DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY
SUBJECT:	MENTAL HEALTH AND WELLBEING – UPDATE ON MENTAL HEALTH MATTERS EVENT AND NEXT STEPS
DATE	26 MARCH 2015
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BRIEF SUMMARY

Mental health and well-being has been identified as a key priority for the city. Southampton's Joint Strategic Needs Assessment identifies the existing and projected state of mental health, demand for mental health services and support (please see Healthy Southampton website) as key issues and Southampton Connect identified mental health as a cross cutting theme in the City Strategy 2015-25. Issues with the quality of mental health services and outcomes for individuals have been raised through a number of routes.

This paper provides an overview of the first Mental Health Matters round table even which took place on 4th December 2014, along with a summary of the main themes from the event and planned next steps. This includes the proposal to undertake a commissioning review of mental health services in the city.

RECOMMENDATIONS:

(i) To note the outcomes of the "Mental Health Matters" round table event;

(ii) To support the commissioning review of mental health services in the city, including Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMH), Older Peoples Mental Health services (OPMH), Learning Disability services (LD) and Increasing Access to Psychological Therapies services (IAPT).

DETAIL (Including consultation carried out)

Local context

1 Southampton City Strategy 2015-2025 identifies improving mental health as a cross-cutting theme. The objectives are to support people with mental health issues to gain and stay in employment and by working together, to support and signpost people into appropriate mental health services as early as possible. The objectives tie in with a national agenda that places greater emphasis on improving the mental health of the population by:

- Improving the mental health and wellbeing of the population and keeping people well
- Improving outcomes for people with mental health problems through high-quality services that are equally accessible to all.[1]

If Southampton City wishes to improve population mental health, then the focus for action has to be wider and upstream of existing mental illness management, and it has to focus on promoting mental health and preventing ill-health in the population as a whole and not just target improvements at those people with known mental illnesses and their carers.

[1] No Health without Mental Health HM Government

2 In terms of adults, mental disorders are responsible for the largest burden of disease in England; 23% of the total burden, compared to 16% or cancer and 16% for heart disease (http://www.who.int/topics/global_burden_of_disease/en/)

Based on national prevalence rates by gender, and local population estimates, nearly 5,500 (10.6%) children and young people have mental health problems in Southampton. The relative child deprivation in Southampton compared to England means this crude estimate is likely to underestimate the actual level of local need.

Some groups and communities are more vulnerable to common mental health problems than others; including those with poor physical health, those who are socially isolated, in debt, or poor housing. People with mental illnesses face increased risk of developing chronic physical health problems, and vice –versa. Those with severe and enduring mental health problems die 10 – 20 years earlier than the general population. A key way to improve on these outcomes is by strengthening prevention for both mental and physical illnesses.

2,758 people in Southampton are registered with their GP as having a severe and enduring mental illness (schizophrenia, bipolar disorder and other psychosis). This is a crude prevalence rate of 1% which is significantly higher than the national figure of 0.8%. The City is also amongst the highest in the City's peer authority cluster. *Early intervention and diagnosis in this group can help to prevent some cases occurring, while also reducing severity of symptoms and rates of relapse.* 13,800 people have registered with their GP for depression (with a diagnosis since 2006). This is a crude prevalence rate of 6.6% which is slightly higher than the national figure of 5.8%. *Mental health promotion and brief interventions could have prevented a significant proportion of cases, reduced need for medication and avoided relapses*.

An average of 26 people take their own lives each year, most are men and most are not know to mental health services, and over half are in employment.

Current investment in mental health provision by the Clinical Commissioning group and Council is over £30 million. In addition there are a number of specialist and forensic services that are commissioned directly by NHS England. The provision of mental health promotion and education, and its reach across the general population and those at higher risk of problems, is patchy, limited, and fragmented.

Mental Health Matters – next steps

3. On the 4th December 2014 the Health and Wellbeing Board held Southampton's first 'Mental Health Matters' round table event. The event aimed to highlight key issues and challenges facing service users, commissioners and providers of mental health services and explore the future of mental health in the city. The event was supported by Connect to encourage a creative approach to achieve a joined up conversation on mental health as a number of challenges had been identified. These challenges were identified by the Health Overview and Scrutiny Panel, Connect, Healthwatch Southampton and the Health and Wellbeing Board as well as via the monitoring processes already in place by commissioners. Issues related to quality concerns, potential unmet need and missed opportunities.

4. The event was attended by 84 people with representation from service users, carers, NHS and voluntary sector providers, local authority, police and commissioners.

   The day consisted of key note talks on topics such as the service user perspective, parity of esteem, local and national needs analysis, excluded populations and governance within commissioning along with a number of small group exercises to gather the views and experiences of the wide variety of individuals who attended the event across all ages.

5. The key themes from the feedback that was captured on the day include:

   <u>What is working well?</u>

   - Peer support
   - Operation serenity (mental health workers within Police call centres)
   - Steps2Wellbeing service
   - Specialist employment support and recovery college
   - Mental health support for schools including Headstart and mental health nurse at Itchen college

   <u>What is not working well?</u>

   - Acute care pathway
   - Dual diagnosis needs not met within one service
   - Physical and mental health needs not being met – Parity of Esteem
   - Heavy reliance on medical model
   - Voluntary sector not always feeling valued
   - People not knowing what support and services are out there
   - Lack of co-ordination of/between services
   - Lack of service user network
   - Need to focus on younger people and early intervention

   <u>Parity of esteem</u>

   - Work as a city to reduce stigma
   - Integration of physical and mental health services
   - Primary care to increase understanding and skills
   - Improve the building environments in mental health services
   - Co-production
   - Work with schools and universities to educate people
   - Embed mental health in generic health consultations and consider how general services should be adapted for people with mental health problems
   - Include ‘reasonable adjustments’ within contracts
   - Focus on Time to Change and Mindful Employers

   <u>Priorities for change – key themes</u>

   - Crisis care – out of hours provision, out of hours hub, prevention and early intervention and local beds
   - Housing – increase in step down beds and services, helping people to maintain tenancies to reduce high cost placements, better quality and affordable housing

- Carers and service users – support and resources for service user network, listening to carers and service users, person centred care and support planning, peer development
- Integration – more spending for mental health services, commission as a city, health and wellbeing centres, primary mental health for CAMHS, co-location of services
- Health and social care – start with a blank sheet and budget and design a new service from scratch, early diagnosis, plan the solution and support around the service users needs
- Stigma – city wide/multiagency approach to anti stigma, telling real stories in ad campaigns, maximise publicity – learning from dementia initiatives.
- Education – school education on mental health
- Employment – education for businesses to understand mental health, early intervention and education around barriers to employment

6. Two important nationally recognised challenges were highlighted for local focus; Crisis Care Concordat and Parity of Esteem. The Crisis Care Concordat aims to commit organisations to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first. University Hospital Southampton, Southern Health, South Central Ambulance and the Police have developed a clear understanding of roles and responsibilities in relation to mental health crisis and codes of conduct within the Emergency Department (ED), resulting in improved management and care in ED and a dramatic decrease in the use of police cells but there is still more work to be done.

   The 'Parity of Esteem' agenda aims for mental health to be valued equally with physical health, and is being actively promoted locally, with the introduction of the Wessex Health Passport for patients with serious mental illness (SMI), health screening in inpatient wards and changes to smoking cessation services. Furthermore the development of quality (CQUIN) schemes agreed by the CCG across health providers to look at personalisation will also include parity of esteem.

Action plan and next steps:

7. A questionnaire is in the final stages of development which will be used to gather feedback from attendees of the event but will also be sent to a wider range of individuals across the city that were not able to attend the event. This will focus on gathering feedback along the same themes as the event:
   - What is working well within the city?
   - What is not working well?
   - How do we achieve parity of esteem so that our mental health services enable us to maintain both our physical and mental health needs and that mental health is valued equally to physical health in other services?
   - What should our priorities be within the city to improve our services?

8. The first Mental Health Matters event served as a good starting point for what needs to be a process of continued engagement with stakeholders across Southampton. Despite representation from service users, and the Southampton Service User Network at the event, more needs to be done to engage with these individuals in ways and environments that are conducive to their involvement. This will be taking place over the coming weeks.

9. Next steps will then include:

- Analyse further feedback gathered via the survey and service user/carer engagement
- Follow up focus groups with stakeholders, including service users, to further develop feedback into ideas and solutions for how mental health services and outcomes across the city can be improved and re-designed.
- Refining and using the information gathered to redesign provision, services and priorities where appropriate through a detailed commissioning review and strategy development. Evidence of best practice and benchmarking data will be used to inform the final recommendations.
- Proposed timeline is:

Scope options/opportunities for mental health services	May-15
Produce initial proposal for consultation	Jun-15
Consultation and co-production with service users, carers, providers and stakeholders	Oct-15
Produce proposal for mental health services including implementation/procurement options	Nov-15
Begin discussions with providers on implementation issues	Jan-16
Produce draft service specifications	
Ensure implementation/procurement timeline is in place	

10. The Integrated Commissioning Board (ICB) of the City Council and CCG which oversees all integrated commissioning arrangements between the two organisations will ensure the completion of the review under the strategic leadership of the Health and Wellbeing board. The ICB comprises the Cabinet Member for Adult Health and Social Care/Chair of the Health and Wellbeing Board, the Clinical Chair of the CCG, the Chief Executive of the City Council, the Chief Executive Officer of the CCG, the Director of Public Health, the Director of People, Chief Finance Officer of the CCG, Chief Finance Officer of the City Council and the Director of Quality and Integration.

Appendix 3
D R A F T

Southampton City Clinical Commissioning group

Consultation and Engagement Strategy

1. Introduction

Southampton City Clinical commissioning group has a responsibility to constantly review the commissioning of services to ensure that health care spending in the City is at the best value for money in caring for the needs of the population.

Together with our local health and social care partners, we have identified in our five year commissioning strategy a range of strategic health needs for the City and a programme of work to address these needs. The strategy identifies a range of financial pressures, including increasing expenditure on secondary care and specialist commissioning.

Our reform programme will focus upon transformation of care – for example by investing in alternatives to hospital admission, including improved case management of those with long term conditions – so as to ensure that any changes are in line with our jointly agreed strategic plans but also provide best value for money.

Our transformation programme is intended to improve the health and healthcare of the people of the city, using the most up to date technologies and working practice within the current funding allocation. As is the nature of all transformation or modernising programmes, they will invariably lead to changes or reductions in some aspects of the way health care is currently provided.

The aim of this strategy is to set out our objectives for consultation and engagement in developing our proposal to improve access to community nursing in the city.

2. Benefits of Engagement

- Quality of services improves
- Improving the patient experience
- More effective service use and reduced costs
- Service meets the needs of service users
- Better health outcomes
- Improving health literacy and health behaviours
- More effective self-management

- Greater equality in health
- Greater understanding of why and how local services need to change and develop
- Greater awareness of services and how to access them
- Sharing treatment decisions
- Feeling more involved and engaged
- Greater local ownership of the health service
- Greater public confidence in the NHS.

3. Legal requirements

Southampton City CCG has legal duty to consult in the

- planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specifications
- proposed changes to services which may impact on patients
- the planning of the provision of services
- the development and consideration of proposals for changes in the way those services are provided
- decisions to be made by that body affecting the operation of those eservices

We will ensure that our consultation follows:

Government Code of Practice on Consultation

Local Health overview and scrutiny case for change assurance framework

4 key criteria

- support from GP commissioners
- strong public and patient engagement
- clear clinical evidence base underpinning the proposals
- the need to develop and support patient choice

NHS England Good Practice guide

Equality and diversity duty

The NHS constitution

4. Principles of Engagement

- We will adopt a systematic approach to consultation which links corporate decision-making to the community.
- We will ensure commitment and leadership from the governing Body, the Chair, the Chief Executive, directors and clinical leaders.

- We will ensure that there are adequate resources including money, time and people to conduct an effective consultation.

- We will be clear about the objectives of the work, its rationale, relevance and connection to organisational priorities.
- We will be honest about what can change, what is not negotiable – and the reasons why.

- We will make sure our methods suit the purpose of the involvement exercise.
- We will make special efforts to reach out to people whose voices are seldom heard.

5. Objectives

Our overall aim is to achieve Patient and Public Engagement which delivers the benefits listed above. For this review we have identified the following objectives:

- Generate awareness and ensure all interested parties are given ample opportunity to participate
- Develop a comprehensive stakeholder list
- Publicise the review widely
- Describe the project simply but accurately and in plain English
- Use a variety of methods to involve different audiences, including use of websites, social media, focus groups, face to face meetings, public meetings, workshops, on line surveys and written materials.
- Demonstrate at all times openness and transparency
- Record all feedback, both positive and negative
- Demonstrate how feedback has been acted upon
- Publish widely the results of consultation
- Demonstrate how consultation has fed into final service design.

6. Stakeholders/Audience

Patients,
Service users,
Carers and their families
General public
Students
Staff
Local authority
Voluntary sector
University of Southampton Hospital Trust
Solent NHS Trust
Southern Health NHS Trust
SCAS
Minor injuries unit
Health watch
Patient groups, forums etc.
NHS England
Seldom heard groups

GP's
Primary Care
Health and Well-being board

7. Project Team

A project team will be set up to co-ordinate this piece of work and to:

- Assign roles and responsibilities
- ensure any proposed change involves the right people at the right time in an appropriate way.
- ensure staff understand the wider context of any change they may be involved in.
- ensure staff realise that this approach applies to everyone throughout the Trust.
- reduce negative and increase neutral or positive media coverage.
- be open and transparent with all key audiences

8. Scope

This consultation and engagement strategy sets out how the Trust will work to involve staff, partners, stakeholders, service users and carers, the local population and the media to achieve successful engagement and consultation which will inform future commissioning and delivery of services. A Communications and Media Plan will also be developed to ensure that we use a range of communications channels to achieve a robust, open and transparent process. The communications plan will include

A. Internal communications

Aim: To raise awareness with staff and ensure their engagement and involvement wherever possible.

B. Communications with partners, stakeholders, service users and carers, and the public

Aim: To inform and engage the public in relation to service change/proposals and enable open and honest dialogue which informs Trust decision making.

C. Media relations

Aim: To ensure local media have a sound background understanding of the Trust's proposals and rationale to enable balanced reporting with neutral rather than negative reporting.

9. Desired Outcomes

To have demonstrated a robust communication and engagement process

To have gained support for the need for change

To demonstrate openness and transparency with all stakeholders

10. Pre-consultation on our proposal

Pre-consultation is an important part of the consultation exercise. It is an opportunity to be clear about what our proposals are, who may be affected, what questions are being asked and the timescale for responses. The project team's aim during this stage is:

- to raise awareness of the issues with the stakeholders and discuss them informally.
- to engage with the Local Authority Overview and Scrutiny Panel to agree approach and plans..
- to listen to concerns and issues
- to complete the service change assurance framework
- to adjust and refine the purpose, themes and options which we will consult on formally.
- to prepare and distribute formal consultation documentation in advance of the launch of the statutory consultation period.

Involving stakeholders

We will confirm our key stakeholders. These will include HealthWatch, local MPs, partner organisations, the media and any groups directly affected by proposals. We will meet representatives from this core group to:

- plan our consultation more effectively
- define a comprehensive list of stakeholders to consult
- identify the best methods for targeting stakeholders
- consider the potential options and key questions for our consultation document
- manage potential risks

The project group will then review options to check relevance and confirm/ amend.

Refer formally to Overview and Scrutiny Panel

Following informal discussions with the OSP during the Assessment stage.

Agree standards

At this stage we will need to consider the desired outcome and then identify the **standards we need to apply, e.g. response rates, minimum level of involvement, etc.**

Agree and produce formal documentation

Produce formal and summary documentation.

Prepare press releases and publicity around launch of formal consultation phase.

11. Formal Consultation

We will ensure that the formal consultation stage is publicised widely in accordance with the communications and media plan.

The detailed action plan will be implemented and monitored and reviewed regularly by the project group and amended if necessary.

Information gathering

From the start of the formal process we will start to get responses. We will keep accurate and complete records of all responses, whether formal written responses or from more interactive methods. Responses will come in via many different channels. We will record and acknowledge all written and emailed responses - ideally within 7-10 days.

Early analysis of data to assess response

We will review weekly the data coming in – both formal responses to the consultation document and other information, in order to check that we are getting a reasonable response in terms of numbers and representation. If our response rates seem low, we will need to do more work around methods or messages.

Methodology

We will use a range of methods throughout the consultation process, both quantitative and qualitative. These will include:

- structured questionnaires
- analysis of records
- one-to-one interviews;
- focus group discussions; and
- unstructured questionnaires (using open questions).
- Social media e.g. facebook, twitter
- Public events
- Market stalls
- Community group meetings
- People's Panel
- Publications, newsletters etc

Reporting On our consultation

In line with the Government Code of Practice on Consultation we will write a comprehensive report summarising the responses received and publish it on our website within three months of the closing date of the consultation. A paper copy of the summary will also be available on request for those without internet access.

Analysis of consultation findings

We will look at the data to identify:

- The main findings
- Areas of majority consensus
- Areas of conflict
- Stakeholder priorities and expectations
- Trends

Different perspectives

As our consultation will be wide ranging and involve different groups of stakeholders, we will try to categorise the responses as appropriate e.g.:

- patient groups,
- employees,
- community/voluntary organisations,
- individual views
- young people
- older people
- people living in a particular neighbourhood, areas

We will publicise the findings at an early stage and produce a report for the Governing Body, with recommendations. The Governing body will make a decision based on the report and recommendations.

12. Evaluation

We will evaluate both the **outcomes** of the activity and the **process** of engagement, from both the participants' and the project team's perspectives.

Criteria will include:

- response rates;
- feedback from participants and other stakeholders;
- how well participants understood the aims of the activity;
- how easy they found it to respond/participate and express their views;
- whether they felt their comments had been listened to.

A final evaluation report, will also include an assessment of:

- how well we achieved our original objectives,
- if our original objectives proved unrealistic,
- how we overcame any problems, and
- how we readjusted our planning to compensate.

13. Identifying risks

Consultation carries a number of risks which we should anticipate and manage wherever possible. We can manage many of the risks involved in consultation by:

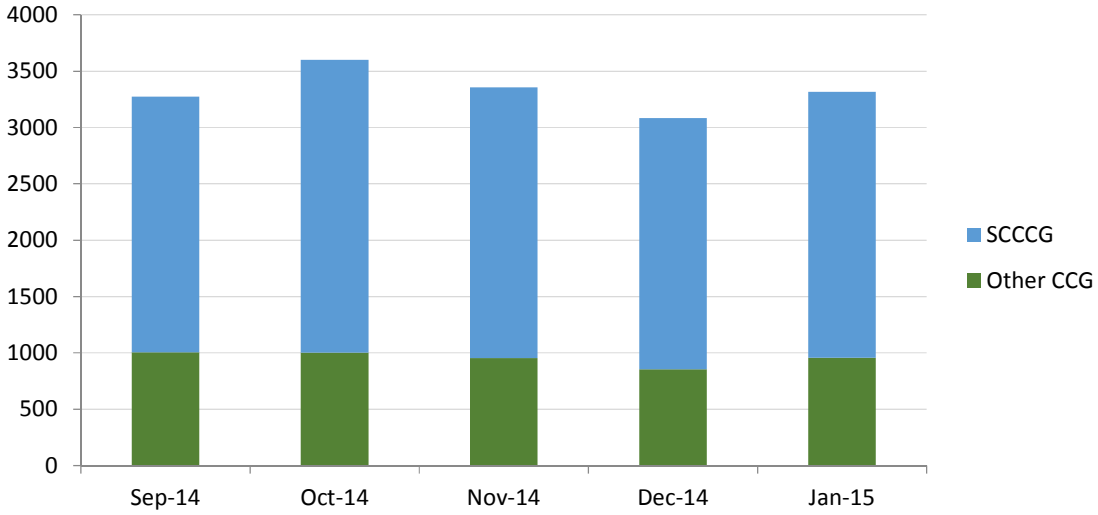
- Identifying the potential risks
- Evaluating their likely impact and the probability of them occurring
- Planning appropriate strategies to mitigate the risks we have identified
- Regularly reviewing risk as our consultation progresses
- Ensuring that our consultation complies fully with the legal requirements and guidelines identified in section 3.
- Being clear and open about our objectives
- Engaging effectively with your stakeholders throughout the process, not only to receive responses to your written consultation.

Potential risks of formal consultation may include:

- Our respondents may not understand the major issues and/or detail contained in our consultation document
- Some of the responses we receive may lack detail, or add little to the debate
- The responses we receive may represent a narrow range of opinion
- The responses we receive may give a very diverse range of opinion, or have no consensus about the issues and solutions
- The reputation of the CCG and our partners and the NHS locally could be damaged
- The media may run a campaign against our proposals if they think they are particularly controversial
- Our consultation may be subject to legal challenge
- Staff may respond negatively to proposals which involve major change

MIU Performance Summary **Appendix 4**

1. Attendances. The volume of patients attending the MIU has stayed consistent. The split between Southampton City CCG and other CCGs is as expected.



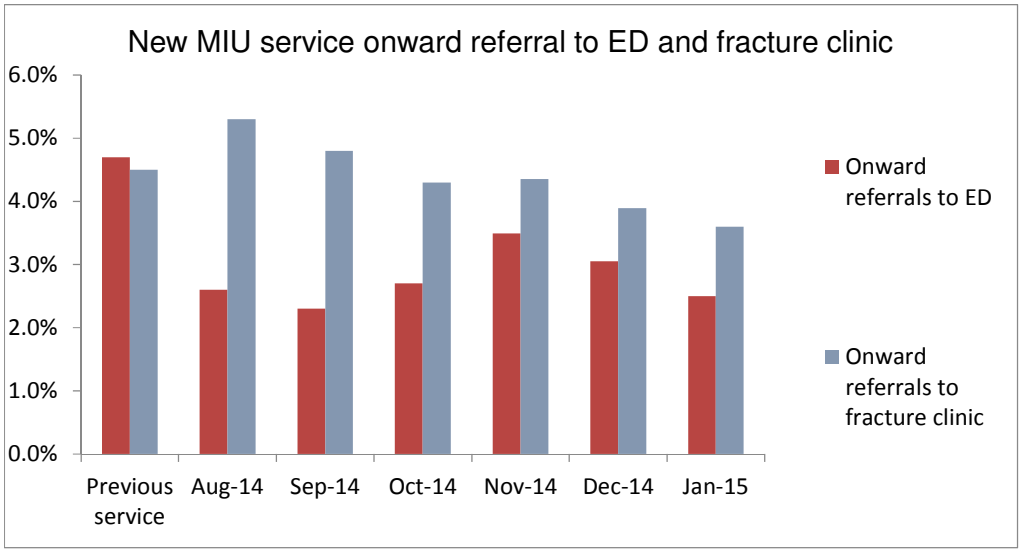
Attendance						
Total No of Patients attended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
SCCCG	**2955**	**2268**	**2599**	**2403**	**2228**	**2364**
Illness	1169	768	918	1033	1021	919
Injury	1786	1500	1681	1370	1207	1445
Other CCG	**0**	**1006**	**1001**	**952**	**854**	**955**
Illness		311	353	338	398	298
Injury		695	648	614	456	657
TOTAL	**2955**	**3274**	**3600**	**3355**	**3082**	**3319**
% attendance SCCCG		**69%**	**72%**	**72%**	**72%**	**71%**
% Attendance Other CCG		**31%**	**28%**	**28%**	**28%**	**29%**

2. The top 10 reasons for attendances are shown below:

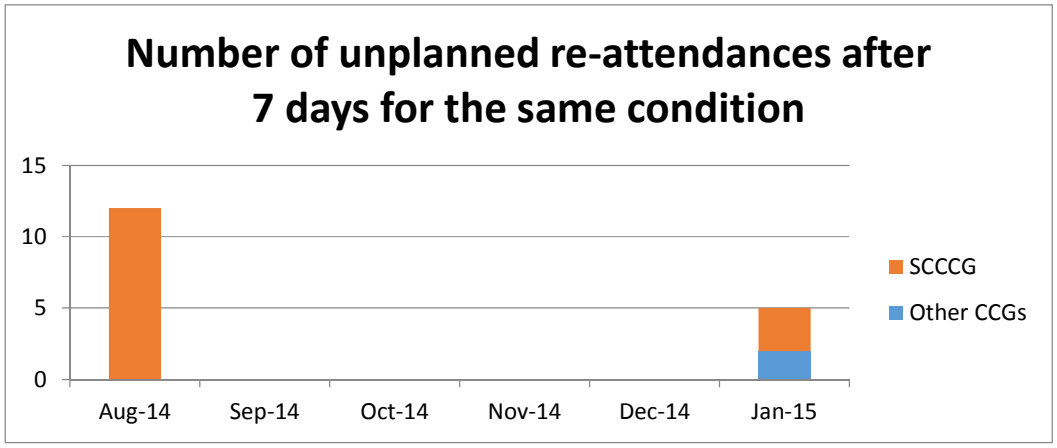
Reason for attendance	Number	% of total activity
Change of dressing	790	4.0%
Contusion (bruise)+intact skin	442	2.3%
Fracture of upper limb	519	2.6%
Head injury	522	2.7%
Laceration	872	4.5%
Lower resp tract infection	384	2.0%
Pain in limb	861	4.4%
Skin/subcutaneous infections	828	4.2%
Sprains and strains NOS	1560	8.0%
Urinary tract infection	535	2.7%
Grand Total	7313	37.3%
Total Patients Aug-14 to Jan-15	19585	

3. X-Rays for Under 12s. The previous service was only able to X-Ray children over the age of 12. This meant that number of children were attending ED unnecessarily. The new service has the facility to x-ray children aged from 2 upwards. To date 677 X-Rays of children under 12 (and over 2) years old have been completed.

4. Onward referrals to ED. The graph below shows that referrals to ED from the MIU remain low.



5. Quality. The number of unplanned re-attendances is generally 0 although there was a slight rise in January. However this is not at the level seen in the first month of the service.



The MIU receives both complaints and compliments, although both in low numbers. Generally this is less than 0.2% of total attendances. All complaints are scrutinised through the contracting process to ensure resolution and also that lessons are learned to improve the service.