

Summary Sheet

Council Meeting:

Cabinet and Commissioners' Decision Making Meeting – 10th October 2016

Title: The Rotherham Adult Mental Health Strategy

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

Anne Marie Lubanski – Strategic Director Adult Care & Housing

Report Author(s)

Elaine Woodward Strategic Commissioning Manager – Mental Health

Ward(s) Affected

All

Summary

This paper seeks approval to implement a strategic approach to the commissioning and delivery of services for Adults with Mental Health issues in Rotherham. The Interim Strategy contains a set of strategic commissioning intentions that promote recovery and social inclusion. This overarching strategy will provide a baseline position and strengthen Rotherham's statutory commitments over the next 18 months. This approach positively adds to the direction of the Adult Care Development Programme and will enable a more specific and bespoke strategy to be co-produced with key stakeholders, including most importantly, the people who use the services.

The proposed programme of work outlined in the approach is based on:

- The Mental Health Forward View for Mental Health (2016)
- The Mental Health Forward View for Mental Health Implementation (2016)
- Legislative requirements set out within the Care Act
- NICE guidelines
- An emphasis on recovery and social inclusion
- Value for money principles.

The Strategy contains a high level Implementation Plan to ensure people with mental health lead fulfilling lives, promotes parity of esteem with physical health and addresses the inequality faced by some people with a mental health need. However, it is recognised that the detail within the plan needs to be co-produced with relevant stakeholders.

Recommendations

1. That the interim Mental Health strategy be agreed for 2016-18 and an implementation plan developed, with a further co-produced strategy to be developed through 2017-18 with all stake holders.
2. That consultation with all stakeholders, including users and carers, be undertaken, to develop an implementation plan based on the Strategy.
3. That Alternatives to residential care continue to be developed, to reduce dependency and restrictive practice and increase recovery and social inclusion
4. There will be an increased focus of the assets available in the communities of Rotherham so that people are able to identify and access services earlier, thereby increasing social inclusion. Furthermore that when service users are ready to leave mental health services there are support services available in the community to prevent mental health relapse.
5. That unpaid carers are supported to continue in their role.
6. That work be continued with the Rotherham Clinical Commissioning Group to reduce the number of out of area placements and to ensure that financial responsibility remains with the 'responsible commissioner'.

List of Appendices Included

Appendix A – Best practice

Appendix B Draft – Interim Rotherham Mental Health Strategy (2016-18)

Background Papers

The Five Year Forward View for Mental Health

<https://www.england.nhs.uk/.../2016/.../Mental-Health-Taskforce-FYFV>

Implementing the Five Year Forward View for Mental Health

<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyv-mh.pdf>

No Health Without Mental Health (2011)

<https://www.gov.uk/government/.../the-mental-health-strategy-for-england>

Rotherham CCG Commissioning Plan

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Title: The Rotherham Adult Mental Health Strategy

1. Recommendations

- 1.1 That the interim Mental Health strategy be agreed for 2016-18 and an implementation plan developed, with a further co-produced strategy to be developed through 2017-18 with all stake holders.
- 1.2 That consultation with all stakeholders, including users and carers, be undertaken, to develop an implementation plan based on the Strategy.
- 1.3 That Alternatives to residential care continue to be developed, to reduce dependency and restrictive practice and increase recovery and social inclusion.
- 1.4 There will be an increased focus of the assets available in the communities of Rotherham so that people are able to identify and access services earlier, thereby increasing social inclusion. Furthermore that when service users are ready to leave mental health services there are support services available in the community to prevent mental health relapse.
- 1.5 That unpaid carers are supported to continue in their role.
- 1.6 That work be continued with the Rotherham Clinical Commissioning Group to reduce the number of out of area placements and to ensure that financial responsibility remains with the 'responsible commissioner'.

2. Background

- 2.1 This Mental Health Commissioning Strategy for Rotherham supports the Health and Wellbeing Strategy and it should be taken together with other strategies which can have a positive impact on mental health, such as: the Emotional Wellbeing & Mental Health Strategy for Children & Young People 2014-19; Rotherham Carers Strategy (2016) (draft); the Rotherham Autism Strategy 2016 (draft); the Rotherham CCG Commissioning Plan, 2016-20; the Rotherham Corporate Plan 2016-17; RDaSH Transformation Plan, 2016.
- 2.2 Mental health disorders do not just affect individuals but also their families, friends and colleagues. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results in £15.1 billion in reduced productivity. Mental ill health is the largest single cause of disability in the UK, representing up to 23% of the total burden of ill health. The total cost of mental health in England is estimated to be around £105 billion and it has been estimated that cost of health services to treat mental illness could double over the next 20 years.

3. Finances

- 3.1 At a time of increasing pressures on funding it is important that the Council:

- focuses its resources on investment into services that promote independence to enable those with lower needs to improve or maintain their mental health and wellbeing
- actively champions recovery based care models for people in more intensive residential based services.
- continues to recognise the contribution that positive emotional health can have on *all* aspects of health and wellbeing.

3.2 The Council currently provide a range of funding to support those adults with mental health issues. This includes the provision of: social care staff, based with RDaSH; day opportunities; residential care; supported accommodation; floating support.

3.3 There is a need for increased investment in early help and preventative services, to comply with the Care Act, which will lead to fewer adults requiring mental health services. For those that are in receipt of services, the Council will ensure that they receive high quality, and value for money services based on the needs of the individual. The use of residential care will be reduced to fund new and innovative supported living accommodation which will promote recovery and independence.

3.4 The Council will continue to work with the Rotherham Clinical Commissioning Group to ensure that financial responsibility remains with the 'responsible commissioner' and that the number of out of area placements are reduced. A collaborative approach will be taken focusing on prevention and s.117 aftercare placements¹. This will build upon the established CCG Mental Health Commissioning Strategy.

4. Prevalence of mental health²

4.1 Children and Young people

- One in ten young people will experience a mental health problem.
- Over half of mental health problems in adult life (excluding dementia) start by age 14 and 75% by age 18.

¹ <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mental-health-aftercare.aspx>

² All figures in this section come from the following data sources:

- Future in Mind (2015)
- No Health without Mental Health (2011)
- ONS Statistics on Suicide in England & Wales (2015)
- The Care Act , 2014
- The Five Year Forward View for Mental Health, 2016
- The Mental Health Act, 1983

- One in four (26%) young people in the UK experience suicidal thoughts, most commonly by cutting; 87% of young people who self-harm do not seek treatment from an acute hospital
- Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years, particularly since the mid 1980's.
- A recent study of young people of Asian origin in the UK found that the suicide rate of 16-24 year old women was three times that of 16-24 year old women of white British origin
- Rates of psychiatric disorder are up to four times greater in children with chronic physical illness than in children who are physically well.

4.2 Adults

- One in four people will experience a mental health problem in any given year, albeit with varying levels of complexity.
- Nine out of ten people with mental health problems experience stigma and discrimination.
- In England women are almost twice as likely to be diagnosed with anxiety disorder, compared to men
- In 2013 6,233 suicides were recorded in the UK for people aged 15+; of these 78% were males. Public Health England fingertips tool data covers the period 2012-14 and indicates that for Rotherham suicide prevalence rates for males are 17.9 per 100,000 population. The female suicide rate is too small to provide prevalence data for Rotherham over the same period.
- 30% of people with a long term condition (LTC) - e.g. diabetes, CHC, COPD have a mental health problem and 46% with a mental health problem also had a LTC
- 40% of Older people living in care homes are affected by depression
- Nine out of ten Adults with mental health problems are supported in primary care
- Just 43% of people with mental health problems are in employment

4.3 Although it is difficult to accurately state how many people in Rotherham have a mental health issue the estimates are:

- Adults with mixed anxiety and depression (9%), 10,187
- Adults with general anxiety(4.4%), 8,852
- Adults with depression (2.3%) 4627
- Adults with Psychosis (0.4%) 805

5. Policy and Statutory Drivers

5.1 The Five Year Forward View for Mental Health (2016) and the subsequent Implementation Plan (July 2016) set out the transformation that will be required to mental health services; including targets to be achieved.

5.2 The Strategy covers all ages and there are three key themes in the strategy:

- High quality 7-day services for people in crisis
- Integration of physical and mental health care
- Prevention

5.3 The report found that:

- An estimated that up to three quarters of people with mental health problems receive no support at all.
- People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.
- In a crisis, only 14% of adults surveyed felt they were provided with the right response.

6. Key Issues

6.1 People with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.

6.2. People with a long term physical health condition are two to three times more likely to experience mental health problems. Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

6.3 People who have experienced traumatic life events are more likely to experience mental health issues. In Rotherham there are a significant number of young adults who have been victims of Child Sexual Exploitation (CSE). The impact upon the survivors' mental health can include symptoms including: Post-traumatic Stress Disorder; Self harm; anxiety, depression, Personality Disorder; Eating Disorders and possibly Psychosis.

6.4. The proportion of black mental health patients is three times higher than the proportion of black people in the population; the proportion of Asian mental health patients is one third lower than the proportion of Asian people in the population – this may in part be due to historical under reporting of prevalence within the community. Black Caribbean patients are detained under the Mental Health Act at a rate 32% higher than average; 25% higher for dual heritage patients and 6% lower for White British patients. (BRAP report, 2010)

6.5 The current range of services that promote recovery and social inclusion do not always prevent people to become dependent and there are still people moving into residential care.

6.6 There will be a need to work with commissioners of children's services to prevent the escalation of mental health issues, given that 75% of mental health issues are present by age 18, but currently very few children and young people transition from children's to adult services.

7. Options considered and recommended proposal

7.1 It is recommended that the Interim Adult Mental Health Strategy is approved.

7.2 Consultation to be undertaken with all mental health stakeholders, including users and carers, on the Implementation Plan.

7.3 The development of a communication strategy, to outlines how and when the Council intends to communicate its intentions when co-production is relevant and where consultation is necessary.

8. Consultation

8.1 Much of this overarching strategy is predicated on mandatory requirements and it is recognised that there has been no formal consultation undertaken for the development of the document. However, the main mental health provider Rotherham, Doncaster and South Humberside NHS Foundation Trust (RDaSH) have undertaken comprehensive consultation prior to their transformation of adult mental health services in Rotherham.

8.2 The RDaSH consultation (2015/6) found that stakeholders expressed a need for:

- A place based model where care is delivered closer to home
- Timely access with clear routes into services
- Removal of artificial barriers such as age or narrow cluster based structures
- Reduced number of assessments – telling the same story over again
- Named contacts for professionals i.e. key worker type approach
- Improved transition
- Closer working between health and social care

8.3 The Strategy outlines the statutory requirements for the Council; meaningful and extensive co-production will be undertaken in relation to developing the Implementation plan. This will consider best practice from other areas as detailed in Appendix A.

9. Timetable and Accountability for Implementing this Decision

9.1 If this report is approved, work will commence immediately to undertake consultation on the Implementation Plan. This will be led by Adult Care & Housing, working collaboratively with Rotherham CCG to further ensure that the Implementation Plan takes places and is reviewed.

9.2 The programme of work will span the Adult Care and Housing Directorate, Children and Young People's Directorate and more widely the Council and key partners. A significant proportion of this work will be managed through the Adult Social Care Development Programme and through improved commissioning partnerships with Rotherham CCG. Ownership of the work programme will rest with the Strategic Director of Adults Care and Housing.

9.3 The communication strategy will be shared and a clear project timeline put in place.

10. Financial and Procurement Implications

10.1 This area may require future investment and current services will need to be reviewed to ensure value for money and that services deliver recovery and social inclusion.

11. Legal Implications

11.1 Legal requirements of the Mental Health Act 1983/2007 need to be followed. Care Act 2014 requirements will need to be adhered to ensure Rotherham MBC's statutory duties are met.

12. Human Resources Implications

12.1 None

13. Implications for Children and Young People and Vulnerable Adults

13.1 These proposals will have a positive impact on children, young people and adults with mental health needs and their families.

14. Equalities and Human Rights Implications

14.1 An Equality Impact Assessment will be undertaken to support the Implementation Plan.

15. Implications for Partners and Other Directorates

15.1 Key partners and stakeholders will be engaged with as part of the consultation process and will develop the detailed Implementation Plan.

16. Risks and Mitigation

16.1 The Implementation Plan will include the identification of any risks and mitigations.

17. Accountable Officer(s)

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:-
Name Officer: Mark Scarrott, Finance Manager

Assistant Director of Legal Services:- Dermot Pearson

Head of Procurement (if appropriate):-

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<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>