

HAMPSHIRE AND ISLE OF WIGHT LOCAL GOVERNMENT ASSOCIATION

8 June 2007

BRIEFING NOTE ON MENTAL HEALTH AND LEARNING DISABILITY SERVICES

Prepared by the Director in association with Hampshire, Southampton and Isle of Wight Adult Services

BACKGROUND

1. The Hampshire Partnership NHS Trust has asked to give this presentation at today's meeting. Richard Barritt of Solent Mind has been invited to talk about mental health services and put the work of the NHS Trust in context. Richard has provided details of Solent Mind which are reproduced at Annex 1.
2. Mental disorder affects one in four of us during our lifetime. The Mental Health National Service Framework (1999) spelt out a ten year plan for the reform of mental health services for adults. The Government and Local Government Association vision is for mental wellbeing to be the concern of all public services (LGA paper January 2006: The Future of Mental Health, a Vision for 2015).
3. Members have often expressed concern about lack of resources for work on mental health. Most recently this was raised when Dr Jonathan Montgomery was briefing the Association on NHS changes. With re-organisations in both local authority services and in the NHS it is important to keep track of the way mental health and learning disability services are developing.
4. The current move to Foundation Trust status by our main NHS providers - Surrey and Borders Partnership NHS Trust and Hampshire Partnership NHS Trust - requires a revision of existing partnership arrangements between NHS and local authorities.
5. A third reason for reporting to members now is that after much delay, the Government is amending the 1983 Mental Health Act to create a single definition of mental disorder and a new support framework which will involve NHS, local authority adult and children's services and district councils.

REORGANISATIONS

6. Within local authorities, adult and children's mental health services are now based in separate departments. Adult services are subject to joint planning and management between NHS and local authorities. Budgets are "aligned" and may be pooled in future.
7. A number of historic problems still encumber joint NHS/local authority working e.g. lack of integrated records and IT systems, different terms and conditions of service of staff.
8. Within the four Hampshire and Isle of Wight PCTs, new commissioning arrangements for mental health are being put in place.

9. Implementation of the national strategy is overseen by Local Implementation Teams which include NHS, local authorities, third sector and others such as Police/Probation. Progress is reviewed annually by the re-organised Strategic Health Authority. New services have been provided jointly (e.g. Early Intervention, Crises Resolution, Home Treatment and Assertive Outreach).
10. Overall there is evidence of improvement across our area and as national targets are being met, new priorities have emerged e.g. developing primary care-based mental health services for people who do not meet the criteria for specialist services.
11. Mental health services for children and the elderly are organised differently but, given the success of integrated working in adult mental health, in some areas discussions are taking place about further integration of services for these categories.

FOUNDATION TRUSTS

12. The main NHS provider Trusts will become more independent with Foundation Trust status. (It is Government policy for all acute and specialist trusts to become Foundation Trusts). This will release them from health authority control and make them accountable to the independent regulator “Monitor” which is accountable to Parliament. The Trusts need local authority support for Foundation status and - once achieved - will be required to work closely in partnership with local stakeholders - engaging with Local Strategic Partnerships and Local Area Agreements.

MENTAL HEALTH BILL

13. The main issues within the Bill for local authorities are:

- (1) Approved Mental Health Professionals (AMHPs)

At present Approved Social Workers (ASWs) employed by local authorities make applications under the Act for the detention of people with a mental disorder. Under the new Bill ASWs will be replaced by AMHPs who could be employed by the local authority or the NHS. The local authority (County or Unitary) will provide the approval and commission the staff training development process for AMHPs regardless of their employer.

- (2) Supervised Community Treatment (SCT)

The Bill introduces SCT orders to allow for the compulsory treatment in the community of patients who have been detained in hospital. SCT could have an important impact on community services as well as reduce expenditure on beds in hospital. There are concerns that sufficient funding will not be made available for community services, with costs being shunted from the NHS to the local authorities.

EMPLOYMENT

14. People with mental health problems are the most disadvantaged of the disability groups in relation to employment. Rates of employment are very high amongst people who use specialist services. More common mental health problems in the general population, such as

anxiety and depression, are one of the highest factors in unemployment and days lost from work.

15. The South-East region has some of the highest rates of people on incapacity benefit and the government is looking at ways of reducing this.
16. It is accepted that employment and vocational occupation contributes to good mental health and so there are good reasons to address this issue in local communities. In the past there has been too much concentration on sheltered employment which has not helped people to be socially included. A wider range of approaches is needed including access to open employment. Health and Local Authorities have a poor record of employing people with mental health and learning disabilities but, as major employers, could be leading the way.

HOUSING

17. People with mental health and learning disabilities need access to good quality housing. This is often single person housing which is in short supply in most areas. There are additional problems with some housing stock, particularly larger estates in some areas where vulnerable people can become victims of bullying and harassment. Individuals can spend longer than necessary in institutional care because of lack of adequate alternatives. There are opportunities for joint work between Housing, Supporting People and mental health services to address these issues.

SOCIAL EXCLUSION

18. Mental health problems can result from a range of adverse factors associated with social exclusion including poverty, domestic violence, homelessness and discrimination. In addition having a disability such as mental health problems or learning disability can lead to stigma and social exclusion. Local authorities have a role to play in all of these areas and in addressing the needs of people with mental health problems in regeneration and citizenship initiatives.

IN CONTROL/INDIVIDUALISED BUDGETS

19. Following successful pilots the government is rolling out a new approach to funding packages of care for all care groups. This will be based on self assessment and the transfer of funds to the service user to manage their own care, with support where necessary. This will enable people to have more individual and flexible packages of care. The local authority will continue to accredit assessments and care plans to ensure that the care plan is appropriate to need. This is a significant change to the way care has been provided but fits well with the ethos of 'recovery' and empowerment in mental health services. These changes will require joint work with Hampshire Partnership Trust and other providers to ensure this approach is incorporated into work with people with mental health problems, learning disabilities and older person services.

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Annex: 1

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Mental Health report for 8 June HIOW/reports