

Tabled Item 6 – Scrutiny of Mental Health Service Provision

Adult Mental Health Update

The areas listed below are a combination of our current workstreams and mental health services commissioned for the Fareham & Gosport region. On the whole services are working well and we have a considerable number of projects working to deliver the Five Year Forward View and the NHS Long Term Plan objectives. We have identified priority areas to address in order to improve services, these largely relate to the Portsmouth and South East Hampshire area (SE Hants includes both Fareham & Gosport and South East Hants CCGs) this footprint is referred to as PSEH, however some of the improvements are being managed at scale across the Hampshire and Isle of Wight STP footprint.

Mental Health Practitioners in NHS 111

Patients are able to self-refer to the crisis team, through 111. There are mental health practitioners located in the 111 service who are able to carry out the assessments and provide care and advice in a more skilled way because of their background. If they deem it clinically necessary, the patients will be referred to the crisis team or directed to the most appropriate service.

There has already been an 83% reduction in Emergency Department end points and a 78% reduction in 999 end points. Referrals have increased from 600 a month to 1,600 a month.

Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year, and the [Five Year Forward View for Mental Health](#) (FYFVMH) committed to expanding services further to reach 25% of the prevalent population by 2021, alongside improving quality. The standards have also been required to be maintained in the NHS long Term Plan to 2023/24.

The Hampshire IAPT service “ITalk” provided by Southern Health FT in conjunction with Solent Mind, has struggled to gain a consistent monthly foothold in Fareham & Gosport CCG area, which means that we are not consistently generating enough referrals in to the service (the current target is 19%). However the service has made some significant changes and the overall quality of service delivery has been consistently achieving above the Waiting Times and Recovery standards.

Eating Disorders (ED) Service

At present, data is showing that we are currently underutilising the service. The number of referrals is low and we will be discussing this with the Primary Care. GP practices have been informed that we have a psychological-led service at April House in Southampton. This is a Hampshire-wide service, so meetings are happening across a large area, and are led by West Hampshire CCG, with our input.

Day Hospital

Our local crisis team is expanding the day hospital currently based at Base Point (Gosport) to include older persons mental health. This runs Monday to Friday from 9am to 5pm. The service aims to prevent admissions to Hospital and offer a step down for patients nearing discharge. If possible, patients can be stabilised in day hospital rather than being admitted. The service provides a range of therapies. Patients can access through the crisis team who can refer them in to the Day hospital service.

Patients can attend the day hospital for up to two weeks although this is flexible. The hospital is able to attend to the needs of 8 to 10 patients at a time. In the first 6 months the day hospital had prevented 40 admissions.

Physical Health Care of Patients with Serious Mental Illness (SMI)

In HloW the prevalence of long term conditions has been increasing – especially in those related to ageing. The difference between the death rate in people under 75 years of age in contact with mental health services and the general population is:

- 84 more deaths per 100,000 population in adults with SMI for liver disease
- 147 more deaths per 100,000 population in adults with SMI for respiratory disease
- 198 more deaths per 100,000 population in adults with SMI for cardiovascular disease
- 142 more deaths per 100,000 population in adults with SMI for cancer

These patients die on average 20 years sooner than the general population: high CVS and diabetes risk. The new GP contract and QOF incentivises the monitoring and addressing of specific areas of care. However, Fareham and Gosport and SE Hants (FGSEH) CCGs have commissioned a local scheme to help practices deliver more thorough health checks and interventions to try redress this balance.

We have achieved the 60% National target set for Annual health checks for Mental Health patients for 2018/19, and are monitoring the current years performance

Dementia Prevalence

GP Practices are asked to case-find patients with dementia. This is because the recorded numbers in our area (FGSEH) are below what would be expected based on nationally provided information. Timely recognition and diagnosis of dementia is good clinical practice as it enables treatment to be started early, and enables high quality advanced care planning. These patients are also pro-actively reviewed in the practice to identify any health or social concerns early. A diagnosis of dementia also unlocks access to services such as the Dementia Advisory Service, which provides bespoke access and support to patients and their families/carers.

The target was for 2/3 (66.7%) of patients to receive a dementia diagnosis. We are currently at 0.3% (11 patients) behind target in Fareham & Gosport so have promoted this to our GP practices along with some tips for case finding to improve detection.

Emotional Dysregulation Pathway

We are well on the way to launching an emotional dysregulation pathway in PSEH, with Solent and Southern NHS Trusts. This pathway aims to support people who suffer with emotional dysregulation as part of another mental illness and those who have a diagnosis of emotionally unstable personality disorder (previously known as borderline personality disorder). The aim is to care for people better in the community, equip people with skills that they can use now and in the future to self-manage their difficulties, avoid admission to hospital which is typically un-therapeutic, and ensure adequate ongoing support including peer support. By keeping this group out of hospital, their recovery is improved, and it also allows more patients who are in need of beds to be kept closer to home.

Psychiatric Liaison Service

This service in the Emergency Department (ED). There is a staff consultation upcoming which is required to officially expand the service to the 24/7 cover for ED, until this is completed agency staffing is being used to cover the midnight to 8am shifts. National funding has been awarded for 2020/21 to increase the staffing for the liaison service to deliver phase 1 of the project to deliver Core24 in line with the NHS long term plan, this funding a second consultant psychiatrist, nursing staff and an administrator. The target is for patients presenting in ED to be assessed within one hour of referral.

Same Day Access Service (SDAS)

We have committed to provide mental health practitioner support into the GP same day access services. They will have an assessment and signposting role, as those in the Mental Health Assessment Unit do, but at a lower level of severity. The aim is that they replace the GP as the first point of contact, because of their unique skills and support.

Currently the SDAS serves a population of approximately 40 000. Mental health is recognised as a significant need within the service, and until now the majority of cases have been put back into practice or triaged to see a GP. These appointments tend to happen at the end of the working day, which can be challenging when further intervention is required.

The aim of the SDAS mental health model is to assess and see people in a timelier and more appropriate way, and avoid clustering of mental health patients towards the end of the working day when additional support is harder to come by.

Through the employment of CPNs in the SDAS model, we will seek to achieve the following:

- Assessment of patients presenting with mental health problems in a time frame in line with clinical need
- Reduction of numbers of patients being returned to general practice acutely
- Reduction of numbers of patients being seen in the SDAS by GPs
- Patient appointments with GPs within the SDAS system earlier in the day, where needed, to avoid challenges to crisis input outside of normal working hours

Mental Health Investment

Fareham & Gosport CCG are meeting the Mental Health Investment Standard confirmed that funding has increased by 6.4% for 2019/20. With both Mental health providers (Solent and Southern Health) working across boundaries, this is helping to resolve some of the local workforce issues.

Acute Bed Model & Out of Area Placements

Southern Health are now running a locality based bed model for adult mental health beds, this means that only local patients will access the local beds in Elmleigh. The model launched in July and has seen a significant reduction in the use of out of area placements and a vast improvement in the length of stay for patients which has reduced from around 60 days to 32 days (the national average).

Safe Haven

The CCG Transformation Team has gained funding for a Safe Haven which will be located in Havant. This will fund Havant and East Hants Mind, Inclusion (for drug and alcohol related presentations) & Southern Health for nurses, to help support from 6 to 11pm during the evenings with additional opening hours during weekends. This is providing an alternative to ED for mental health patients.

The pilot will run for 12 months. Police are also able use as well as well as the ambulance service. The centre is for patients with no physical health conditions. If the pilot is successful then further Havens could possibly be rolled out in other areas.

The aim is to have this service running before the end of January.