

## Wessex Clinical Senate

### Recommendations on Mental Health Services

#### Introduction

Clinical Senates receive requests for advice from commissioners; they provide clinical assurance of service change to NHS England. Clinical Senates also create their own advice by drawing on a variety of health and wider care perspectives, including those of professionals who sometimes go unheard. These recommendations on mental health services were created in this way by the Clinical Senate Council itself, without a formal request for advice.

On 23<sup>rd</sup> October 2014, Clinical Senate Chairs were invited, with other stakeholders, including some families of vulnerable people who had died in custody nationally, to attend a Policing and Mental Health Summit in London chaired by the Home Secretary Theresa May, to discuss the problem of access to appropriate care for people with vulnerabilities who come into contact with the police. Hampshire and Dorset constabularies were also represented at the meeting.

As a result of these discussions, a piece of work was undertaken locally to assess what happened to vulnerable people undergoing a mental health crisis in Wessex and to find out what services were available to them. Intelligence and information gathering took place over a six-month period.

The Wessex Clinical Senate Council reviewed these findings and noted that considerable guidance to commissioners was already available<sup>1</sup>. The Council received a number of presentations from invited guests at its meetings on 4<sup>th</sup> December 2014 and 3<sup>rd</sup> March 2015. The minutes of both these meetings are available on the Wessex Clinical Senate Council website<sup>2</sup>. The work to draft these recommendations on Mental Health then began.

Further additions and amendments were suggested at the Wessex Senate Council meeting on 10<sup>th</sup> June 2015 and also at the meeting on 30<sup>th</sup> September 2015. Following these meetings the mental health recommendations were further refined and re-distributed to all Wessex Clinical Senate Council members for comment.

#### Recommendations

##### Future Proofing Mental Health Services

1. Commissioners should reflect on the legal requirement for the NHS and public sector bodies to consider economic, social and environmental value in the implementation of sustainable plans to enhance mental health and wellbeing. Investment in the promotion of mental health wellbeing, prevention of mental disorder and early treatment of mental disorder results in significant economic savings, even in the short term, and commissioners and health and wellbeing boards should give this greater priority.
2. Commissioners should work with service providers, patients, their families and communities to:
  - a. Create new models that give providers greater flexibility in contracting to facilitate addressing the longer term goals for patients and communities.
  - b. Ensure that patients, their carers and communities are central to service design

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<sup>1</sup> <http://www.jcpmh.info/>

<sup>2</sup> <http://www.wessexsenate.nhs.uk/publications/>

- c. Develop performance measures in contracting that are based on improving patient outcomes.
- 3. Commissioners should follow guidance<sup>3,4</sup> on future proofing mental health services to ensure that they are financially, environmentally and socially sustainable, adopting the four basic principles of “sustainable commissioning”: to prioritise prevention, empower individuals and communities, improve value and create social and environmental value.

#### Standards

- 4. Commissioners should set ambitious local standards for prompt access to assessment and treatment for patients in acute mental health crises whenever and wherever the crisis occurs.
- 5. Commissioners should regularly monitor a range of quality metrics including: access times for treatment including inpatient admission, the placement of patients with providers remote from their local area, length of stay, incidents, patient and staff satisfaction surveys, access to evidence-based interventions.
- 6. Commissioners should assure themselves and the public that condition-specific national and local targets do not have unintended detrimental effects on other services for patients and carers.
- 7. Commissioners should ensure that age appropriate<sup>5</sup>, needs based services<sup>6</sup> and transitional services<sup>7</sup> are delivered by staff with the appropriate skill set. Commissioners should ensure that their patients and population benefit from and have equity of access to national initiatives such as psychological therapies (IAPT) and the Crisis Care Concordat.

#### Resources

- 8. Commissioners should ensure that the full economic benefit of dedicated funding results in measureable benefits to patients.

#### Service Boundaries and Transitions

- 9. Commissioners should ensure that substance abuse and addiction services are available as seamless part of the treatment and care package when required by patients with mental illness and should not be a cause for exclusion from an appropriate mental health services.

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<sup>3</sup> Guidance for commissioning public mental health services. Updated July 2013. <http://www.icpmh.info/good-services/public-mental-health-services/>

<sup>4</sup> Guidance for commissioners of financial, environmentally and socially sustainable mental health services <http://www.icpmh.info/wp-content/uploads/icpmh-sustainable-guide.png> October 2015

<sup>5</sup> Walid Khalid Abdul-Hamid, Kelly Lewis-Cole, Frank Holloway, Ann Marisa Silverman. Comparison of how old age psychiatry and general adult psychiatry services meet the needs of elderly people with functional mental illness: cross-sectional survey. The British Journal of Psychiatry October 2015. <http://bjp.rcpsych.org/content/early/2015/09/10/bjp.bp.114.145706><http://bjp.rcpsych.org/content/early/2015/09/10/bjp.bp.114.145706>

<sup>6</sup> Guidance for commissioners for older people’s mental health services. May 2013. <http://bjp.rcpsych.org/content/early/2015/09/10/bjp.bp.114.145706>

<sup>7</sup> Guidance for commissioners of mental health services for young people making the transition from child to adolescent to adult services. February 2013. <http://www.icpmh.info/good-services/young-people-in-transition/>

10. Commissioners should closely monitor transitions, patient satisfaction and safety when service users move between age-specific services, such as child and adolescent mental health services to adult services.
11. Commissioners should ensure that there is appropriate information, communication and handover of care when people move location for whatever reason.
12. Commissioners should ensure that every patient who is assessed is offered appropriate and timely treatment or intervention especially when in crisis
13. Commissioners should ensure that all services both mental health and physical health provide an appropriate and timely assessment of the patients' physical and mental health needs and facilitated access to appropriate and timely provision.
14. Commissioners should ensure that the commissioning process should result in better integration of mental health services with primary, secondary and social care

#### Staff

15. As a proxy quality and safety measure, commissioners should monitor and benchmark temporary staffing, vacancy and sickness rates for all professional groups employed by all health and social care providers.
16. Commissioners should monitor and benchmark the percentage of staff in crisis teams trained to deliver evidence based therapies as part of the early intervention in psychosis pathway.
17. Commissioners should work with Health Education England to ensure that there is provision of learning and development opportunities in mental health, particularly for primary care. Training should be available in obtaining detailed and high quality patient histories, to assist with the recognition and early management of mental health issues for the benefit of patients and their carers.