

Southend-on-Sea Borough Council

**Report on Mental health need and provision of services
in Southend-on-Sea
to
Health and Wellbeing Board
On
3rd September 2014**

**Agenda
Item No.**

Report prepared by: South Essex Partnership University NHS Foundation Trust (SEPT)

Mental health need and provision of services in Southend-on-Sea

1. Purpose of Report

The purpose of the report is to brief the Health and Wellbeing Board about the need for and provision of mental health services in Southend on Sea.

2. Recommendations

- 2.1. Southend has high levels of need for mental health services. Mental health promotion and disease prevention is critical given that treatment for mental illness is only partially effective. Providing the most effective treatments for people with mental illness will only avert 28% of the mental illness morbidity.
- 2.2. Services provision should include a life course perspective. Most mental health risk factors are additive and contribute to an intergenerational cycle in establishing and perpetuating mental disorder.
- 2.3. Parity of esteem is a key priority for addressing health inequalities and quality of life for people with and without diagnosed mental illness. This will require a significant culture change and more flexibility in service provision.
- 2.4. All partners in the health economy should commit to joint action on the impact of stigma and self-stigma on access to services.

3. Mental Health ‘Need’

3.1. Mental illness and mental health

It is important to consider the full perspective of mental illness and mental health in a population in order to understand the contribution that can be made by specialist mental health services. Specialist services provide essential care to a small proportion of the population in a limited range of conditions. To do this effectively

requires close and flexible partnership working with a wide range of agencies, both care-giving and political. Mental health is influenced by and impacts on all aspects of life synergistically, and the constituency that should address these issues is correspondingly broad.

Mental illness is very common and is a prominent cause of disability, representing a huge cost to the health service and the economy. Mental illness is both a cause and a consequence of social inequality, violence and unemployment. Mental health problems in childhood reduce educational achievement and employability and also increase the risk of impaired relationships, drug and alcohol misuse and violence and crime. Key risk factors for mental illness include low income, debt, violence, stressful life events and unemployment.

Positive mental health is not just the absence of mental illness and appears to operate as a distinct spectrum (Keyes, 2002). Good mental health or wellbeing is profoundly important to quality of life and protects against mental and physical illness, social inequalities and unhealthy lifestyles. Good mental wellbeing increases resilience to common emotional, social and financial stressors; increases protective factors such as academic achievement and participation in community life; and reduces risk factors such as sickness absence, poor productivity and risk taking behaviour.

Figure 1: Two continua model of mental health and mental illness



3.2. Population level indicators of Mental health 'Need'

Southend has a higher than average experience of deprivation and disadvantage and this has been linked in former analyses of mental health need to the higher demand for and use of specialist mental health services. Southend also faces particular challenges and demands for mental health services due to its proximity

and good train links with London, and a historical housing market imbalance characteristic of seaside towns.

There are strong links between the risk factors for both mental illness and poor mental health and measures of social deprivation and disadvantage. A range of demographic factors such as income, employment, housing status, education and receipt of benefits, either alone or as composite indices, can explain some part of the variation in utilisation of mental health services at a population level.

Deprivation influences the prevalence of mental illness but can also impact on the severity and complexity of mental illness, including the likelihood of relapse and the level of social support available. Whilst deprivation scores can be a good indicator of need for mental health care, they tend to underestimate population needs in the most deprived areas (Tulloch & Priebe, 2010).

Deprivation is higher in Southend than the England average and every other district in Essex. A greater proportion of the residents of Southend live in the 20% most deprived areas in England and this proportion increased from 18% to 23% between 2007 and 2010.

Figure 2 shows the distribution of deprivation in Southend with higher expected mental health needs in the red and orange zones. Figure 3 provides a wider geographical context showing that the levels of need in Southend are comparable to other seaside areas like Clacton and Jaywick, as well as Basildon, Grays and East London.

Other population indices record high mental health needs in Southend. The Mental Illness Needs Index (MINI 2000) in Southend and Tendring is significantly higher than in other Essex districts. Also the indicator rate of Incapacity Benefits Claimants for Mental Illness - was higher in Southend than the England average and all other Essex districts.

Figure 2: Index of Multiple Deprivation by quintile in Southend (2010 data)

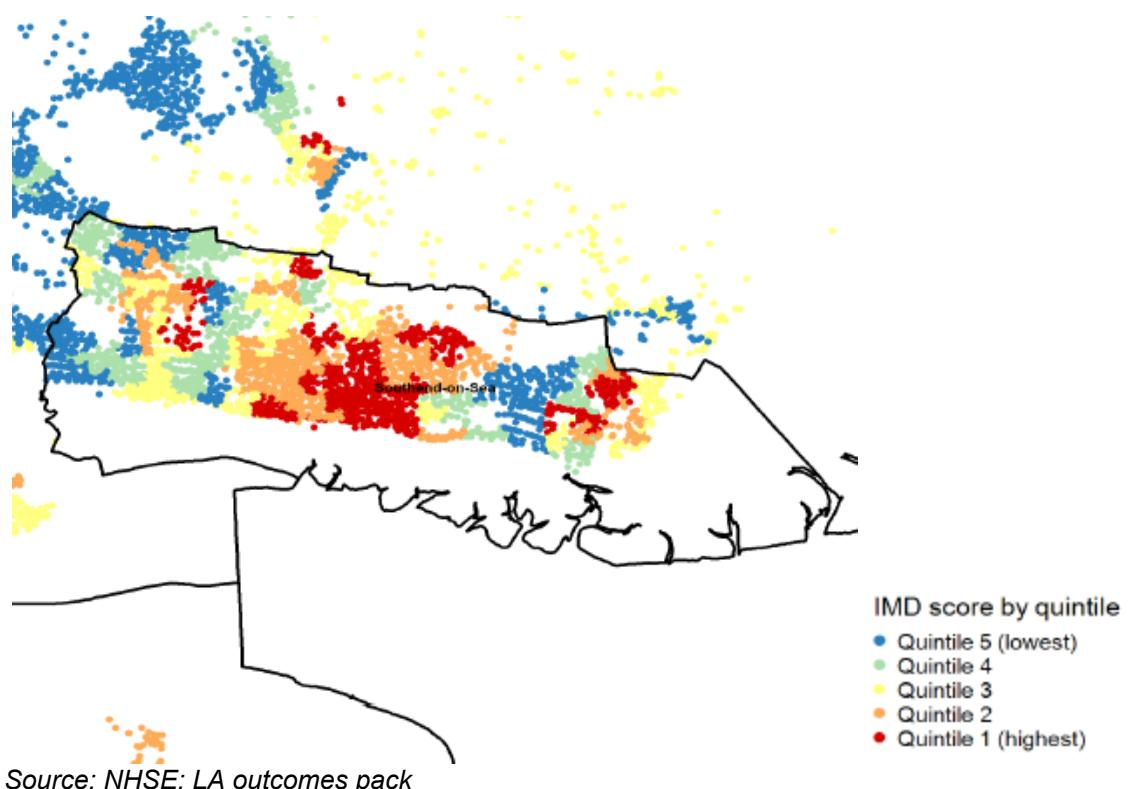
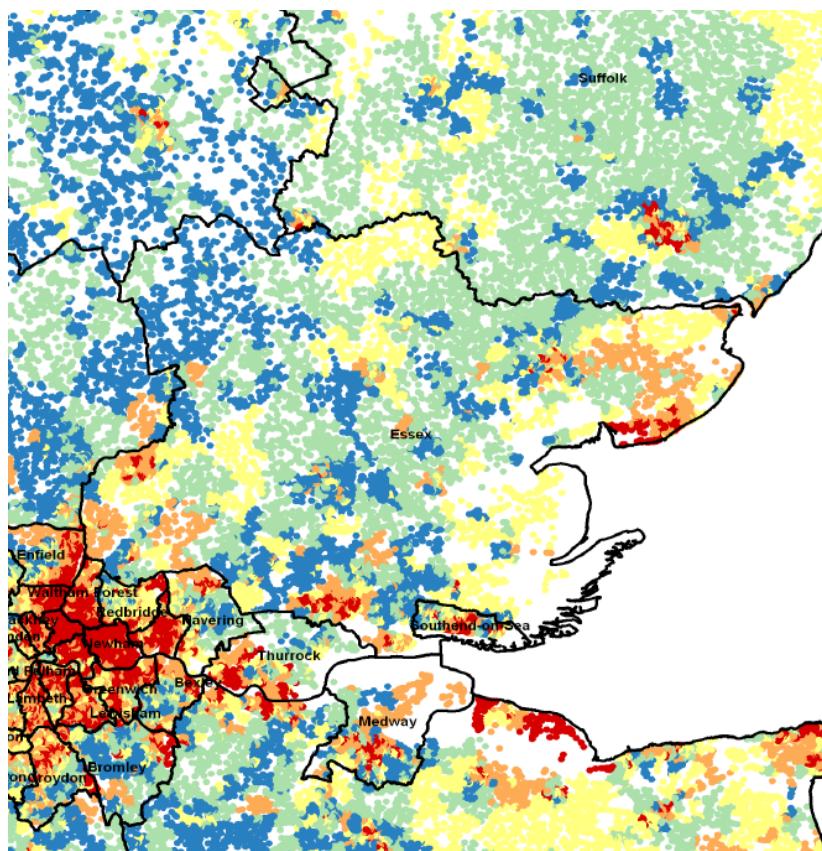


Figure 3: Index of Multiple Deprivation by quintile; Southend in relation to surrounding area (2010 data)



Source: NHS Commissioning Board Outcomes Benchmarking support pack; LA level

3.3. Impact of population changes on mental health need

Like most parts of the country, the population in Southend is both increasing and ageing. This is likely to result in a higher prevalence of specific conditions such as dementia, as well as more complex and long term conditions that are frequently associated with both depression and low mental wellbeing.

The population profile in Southend differs from the England average by having more people over the age of 75 and fewer people in the 15-34 year age group (*NHS Commissioning Board CCG support pack*). The number of people living with life-limiting conditions such as stroke, diabetes and dementia are projected to increase, particularly in the most deprived areas. Around 30% of people with a long term condition also have a mental health problem such as depression or anxiety which can inhibit rehabilitation and recovery and add significantly to the complexity of care.

The Southend population aged 18-64 years will grow by 12% in the next 16 years. This is in contrast to the older population over 65 years which will increase by 38%. The increase is particularly marked in the very elderly and in men; by 2030, the number of people age over 90 is projected to rise by 80%, but this represents a 160% rise in men over 90. By 2030, the number of people aged over 65 living in a care home will increase by 54% (*POPPI*).

3.4. Debt and financial stress

Economic recession has a profound impact on mental health. Debt increases the risk of mental illness and mental illness increases the risk of getting into debt. During a recession, people with mental health problems have a higher rate of losing their jobs than those without mental illness. There are also links between unemployment and suicide at a population level (Evans-Lacko, Knapp, McCrone, Thornicroft, & Mojtabai, 2013; Stuckler, Basu, Suhrcke, Coutts, & McKee, 2009)

Southend experiences a higher than national average rate of long term unemployment and has a higher proportion of children living in poverty. The rate of violent crime is also significantly higher in Southend.

3.5. Mental health through the life-course

Children

Most mental illness has its origins in childhood. Half of all mental illness starts by the age of 14 and 75% by age 24. Up to 25% of children show signs of mental health problems, more than half of which track through into adulthood. Around 10% of children have a clinically diagnosed mental disorder at any point in childhood, the most common condition being conduct disorder with a prevalence of 5%.

Parents

High quality parenting and good parental mental health are strong protective factors against childhood mental illness. Schools offer another important opportunity for promotion and prevention. Poverty and deprivation make parenting more difficult but high quality parenting can protect against the effects of deprivation. There are strong intergenerational links in mental illness but these are partly modified by a wide range of environmental factors.

Working age adults

The distribution of mental illness in Southend can be estimated from national survey data. At any time, common mental illness conditions are found in around 20% of women and 12% of men aged 18-74. In contrast, psychotic conditions which nearly always represent serious mental illness occur in 0.5% of the population. However, this estimate does not however take into account population factors that indicate higher needs and it is unsurprising that local primary care data record the higher prevalence of serious mental illness as 1.1% of the practice population in Southend (*QOF data*).

Older people

In 2014, 2,500 people in Southend aged over 65 are estimated to have dementia and this number is predicted to rise by 54% by 2030. However, improvements in vascular health through efforts to reduce smoking and blood pressure, and to improve diet and physical exercise may hold some hope for the future. A recent

study suggests that the future prevalence of dementia could be up to 15% lower due to better health in later born populations compared to those born earlier in the past century (Matthews, Arthur, Barnes, & Bond, 2013). This evidence reinforces the importance of primary prevention for the whole population.

Nearly 3,000 older people in Southend have depression, approximately a third of which is severe. Depression is often unrecognised and untreated in older people, and is associated with an increased admission to care homes.

3.6. Health inequalities and Parity of esteem

People with serious mental illness (SMI) experience profound health inequalities with a life expectancy up to two decades shorter than the general population. They experience higher rates of both long term conditions, such as heart and lung disease, diabetes and infectious diseases, and adverse lifestyle risk factors related to smoking, nutrition, exercise, sexual health and substance misuse. MH service users however have proportionately poorer access to general health and health improvement services. The policy aim of ‘parity of esteem’ is to give equal emphasis to mental health and physical health care. This means better physical healthcare for people with mental illness, and better mental health care for those with long term conditions and other physical health problems.

Life expectancy at birth in Southend is similar to the England average. However the gap in LE between the least and most deprived areas within Southend is 9.4 years for men and 8.1 years for women (*PHE Segment Tool*). Around 65% of this gap is accounted for by deaths from circulatory disease, respiratory disease and cancer. External causes of death, which includes suicide, only accounts for 6-7% of the life expectancy gap between the most and least deprived areas.

The life expectancy gap between people with and without mental illness is 15-20 years. The death rate for adults with serious mental illness in Southend is approximately three times higher than for the general population. This experience is found throughout England. Excess deaths rates are particularly high in people aged 24-44 years, and are three time higher for cardiovascular disease and four to five times higher for respiratory and liver disease (*NHS outcomes Framework Indicator 1.5*).

4. Local strategic direction

The key drivers to develop mental health services in Southend are the national Mental Health strategy – No Health without Mental Health; the Southend Health and Wellbeing Strategy; and the South Essex Joint Strategy for Commissioning Mental Health Services 2013-18.

CCGs and Local authorities in South Essex developed a joint strategy for commissioning mental health services from 2013-2018. The strategy acknowledges the critical role of the whole system of care, from primary to specialist services, to achieving better mental health outcomes for the population.

The Health and Wellbeing Strategy complements this service perspective with a commitment to promote mental wellbeing, address parity of esteem and stigma, and support an early start in life, including perinatal health and parenting programmes.

The aims of the Joint commissioning strategy are set out as follows:

- Improve the confidence and capability of GP's and practice staff to recognise, assess, support and refer people with mental health problems,
- Improve the gateway into services so people are directed to the right support at the right time,
- Improve primary care and preventative mental health services so more people are supported without the need to be in secondary care,
- Focus secondary care on providing intensive, specialist support which improves recovery, personalisation and choice, so fewer people need residential care.
- Improve crisis responses so that fewer people need inpatient care.
- Focus on developing the usage of alternative providers and self-management where it is safe and appropriate to do so.
- Focus on meeting the needs of higher risk groups who may have specialist needs.
- The strategy provides a timeline for working with partners to implement the new strategy over the next 3 – 5 years. This will involve a process of refining models, piloting, reviewing and implementing the changes.
- The strategy shows how we will commission the delivery of the strategy through co-ordinated health and social care commissioning arrangements.

The rationale for these aims was derived from the consultation dialogue with the community. The key messages highlighted are:

- The desire for recovery focused services was common amongst service users, carers and also professionals. People want to reach a point where they can take control to manage their condition and become as socially included and independent as possible. People wanted the opportunity to take control through options such as personal budgets.
- Stakeholders wanted better access to services in crisis, they wanted to be able to gain entry back into services once they have been discharged, and reducing the need for people to go to hospital or receive treatment in a specialist mental health service.
- Employment, support and carer's involvement, are all crucial, it is families and carers who know their loved one best. Once informed and prepared, they can help the service user remain in their environment. Having daily activity and employment help. These aspects ensure a growing sense of self-worth.
- Integration and partnership between service providers is important as combined knowledge and expertise is central to achieving a holistic view and approach to helping people receive the service they deserve.
- People wanted single access, one-stop-shops, with as few visits to Centers as possible - helping the individual feel listened to and seen as whole person.
- Ease of access to services, increased opening hours to make specialist services more available, not confined by walls and time, with choice and accessibility.
- Stakeholders wanted to ensure that services were safe and managed risk. They wanted us to ensure that the strategy improved safety by providing rapid access to specialist care when they need it most.

- Continuity of professional presence - seeing different people each visit has been a real concern for service users, having to repeat one's story and to develop yet another trusting relationship only slows down recovery.
- Well trained, knowledgeable and informed staff that ensure effective responses, assessment and care.
- Multipoint access to information can aid the quick location of important advice and assistance.
- Reduced use of hospitalisation, with community alternatives for pre- and post-hospital. Many people commented that they did not like being in hospital. Also it is clearly a very expensive option.

5. Mental health services in Southend

A wide range of services contribute to mental health in Southend, from promoting positive mental health to reducing risk factors; and preventing mental illness to treating mental illness and its consequences.

South Essex Partnership Trust provides specialist services to people with the most severe and disabling mental illness, in partnership with a wide range of health and social care and support services. These are therefore targeted services to a small proportion of residents with mental illness or distress. In addition, psychological therapies are provided to wider population whose mental health treatment is predominantly based in primary care services.

Whilst the focus of SEPT services is predominantly on the treatment of mental illness, the Trust also has a significant role in the promotion of positive mental health. Examples of this role span from adopting a Recovery approach to care, as well as addressing stigma and parity of esteem with other partners.

5.1 Range of SEPT Mental Health Services

Adult Mental Health Service

Adult Mental Health Services include both inpatient and community services. The following are the main services that Southend people have access to:

Assessment Unit – is a 24hour inpatient based service which works closely with the Crisis Resolution and Home Treatment Team and is based at Basildon Mental Health Unit. The Assessment unit is a 20 bed unit that serves all of South Essex. People are referred to the assessment unit where an initial mental health assessment indicates that they require a longer period of assessment. The average length of stay is 3 days and it is anticipated that an individual's stay will not be longer than 5 days. Patients will be discharged home with community support or admitted to an inpatient treatment ward for further interventions.

Adult Acute Inpatient Wards – Southend is served by Cedar ward in Rochford Hospital. The inpatient services work as a system so will support each other to manage peaks in demand across the system. Patients receive individualised

care and treatment during acute phase of their mental health. Patients are only admitted to these wards if they cannot be safely cared for at home.

Psychiatric Intensive Care Unit – this unit is based at Basildon Mental Health Unit and serves all of South Essex. It is a 12 bedded unit providing for people who are acutely disturbed and detained under the Mental Health Act 1983. The intensive care ward provides intensive care management where this is necessary for the patient's own safety or the safety of others.

Rehabilitation Service – this service has both an inpatient component and community component to its provision. There is a 10 bedded stand-alone rehabilitation inpatient service providing service for people who have severe and enduring mental health issues and associated behavioural problems. The unit is located in Basildon and provides 24 hour staffed facility. Patients are referred from secondary care. Patients are discharged to various setting ranging from independent living to residential care. The community component provides a multi-disciplinary team that serves all of South Essex localities. The team support individuals with complex mental health presentation and work collaboratively with Community Mental Health Teams.

Crisis Resolution and Home Treatment Team – this team is based at Rochford Hospital and serves South East Essex localities. This service supports patients who without this support would need to be admitted to hospital, or who cannot be discharged from hospital without intensive community support. The intensity of support will vary dependant on individual need and may include multiple home visits in one day. The service operates 365 days a year and enables patients who are in crisis, and not able to function at their normal level, to be supported in their own homes.

Adult Community Mental Health Teams – these teams are multi-disciplinary, multi-agency teams designed to provide mental health assessment, care and treatment for individuals with more complex and enduring mental health needs. CMHT's are currently subject to transformation. Southend has access to a CMHT which serves the South East localities and includes specific provision for Southend. The team works from Warrior House in Southend and Rochford Hospital.

Older Peoples Service

Older Peoples Services provide for both functional mental health presentations such as depression and organic presentations such as dementia. They include both inpatient and community services. The following are the main services that Southend people have access to:

Acute Inpatient Ward – Beech ward based at Rochford Hospital serves the Southend locality. The ward provides for people who suffer from a functional mental illness and cannot be safely cared for at home.

Community Mental Health Teams – these teams are multi-disciplinary, multi-agency teams designed to provide mental health assessment, care and treatment

for older people with more complex and enduring mental health needs. Southends CMHT is based at the Harland Centre, Westcliff-on-Sea.

Day Treatment Services – this service has recently been subject to transformation. Southend locality can access services based at the Harland centre, Westcliff-on-Sea. The service offers a number of therapeutic approaches aimed at both functional and organic presentations. The interventions are provided by a peripatetic team that works across South Essex. The change in service module has recently been introduced and referrals are gradually increasing.

Organic Assessment Services – Maple ward based at Rochford Hospital provides for the Southend locality. This is a 24 bed assessment ward for people with dementia. An assessment regarding future care needs takes place over a period of time for up to a maximum length of stay of 12 weeks.

Dementia Challenging Behaviour Ward – Clifton Lodge is located in Southend and offers a service for patients with dementia who also present with a significant amount of challenging behaviour due to dementia. The anticipated maximum length of stay is anticipated to be 9 months. This service is subject to review and is in the process of transition.

Memory Assessment Services – this is a specialist assessment service that aims to meet the needs of people who are concerned that they may have a memory problem. The service is made up of specialist doctors, nurses, occupational therapists and psychologists. The service assesses and diagnoses the nature of the memory problem.

Dementia Intensive Support Team – this is a specialist team made up of nurses from a physical health and mental health background. The aim of the team is to support individuals with a diagnosis of dementia in order to assist with avoidable admissions to Acute Hospital. This service does not currently offer out of hours service and is time limited.

Community Dementia Nurses – there are four Dementia Community Nurses (CDN's) that work within South East Essex two of which cover the Southend Locality.

Their roles include:

- Promoting early diagnosis of Dementia
- Increasing the numbers of people on the Dementia Registers to ensure that people with Dementia have access to specialist care.
- Assisting with reviews of people with Dementia
- Liaising with Care Homes, Community Mental Health Teams, End of Life team, Alzheimers Society, Carers groups and Memory Services
- Providing signposting, support and advice on all matters Dementia to the Practice team.

Psychotherapy Services

Psychotherapy Services for Southend are based at the Taylor Centre, Warrior House in Southend with outreach services provided at other Trust Community Mental Health Team bases.

The psychotherapy service is a limited service offering a range of therapies such as Art Psychotherapy, Family Therapy and Specialist Needs personality Disorder Service. People are referred to this service via secondary mental health services. The service is increasing focusing on the most complex presentations.

Young Peoples Services

Child and Adolescent Mental Health Service – the service provides outpatient assessments, support and treatment for emotional and behavioural difficulties in children and young people up to the age of 18. Referrals are received from any professional who is working with children and young people. The Southend CAMHS service is based at Rochford Hospital. These services are currently subject to a procurement process that aims to commission these services on a county wide basis.

Child and Adolescent In-patient Service – Poplar Adolescent Unit is based at Rochford Hospital and serves South Essex. The ward is a 15 bedded unit providing in-depth, holistic assessment of the psychological, social and physical needs of young people aged between 11 and 17. The service offers treatment, educational resources and short-term rehabilitation for adolescents.

Forensic Mental Health Services:

The specialist services for inpatients are usually provided for those between 18 and 65 years old, detained under the Mental Health Act or Court Order. The services care for patients in conditions of low and medium security including those who need inpatient assessment and treatment; no longer require high secure care; or can no longer be cared for within mainstream services. The services are county wide and based at Brockfield House in Wickford.

The Forensic services also provide a Criminal Justice Service. This service is for people aged 17 years and over who are in the criminal justice system and have been identified as having a mental health problem. This extends to police stations, the courts, prisons and the probation service.

Therapy For You

Therapy For You is the primary care psychological therapy service for people in Southend (and across south Essex). It provides talking therapies for people experiencing common problems such as anxiety and stress, low mood, bereavement and loss, sleep problems, etc. The majority of referrals to the service come from GPs, but it accepts referrals from any source, and people are encouraged to refer themselves by phoning the service and arranging an appointment. The service is available to anyone over 17.

In 2013/14 the service treated 2,709 people from Southend and so far in the current year it is on track to treat its required target number of 3,170 (or 15% of the people in Southend with common mental health problems).

The service has about 30 therapists working in Southend (the actual number varies to reflect changes in demand) who offer a range of evidence based psychological interventions (including CBT and counselling for depression) in line with NICE guidance. This includes individual therapy (which is offered to most people referred), topic specific therapy groups, and classroom based interventions that aim to teach people how to manage their problems themselves. Many people will be offered more than one kind of intervention to help meet their different needs.

Therapists work in the majority of GP practices in Southend, as well as at the Taylor Centre, Harland Centre, Leigh Primary Care Centre, Westcliff High School for Boys and the Jubilee Centre. SEPT works in partnership with Southend Mind and the Atrium Clinic and Therapy Centre in providing the Therapy For You service, with all three agencies employing therapists working in Southend. Therapy For You staff attend the specialist community mental health multi-disciplinary team meetings to ensure effective communication and allow clients to be “escalated” when there is a need for psychiatric input etc, and also to take on clients referred to specialist mental health services whose needs can be better met through the psychological interventions offered in Therapy For You.

Therapy For You was set up as part of the national “Improving Access to Psychological Therapies” (IAPT) initiative. This requires the service to operate within a particular framework to deliver NICE compliant, evidence based psychological interventions, and also to focus on the key national targets of access to the service (a target for the number of people treated each year) and the proportion of people treated who recover.

5.2 Service Transformation

The trust has an active transformation programme to implement changes to meet the Joint Commissioning strategy

Accessing mental health services

The SEPT gateway project establishes a single point of access for all referrals with seamless and efficient entry into the right care pathway. A Choose and Book facility to make referrals to mental health services was launched on 30th July. There is a 4 hour response time to referrals through this route.

This model meets commissioner requirements in terms of access to services, availability of specialist advice, a flexible response from the multi-disciplinary team, updates and information when needed, and efficient and responsive services.

Community Mental Health Teams

The adult community mental health services (CMHT) are in the process of transformation. The services are restructuring to provide a 'First Response' for people entering secondary mental health services and anticipated to require service for up to 6 months. The transformation programme will also create a 'Recovery and Wellbeing' component for people with severe and enduring mental illness that require interventions for over 6 months. The community transformation programme aims to achieve more responsive and flexible response to mental health need in response to the local mental health strategy. The CMHT will continue to provide an integrated service response with social care.

Rehabilitation Services

The rehabilitation service is currently being reviewed in terms of what would be the best service model for people with complex mental health presentations with longer-term care needs. The aim of this programme of work is to establish how individuals can be supported in the least restrictive environments and how the community rehabilitation team can support individuals to live as independently as possible.

Dementia Care Pathway

A transformations process that forms part of the South Essex QUIPP programme commenced in 2013. The programme aims to strengthen the dementia care pathway. The programme has refined the criteria for the existing inpatient wards from the assessment wards to refocusing the longer stay wards to provide for only people challenging behaviour as a consequence of dementia. A review of need is due to take place to identify what the level of need is across South Essex for people with challenging behaviour. It is expected that the inpatient service provision will need to change to meet demand.

Bed Reduction Programme

The Trust, in response to the South Essex Mental Health Strategy and Commissioner requirements, has been undertaking a bed reduction programme since 2012. Nationally, there has been significant coverage in the press regarding shortage of mental health beds and patients having to travel significant distances. With the improvement in community services this has not been the case in South Essex.

In recent weeks there has been additional press coverage confirming that despite overall increases to NHS funding in recent years that mental health services have received a real terms reduction in funding. As mentioned earlier in this paper the delivery of quality mental health services is dependent on partnerships, especially with Local Authority social care services. The financial pressures within this area are arguably greater even than in health which makes the overall challenge even greater.

The original aim was to reduce the bed provision across South Essex localities by two wards. The programme sets out to achieve this focusing on reducing inpatient length of stay which has been above the national average, reducing the number of people identified as delayed discharge and improving community crisis support. To date the success of the programme has achieved a sustained reduction in usage of inpatient beds releasing sufficient capacity to close one ward in the South East Essex locality. This learning from this piece of work is currently being introduced into South West locality.

6. CONCLUSION

The information within this paper demonstrates that there is a growth in demand for mental health services in Southend forecast going forward. This against a backdrop of reduced funding for both health and social care provides local services with a significant challenge. The services are already undertaking major transformational change and need to continue to do so working in close partnership with the Local Authority, voluntary sector, patients, carers and staff in order to support the Southend population now and in the future.

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