



**Health and Wellbeing Board**  
**Friday 20<sup>th</sup> February 2015**

## **Mental Health Update**

### **Responsible Officer**

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### **1. Summary**

1.1. Further to the Mental Health report presented at the last Health and Wellbeing Board meeting; this report is intended to provide a brief summary of the Mental Health services commissioned by Shropshire CCG and to summarise the future commissioning intentions of Shropshire CCG for 2015/16.

### **2. Mental Health Services commissioned by Shropshire CCG**

2.1. *Adult Community Learning Disabilities Teams* – The teams are Multi-Disciplinary and provide a high quality, effective service in order to meet the complex health needs of adults with learning disabilities living in the community.

2.2. *Assertive Outreach Service* – A specialist mental health service for adults 18-65 years of age who have a severe or persistent mental health issue such as schizophrenia or bipolar disorder, have a history of high use of inpatient care or multiple complex needs such as history of violence or persisting offending. One of the aims of the service is to provide support in non-acute, community settings to service users whose severity of need is such that other Community Mental Health services would be insufficient to meet their mental health needs or provide a relevant level of safety.

2.3. *Community Mental Health Teams (18 years +)* – Provide services for people needing ongoing specialist treatment, care and monitoring. Including care clusters 4-21. Response times and needs assessment are based on urgency e.g. emergency – same day response.

2.4. *Crisis Resolution, Home Treatment Services (16-65years)* - The main function of the Crisis Resolution Home Treatment Team (CRHT) is to provide home treatment for people whose mental health crisis is so severe that they would otherwise have been admitted to an inpatient ward. CRHT will gate-keep all potential inpatient admissions.

2.5. *Acute in patient services (18+ adult and older people)* – In patient services for acute care needs that cannot be managed effectively at home in the community or residential care. All referrals are via the Crisis Resolution, Home Treatment Teams for adults.

2.6. *Improving Access to Psychological Therapies (IAPT) 16 years +* - Provides a comprehensive Cognitive Behavioural Therapy (CBT) Service to the residents of Shropshire. It provides a service to Shropshire residents registered with GP surgeries around Shropshire who has a common mental health problem who thinks that CBT can be of help. Care Clusters 1-3.

2.7. *Criminal Justice Liaison 16-65 years* - The aim is to provide a confidential and accessible, comprehensive assessment and support service for people with mental health needs who are involved in the Criminal Justice System, and those who care for them. Care Clusters 1-21 are included in the referral criteria and referrals are made by agencies within the Criminal Justice System.

2.8. *Early Intervention in Psychosis (14-35 years)* - The Early Intervention Service supports individuals experiencing a first episode of psychosis, who typically are presenting for the first time to mental health services and who have not yet received any antipsychotic medication or have been treated for less than one year (care cluster 10).

2.9. *Primary Care Counselling Service (16years +)* – Aims to provide a comprehensive Primary Care Counselling Service to adults who have common mental health problems and are registered with a Shropshire (or Telford) GP.

2.10. *Inpatient services – Oak House* – The purpose of Oak House is to provide a 24 hour nursing care service to adults (18+ years) who have a profound intellectual and multiple disabilities and to provide support to families or other carers.

2.11. *Rapid Assessment, Interface and Discharge Liaison Type Service* – Aims to provide one point of contact and access for all the acute general hospital referrals for specialist assessment of mental health, dual diagnosis, substance misuse and psychological needs, of patients over the age of 16 years and including older people. The team assesses every referral in A&E within 60 minutes, and all other referrals within 24 hours, with appropriate and timely review.

2.12. *Secondary Care Psychological Therapy Service (16 years + unless in full time education whereby treatment will be received by CAMHS)* - will offer/provide services to people who have been assessed using the Care Cluster Allocation Tool and who needs identify them with the following Care Clusters: (3) Non Psychotic (Moderate Severity) and (4) Non Psychotic (Severe).

2.13. MIND – Drop in sessions for people with Mental Health problems to access help, advice and support.

2.14. Enable – Supported employment service for people who have severe Mental Health problems.

2.15. Shropshire Independent Advocacy Service – Non- mandatory advocacy service for patients admitted to the Redwoods informally (without sectioning) and for community patients.

2.16. GP counsellors – Primary care counselling services, with CBT undertaken by some of the counsellors.

2.17. Designs in Mind (formally: The Project Group) Oswestry – SCCG funds the running of a peer support group who undertake art projects, the group requires referral from the CMHT.

2.18. AXIS – Counselling for those male and female survivors of childhood sexual abuse.

### **3.0. SCCG Commissioning Intentions 2015/16**

3.1. Treatment within six weeks for 75% of people referred to the Improving Access to Psychological Therapies (IAPT) programme, with 95% of people being treated within 18 weeks.

3.2. Treatment within two weeks for more than 50% of people experiencing a first episode of psychosis.

3.3. Delivery of national IAPT target – 15% access to talking therapies for people suffering from depression and anxiety disorders and of this cohort, 50% recovery rates.

3.4. Compliance with NHS England target to have MH liaison psychiatry in acute hospitals.

3.5. Implement the Learning Disability self-assessment framework recommendations.

3.6. Evaluation of the Modernisation of Mental Health Services and recommendations.

3.7. Mental health Crisis Care Concordat – Implementation of the joint action plan

### **4.0. Recommendations**

4.1. The Health and Wellbeing Board are asked to:

- Review the content of the report and discuss.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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N/A
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<b>Cabinet Member (Portfolio Holder)</b>
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Councillor Lee Chapman, Portfolio Holder for Adult Social Services
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Councillor Karen Calder, Portfolio Holder for Health
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<b>Local Member</b>
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All – this is a county wide matter
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<b>Appendices</b>
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None
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