



Southwark
Clinical Commissioning Group

Joint Mental Health Strategy

Draft discussion document for Health, Adult Social Care, Communities
& Citizenship Scrutiny Sub-Committee Meeting on 15th October 2013

1. Introduction

- 1.1 This paper provides an overview of the work being led by Southwark Clinical Commissioning Group (the CCG) to produce a Joint Mental Health Strategy for Southwark.
- 1.2 The London Borough of Southwark (the Council) and the CCG recently commissioned a review of the partnership arrangements in place for delivering mental health services in the borough. The review made a number of recommendations to strengthen partnership working in the area of mental health and endorsed the lead commissioner role of the CCG. The review recommended the development of a new Mental Health Strategy for Southwark to set out clearly the vision, outcomes and key actions to be taken across partners to deliver better mental health for the population of Southwark.
- 1.3 The paper sets out the strategic background to the preparation of this Strategy, touches on the process in place for delivering it and identifies some of its core components.

2. Strategic context

- 2.1 Significant reforms to the strategy and policy landscape for the public services have strengthened a number of themes to set a clear strategic framework for mental health services in Southwark. These include:
 - Focus on increasing independence and moving people on from dependency through personalisation, normalisation and reforms to welfare benefits
 - Renewed emphasis on making local government, the NHS and other sectors work together with greater impetus for integration
 - Increased significance of prevention and early intervention
 - Importance attached to person-centred care, with attention given to co-designing services and achieving outcomes in partnership with patients and users to give them more choice and control
 - Prioritisation of responses to mental health to put it on a par with physical health
 - Drive for efficiency and budget savings in the context of pressures on the public purse from the economic climate and demographic growth
- 2.2 The current health and social care policy framework is still developing and is marked by considerable continuity with previous policy, strategy and legislation in this area. The central idea is to transform the health and social care systems from being based on crisis response

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and dependency to promoting independence and wellbeing through an emphasis on prevention, early intervention, outcomes based practice, care nearer home and personalisation.

- 2.3 No Health without Mental Health, the cross government mental health outcomes strategy for people of all ages published in 2011, remains the key mental health policy document. As the 2011 national strategy states:

Mental health is everyone's business[...]good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.

- 2.4 The strategy points out that there is both a personal cost and a wider economic burden to poor mental health. Whilst the strategy uses national data the picture it paints is very relevant to Southwark today.

- 2.4.1 The personal costs include distress, isolation and low self-esteem which can reverberate on the individual, their family and their community. Many mental health problems affect people when they are young, disrupting their education and limiting their life chances.

- 2.4.2 On a macro level, mental ill health is the largest single cause of disability in the country and estimates have suggested that the cost of treating mental health problems could double over the next 20 years from the current estimated cost of £105 billion per year. Mental health problems increase the costs of education, criminal justice and homelessness and are one of the most common reasons for incapacity benefits claims.

- 2.5 Many mental health problems start early in life. One in ten of all children aged between 5 and 16 years will have a mental health problem. Half of those with lifetime mental health problems first experience symptoms by the age of 14. Mental health highlights wider inequalities too - our most deprived communities have the poorest mental and physical health and wellbeing and people with severe mental illnesses have a lower life expectancy than the general population.

- 2.6 Increasingly, at both national and local level, it is understood that improving the mental health and wellbeing of the population is not the responsibility of one or two agencies but requires a cross-sectoral response which seeks to address the causes of poor mental health, offer early help and engage fully with those affected by mental illness, their families and communities. The increasing emphasis on the ability of those with mental health problems to be partners in their own recovery is a marked shift from previous policy in this area.

3. Why do we need a strategy?

- 3.1 There are a number of drivers for developing a Southwark Mental Health Strategy.

- 3.1.1 First, whilst the current approach delivers high quality, specialist and often intensive services to the minority in highest need, we know things aren't working optimally in the way services are currently configured. People with mental health problems often:

- have fewer qualifications

- find it harder both to obtain and stay in work
- have lower incomes
- are more likely to be homeless or insecurely housed
- are more likely to live in areas of high social deprivation
- are more likely to have poor physical health

3.1.2 Second, users of public services have expectations of personalisation and wish to move away from dependency on a narrow range of services towards developing the resilience to seek the solutions to the problems they face within themselves, their families and their communities.

3.1.3 Third, the system is facing increasing demand from a growing population (and a growing older population with projected higher levels of organic mental illness such as dementia) and a population better able to identify mental health needs.

3.1.4 Finally, the economic climate and the pressures on the public purse locally are such that all areas of health, social care and public health funding need to demonstrate their effectiveness, efficiency and value for money in the context of growing demand.

3.2 These drivers support the view that it is unsustainable to continue solely with the current approach and model of service and that new solutions, created together with service users, need to be found. Partners will need to work together in new ways and the development of the Strategy will both be a way to create ways of working strongly together and a confirmation of shared purpose and approach.

4. Strategy overview

4.1 To oversee the development of this Joint Mental Health Strategy for Southwark a steering group is being established, comprising representatives from the CCG, the Council, Public Health and HealthWatch the voluntary and community sectors and providers. Users of mental health services - across the ages - will be engaged in the production of this strategy and the design of services commissioned as a result of it.

4.2 The local strategy will incorporate many of the key components of the national picture whilst making them relevant for Southwark. To do this, the Strategy will be based securely on the Joint Strategic Needs Assessment. The Strategy will be a five year strategy in the first instance, refreshed at key points when, for example, policy, demand or funding levels change. It will have the following core components:

4.2.1 Vision

The Vision will be developed in partnership with a range of stakeholders including those directly and indirectly affected by mental illness and commissioners and providers of services.

4.2.2 Scope

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It is proposed that the Strategy will be all age. Half of all mental health disorders in adulthood arise before the age of 14 and it is only through intervening early and taking a life course approach that we may be able to affect this. References to people therefore will cover:

- children and young people
- working age adults
- older people experiencing both functional and organic mental illness

In adopting a life course approach, the Strategy will advocate services centred around the needs of those experiencing poor mental health rather than around ease of service delivery, increasing capacity to respond to transitions and to achieve agreed lifetime outcomes. There will be specific areas where the Strategy may need to focus including dementia care, co-morbidity of mental health and substance misuse, criminal justice and homelessness for example and the all age scope will not detract from this.

It is important to recognise that the Strategy will not focus solely on designated mental health services but also on what the wider community - including the whole Council, the CCG, schools, NHS providers and a range of other agencies - can do to promote, enable and maintain good mental health through the provision of mainstream (universal and targeted) services. These could include access to appropriate housing, family support, education and employment options supported by timely advice, information and primary prevention. The Strategy will importantly nurture resilience and capacity within individuals, their families and carers, to manage their own care and to develop sustainable solutions independent of commissioned services.

4.2.3 Objectives

It is proposed that the Strategy is outcomes based and offers tangible ways to achieve the following high level outcomes, in partnership with those with mental health needs:

(i) More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health and fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(ii) More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

(iv) More people will have a positive experience of care and support

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Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

(v) Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

4.2.4 Approach

There are a number of core approaches, set out in the Southwark Direction of Travel Statement, which the Strategy will explore in greater detail. Key will be a shift towards prevention and early intervention and towards solutions co-designed and co-delivered with patients and service users. The areas to be amplified further in the Strategy include:

- Prioritising prevention and early intervention
- Tackling stigma and discrimination in the wider community to reduce inequalities of access and aspiration
- Developing personalisation, independence and resilience supported by co-production, peer support and responding holistically to a person's needs
- Shaping services to respond to transitions from childhood through to old age
- Increasing the availability of, and equity of access to, community based support including primary care
- Grasping opportunities offered by innovation - including integration, use of technology and newly developed best practice
- Improving the physical health of those affected by poor mental health
- Raising the quality and effectiveness of services to intervene quickly at times of crisis
- Supporting carers

4.2.5 Commissioning

The Strategy will contain the commissioning strategy for the CCG, in its role as lead commissioner for mental health services. It will therefore identify the funding available and how that funding will be reshaped to respond to the strategic imperatives outlined above.

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4.2.6 Evaluation of impact

A significant amount of public money is spent on responding to the needs of those with mental health problems. The thrust of this Strategy will be that we believe some of this money could be spent more efficiently if it were used to prevent mental illness, to intervene early when need is first identified and to sustain recovery through support for areas such as employment, housing and social relationships. We are committed to evaluating our new Strategy and approach and to working with organisations such as the Early Intervention Foundation to determine best practice and evidence based innovation in this field.

5. Conclusion

- 5.1 Producing this Strategy for Southwark offers an exciting opportunity to develop and implement a comprehensive, new and innovative approach to improving the mental health of the children, young people, working age adults and older people of Southwark.