Subject: Summary Report on Challenges Facing Mental Health Services in London

Report to: Health and Public Services Committee

Report of: Executive Director of Secretariat

Date: 8 February 2012

This report will be considered in public

1. Summary

1.1 This report summarises the Health and Public Services Committee meeting on 13 December 2011 about the challenges facing London’s mental health services.

2. Recommendation

2.1 That the Committee notes this report and the letters sent to Dame Ruth Carnall DBE, Chief Executive of NHS London and to Pam Chesters, the Mayor’s Advisor on Health and Families.

3. Background

3.1 The Committee held a meeting on 2 December 2011 with a range of mental health experts. The meeting was held to discuss the challenges facing mental health services in the capital, including changes to the way services are commissioned and funded, and changes to regional oversight of services.

3.2 The guests attending the meeting were:

- Dr Geraldine Strathdee, Associate Medical Director for Mental Health, NHS London;
- Wendy Wallace, CEO, Camden and Islington NHS Foundation Trust;
- Dr Alex Horne, Medical Director at North East London Foundation Trust;
- Brendan McLoughlin, Project Manager, London Mental Health Models of Care Project, London Health Programmes;
- Dr Muhammed Ali, GP, Harrow; and
- Richard Pacitti, CEO, Croydon MIND.
4. **Key findings**

4.1 At the meeting, Members raised a number of issues with guests. These included the need for mental health services to integrate effectively with other types of services, the potential impacts of the major changes to regional oversight, commissioning and funding systems, the lack of focus on mental health prevention and promotion work, risks to the continued implementation of the programme to Increase Access to Psychological Therapies, and the need for London Ambulance Service staff to have better information about available places of safety where they can take people experiencing crisis.

4.2 Following the meeting, the Chair wrote to Dame Ruth Carnall DBE, Chief Executive of NHS London (letter attached as Appendix 1) and Pam Chesters, the Mayor’s Advisor on Health and Families (letter attached as Appendix 2) to follow-up on the key concerns from the meeting around regional oversight, and the potential for the London Health Improvement Board to include mental health in its work programme. The Committee is asked to note the letters.

The rest of this section of the report outlines the discussion from the meeting about each key issue.

*The need for integration with other services*

4.3 The Committee asked guests about how effectively mental health services are integrated with physical health services and social care services. In response, Dr Geraldine Strathdee spoke about the importance of links between physical and mental health. She stated that 25 per cent of people on acute wards in London have got a mental health problem, showing how closely physical and mental health are linked. Dr Strathdee explained that if physical and mental health issues are not both dealt with together, patient outcomes are often worse, people tend to have longer hospital stays, and are more likely to have a health crisis. She explained that good integration between mental health and social care services have similar impacts, helping to reduce hospital admissions and shorten hospital stays. However, she explained that since these services were provided and commissioned separately, good integration could be hard to achieve:

“We have not quite got there yet with making sure that mental health is integrated into long term conditions and physical care. For example, if anyone in the room is a diabetic or has a coronary heart problem, you are 25% more likely to have depression or to not feel great. If you are feeling a bit low...you cannot keep to the care plan. It is much harder to exercise and get your diet right.” Dr Geraldine Strathdee

4.4 Dr Strathdee also raised the importance of including mental health in the work programmes of the new local Health and Wellbeing Boards and the London Health Improvement Board. She stated that the new London Health Improvement Board (LHIB), chaired by the Mayor had already set its priorities for action, but that two of these – childhood obesity and alcohol misuse – had clear mental health elements. The Chair has therefore written to Pam Chesters to ask that mental health is properly considered during the development of the LHIB work programmes on childhood obesity and alcohol misuse (see appendix 2).
4.5 Richard Pacitti also spoke about the need for NHS and local authority commissioned services to work closely with voluntary sector services. He explained that voluntary sector services had a good track record in supporting people with mental health problems in a range of ways, including providing support to sort out practical problems such as poor housing and benefits entitlements.

“Most mental health interventions are social and practical interventions. We published research recently showing that 50 to 60% of people in secondary mental health services are not getting the benefits to which they are entitled...GPs think they can refer someone to a community mental health team and these things will get sorted out, and very often they are not.” Richard Pacitti

The need for continued regional oversight

4.6 Members and guests discussed the need for strategic leadership for NHS mental health services following the abolition of NHS London in 2013. There was broad agreement from guests about the need for continued regional oversight of services. Wendy Wallace explained the need for regional commissioning support to provide the new Clinical Commissioning Groups, (who will be taking on responsibility for local commissioning from 2013) with data and information on spend and outcomes, to help them make informed commissioning decisions. Dr Strathdee believes there will be a continuing need for a regional body to share best practice and support its implementation across the capital. Dr Muhammed Ali spoke about NHS London’s role in co-ordinating work to improve care pathways, and the need for an organisation to continue to have this strategic, pan-London role:

“I think going forward, the risk is we get caught in fragmentation... We would not have had the stroke care pathway, I would not be sitting trying to think about co-ordinating mental health commissioning for London if we did not have a coordinating organisation or group.” Dr Muhammed Ali

4.7 In response to this call for regional leadership, Wendy Wallace spoke about a proposal to set up a pan-London group of academics, clinicians and other mental health experts to support Clinical Commissioning Groups (CCGs) in commissioning mental health services. In addition, following this meeting, the Chair wrote to Dame Ruth Carnall DBE, Chief Executive of NHS London asking for continued pan-London oversight of mental health services, and expert support for CCGs (see appendix 1).

The challenge of prevention

4.8 Guests spoke about the need for a greater focus on preventive services, to reduce the demand on specialist services such as crisis teams. Dr Strathdee explained that mental health promotion and prevention services received a very small percentage of the overall mental health budget. Richard Pacitti stated that local authority spending cuts on preventive services were likely to lead to more people presenting in crisis. Dr Alex Horne explained that the imperative for commissioners to meet short –term targets could sometimes make it difficult for them to focus on long-term preventative work:
“There is a very clear evidence-based cycle of disadvantage starting at a very young age for many people, particularly young men, in which there are many opportunities to intervene, but if that is not built into the strategy and planned for in a longer term way then we will not intervene and miss an opportunity.” Dr Alex Horne

4.9 In response to the need for a greater emphasis on mental health promotion and prevention, the Chair has written to Pam Chesters to ask that the LHIB considers developing a workstream on mental health promotion, focused on young people when it comes to review its work programme. The letter that includes this request can be found as appendix 2.

The challenge of new commissioning and funding arrangements

4.10 Members asked questions about the impact that major changes to the commissioning and funding systems have. Dr Ali and Wendy Wallace agreed that CCGs would face real challenges in taking on their new commissioning role at the same time as managing the new funding system. The new funding system will introduce Payment by Results to mental health which will involve money following the individual rather than the current system of block commissioning services. Wendy Wallace spoke about the risks involved in moving to the new mental health tariff because it was such a radically different way of funding services. She stated that:

“Considering 60% of our income could be shifted in one hit, it [the tariff] is a tremendous financial risk for the trusts and potentially for commissioners if we don’t get it right.” Wendy Wallace

4.11 In response to this challenge, Wendy Wallace explained that London’s mental health trusts had worked with commissioners to develop a memorandum of understanding about the implementation of the mental health tariff that should reduce the risks of its implementation. Richard Pacitti added that in order to become informed commissioners, CCG members should go out into their local areas visit local services and find out what they can offer, and what impact they are having on people’s health.

Variation in Investment in Psychological Therapies

4.12 A Member of the Committee raised concerns about the challenge of continuing to improve access to psychological therapies during a period of budget pressures and changes to commissioning structure. A national programme called Improving Access to Psychological Therapies (IAPT) aims to ensure adults in every area of the country who have mild to moderate mental health problems can access psychological therapies such as Cognitive Behavioural Therapy by 2015. In response, Brendan McLoughlin spoke about the benefits of psychological therapies in treating people with mild to moderate mental health problems, but explained that there was wide variation in access to these therapies across the capital. Brendan McLoughlin explained that the outcomes data from the IAPT programme clearly showed its benefits:
One of the objectives of this service is a 50% recovery rate so that 50% of people who come in with a mental health condition leave that service without a mental health condition and London is close to 50% recovery, which is a very good outcome for any kind of health intervention. Brendan McLoughlin

4.13 However, Brendan McLoughlin stated that although most areas of inner London now offer good access to psychological therapies, the picture is more mixed in outer London. In response to a question from a Member about waiting lists for psychological therapies, he acknowledged that in some areas there were long waits. He also stated that there were risks around the implementation of IAPT post 2013, since the programme is currently co-ordinated by NHS London who are also funding the training of the therapists.

4.14 In response to this challenge, Dr Strathdee spoke about the importance of every CCG having a mental health lead to ensure that programmes like IAPT continue to be implemented across the capital. In addition, Brendan McLoughlin explained that GPs understanding of mental health, combined with the data showing the success of the IAPT programme meant he felt optimistic about GPs on CCGs supporting the continued implementation of the programme.

The need for better information sharing with other emergency services

4.15 The Chair of the Committee raised the issue of London Ambulance Service (LAS) staff sometimes encountering difficulties in finding a place of safety where they can take a person suffering a mental health crisis. These places of safety, or section 136 suites are available across the capital, but there is no live time information currently available to LAS staff to enable them to locate the nearest available suite that has capacity.

4.16 In response to this Dr Strathdee stated that there were plans to publish an up to date list of Section 136 suites, and to circulate this to the Police and to the London Ambulance Service. She also stated that negotiations are about to start on providing live time information about available capacity at Section 136 suites.

5. Legal Implications

5.1 The Committee has the power to do what is recommended in the report.

6 Financial Implications

6.1 There are no financial implications arising from this review.

List of appendices to this report:

Appendix 1: Letter to Dame Ruth Carnall DBE, Chief Executive, NHS London
Appendix 2: Letter to Pam Chesters, Mayor’s Advisor on Health and Families
Local Government (Access to Information) Act 1985

List of Background Papers:

Transcript of Health and Public Services Committee 13 December 2011; available from www.london.gov.uk/assembly

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