Joint Commissioning Strategy for Mental Health in Worcestershire 2008 - 2013

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1. Forward

This report is a Joint Commissioning strategy between health and social care for mental health and well being in Worcestershire. It has been prepared by Worcestershire County Council and Worcestershire Primary Care Trust, with the involvement of people who use mental health services, people who support them and partner agencies across Worcestershire.

The strategy describes how the Worcestershire Primary Care Trust (PCT) and Worcestershire County Council plan to use its monies to commission services to drive continual improvement of mental health and wellbeing to the residents of Worcestershire. It is important that through this process we provide clarity to providers and users of services about what we will commission in the future and the reasons for so doing.

We want to involve a wider range of partners in helping us to develop our services. We will therefore be ensuring that users, carers and the third sector are involved in planning the implementation of this commissioning strategy. They have been consulted on the strategy document and will be invited to participate in the groups established to develop implementation plans.

The strategy addresses the mental health needs of all adults including older adults, which are often considered separately to adults of working age. By including the commissioning of services for older adults we aim to, where ever possible, mirror what is provided for working aged adults. The strategic direction is that we build upon good practice locally and provide an increased focus on commissioning services which enhance well-being, and which promote choice and independence for service users. The emphasis will be on a model of recovery aligned with recommended best practice.

Commissioning has traditionally focused on contracts for cost and volume. Within Worcestershire, we want to shift the emphasis to quality and outcomes. All future development will be assessed on the outcomes they can demonstrate in terms of improvements to individuals and their families well being. Evidence shows that individuals who experience poor mental health are significantly more likely to suffer inequalities in relation to poor housing, exposure to crime and poor access to health care. We will seek to tackle these inequalities through our commissioning strategy.

The current and future financial investment within the commissioning strategy is calculated on a yearly increase in investment in line with inflation. This principle is applied to other jointly commissioned services. However, there are moves to review how we use our financial resources through methods such as programme budgeting. It is fundamental that provider organisations need to work within the resources available and improvements will only be achieved through significant redesign.

2. Introduction

One in six adults will suffer from a mental health problem at a given time. Common conditions include anxiety and depression and dementia and less common psychotic disorders include schizophrenia. Mental health problems are not particularly well understood by the wider community and are often associated with stigma or fear. The mental health services within Worcestershire aim to promote good mental health and physical well-being, to diagnose mental health problems as early as possible and to provide interventions and treatment to those who need it in a timely manner.

Purpose

The purpose of this strategy is to ensure that everybody who is involved with Mental Health services is clear about the commissioning intentions of Worcestershire PCT and Worcestershire County Council, to enable planning for the future. It covers a five-year period from the financial year 2008/09 to the 2012/2013.

This commissioning strategy is a framework to aid commissioning in:

- Prioritising local needs
- Planning service provision to meet those needs
- Monitoring to ensure they are effective and efficient

The process of commissioning allocates a limited amount of money to meet an unlimited level of demand and need.

In making commissioning decisions in Worcestershire it is important that we use a set of principles to underpin the process. Therefore all services should be able to demonstrate that they promote:

Effectiveness - All interventions or treatments should be able to achieve what they set out to achieve
Efficiency - Services should offer 'Best Value' by producing the maximum impact when compared to alternatives
Ethical practices – All interventions must be ethical
Dignity – service users and carers should be treated with respectful and caring attitudes

Scope of the strategy

The strategy covers services that are and will be commissioned by the Worcestershire PCT and County Council. It relates to services for all people with mental health problems who are aged eighteen and over, including older adults.

Specialist mental health services for adults in Worcestershire are currently mainly provided by Worcestershire Mental Health Partnership NHS Trust

(WMHPT). Social care is provided by Worcestershire County Council's Adult and Community Services, in partnership with WMHPT.

The findings of several national enquiries confirm that services for older adults with mental health needs have been under-developed. Through considering both adults of working age and older adults in this commissioning strategy, we seek to address this deficit and ensure that services are commissioned and provided on the basis of mental health care need.

Mental health services for people who are aged sixteen and younger are provided by the County Council's Children's Directorate and the Worcestershire Child and Adolescent Mental Health Service (CAHMS), which is part of Worcestershire PCT. Ad hoc arrangements are in place to provide transitional mental health services for children aged seventeen.

General mental health care provided by GPs is not currently funded through joint commissioning arrangements. However, since most people with mental health problems are cared for by their GP and primary care team, there is potential for future commissioning of specialist services within primary care.

The joint commissioning of mental health services exclude specialist substance misuse and alcohol treatment (SMAT) services, which are subject to separate joint commissioning arrangements. However, substance misusers are a high risk group for co-morbid mental heath problems, who may also access mental health interventions and treatment services. Consequently collaborative working between the service providers is required to maximise treatment effectiveness.

3. Underpinning Values

Values which underpin this strategy are the promotion of mental well-being, support for people with long term conditions, promotion of recovery oriented care, inclusion regardless of age, ethnicity and diversity, and service user and carer involvement at all levels.

In recent years recovery models of care have gained prominence, which focus activity on improving individuals' capacity to lead a fulfilled life, not dominated by mental health problems and treatment. Recovery-oriented systems of care:

- Focus on people rather than services
- Emphasise strengths rather than deficits or dysfunction
- Monitor outcomes rather than performance
- Support activities to combat stigma
- Foster collaboration between those who need support and those who support them
- Enable and support self-management and decrease the need for people to rely on formal service and professional supports

4. Objectives for Mental Health Services

People should be:

- managed within the most independent environment possible, based on an individual's needs
- supported in their recovery, and helped to realise their potential to be full members of the community, and
- offered appropriate long term support in situations where the potential for recovery is limited.

5. Health care needs analysis

5.1 Population characteristics

The Worcestershire population aged eighteen and over is estimated to be 435,048, including 96,446 adults aged over 65 (*Office of National Statistics,* June 2006).

Worcestershire has a higher proportion of people aged over sixty five compared to both the West Midlands and England and Wales. This is particularly pronounced in the Malvern Hills District Council area, whereas Redditch and Worcester City have smaller than average proportions in this age group. The number of people in Worcestershire aged over 65 is forecast to rise by 13.12% from 2006 to 2011, representing an increase of 12,654 people.

Worcestershire is a relatively affluent county. However there are marked contrasts, with 30% of residents living in areas considered to be amongst the 20% most affluent in England and 7% living in the 20% most deprived areas in England. The most deprived areas are located in central areas of Worcester, Redditch and Kidderminster.

2.5% of residents are from black and ethnic minority groups, considerably less than the 9% average for England.

Health in Worcestershire is generally good; life expectancy at birth is higher than average for England in five of the six local authorities. Deaths from all causes are significantly lower in two local authorities (Malvern and Wychavon) and similar to the England average in the remainder. In the 2001 Census 39,036 people of working age in Worcestershire reported a limiting long-term illness.

5.2 Prevalence of mental health problems

Approximately one in six adults in the population has a mental health problem at any one time. Within Worcestershire, it is estimated that approximately 42,000 adults will be experiencing a common disorder, such as general anxiety and depression and 2,000 people will be suffering from a psychotic

disorder including schizophrenia, manic bipolar and depressive disorders. Mental health problems can also have a significant impact on the health and well being of other family members and carers.

5.3 Deprivation and Mental Health

There is a clear association between deprivation and mental health. Areas of high unemployment, low income, low educational attainment and poor housing generally have a higher proportion of individuals with enduring mental health problems and also poor mental health well-being. Therefore, a greater number of people with mental health problems would be expected in deprived areas of Worcester City, Redditch and Wyre Forest.

5.4 Ethnicity and Mental Health

Nationally, the evidence of associations between ethnicity and prevalence of mental health problems suggests:

- The prevalence of common mental health problems is fairly similar across different ethnic groups, although rates are higher for Irish men and Pakistani women and lower for Bangladeshi women
- There is no difference in psychosis prevalence, but treatment for psychosis is three to five times higher in British African Caribbean populations
- People from ethnic minority groups are six times more likely to be detained under the Mental Health Act than people of white ethnicity
- Rates of suicide and self-harm are higher in young Asian women

5.5 Older Adults' Mental Health

Depression and dementia are important mental health problems associated with older adults. 12% to 15% of people aged over 65 suffer from depression, which is more common in people with a long-term physical disorder. An estimated 1,620 older adults have severe depression, which is treatable.

Dementia is a term for a range of progressive, terminal organic brain diseases. The prevalence of both early onset and late onset (aged over 65) dementia increases with age, doubling every five-year increase across the entire age range. An estimated 158 people aged 30-64 have early onset dementia and 6,834 have late onset dementia in Worcestershire. Dementia affects approximately 1 in 20 people aged 65 and 1 in 5 people aged 80 and over. Nationally it is estimated that the direct costs of dementia in people aged over 65 exceed the combined cost of stroke, cancer and heart disease.

Estimates of current and projected dementia prevalence in Worcestershire are shown in the following table. Prevalence is not expected to change in the next five years, although the population increase alone is likely to account for an additional 974 people with dementia.

Late-onset dementia prevalence estimates for the Worcestershire resident population in 2006 & 2011

Age Group	% Prevalence (Persons)*	Worcestershire Population (mid 2006)**	**Number with late onset dementia 2006 estimate**	Worcestershire Population (mid 2011)	**Number with late onset dementia 2011 estimate**
65-69	1.3	27,528	358	33,600	437
70-74	2.9	22,930	665	25,300	734
75-79	5.9	19,078	1,126	19,800	1,168
80-84	12.2	14,413	1,758	15,100	1,842
85-89	20.3	8,222	1,669	9,600	1,949
90-94	28.6	3,354	959	4,475	1,280
95+	32.5	921	299	1,225	398
Total aged 65+		**96,446**	**6,834**	**109,100**	**7,808**

*Prevalence estimates derived from Dementia UK: A report to the Alzheimer's Society on the prevalence and economic cost of dementia in the UK by King's College London, 2007
**Mid 2006 population estimate is the most recent available as at September 2007

5.6 Prisoners' Mental Health

The prison population is an important group requiring mental health services. National estimates indicate that 90% of prisoners have at least one mental health problem including neurosis, psychosis, personality disorder and substance misuse. Prisoners are also a significantly disadvantaged group, associated with high levels of pre-prison unemployment and homelessness and limited numeric and literacy skills. Also many offenders experience more than one episode in custody, since half of all prisoners re-offend within two years.

Worcestershire PCT commissions health care services, including mental health services, for prisoners in the four prisons in Worcestershire, which are currently for adult males. The combined operational capacity is 1,897, which is likely to increase slightly in the near future to a capacity of 2,000. A specific strategy for mental health services in prisons has been developed and the budget for prison mental health is monitored by a Prison Partnership Board, which includes representation from the PCT and prisons.

5.7 Suicide and Mental Health

Suicide is an important cause of death in adults accounting for over 5,000 deaths each year in England. Suicide is the leading cause of death in men aged under thirty-five. It is also the main cause of premature death in people with a mental health problem, particularly those with a diagnosis of recurrent depressive illness, schizophrenia and affective disorder. Nationally it is

estimated that suicides amongst people receiving specialist mental health care comprise 25% of all suicides.

Drug related poisoning is an important cause of suicides and the most common drugs used in overdose are psychotropic drugs prescribed to treat mental health problems.

A recent epidemiological review of suicides and undetermined injuries in Worcestershire identified 295 deaths over the six year period 2001-2006, amongst 70% males and 30% females. The proportion receiving specialist mental health services was not identified, although many were receiving treatment for depression within primary care.

6. Service Activity Data

Each year across Worcestershire there are approximately 700 hospital admissions for mental health problems, approximately 25% of these are readmissions. Analysis of the former PCT areas shows South Worcestershire PCT accounted for 56% of total admissions with Bromsgrove and Redditch PCT and Wyre Forest PCT having 28% and 16% respectively. Just over 90% of all admissions were within the county services.

Evidence from the Mental Health Needs Assessment suggest that there are higher than expected admissions for patients admitted with mental health problems within Worcester City, Malvern Hills and to some extent Wychavon.

26,000 new and follow up out-patient contacts with Consultant Psychiatrists take place in Worcestershire each year. A weighted population (that is the ratio by population size) demonstrates that higher numbers of patients in South Worcestershire are seen by Consultant Psychiatrists and fewer in Wyre Forest. However, a greater number of contacts are seen by psychological services in Wyre Forest.

On average, 350 new or re-referred patients are seen by the mental health teams each month. Approximately 3,300 patients are recorded on the community mental health team register at any one time. The caseload distribution ranges from 50 patients in Kidderminster to 680 in Bromsgrove.

The data indicates that in the north of the county, where greater needs and demands would be expected, there are fewer admissions and treatment activity, particularly in Redditch and Wyre Forest. There are many possible explanations for the apparent disparity between need and activity. These include variations in people's willingness to seek help, differences in the thresholds for admission amongst hospitals and the availability of alternative services.

From a workforce perspective, a University of Durham mapping analysis of staffing levels for working age adults indicates Worcestershire has a higher number of medical staff, Clinical Psychologists, Occupational Therapists and Social Workers per 1000 population compared to similar areas. Analysis of staffing levels for older adults indicates that the national minimum standards are currently being met.

Analysis of Mental Health services currently commissioned

Services are predominantly contracted from the Worcestershire Mental Health Partnership Trust and the Adult and Community Services Directorate of Worcestershire County Council.

The Worcestershire PCT also commissions some services from neighbouring mental health Trusts to provide specialist services and mainstream services. These are used by people who live outside of the county but who are registered with Worcestershire responsible general practitioners, and by people who choose to receive their care from these providers.

Worcestershire County Council and the PCT also commission services from the independent sector. This is mainly to provide specific care packages or to compensate for resource shortages, such as beds, within the public sector.

The range of service providers are shown in the following table:

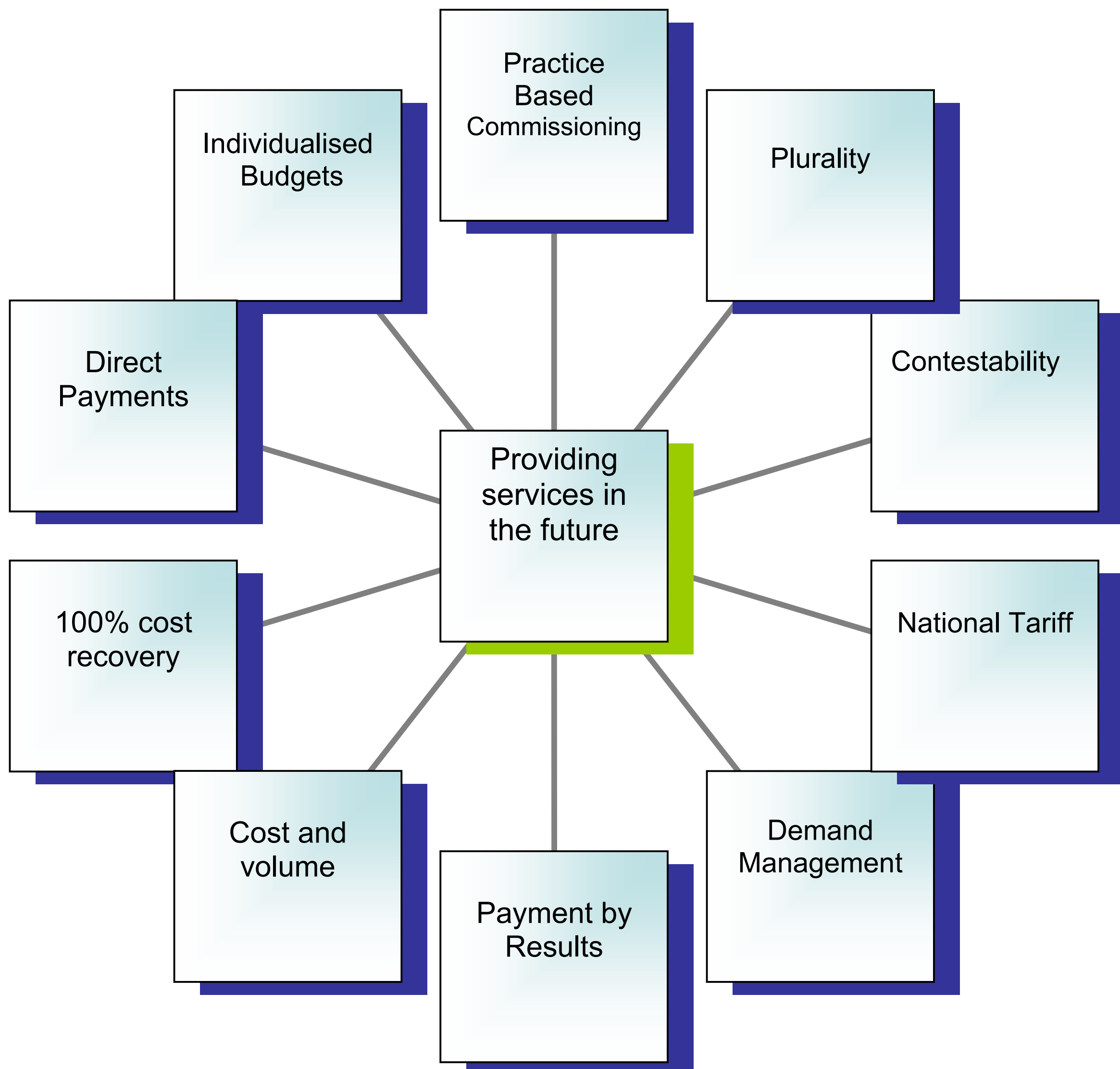
Mental Health services provided for the Worcestershire responsible adult population (population registered with in-county general practitioners)

Worcestershire Mental Health Partnership NHS Trust
Counselling and talking therapies Day care and in patient facilities Psychiatric intensive care Residential rehabilitation Employment and voluntary schemes Functional teams that include early intervention, crisis resolution and home treatment Outpatient, primary care and community mental health teams Mental health prison in-reach In-patient services Psychological therapies Eating disorders Mother and baby Outreach Dual diagnosis Services to fulfil the statutory requirements of the NHS and Community Care Act and the Carers and Disabled Children's Act
Birmingham and Solihull Mental Health NHS Trust
Specialist Services: Mother and Baby Eating Disorders Services for hearing impaired people with mental health problems Psychotherapy Neuropsychiatry Forensic Psychiatry Psychology
Gloucestershire Mental Health Partnership NHS Trust
Mental Health services for working age adults and older adults *Specialist service*: Eating Disorders
South Warwickshire Mental Health NHS Trust
Mental Health services for working age adults and older adults *Specialist service*: Eating Disorders
Oxfordshire Mental Health Care NHS Trust
Mental Health services for working age adults and older adults *Specialist Service:* Neuropsychiatry in-patient, day care and assessment
Worcestershire PCT
Primary mental health care in prisons in Worcestershire
Worcestershire County Council
Social work within the mental health teams (Community Mental Health Teams, Perinatal Psychiatry Team, Early Intervention Team) Mental health drop-in service (Worcester City) Employment advice (North Worcestershire) Additional activity contracted by WCC: Vocational and employment advice and support (Shaw Trust -South Worcestershire), Day services (Creative Support and Rethink), Various (housing, women's services, advocacy, homelessness)]

7. Drivers for Change

7.1 Commissioning policy directives

Many national policy directives have influenced the development of the strategy, including those illustrated in the following chart and which are described in the Appendix.



7.2 National Priorities

The Future of Mental Health: A Vision for 2015 states that, by 2015, mental wellbeing will be a concern of all public services and that the focus of public services will be on mental well being rather than on mental ill health.

Central Government policy is driving towards an agenda of social inclusion, citizenship and community capacity, better outcomes for users and carers, increased staff development, more transparent governance, greater public confidence in services and improved efficiency in the use of resources

The development of mental health services has been driven by the publication of the *Mental Health National Service Framework,* the *Older People's National Service Framework* and the Health & Social Care White Paper *Our Health, Our Care, Our Say*. A range of documents also strengthen the importance of specific issues including dementia (*Out of the Shadows Health Minister paper; NICE guidance, Dementia UK, National Audit Office and CSIP reports*) and suicide (*National Suicide Prevention Strategy, DH; Improvement, Expansion and Reform, DH*).

Commissioning a patient-led NHS is a national policy which focuses on creating a step-change in the way services are commissioned by front-line staff to better reflect patient choices. In addition, 'plurality of provision' reforms seek to strengthen providers and encourage a wider range of different providers to deliver high quality and responsive services.

7.3 Local Priorities

A range of existing local strategic documents have been considered in drafting this strategy*. In summary, local Health and Social Care priorities aim to:

- Develop well coordinated local services and strengthen partnership working across all agencies
- Provide equitable services based on need across the county
- ensure the financial viability of service developments
- target investment and disinvestment in order to focus on priorities
- promote early intervention approaches
- provide support for carers

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* Strategy for mental health services for older adults in Worcestershire 2003-8 (WCC website)
Older people's strategy for Worcestershire 2006-2010 (WCC website)
Older adult mental health service plan 2007/08 (WCC website)
Reshaping services- Modernisation adult mental health project Nov 2005, Angela Buckley, WCC
Worcestershire Mental Health Partnership Trust Business Plan 2007-2010 (WMHPT website)
Worcestershire mental well-being and suicide reduction strategy (Worcestershire PCT)
An epidemiological review of suicides and undetermined injury in W/shire in 2001-2006 (WPCT)
Review of dementia services 2005/06, West Midlands Strategic Health Authority

- engage GPs and support the development of practice-based commissioning of mental health services
- encourage the development of other forms of healthcare provision including services from the third sector and the independent sector
- support housing, employment and community-based activities which enable people with mental health problems to live independently.

The Worcestershire Local Area Agreement (LAA) sets out priorities for local authorities over a three year period. Two LAA targets seek to improve life choices for people with mental health problems. Since it should be possible to attain the targets within existing resources they do not form explicit commissioning intentions in this strategy. However, they are included in this section as a local priority for implementation:

- Establish local NHS and Local Government as exemplars in employment practice and
- Increase the proportion of people with a recorded enhanced Care Programme Approach (CPA) who have annual physical health assessment and healthy lifestyle interventions

8. Resources

8.1 Current Resources

The partnership arrangements in Worcestershire ensure that most services are provided jointly between the County Council and the PCT through Section 75 Agreements. Through the process of pooling financial resources, just over £54 million pounds were invested in services for individuals with mental health problems in Worcestershire in 2006/07. The split between adults and older adults was £41.271 million and £12.977 million respectively (Table 1). Worcestershire Mental Health Partnership Trust received 67.5% of the total expenditure (Table 2).

Table 1 Overall Joint Investment in Adult and Older Adult Mental Health Services in 2006/07

	Worcs PCT £000	County Council £000	LIT Total £000
ADULT MENTAL HEALTH SERVICES –DIRECT COSTS			
Community Mental Health Teams	2,333	629	2,962
Access & Crisis Services	3,467	276	3,743
Clinical Services	9,009	10	9,019
Secure and High Dependency Provision	5,292	0	5,292
Continuing Care	4,008	842	4,850
Services for Mentally Disordered Offenders	316	0	316
Other Community and Hospital Professional Teams/Specialists	1,418	70	1,488
Psychological Therapy Services	899	0	899
Home Support Services	20	398	418
Day Services	619	2,112	2,731
Support Services	40	431	471
Carers' Services		85	85
Accommodation		1,698	1,698
Direct Payments		17	17
Sub-total	27,421	6,568	33,989
ADULT MENTAL HEALTH SERVICES - INDIRECT COSTS			
Indirect Costs, Overheads & Capital Charges	6,991	291	7,282
Sub-total	6,991	291	7,282
TOTAL INVESTMENT - ADULT MENTAL HEALTH SERVICES	**34,412**	**6,859**	**41,271**
OLDER ADULT MENTAL HEALTH SERVICES	11,788	1,189	12,977
TOTAL INVESTMENT - OLDER ADULT MENTAL HEALTH SERVICES	**11,788**	**1,189**	**12,977**
TOTAL INVESTMENT - ADULT AND OLDER ADULT MENTAL HEALTH SERVICES	**46,200**	**8,048**	**54,248**
HISTORIC INVESTMENT IN ADULT MENTAL HEALTH SERVICES	**Worcs PCT £000**	**County Council £000**	**LIT Total £000**
2004/05	31,925	5,753	37,678
2005/06	33,564	6,989	40,553
2006/07	34,412	6,859	41,271

Table 2 Investment by provider for Adult and Older Adult Mental Health Services in 2006/07

NSF RETURNS	Adults £000	OP £000	Total £000
HEALTH SERVICES			
Worcestershire MH Partnership Trust	25,727	10,896	36,623
Birmingham & Solihull MH Trust	543	96	639
Gloucestershire MH Trust	159	10	169
South Warwickshire PCT	38	0	38
Oxfordshire MH Trust	3	0	3
[1] West Midlands Specialised Services Agency (WMSSA)	4,163	0	4,163
[2] Non Statutory - In Area	1,425	786	2,211
[3] Non Statutory - Out of Area	2,354	0	2,354
TOTAL	**34,412**	**11,788**	**46,200**
COUNCILS			
Worcestershire County Council	3,675	1,189	4,864
Oxford L A	0	0	0
[2] Non Statutory - In Area	2515	0	2,515
[3] Non Statutory - Out of Area	669	0	669
TOTAL	**6,859**	**1,189**	**8,048**
GRAND TOTAL	**41,271**	**12,977**	**54,248**

[1] Based on a 5.25% share of the total cost of clients managed by WMSSA in low and medium secure units. It is not based on actual Worcestershire clients.

[2] Includes in-county services/accommodation provided by the non-statutory sector, including continuing healthcare placements & grants with voluntary sector organisations.

[3] Includes out of county placements provided by the non-statutory sector.

8.2 Capital Assets

Both the Worcestershire County Council Adult and Community Services Directorate and the Worcestershire Mental Health Partnership NHS Trust own a range of capital assets where mental health services are delivered. These include Community Mental Health Centres, inpatient units, day care centres, workshops, rehabilitation units and team bases.

8.3 Programme Budgeting

Programme Budgeting is new tool to help identify variations in spend across PCTs to aid decision making about resource allocation. PCT areas are grouped into clusters based on similar characteristics to provide meaningful investment comparisons. Indicative expenditure for Worcestershire PCT has been calculated by combining data the former PCT areas for 2005/2006. This shows that expenditure on mental health was slightly higher compared to the 'cluster average'. However, there was a relative under spend in the sub-category of dementia. Differences in sub-category coding between PCT areas may explain some of the differences in expenditure. However, it may also signal a need for the balance of PCT funding on mental health care to be re-directed to dementia services. Future refinements to the Programme Budgeting process which strengthen the validity of the data will help to embed its use in resource allocation decision making.

8.4 Future Resource Assumptions

It is assumed that during the period of this commissioning strategy:

- The PCT revenue budget for mental health services will stay at approximately the same level apart from inflationary increases. The social care element of mental health funding will have reductions in the next three years. However, there is provisional agreement for additional investment in dementia care services by Worcestershire County Council over the next three years

- Expansion of existing services or investment in new services will need to be offset by disinvestment in other service areas

- Demographic pressures signal a need for expansion of older adults services, especially in relation to dementia care

- Existing service providers will develop plans with commissioners to ensure that services are delivered within the agreed financial allocations

- With our partners, we will be seeking every opportunity to secure new funding through schemes such as Big Lottery, European funds, Sure Start and Urban Renewal.

9. Workforce Development

Underpinning the delivery of this strategy is the development of a skilled, motivated, flexible and diverse workforce that is able to provide services in new and innovative ways.

There is a need to analyse service models and identify staffing and training requirements to deliver the enhanced services and to produce plans to develop the future workforce.

A partnership approach to workforce development is required, working in partnership the Voluntary Sector, Independent Sector, District Councils and service users and carers, to ensure a co-ordinated response to delivering mental health services that enhance access, reduce stigma and promote inclusion and choice.

10. Commissioning Intentions: The Way Forward

The commissioning intentions reflect priorities identified from the local consultation process, a review of current services, findings from the local needs assessment and national drivers for change. Planning for the next five years requires limiting the numbers of new priorities to ensure we have the capacity to deliver developments across five themes:

1. Mental health promotion and mental well-being
2. Primary and community mental health care
3. Specialist mental health care
4. Recovery and social integration
5. Tertiary services

Key considerations to inform future commissioning will be:

- Commissioning new services on the basis that they can clearly demonstrate potential to improve outcomes
- Developing Service Level Agreements which monitor outcomes rather than processes.
- Commissioning effective and cost-effective services where health care needs assessments have identified needs that can be addressed through health and social care interventions.
- Developing explicit patient pathways for transfers of care between age specific services.
- Appropriate engagement and representation from users, carers and the general public to develop services which are responsive to the local population's needs.

Theme 1: Mental health promotion and mental well-being

Each of us will be affected by mental health problems directly or through a friend or relative at some time in our lives. We need to raise awareness within the local population about the signs and symptoms of mental health problems and the means we can adopt to promote mental well-being. It is important that we start from an early age and incorporate this agenda within parenting programmes, early years and school education.

As deprivation is strongly associated with mental health problems, there is a need to tackle inequalities within the community. Benefits can be achieved by increasing school attainment for all children, maximising employment opportunities, increasing social cohesion and access to affordable housing.

Commissioning intentions

1.1 Work with the Local Authority and NHS to ensure the promotion of mental well-being is addressed. Target settings include schools and work places.

1.2 Review the use of grant funding which is available to promote access to universal and targeted services to promote mental well being.

1.3 Develop a model to streamline access to advice through single point of entry ‘access centres’. Explore schemes regarding the use of libraries and resource centres to provide both appropriate sign posting and self help resources, which may include toolkits for techniques such as cognitive behavioural therapy.

1.4 Implement the Worcestershire mental health promotion and suicide reduction strategy. Apply findings from the recent epidemiological review of suicides to target prevention efforts and establish a system for auditing suicides.

Theme 2: Primary and community mental health care

Most people receive their first intervention within a primary care setting and continue to receive support from their community health team, and in particular from their general practitioner, throughout their episode of care. Therefore these services need to ensure timely access to help, information and guidance when problems emerge.

Primary care needs to be the main focus of services for individuals and their carers. Users of the service should be maintained in primary and community care when appropriate. Mainstream mental health services should not create an inappropriate and prolonged dependency. Only services that need to be provided in secondary care should be. Primary care will increasingly provide the base from which to build a fully integrated mental health service.

Commissioning intentions

2.1 Equity of access to services must be assured. A review of current provision needs to be undertaken to ensure that services are based on local need.

2.2 Review psychological services and access criteria particularly in line with the 18-week wait from referral to treatment criteria.

2.3 Deliver therapeutic interventions for both common and severe mental health problems.

2.4 Ensure that general health care assessments for people with mental health problems incorporate assessments of physical health, provision of lifestyle advice and access to screening programmes.

2.5 Develop and implement a multi-agency Dementia strategy for Worcestershire to implement national good practice guidance. Priorities are to improve diagnosis and early intervention and to improve management of services and support in the community. The strategy should also consider the needs of carers of people with dementia.

Theme 3: Specialist mental health care

Many people with severe mental health problems will continue to require hospital treatment when they are most unwell. However with the development of functional teams such as crisis resolution and home treatment teams, the number of hospital admissions should be reduced. Therefore if inpatient facilities are required they should be short stay crisis accommodation with packages of care developed to enable individuals to return to the community as quickly as their condition allows.

Worcestershire needs to continue to review the implementation of the functional teams and fully implement the early intervention service whilst rolling out the home treatment team to older adults.

Commissioning intentions

3.1 Reduce the average length of stay within the specialist pathway.

3.2 Support patients to return home (or to supported living) at the earliest opportunity that their condition allows.

3.3 Reduce the number of outpatient consultations in the specialist services. This will be achieved by reducing the number of follow-up appointments patients will have. Individuals will be referred back to their general practitioner where clinically appropriate.

3.4 Develop a ‘shared care’ model of patient care with primary care.

3.5 Review community mental health teams and develop service specifications for referral, treatment and case management.

Theme 4: Recovery and Social integration

People with mental health problems are one of the most socially excluded groups in society. Service users and their families can be supported by delivering mental health services which promote recovery and independence. This will be achieved by identifying earlier when an individual's mental health is deteriorating, by providing treatment through increased community support, providing opportunities for training and education, employment, housing and support to develop social networks.

Commissioning intentions

4.1 Redesign day services which provide greater flexibility dependent on needs. The focus will be to develop a menu of services throughout the pathway to aid social integration and to provide opportunities to return to employment or a lower level of dependence and maintenance of social networks.

4.2 There is already significant activity in relation to vocational services. This work needs to be expanded to develop more opportunities for those with mental health problems to be engaged in paid employment. Opportunities must be explored in the public sector.

4.3 Review current services available to carers, including information and advice services and access to respite opportunities.

4.4 Extend services for individuals with early onset dementia to improve their social inclusion.

Theme 5: Tertiary services

The commissioning of specialist mental health services in tertiary care is undertaken through collaborative commissioning. At this level, as with others, the aim is to promote recovery and return to the lowest level of care provision as quickly as possible. Services will be responsive to individuals' needs and provide choice. Wherever possible, care will be delivered in the community or as close to home as possible. Services will be delivered under conditions of security which are appropriate to protect patient's health and safety and that of other people. Local clinicians will oversee out of county placements and ensure care plans are in place that are responsive to individuals' needs with an aim of maximising rehabilitation and sustaining an independent life.

Commissioning intentions

5.1 Review out of county places and plan to reduce the number and length and stay of high cost placements.

5.2 Review eating disorder services and undertake an option appraisal for the development of local community based eating disorder services.

5.3 Extend mother and baby mental health services to ensure that a service is available across the county.

5.4 Ensure the Care Programme Approach (CPA) and access to advocacy is used to focus attention on individual need.

5.5 Extend the current functional teams to provide treatment for older adults within the crisis resolution and home treatment teams.

5.6 Expand dementia services (see 2.5 and 4.4)

11. Assessment of risks to successfully implementing the strategy

As part of the planning process a risk assessment needs to be carried out to identify areas of risk that may impact on the successful delivery and impact of the mental health and well-being commissioning strategy. A risk assessment needs to include:

- Identification of areas of risk
- Analysis of each area of risk to grade whether the impact and probability of the risk is high, medium or low
- Identification of options that can be taken to control/minimise the risk
- Selection of controls to be taken and planning for their implementation
- Identification of systems for renewing the assessment and the progress against options identified

12. Outcomes

As commissioners we need to move to a process that measures outcomes and improvements in service delivery as opposed to the traditional model of describing process and outputs. The following suggestions for outcomes are based on feedback from our local community and the views of users and carers groups identified by the Care Services Improvement Partnership (CSIP).

Outcomes for service users (and carers/families*):

- Achieve a higher level of self esteem
- Increase their ability to develop relationships
- Maximise their potential
- Minimise relapse
- Increase individual control and choices
- Increase self care and independence
- Prevent/reduce suicide
- Minimise disruption to their own and their families life*
- Increase their families knowledge of the illness*

Outcomes for services:

- Promote mental wellbeing
- Be anti-discriminatory
- Align to 'ordinary' services
- Encourage the use of and access to mainstream community facilities (leisure, education, employment and housing)
- Recognise the role of specialist local service providers (NHS and Social Care) and the role of specialist services for people with higher level needs, that can not be provided locally
- Encourage inclusiveness in relation to gender, age, ethnicity and diversity

- Continually be responsive to users' feedback
- Demonstrate concordance with statutory duties and legislative frameworks

13. Next steps

A meeting of the Worcestershire Mental Health Partnership Board was held on 11 December 2007 to consider:

- the strategy and an action and implementation plan
- new group structures to implement and monitor the strategy

The Board agreed to:

- endorse the draft strategy and allow a three month period for public consultation commencing January 2008.

  All comments should be sent by 1 April 2008, to:

  Lodee Dudley, Consultant in Public Health

  Email: lodee.dudley@worcspct.nhs.uk

  Address: Worcestershire PCT

  Ground Floor, West Wing, Wildwood, Wildwood Drive

  Worcester, WR5 2LG

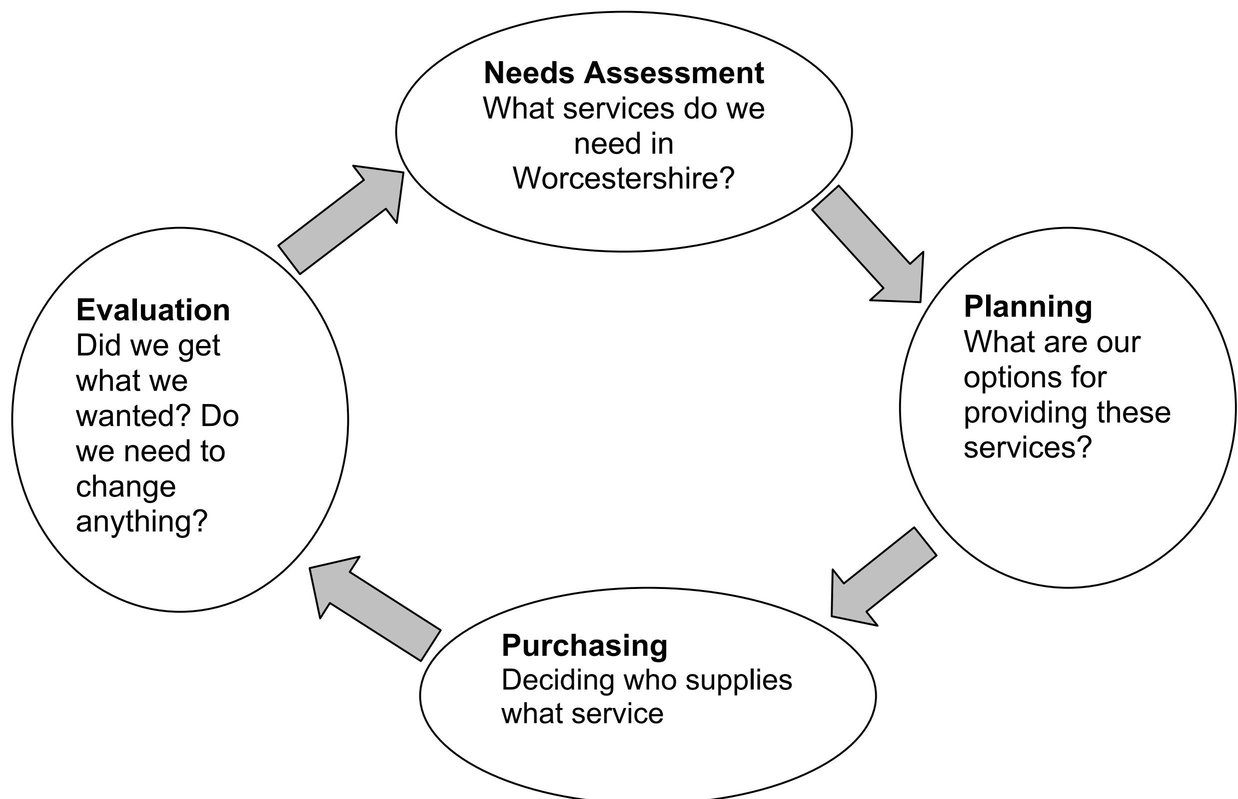
- meet in early April 2008 to review the consultation feedback and agree changes to produce a final report May 2008.

Appendix: Descriptions of financial terms

Based on Manchester Mental Health Commissioning Strategy, 2006.

Commissioning

Commissioning means ‘buying’. In this context it is the process where public money is used to effectively meet the mental health needs of local people. This is how services are typically commissioned:



Practice Based Commissioning (PBC)

PBC is intended to give General Practitioners (GPs) a freedom and an incentive to look after their population more effectively. GP practices will hold the budget for purchasing healthcare for their patients. They will be expected to assess the needs of their patients and buy the most appropriate services to meet these needs.

The National Tariff

The national tariff is a set price that GPs and Primary Care Trusts pay to acute hospitals for packages of care. A specific treatment will cost the same across the country. This creates an incentive for Trusts to be more efficient as the more people they treat, the more money they earn. It also creates an incentive for Primary Care Trusts to treat as many people as possible in the

community and to ensure that early interventions are implemented to minimise the number of referrals required to the acute hospitals.

Cost and volume

Cost and volume is a process where an organisation is only paid for the work it actually carries out. This means that services in high demand will have the resources they need to meet that demand. Also services used infrequently will receive less money than they are currently used to, but the right amount to provide the services.

Payment by Results (PBR)

PBR is a national tariff for work (e.g. for specific healthcare interventions). The same service will cost the same throughout the country and commissioners will only pay for the services their patients actually use. PBR replaces block contracts that funded a service regardless of the number of people who used it.

Direct Payments (DP)

The purpose of direct payments is to give recipients control over their own care by providing an alternative to social care services provided by a local council. A financial payment gives the person flexibility to look beyond 'off the peg' service solutions for certain housing, employment, education and leisure activities as well as for personal assistance to meet their assessed needs. This will promote independence, social inclusion, and enhanced self-esteem.

Individualised Budgets

Individualised Budgets are similar to Direct Payments. The difference is that Individualised Budgets include a wider variety of income streams from different agencies (e.g. housing or employment support). These different sources of support can be combined to create a single budget. This budget can be controlled by the individual to meet their needs in a way that best suits them.

Demand Management

Demand management relates to the process of supporting individuals and communities to use healthcare services most appropriately. Traditionally services have adopted the view that ‘more is better’. Demand management supports individuals to regulate their own use of healthcare rather than health care providers setting limits on what will be provided. Examples of demand management include choice, direct payments, individualised budgets and some health promotion activities.

Plurality

Plurality relates to the requirement to develop a range of alternative services and alternative service providers so that people and commissioners have a choice of who will provide services. Choice of provision creates an element of competition and helps to ensure that people are offered the best possible services available.

Plurality also creates a significant challenge for commissioners and their requirement to develop whole systems to ensure that services work together for the benefit of the individual patient.

Contestability

Contestability relates to the introduction of a contestable healthcare market. This is a marketing which a current service provider does not receive an inherent advantage when competing for a contract simply because they are the current provider. The aim is to avoid the development of a monopoly by one organisation or provider.

100% cost recovery

100% cost recovery relates to the amount of money that organisations receive for providing a service. This principle is designed to ensure that organisations do not ‘hide’ the cost of delivering a service in order to offer an unrealistically low cost when competing for a tender. It also ensures that small organisations are adequately reimbursed for the cost of their organisational infrastructure and helps to maintain the viability of smaller organisations when competing with larger organisations for work.