton and Merton PCT (SMPCT) and London Borough of Sutton (LBS) Commission services;
- (ii) the South West London and St George's Mental Health Trust (MHT), LBS, private providers and the third sector deliver services;
- (iii) some mental health provision is provided in specific facilities but the majority of residents access mental health services in the community;
- (iv) some of the community services accessed are major mental health interventions that may in the past have been delivered in an institutional setting;
- (v) Many of the complex issues in mental health concern the types of services provided to residents who need these major interventions (e.g. how are these people supported towards recovery); but
- (vi) for the majority of residents suffering from mental ill-being the support they receive is likely to be less interventionist, e.g. through their local GP.

**Previous scrutiny** by the predecessors to this committee has examined a number of instances of changes in mental health service provision, which have typically involved the closure/ transformation of institution based provision into more community based provision. Previous minutes report members' concerns about the rationale for closure of facilities.

The **scope** of this single issue meeting is deliberately broad to allow members to explore current issues in relation to mental health provision in the borough. Members will be presented with evidence of community concerns; strategic commissioning concerns; and detailed service provision issues. The following matters are excluded from scope: children and adolescent mental health provision; and (ii) any detailed consideration of mental health issues associated with learning disability.

## **Who does what in mental health?**

### **1. Commissioning**

Commissioning of mental health services is carried out by both SMPCT and LBS and these two organisations have appointed a joint commissioning manager (Richard Gorf). The commissioning functions of SMPCT and LBS are not fully integrated and there is no formalised overarching joint commissioning strategy. The Joint commissioning manager works to the business plans and project plans of each organisation to ensure appropriate linkages are made and duplication is avoided.

A historical perspective helps explain the different roles and responsibilities. In the past the NHS provided the types of diagnosis and treatment that would have been delivered in institutions and primarily focussed on “treating a condition”. The council provided the type of social work services that allowed people with mental health difficulties to live their lives (e.g. housing, benefits signposting, supported living). As the world moved on the NHS split its commissioning and provider functions and councils were steered down a path of becoming local co-ordinators of services rather than the main provider. This brought about the situation that we see today where both councils and the NHS carry out commissioning.

In parallel to these structural changes within local government and the NHS, developments in the treatment of mental health conditions mean that more people are being treated in the community rather than institutions, this brings even closer together the traditional role of councils in “supporting living” and the traditional role of the NHS in diagnosing and treating conditions. The challenge of commissioning is to secure the best outcomes for people with mental health difficulties, regardless of traditional divides in responsibilities.

The more detailed paper on commissioning set out current issues in commissioning.

### **2. Service provision**

The question of who does what in mental health service provision is best understood starting with the conceptual frameworks of “primary care”, “secondary care” and “social care”. Traditionally primary care service provision for mental health has largely been whatever GPs can provide, secondary care for more complex cases has been provided by the MHT (in the past this was typically in institutional settings) and the Council provided services to support people with mental health difficulties in living their lives (typically for people with more complex needs).

As is implied above in relation to commissioning, the mental health world has moved on and there are now a range of providers providing services in different settings – some of which cross over the traditional divide between secondary health care and social care (primary care is a separate issue discussed below). So, in Sutton there are a number of voluntary sector

organisations funded by LBS and SMPCT providing a range of service for people with mental health needs, a good example would be the Sutton Mental Health Foundation which is provided with £110,000 from LBS and £117,500 from SMPCT to provide a package of services (see separate information paper from the Mental Health Foundation for more details). Other organisations supported variously by LBS and SMPCT are “Mainstream” a project which aims to get people with mental health difficulties back into work and volunteering.

Primary care provision for mental health is an area which has received less attention until recently. Evidence suggests that 1 in 6 patients who see their GP do so with mental health issues and it is only a small minority of those who need the intense and complex interventions that the MHT and the secondary care system has traditionally provided. SMPCT has recently been successful in securing funding for the expansion on primary care provision for mental health, which will mean that counselling services will become available in local care settings (e.g. GP surgeries). The targets for the first year are for 6,500 patients to receive counselling across Sutton and Merton in the first year of the scheme.

The more detailed paper on service provision sets out current issues.

### **3. How do commissioning and service provision fit together?**

Commissioning decisions set the direction of mental health provision in the borough. SMPCT's contract with the MHT is the biggest contract determining what is to be provided and this is due for renewal this year. In this contract the MHT is set targets and high level objectives but does have an element of discretion about how (and where) it delivers the required services. If the scrutiny committee wants to influence the longer term provision in the borough the contract between SMPCT and the MHT is an important document to influence.

Smaller scale providers are contracted and performance managed on a narrower range of services that they need to deliver on.

### **4. Mental Health Facilities in the London Borough of Sutton**

The following is a list of the mental health facilities within the boundary of LBS. Committee members should note that residents may access facilities outside of the borough and many residents with mental health needs will access mental health facilities in the community.

- Wallington Resource Centre
- Cheam Resource Centre
- Sutton Drop-in Centre (Belmont)
- Sutton Mental Health Foundation drop in centre in Cheam
- User run drop in centre at SCILL.
- Sutton Hospital (Jasper Ward, Horizon Ward, Community Mental Health Teams, Outreach, Early Intervention)

**5. What issues has the scrutiny committee looked at in the past?**

The predecessors to the current health and wellbeing scrutiny committee have examined various aspects of mental health service provision in the past. The following is a brief summary of previous scrutiny exercises from 2005 onwards, the full set of papers is appended:

**Sept 2005-Jan 2006: Closure of Chiltern Hospital/ Birches Close**

Concerns about Chiltern day hospital/ Birches Close closure without consultation. Evidence heard from MHT. Including evidence that Wallington Resource centre was taking some of the referrals from Chiltern hospital. Committee expressed concerns about lack of community engagement and consultation.

**March 2006: progress report on mental health services**

Paper presented relating to reorganisation of 4 community mental health teams into 3 teams. Evidence given by MHT and financial recovery planning. Members expressed concerns about evidence base for changes and again on lack of consultation.

**September 2006: progress on adult mental health services in Sutton**

Members discussed Children and Adolescent Mental Health Services (CAHMS) and GP provision in relation to mental health. The committee questioned waiting times for CAHMS appointments (note this is outside of the scope of the current investigation), heard evidence that GPs were well trained on mental health issues but noted that there were no GPs with a special interest in mental health in the borough.

Members also heard evidence from SMPCT in relation to their financial recovery plan that there was “no plan to close Wallington Resource Centre but that there would be a change in the model of care in order to make savings”.

**January 2007: modernised mental health day services for Sutton/ Adult mental health teams reconfiguration**

The committee looked in detail at proposals for changes to day services and for the reconfiguration of community mental health teams. Committee members had concerns about the evidence base for changes, the realism of projected cost savings and the possibility of services being relocated outside of the borough. There was a detailed discussion of the Wallington Resource Centre at this meeting.

## **6. Notes on scope of investigation**

This evidence gathering session is deliberately broad to allow committee members to examine current issues in mental health affecting the borough. The committee will be presented with evidence from service users; carers; LBS adult social services department; SMPCT and the MHT. Written and oral evidence reflects the overlapping nature of roles and responsibilities for mental health.

As well as giving a general overview, evidence givers have been asked specifically to address:

- Issues relating to Wallington Resource Centre
- The closure of secure wards
- Issues relating to the provision of talking therapies
- Any issues relating to the mental health needs of residents with long term conditions
- Any issues relating to the demand for services as a result of the current recession.

Throughout the written evidence and questioning members should be able to obtain sufficient information to make observations, resolutions or recommendations on the following issues:

- Whether any service changes have taken place without consultation
- Whether there are any proposed changes that are likely to require consultation
- Whether services available or planned meet community need (including the need of carers, long term service users and new service users)
- Whether there are any areas where further co-operation between parties could improve service provision in the borough.

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