

Joint Strategic Needs Assessment

Quarterly newsletter / second edition



South West London
Richmond Borough Team

Do you want to know more about mental health in the London Borough of Richmond upon Thames (LBRuT)? Do you want to find out about the needs of local people that are shaping our mental health strategies?

Welcome to the second edition of LBRuT's JSNA Newsletter. I hope you enjoyed our first edition and passed it on to your colleagues and friends in other organisations. As promised, this edition delves into more detail on a specific topic – mental health.

Mental health is everybody's business. At least 1 in 4 people will experience a mental health problem at some point in their lifetime and 1 in 6 adults has a mental health problem at any one time, which suggests that almost 25,000 people across LBRuT are experiencing mental illness.

Mental ill-health ranges from moderately poor mental health through to severe mental illness. Mental health and wellbeing are affected by the environment in which we live and the socio-economic factors that prevail, for example, housing, education, leisure and transport. Good mental health is associated with good physical health and longevity and, conversely, poor physical health is linked to mental ill-health. Mental health disorders are more common in older age groups and thus are expected to increase with our increasingly older population, particularly for conditions such as depression and dementia.

In this newsletter we are highlighting key findings from the needs assessments that have shaped our local mental health strategies.

We'd welcome your feedback so that we can include your needs or even promote data, information and intelligence that you have produced or accessed. Please send your comments directly to jsna@richmond.gov.uk or to the Public Health Directorate.

Dr Dagmar Zeuner

Director of Public Health

London Borough of Richmond upon Thames & NHS South West London, Richmond Borough Team

JSNA Mental Health Needs Assessments

Children and young people

A Child and Adolescent Mental Health Services (CAMHS) needs assessment has recently been completed to feed into the development of the new emotional wellbeing and mental health strategy for NHS Richmond.

Older people's inpatient care

Work was undertaken across South West London to try to identify the needs of older people in relation to inpatient care going forward.

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Adult inpatient care

Work was carried out by Beacon UK on behalf of South West London to try to identify the needs of adults in relation to inpatient care and to make recommendations on possible models of care that may be effective in reducing acute admissions.

Mental health rehabilitation services

Independent clinical consultants were commissioned to review current rehabilitation services for those with severe mental illness in NHS Richmond.

Further work is currently underway to look at mental health across the whole pathway from 0-100 years. The mental health JSNA will be further developed to bring together all the work outlined above and will include additional work focusing on Community Mental Health Teams, Psychiatric Intensive Care Unit (PICU), Assertive Outreach and other services.

Local strategies

There are three overarching strategies in LBRuT for mental health, which include:

- **The draft Children's Emotional Wellbeing and Mental Health Strategy**

This is currently in draft and is due to be launched in July 2012 and has 5 priorities for action covering the spectrum of service provision from universal through to targeted and specialist mental health services.

- **The Mental Health Joint Commissioning Strategy for Adults of Working Age 2011-2015**

Work was carried out by Beacon UK on behalf of South West London to try to identify the needs of adults in relation to inpatient care and to make recommendations on possible models of care that may be effective in reducing acute admissions.

- **The Mental Health Joint Commissioning Strategy for Older People 2010-2015**

Similarly this strategy sets out the context and commissioning decisions to be addressed, but for older people.

Priorities

The 5 priorities for children and young people are:

- 1 To increase the capability of all universal services to promote emotional wellbeing, to build resilience and to prevent poor mental health
- 2 To increase the capacity of targeted services to ensure that interventions are carried out earlier, including increasing access to specialist advice and support for parents and professionals
- 3 To ensure integrated services for children and families with more complex or wide ranging needs, including joint pathways and processes to support comprehensive assessment, planning and delivery of multi-agency care and support
- 4 To ensure timely, flexible and accessible specialist CAMHS services provided in a variety of settings and which offer specialist leadership and support to the development of the broader system
- 5 To make it easier for everyone to understand the services available and make appropriate referrals and ensure that a system wide approach is taken when commissioning or de-commissioning services

The key overarching priority in relation to adults and older people is to reduce the need for acute inpatient care through improving mental health services in the community. Both national and local strategies support this shift as outcomes are better for individuals. However there needs to be appropriate investment in community based services to ensure enhanced support is available for those with severe mental illness, those in crisis and those requiring rehabilitation services.

Snapshots of need in Richmond

Children and young people

- There are an estimated 2,500 aged 5 to 16 years and up to 3,000 aged 16 to 19 years with a mental health disorder
- The increasing population is likely to impact on the future demand for services
- Early intervention is crucial to reduce the onset and persistence of mental health problems in children
- Maternal mental health is strongly associated with both onset and persistence of mental disorder
- There is an extensive range of universal services, but a lack of data to ascertain levels of activity and quality of provision
- The range of targeted services is fragmented, with little understanding of the activity and quality of provision
- Communication and information sharing between public services, private and voluntary sector is disjointed
- There is a lack of information on interfaces and redirection
- Current staffing levels in specialist services are not at the level suggested for the size of the population
- Waiting times, referral pathways, understanding of the criteria and the range of services available were all flagged as issues

Adult inpatient care across South West London

- South West London is at lower demographic risk than other parts of London, although has significant unmet mental health need
- Evidence suggests that there is an opportunity to reduce the total number of inpatient beds commissioned if there are enhanced alternative levels of care provided in community settings
- The evidence suggests that a reduction of at least 20% in the number of inpatient beds could be achieved
- Analysis indicated that a third of patients misused illicit substances and / or alcohol in the 30 days prior to admission. This co-morbidity plays a critical role in driving inpatient admissions
- A triage / acute assessment ward model has been proposed as an alternative to direct admission to wards

Older people's inpatient care

- An estimated 6,000 (25%) aged 65 years and over have a mental health disorder, mainly depression and/or dementia
- The numbers of older people with depression (including severe depression) and dementia are expected to increase in line with population increase
- LBRuT's crude rate of admissions to South West London and St George's Mental Health Trust reduced by 13% between 2009-10 and 2010-11
- The majority of the admissions for depression were identified as being mild / moderate, perhaps indicating that care could have been provided in the community
- Within the admissions for depression the majority were identified as being mild / moderate, perhaps indicating that care could have been provided in the community
- There is a range of evidence that supports a shift away from acute care to community based interventions
- Respite opportunities for carers have been identified as central to maintaining patients in the community as well as moving mental health patients into the community

Mental health rehabilitation services

- On average 4 people per year are admitted to inpatient rehabilitation services
- Most of those admitted for rehabilitation services are male and aged 35-44 years
- The vast majority of those admitted had a schizophrenia diagnosis
- There should be a disinvestment in hospital based rehabilitation and a reinvestment in high support community facilities which can meet the needs of service users with complex needs and demonstrate that risk can be managed in a robust way
- The model recommended is one of independent flats or bedsits with communal facilities and 24/7 support
- A rehabilitation team should be commissioned and act as a hub co-ordinating and proactively managing movement in, out and through the network of services
- Providers should demonstrate that their service is based on recovery principles and a systematic approach to implementing these in day to day practice
- Good quality data should be collected across rehabilitation services to monitor performance and quality of provision

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What next?

Needs assessments now online at www.richmond.gov.uk/jsna

- Young carers
- Short break care
- Bite-size JSNA: Teenage conceptions
- Bite-size JSNA: Diet and nutrition
- Bite-size JSNA: Falls in older people
- Bite-size JSNA: Lifestyle

Needs assessments to be published shortly:

- Mental Health (including Child and Adolescent Mental Health Services; Dementia; Adult inpatient care; Older people's inpatient care etc.)
- Child poverty
- Quindrat needs assessment (update on Sept 2011 version)

If you have any topics or issues you think the JSNA team could analyse to improve health and social care services and well-being, or if you'd like to get involved in any of the work currently underway, please let us know via jsna@richmond.gov.uk

Further resources

See <http://www.apho.org.uk/> for links to profiles of local population. These include:

- Community Mental Health Profiles
- Health Profiles for England
- National General Practice Profiles
- Urological Cancer Profiles
- Injury Profiles
- Small Area Indicators for Joint Strategic Needs Assessment
- Local Authority Child Health Profiles
- Diabetes Community Health Profiles
- Sexual Health Balanced Scorecard
- Local Tobacco Control Profiles for England
- Health Inequality Indicators for Local Authorities in England
- European Health Profile Tool

Other links to local profiles:

- Skin Cancer Hub <http://www.swpho.nhs.uk/skincancerhub/>
- National Obesity Observatory Maps <http://www.noo.org.uk/visualisation>
- Health Protection Profiles <http://www.hpa.org.uk/healthprotectionprofiles>
- Local Alcohol Profiles for England <http://www.lape.org.uk/>
- End of Life Care Profiles <http://www.endoflifecare-intelligence.org.uk/profiles.aspx>