

SHAPING THE FUTURE OF MENTAL HEALTH SERVICES IN HEALTH & SOCIAL CARE

**Briefing paper on our
commissioning intentions
for 2010 onwards and the
likely impact on community
mental health services for
people of working age**

Health and health care in Southwark have improved greatly in the last ten years – a period of record growth. Southwark people are living longer and enjoying a range of health care services. If we are to maintain and extend this, in a very different financial era, we will need a changed approach to how we will behave, and how services are delivered.

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With regard to mental health, our commissioning objective is to increase access to high quality mental health services, with a focus on early identification, admission prevention and an ethos of supporting recovery from serious mental illness. Psychological therapies and community mental health services will be delivered in future as part of the care offered in GP Led Health Centres.

NHS Southwark Strategic Plan 2010/11 - 2014/15

The new coalition government is putting general practice at the heart of health commissioning. The flagship policy of GP-led commissioning will transfer real budgets to groups of practices and create larger GP-led clinical collectives with more direct accountability for ensuring that high-quality and cost-effective care is delivered to local communities. This means that in future practice based commissioners will lead the work on clinically-led commissioning and deciding clinical outcomes.

NHS White Paper, Equity and Excellence: Liberating the NHS 2010

Southwark PCT has reviewed its Mental Health services in the light of changes in need and in order to establish services that increasingly delivered in the community; focussed on recovery and delivered in accordance with the personalisation agenda. The impact of the recession has affected Southwark services and the new financial context forms a core part of our future planning.

Southwark PCT's five-year Strategic Plan sets out the financial framework for purchasing and delivering healthcare services. In order to meet the growing and changing need for services certain changes are necessary to ensure this can be delivered within a budget that is unlikely to increase over the next four years. Southwark PCT spent £493m on healthcare in 2009/10. On the current configuration of our services, expenditure is forecast to increase to £653m by 2013/14. Our anticipated income in this period – in line with government forecasts – is £558m, a shortfall of £95m. Health will need to prioritise spend and redesign services in order to meet the challenge of gaps in funding.

The Council is facing significant budget pressures and are planning reductions of at least 25% over the next few years in the light of actions by the new government in its steps to cut the national budget deficit.

We are determined to provide effective mental health treatment to all those who need it, delivered in a way that meets or exceeds national standards and guidelines. We are working closely with our main provider the South London & Maudsley NHS Foundation Trust (SLaM) to agree how this can best be achieved.

We recognise that any form of service change generates concern amongst service users and within the wider community. For this reason we are committed to addressing concerns through open and meaningful engagement with all those affected. We intend to engage service users and other stakeholders in helping us make these changes and will ensure that this engagement remains ongoing as services develop and evolve.

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1. Summary

1.1 Overview

This document sets out the rationale for changes to Southwark's mental health services by:

- a. Describing the changing demands upon mental health services
- b. Outlines our response to new policy and financial drivers
- c. Provides an overview of our plans to disinvest money from mental health services and consequently change the way we deliver treatment and care

In instigating these changes **we want to**:

- a. Encourage people with mental ill health and those who care and support them:
 - i. To be more actively involved in planning their treatment, care and support
 - ii. To take advantage of increased personalised services
 - iii. To have care that is focussed around the recovery model
 - iv. To take up personal health/social care budgets where appropriate
- b. Increase the treatment, care and support options within the community, particularly within primary care where more care will be delivered in the future
- c. Cease our reliance on out-of-borough placements by placing people within Southwark

1.2 Policy Context

The publication of the previous Government's mental health strategy, *New Horizons*¹; the emerging personalisation agenda (as set out in *Putting People First*²) - and the recovery model³ in mental health together set out a plan that patients should have access to a range of evidenced-based talking therapies and pharmacotherapy treatments and should be supported, wherever possible, to self-help and understand the issues around their health. The *New Horizons* strategic approach is however under review and the Coalition Government are due to publish a revised strategy in autumn 2010.

The new government published its reforming White Paper on 12th June 2010. Its three Key Principles are: **1)** patients at the centre of the NHS; **2)** changing the emphasis of measurement to clinical outcomes; and **3)** empowering health professionals, in particular GPs as commissioners of services.

The NHS Southwark Strategic Plan 2010/11 – 2014/15 Professor Darzi's review *Healthcare for London: A Framework for Action*⁴ set out our plans for commissioning local mental health services. Our aims are to increase access to high quality mental health services with a focus on early identification, admission prevention and to create an ethos of supporting recovery from serious mental illness. This Strategic Plan will be reviewed by GP Commissioners to ensure it has their support as the new commissioners of care in Southwark.

¹ *New Horizons: A shared vision for mental health*, Department of Health, February 2010, www.newhorizons.dh.gov.uk/assets/2010-02-04-299060_NewHorizons_acc2.pdf

² *Putting people first: a shared vision and commitment to the transformation of adult social care*, Department of Health, December 2007, <http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm>

³ *The journey to recovery: the Government's vision for mental health care*, Department of Health, November 2001, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058900.pdf

⁴ *Healthcare for London: A framework for Action*, NHS London, July 2007, www.healthcareforlondon.nhs.uk/assets/Publications/A-Framework-for-Action/aFrameworkForAction.pdf

The local context for the delivery of sustainable mental health services in Southwark is governed by the Transforming Southwark programme and the Southwark Mental Health Strategy. NHS Southwark has also operationalised a new contract with SLaM which established a robust performance framework with incentives and penalties built in.

At the heart of Southwark's Mental Health Strategy and the driver for improvement in quality and choice of service delivery is the concept of personalisation. Our view is that personalisation helps to challenge some of the ways in which mental health is perceived since it supports a user-centred concept of 'recovery' in which recovery is a personal journey of learning to live well, despite the continuing or long-term presence of mental health support needs. Personalisation includes prevention, early intervention, and self-directed support which places service users in control of arranging and managing their own support services.

The Southwark's Mental Health Partnership Board is the multi-agency stakeholder group tasked with leading the development and implementation of the local mental health strategy. In December 2009 the Partnership Board hosted a stakeholder event to identify the key strategic objectives that would underpin the revised Southwark's Mental Health Strategy. They recommended local mental health service should:

- a. Promote mental wellbeing
- b. Are established within clear pathways of care
- c. Are in the community and co located with other community provision
- d. Develop self-directed support
- e. Provide accessible services that respond to need
- f. Develop alternatives to medication
- g. Promote innovation and flexibility in service provision.
- h. Make provision for Children and Adolescents with poor mental health that is specific to their needs and yet benefiting from being a part of a wider service
- i. Make provision for Older Adults with poor mental health that is specific to their needs and yet benefiting from being a part of a wider service

1.3 Financial Drivers

The Coalition Government's national deficit reduction strategy will see social care expenditure reductions of the next few years greatly supersede those of the recent past with reductions of at least 25% expected.

Health will come under increasing pressure to response to gaps in funding, including the impact of reductions in local government funding which will require a review of resources to meet the needs of the most vulnerable.

2. Commissioning Intentions

2.1 Overview

During the autumn of 2009 SLaM undertook a review of the mental health services it provides to people of working age. This review was undertaken with stakeholder involvement and was widely consulted on. This review identified a number of service areas that could be revised in a way that would aid recovery as well as further embed the concept of personalisation in local mental health practice.

Following on from this review Southwark Health and Social Care intends to commission a revised model of treatment, care and support for people with mental ill health that shifts care towards a primary care focus where possible. This means that the future model of care will see more treatment provided as episodes of care that are supported by patients' GPs and other primary care services. This will support a move away from providing ongoing, infinite support to some individuals. The duration of time people stay in both 'community' and 'inpatient' treatment will also be reduced.

The majority of expenditure on mental health services by NHS Southwark is at the South London and Maudsley NHS Foundation Trust (SLaM). In order to create a more diverse range of provision and an environment where recovery and personalisation can be more easily facilitated, NHS Southwark intends to disinvest monies from SLaM over the next two years. The future financial landscape in the NHS means that we need to move ahead quickly with service redesign to deliver this agenda. The financial climate also means that the Local Authority will be looking for savings of between 25% and 40% over the next three years.

We have advised SLaM of our commissioning intentions and requested that they restructure their services such that:

- Clinical evidence and national best-practice are adopted to develop and implement revised clinical care pathways
- The philosophy of evidenced-based outcomes is embedded into the local treatment system
- The time that people stay within both community and inpatient treatment is reduced
- Treatment is provided as episodes of care in a way that supports GPs and other primary care services and that there is a move away from providing ongoing, open ended support
- Individuals are encouraged take a more active role in managing their own care

2.2 Equality Impact Assessment

In accordance with the Equalities Act (2010) we will ensure all the equality characteristics contained within the legislation are impact-assessed to meet the needs of this population group. The primary aim of the Equality Impact Assessment is to determine whether and how service change will impact on specific groups or individuals. In particular the EIA focuses on of the proportionality of the impact of change on people across categories of race, gender, disability, age, sexual orientation, transgender and transsexual people, religion and belief. Consideration will also be given to migrant workers, ex-offenders and the human rights agenda.

We will continue to seek the views of as many people as possible in order to qualify any decision which is made following completion of the Equality Impact Assessment.

3. Impact of Proposed Commissioning Intentions

The following SLaM services will be affected by the current proposed changes:

- a. Support and Recovery Services
- b. Assessment and Brief Treatment Services
- c. Assertive Outreach Services
- d. Psychological Therapies
- e. Social Inclusion Services

Some SLaM services are not currently affected by the proposed changes but could be in the future, these are:

- a. Inpatient Services
- b. Crisis Services
- c. High Support Services
- d. Early Intervention Services
- e. Staying Well Services

3.1 Redesign of Community Mental Health Teams

Background:

SLaM currently provides care for approximately 1,600 patients under a Care Programme Approach (CPA). This means that patients are allocated a care-coordinator to support the patient in management and recovery using a care plan and review meetings. There are a further 1,500 patients for which CMHTs provide case management and planning without a formal care coordinator. There are a number of patients on both CPA and non-CPA care plans that no longer require these services, but who have yet to be discharged.

Service Change will Result In:

1. The continued referral of people with non-complex mental health needs into primary care service. This means that the CMHT teams will discharge some patients back to primary care for management following the relevant episode of care. GPs will have and need access to support and training to enable them to safely discuss and hold those clients with less complex needs who were previously held within the CMHT teams. SLAM is intending to reduce their community caseloads by 500 – 800 over the next two years addressing this area of change.
2. The establishment of an Assessment and Liaison service which will provide support to GPs in their care of their patients with mental MH problems. This service will be delivered either at GP surgeries or from within the developing GP Localities. This new service will be organised into two teams (north and south). It will be set up by shifting resources from the present Community Mental Health Teams.
3. Those with the highest level and complexity of need – i.e. those on a Care Programme Approach (CPA) will continue to be supported by community mental health teams.

How the Redesign Would Work:

SLaM would retain the current 1,600 capacity for CPA services. For other patients, clinical teams will deliver services with an enhanced focus on support and recovery, enabling more people to live independently. The outcome of this will be reduced CMHT caseloads.

The redesign of care pathways for those in need of CPA and the provision of alternative treatment and support of non-CPA patients in the context of primary care or the third sector will result in the reduction in the number of clinical teams.

The reduction in clinical teams will mean that the current CMHT buildings configuration will need to be rationalised across the borough.

Issues that need to be Considered:

- a. The Benefit system incentivises patients to remain on CPA
- b. Appropriate preparation and support needs to be provided to enable patients to be supported within the context of primary care
- c. Disposal of the property needs to be followed by tangible reinvestment
- d. Need to a good level of GP support and training during transition period

3.2 Reorganising Support and Recovery and Assertive Outreach**Background:**

Under the National Service Framework (NSF) for Mental Health, the assertive outreach service targeted the most difficult to engage people with psychosis. Services are delivered by teams whose members have comparatively small caseloads. Data on Assertive Outreach has to be reported under national monitoring arrangements to achieve nationally set targets.

Whilst assertive outreach services for psychosis are valued by users, there is little evidence to demonstrate improved outcomes for patients. Evidence suggests that the assertive outreach model in Southwark does not deliver beyond what could be provided (with some service development) by the current early intervention teams and support and recovery teams.

Service Change will Result In:

1. A change in the way SLaM provide assertive outreach services by reorganising the community mental health teams and the increasing role of Primary Care in managing more patients who have been discharged from the Community Mental Health Teams. This means there will be a reduction in the number of community mental health teams across Support and Recovery, Assertive Outreach and Assessment and Brief Treatment.

How the Redesign Would Work:

The delivery of assertive outreach services will be integrated with support and recovery rather than provided by a stand alone outreach team. The profile of the caseload for support and recovery will be closely monitored following the change.

We will ensure that Government targets for Assertive Outreach are still met by the service.

Issues that need to be considered:

- a. Performance against the assertive outreach targets will need to be carefully monitored.
- b. The workload of the integrated team will need to be carefully monitored.
- c. The impact of Primary Care will need to be continually assessed.

3.3 Reducing length of Stay in Hospital and Community Services**Background:**

We want to create a culture of recovery and self-determination, rather than one of dependency. The intention is to develop, in collaboration with GPs, an episodic model of care.

Service Change will Result In:

1. Changing the way we deliver treatment so that community services provide 'episodes of care' to people with mental health problems rather than on-going 'treatment'. We believe that, for many, their mental health issues could be managed within a primary care setting in the context of general health needs
2. Reviewing the way we deliver treatment in inpatient settings to optimise the length of stay
3. Patients will be increasingly managed out of hospital, specialist communities or out-patient services where they do not require secondary care services.

4. Service redesign will focus on developing closer working between primary and secondary care, with greater outreach from primary care.

How the Redesign Would Work:

The Mental Health Advice and Liaison Service will be developed with consultants, and clinical teams working with GPs to ensure that GPs have good access to advice and support in managing patients in the community.

Issues that need to be considered:

- a. The changes will need to take place in the context of Practice Based Commissioning and GP-Led Health Centre development
- b. GPs will need to be fully engaged in developing pathways of care

3.4 Redesigning Psychological Therapy and Therapeutic Counselling Services

Background:

Southwark has a long-standing counselling service based in GP surgeries and a newer psychological therapy service. There are synergies and some overlap in these services.

Psychological Therapies and Therapeutic Counselling are funded in different ways. Psychological Therapies are funded through the Government's flagship 'Improving Access to Psychological Therapies' initiative. Therapeutic counselling, which often provides similar therapeutic intervention, is funded from the budgets of GPs through 'practice based commissioning'. The Therapeutic Counselling service has developed differently in different locations with counsellors on varying terms and conditions and providing a range of specialisms.

Southwark, with the assistance of the Guys and St Thomas' Charitable Trust has commissioned a review and redesign of the way in which these related services are provided locally. The findings of this review are due in October 2010.

Service Change will Result In:

1. Review and redesigning these services to ensure maximum benefit to those with common mental illness.

How the Redesign Would Work:

During the review there will be full consultation with service users, GPs and other related services. Practice Based Commissioners will be fully engaged in shaping future psychological therapy and therapeutic counselling services.

Issues that need to be considered:

- a. Careful consideration will need to be given to the way in which an integrated service is funded, staff employed and clinical supervision provided.
- b. There will be increased delivery of therapies in primary care and managing the shift in capacity to the GP Localities
- c. There will need to be careful monitoring of performance to ensure that an integrated service meets the Government's targets for 'Improving Access to Psychological Therapies' for which we receive funding
- d. GP access for Psychological Therapy and Counselling for clients will need to be monitored to ensure equitable spread across Southwark

3.5 Managing the Changes in Mental Health Services

We have discussed our commissioning intentions with SLaM and together we are proposing to jointly manage a two-year programme of change which will ensure we deliver services in line with national, regional and local strategy, working within a recovery and personalisation framework. We intend to maintain the quality of care and performance against national targets while meeting the financial and strategic challenges of a reduced financial settlement and new developments in Mental Health.

These proposed changes to services would allow Southwark Health and Social Care to disinvest a minimum of £3.7m from SLaM over the next two years. Additional savings from both Southwark PCT and Social Care will be required during 2011-14 in the region of 25% - 40%. In addition, there may be future redesign and reductions in services of third sector and other providers of mental health services.

The proposed approach will see fewer people retained on long-term Community Mental Health Team (CMHT) caseload and more people being treated within primary care, in a treatment culture where recovery and abstinence is more actively encouraged.

We intend to provide the best services we can and this will involve making decisions that keep people with mental health problems at the centre of our policies. To do this:

- We need the views of all stakeholders
- We need imaginative solutions
- We need to approach this difficult time with strong commissioning intentions
- We need to ensure that mental health services are not marginalised in a time of economic restraints

4. Stakeholder Engagement

Our strategic plans and proposals for implementation have been set out in a range of documents and we have engaged service users, carers and wider stakeholder in discussions about these in a range of meetings and forums. Our local strategic direction matches that set out within national mental health strategy and we have engaged stakeholders widely in developing the strategy.

Locally there has been considerable engagement with service users and stakeholders regarding our plans for mental health services:

- a. During the autumn of 2009, SLaM engaged widely on new ways of delivering adult mental health services.
- b. In December 2009, we organised a stakeholder event including service users, carers and voluntary and community groups and agreed ten strategic objectives as the framework for Southwark's Mental Health Strategy
- c. During May 2010 discussions took place with key stakeholders at the MHPB about our commissioning intentions and SLaM's response to these proposals. Key stakeholders include voluntary sector representatives, carer and service user representatives who report back to through their representative structure which is co-ordinated via Southwark Mind
- d. In early August 2010, we organised a stakeholder event including users, carer and providers to outline the current context, SLaM's proposals for the structure of services and to review the strategic priorities from the December 2009 event.

As a consequence we do not intend to undertake further formal consultation on the proposals contained in this paper. We will work closely with Southwark's Health and Adult Social Care Scrutiny Committee and work within the Secretary of State for Health's recently announced framework for strengthening health service reconfiguration. To satisfy these requirements we will:

- a. Ensure we engage and discuss our plans within public and patient engagement systems and with the local authority
- b. Ensure our plans are supported by GP commissioners
- c. Ensure that we publish the clinical evidence that underpins our plans
- d. Ensure that our plans support patient choice.

NHS Southwark and SLaM plan to engage with users of services and other stakeholders to discuss the impact of the proposed changes. The groups we intend to talk with include:

1. **Service Users**
 - Service Users currently receiving services
 - Southwark Mind and User Council
 - Southwark Local Involvement Network (LINK)
2. **Service Providers**
 - Non-statutory mental health services
3. **Other stakeholders**
 - The Probation Service
 - Metropolitan Police

Staff Consultation

SLaM will formally consult with their staff regarding personnel changes that will result from the service redesign detailed in this document. NHS Southwark is planning an event in October 2010 for users and carers to further discuss the current context and planned changes to service, feedback from previous discussions with service user groups and to review strategic objectives.

Outcomes from the engagement work as outlines above will be presented and discussed at the Mental Health Partnership Board.