DECISION-MAKER:	SHADOW HEALTH AND WELLBEING BOARD
SUBJECT:	REDUCING UNSCHEDULED ADMISSIONS – MENTAL HEALTH SUPPORT
DATE OF DECISION:	23rd JANUARY 2013
REPORT OF:	JOINT ASSOCIATE DIRECTOR OF STRATEGIC COMMISSIONING
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The Health and Wellbeing Board received a report in November 2012 regarding initiatives to reduce hospital admissions from preventable causes of both physical and mental ill health. The report outlined a variety of approaches to improving care for older people, people with alcohol problems and children, including emergency and urgent care services.

The Health and Wellbeing Board requested further information on improving mental health support in order to contribute to this programme. This report now describes the current provision of mental health services, examines the links between physical and mental health, and highlights some of the local initiatives designed to improve support for local people with mental health illnesses and which would lessen the demand for unscheduled emergency treatment.

RECOMMENDATIONS:

(i) That further opportunities for partnership working continue to be explored and developed, recognising that in the current financial climate the importance of a co-ordinated approach and the avoidance of duplication to achieve the best possible outcomes.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Health and Wellbeing Board to set a baseline of information on mental health support.

DETAIL (Including consultation carried out)

2. **Mental Illness in Southampton**

In 2010/11 the City GPs recorded 24,163 patients on depression registers giving a crude prevalence rate of 9.1% for the city. This compares to the national average of 8.8%. In 2010/11 there were 2,585 people on Southampton GP's serious mental illness registers (includes schizophrenia, bipolar disorder and other psychoses). Over the 2008/10 period there were 77 deaths by suicide and undetermined injury to Southampton residents. In Southampton, the number of people presenting to hospital as a result of self harm has been rising year on year, from 562 in 2007/08 to 860 in 2009/10.

3. **Local Mental Health Provision**

A range of specialist services are commissioned from Southern Health Foundation Trust (SHFT) for people with serious mental health conditions. These services are provided in partnership with the City Council under

Comment [KT]: DECISION MAKER: enter the title of the decision-maker, or the decision-making Committee. If the decision-maker is an officer then you must enter their post title, e.g. 'HEAD OF HOUSING STRATEGY AND DEVELOPMENT'.

Comment [KT]: SUBJECT: this is the title of your report NOTE the title should be meaningful and say what the report is about.

Comment [KT]: DATE OF DECISION: add the date in this style: 15 JULY 2010.

Comment [KT]: REPORT OF: This refers to who is leading on the decision frequently the relevant Head of Section/Division.

Comment [KT]: STATEMENT OF CONFIDENTIALITY: if your report is confidential you must add the relevant paragraph number(s) in the box below. If you are unsure as to which paragraph is applicable to your report,

Comment [KT]: BRIEF SUMMARY: provide a brief summary of what you are asking the decision-maker to do and why in PLAIN ENGLISH. This must be kept to a minimum (ideally one paragraph) **NOTE: from this**

Comment [KT]: RECOMMENDATIONS: recommendations must set out in full exactly what the decision-maker is being asked to do. It is not usually acceptable to refer to specific

Comment [KT]: REASONS FOR REPORT RECOMMENDATIONS: set out full justification for why the recommendations should be approved. These should be an adequate reflection of the main

Comment [KT]: DETAIL: provide the decision-maker with all other relevant and supporting information he/she needs in order to make his/her decision, including the pros and cons of the proposal. **Each new**

section 75 arrangements. This provides an integrated health and social care service which maximises efficiency and reduces risk. These services are organised into the following functions:

- Access and Assessment and Team – this is a single point of referral for all services and it is operational 24 hours a day, 7 days a week. This team provides assessment and brief interventions (time limited interventions which will resolve the presenting problem) This team also includes the Approved Mental Health Practitioner (AMHP) service, social workers who undertake additional training in order to undertake actions under the Mental Health Act including compulsory admissions.
- Community treatment Team – providing long term treatment through a range of different interventions and care planning. This team includes specialist approaches to people who are experiencing a first episode psychosis and an assertive outreach function for people who are difficult to engage.
- Inpatient Treatment services – these services are primarily provided at Antelope House, a specialist psychiatric unit which is on the Royal South Hants Site. There are 2 wards each consisting of 20 beds, 1 male and 1 female. Each ward also has an emergency bed. There is also a challenging behaviour unit called Abbey Ward which has 10 beds. This was previously a separate unit based in Netley. Antelope House also has a Psychiatric Intensive Care Unit (PICU) with 10 beds.
- Hospital at Home Service – this is also part of the Inpatient Treatment service and provides care to people in their own home who would otherwise need an admission to hospital. The service provides high intensity services which are tailored to the needs of the individual and their carers. This is a new service which has been operational for about a year and which is providing an effective alternative. The service manages between 20 to 26 individuals per month.
- Inpatient Rehabilitation Services – this service consists of 18 beds, 6 of which are purchased by NHS Hampshire for their residents, and a rehabilitation Team. The aim of this service is to enable people to regain skills in order to achieve maximum independence. In Southampton there has traditionally been an over reliance on inpatient rehabilitation but the number of beds has been reduced in recent years in favour of community based services which is more reflective of best practice. This service will need to be reviewed again in order to continue the shift towards maximising independence and Recovery.

- 136 Suite – this is a facility which provides a ‘place of safety’ for people detained by the Police in a public place. Section 136 of the Mental Health Act enables the Police to detain someone in order for them to have access to an assessment. Additional places of safety are the acute hospital and the police station. It is considered best

practice for people to be taken to a specialist 136 suite but there are occasions when this is not suitable – when someone needs medical attention or when someone is violent for example. Locally there are have been too many people going to police stations though there are a number of initiatives and local interest groups working to improve this *and recent figures show significant improvement.*

- Psychiatric Liaison Service – based at the acute hospital this service offers specialist assessment and input for people presenting with mental health problems. There are separate teams for adults and older people. These services were recently reviewed and it is acknowledged that additional and better co-ordinated services are needed to address the significant need. The adult service is commissioned by University Hospital of Southampton Foundation Trust (UHSFT) whilst the older persons service is commissioned by the CCG

In addition to services provided by statutory agencies there are a number of services provided by the voluntary sector which also support people to achieve as much independence as possible. These include :

- Natalie House – a 10 bedded high care residential unit which accommodates people for a maximum of 12 months. This service provides for people who cannot be discharge from straight from hospital into the community. The aim of the service is to enable people to move to more independent accommodation
- A range of Supported Accommodation providing low level support either in group homes or individual units.
- Floating Support Services – low level support to enable people to maintain their own tenancies.

People suffering from stress, anxiety and depression, who do not meet the criteria for specialist services, can be referred to the Steps To Wellbeing Service. This is provided by Dorset University Foundation Trust, who offer an evidenced based Cognitive Behavioural Therapy (CBT) Service. A range of interventions including self-help, supported self-help and individual therapies are provided.

4. Links between Physical and Mental Health

The prevalence of mental health conditions is particularly high amongst acute hospital inpatients. National evidence suggests that patient admitted to an acute setting have a 28 per cent chance of also having a diagnosable psychiatric disorder. A further 41 per cent have sub-clinical symptoms of anxiety and depression.

People with long-term physical illness are three to four times more likely to

have a mental illness than a healthy member of the population. Chronic physical illness can have a life-changing effect on an individual's wellbeing, functional capability and quality of life. Depression and/or anxiety disorders (as either a cause or a consequence of the physical illness) may exacerbate the perceived severity of the physical symptoms and add to the person's distress, resulting in increased use of healthcare services and poorer outcomes. For example:

- People who have suffered a heart attack have a 30% chance of developing depression (Davies et al 2004).
- Depression is common among people who suffer from diabetes. It has been estimated that almost 25% of people with diabetes also experience depression, with people with diabetes being two to three times more likely to suffer from depression than the general population
- COPD accounts for as many as one in eight medical admissions. Emergency admissions are also common, owing to a combination of acute exacerbations and increased incidence of panic attacks.
- Between 30% and 45% of patients attending chronic pain clinics are estimated to be clinically depressed. Patients with chronic pain are also likely to have a high degree of health anxiety about their pain
- The prevalence of post-stroke depression has been estimated to be as high as 61%.

Elderly patients are at high risk for depression and cognitive disorders, the latter of which can be chronic (as in dementia) or acute (as in delirium). Delirium is amongst the most common complications in the hospitalisation of older people and national recommendations advise that;

- Routine cognitive assessment in unwell older people would improve detection rates
- Better systems of routine care, delirium could be prevented in at least a third of patients

National reports highlight that dementia is a predictor of a higher probability of inappropriate or delayed discharge. An increased length of stay is reflected locally in benchmarking 'Balance of Care' data undertaken by NHS Hampshire suggests that 50% of dementia in general hospitals is unrecognised.

Research published by DEMOS reported that people with dementia are deteriorating whilst in hospital; they experience a worsening of symptoms of dementia and the development of physical health problems. It is also reported that 'every day in hospital the chance of being prescribed unnecessary antipsychotics or entering a care home increases'

People who self-harm also represent significant need. During a nine-month period to 30th April 11 to 31st January 12, a total of 623 people visited the USHFT Emergency Department for self-harm and according to USHFT

data, 24% of the top 50 adult attendees (April 10 –March 11) were identified as having self-harm related admissions.

28% (176) of patients visiting ED for self-harm were admitted to a hospital bed.

5. **Local response**

The information above demonstrates a clear link between mental and physical health and an urgent need to strengthen both the provision of mental health care to people with physical illness and the quality of physical health care provided to people with mental health problems. Traditionally this link has not been well developed With under-diagnosis of mental health problems in people accessing general health services and the physical health of people with mental health problems being poorly addressed.

Hospital liaison services can improve care and bring cost savings by allowing patients to be discharged earlier if their mental health needs can be addressed and by reducing rates of readmission. An effective liaison service therefore can improve health and save money. A number of pieces of work using pilot approaches and payment incentives have been developed to address these issues:

- Psychiatric Liaison CQUIN – the national incentive scheme which is built into NHS contracts is being used to pilot an enhanced service following a review of current arrangements. The aim is to provide increased training to staff in acute services to identify mental health conditions, improved access to specialist assessment including better contact times, a proactive approach to referral onto community teams, improved pathways between acute and community care and identification of service gaps. The pilot will roll out over the next 12 months and findings will be used to inform future commissioning.
- Long Term Conditions Project – this is a scheme which aims to increase the capacity of community staff in identifying people suffering from stress, anxiety and depression and to enable them to provide low level interventions and self-management techniques and referral on to more specialist services where necessary. This project is being evaluated by Southampton University with the aim of identifying whether outcomes of physical health conditions can be improved by psychological approaches.
- Dementia Challenge project - Southampton has been awarded funds from a national grant to improve dementia services in the acute hospital. The award was for 280K to be spent by April 2014. The project aims to Increase the understanding of dementia across the workforce through a significant training programme, improve the quality of the physical environment so that disorientation is reduced, implement person centred care approaches, reduce the use of antipsychotics and improve pathways of care including the interface between health and social care.

- Increased access to psychological therapies for older people and people with long term conditions – it is preferable that people with common mental health problems such as stress and depression are referred for treatment as soon as possible. In addition to acute and specialist based services we are therefore targeting staff working with people newly diagnosed through GP's, community services, alcohol and substance misuse services. This is being addressed through a variety of methods including training, joint working and out-reach clinics. We are also able to compare recovery rates for different groups in order to develop adapted approaches.

Actions to improve the mental health of the whole population as a preventative measure which we believe will also impact on physical health outcomes. A local strategy 'Be Well' launched in October 2012, which is in line with the national mental health strategy 'No Health Without Mental Health', is based on the principle that good mental health and resilience is fundamental to our physical health, relationships, education, work and achieving our full potential.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

6. None. The report is supplying addition information requested at the previous meeting and not seeking a specific decision from the Health and Wellbeing Board.

RESOURCE IMPLICATIONS

Capital/Revenue

7. The Department Of health requires the Local Authority and PCT to undertake a financial mapping exercise on an annual basis. This is used to identify investment against priority areas. The 2011/12 mapping indicates a combined total of £37,543, 000 invested in adult mental health services. Investment in 2012/13 is 4.9m for the Local authority and 33,3m from the PCT.

Property/Other

8. None.

LEGAL IMPLICATIONS

Statutory Power to undertake the proposals in the report:

9. There is a statutory requirement to identify and fund services to meet assessed need within our eligibility criteria under the Community Care Act 1993. There is a statutory requirement to provide services under the Mental Health Acts 1983 and 2007.

Other Legal Implications:

10. None.

POLICY FRAMEWORK IMPLICATIONS

11. Prevention is a theme in the draft Joint Health and Wellbeing Strategy which will be adopted in for 2013/14. Good mental health services contribute to a range of health and wellbeing targets across all age ranges and helps people

Comment [KT]: ALTERNATIVE OPTIONS CONSIDERED AND REJECTED: this should comprise a bullet point list of the main alternatives and a summary appraisal of why these are not recommended. **Each new paragraph must be numbered.**

Comment [KT]: RESOURCE IMPLICATIONS: address all resource implications arising out of the report proposals including how the proposals will be paid for and from what budget if appropriate in the following two paragraphs. **Each new paragrpaph must be numbered.**

Comment [KT]: CAPITAIL REVENUE: address all capital and revenue financial arising out of the report proposals (whether in terms of expenditure or savings) including how the proposals will be paid for and from what budget if appropriate.

Comment [KT]: PROPERTY IMPLICATIONS: a statement detailing what (if any) **property implications** arise with reference to the **Asset Management Plan** must be included as agreed with the **Property Services Asset Manager.**

Comment [KT]: LEGAL IMPLICATIONS: use the two sub headings below to set the **Statutory Powers to undertake the proposals in the report**, identify those power(s). If you cannot identify those powers the decision cannot be taken. Under the heading **Other Legal Implications**, list any Act or Legislation that affects

Comment [KT]: POLICY FRAMEWORK IMPLICATIONS: please confirm that the proposals contained in the report are in accordance with the Council's Policy Framework Plans as appropriate. Please refer to the **Report Monitoring Form** for a list of the Council's Policy Framework Plans. **Each new**

to live as independently as possible.

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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	None

Documents In Members' Rooms

1.	None

Integrated Impact Assessment

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No

Other Background Documents

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
None	

Integrated Impact Assessment and Other Background documents available for inspection at:

WARDS/COMMUNITIES AFFECTED:	All

Comment [KT]: **SUPPORTING DOCUMENTATION:** the appendices, documents in Members' rooms and background documents headings **must** be completed. If there are none then 'none' must be inserted. Completion of all sections of this form is **mandatory**. Sections must not be omitted without the prior agreement of the Solicitor to the Council.

Comment [KT]: **APPENDICES:** list all appendices relevant to this report in this section. If any appendix consists of 20 pages or more they should be listed and placed in the Members' Rooms, unless there are legal reasons for treating them differently.

Comment [KT]: **DOCUMENTS IN MEMBERS ROOMS:** documents (including draft plans / strategies etc. for which you are seeking approval) may be placed in the Members' Rooms and key issues highlighted in the report. It is expected that **all** large documents of 20 pages or more are

Comment [KT]: **INTERGRATED IMPACT ASSESSMENT (IIA):** the social, economic and environmental impacts of all new policies, strategies, projects, and major service changes must be subjected to

Comment [KT]: **OTHER BACKGROUND DOCUMENTS**: provide the address where background papers are deposited/located that you have used in the preparation of this report (in the box provided). Please ensure you provide the full address and not just

Comment [KT]: **ADDRESS:** Detail office address or website address were the document can be viewed.

Comment [KT]: **WARDS/COMMUNITIES AFFECTED:** list the electoral wards affected by the proposal (e.g. Bargate Ward). If an identifiable community is affected by the proposal this should also be listed. If this is not applicable then please type 'NOT APPLICABLE'.