Bath and North East Somerset Joint Commissioning Board

Mental Health Commissioning Strategy 2008- 2012

Introduction
This paper intends to describe what we want of our Mental Health Services in Bath and North East Somerset (B&NES) over the next five years. It has been written after a long conversation with local stakeholders about the mental health care priorities for B&NES and considerable focused work through a series of stakeholder days that will continue as this strategy is realised in practice.

The commissioning and delivery of all mental health and social services takes place within a framework of national guidance, local priorities, quality requirements and the experiences and feedback of people who have used services and their carers; it is informed by the views of local citizens; it is charged with making sure that all services are efficient, effective and good value for money. Services are required to operate within budget to a standard that compares well with other services. We all want to know that our money is well spent.

Crucially, however, getting mental health services right for local people revolves around the simple premise that feeling mentally well is important to everyone’s physical health and that a community that supports and maintains the mental health of it’s population builds its collective, as well as individual, well being and its social, as well as financial, security.

1. Context
1.1. Our aim is to commission the best mental health services we possibly can. We want to do this dynamically, continuously and consistently supported by appropriate engagement, involvement and consultation with all interested stakeholders. The key to our success will be measured by how well we do this together and the improvement in quality experienced by people who use our services.

1.2. The commissioning task is to make sure that, on behalf of the community and the people who use services, we buy the most cost effective, high quality evidenced based mental health services we can to meet people’s needs. We then have to monitor these services to determine that standards are being met and maintained in comparison with national expectations and the performance of other areas.

1.3. Our challenge in B&NES is not only to deliver on the mental health specific requirements but, more critically, ensure that mental health is central to the
delivery of the mainstream health and social care agenda. This is reflected in the
inclusion of older people’s mental health services as part of the B&NES wide Joint
Older People’s Strategy as well as within specialist mental health commissioning.
The move for services to follow the patient on a needs-based journey of shared
care rather than require the patient slot in to a service-led division of work is an
ongoing strategic and operational goal for this area.

1.4 The evidence of inequalities in mental health is overwhelming nationally and
exists as a result of systemic problems. The introduction of the Disability Equality
Duty in December 2006 offers a key opportunity locally to ensure that all public
sector organizations promote equal opportunities for, and do not discriminate
against, people with mental health problems. This strategy, in line with those
requirements, must not be solely a blueprint for action for health and social care
services but needs to be taken forward across all council departments, through
voluntary and community groups to promote race and disability equality across all
services.

1.5. Our intention is that this commissioning strategy is a ‘fit’ with our overarching
local strategy for health and social care in that it provides support for:
- the promotion of health
- the development of primary and community mental health services
- the prevention of increasing ill health by the early intervention of those
  services in order that
- people who experience mental health problems can stay at home or as near
to home as possible and maintain their day-to-day lives and
- High quality care and support is provided for people who become acutely ill
  and need specialist in-patient and community services.

1.5. We are committed to the continued active integration of local health and social
care services for the benefit of local people and the opening up of services and
facilities that best meet people’s needs. We want to encourage innovative new
ways of working that focus on improving mental health and continuity of care by
investing, and working in partnership with, the Third sector as well as continuing
joint working with other statutory agencies and departments.

1.6. Staff involved in the planning, delivery and review of services are the
cornerstone upon which high quality, reliable, integrated and effective services are
built. We want to continue our commitment to the training, development and
support of everyone involved in bringing services to local people.

2. What leads and supports service change and developments?

Ensuring that the services in Bath and North East Somerset are of as high a quality
as the rest of the country, are available at the right time to the people who most
need them, are delivered in ways that evidence shows us is effective and are also
at the right price, is essential. To help us achieve these goals we follow national
strategies and guidance, think about the needs of our local communities and listen
to what people tell us that they need.
2.1. National strategies and guidance
There are key strategies that assist us in designing and delivering mental health services. These are listed in depth at Appendix 1 and include:

- **The National Service framework for Mental Health (1999)** – a 10 year national strategy to improve adult mental health services for people measured against seven standards.
- **The NSF Five Years On (2005)** Re-emphasises the priorities for the years 2005-2010 e.g. social inclusion, long-term conditions, primary care and dual diagnosis
- **Mental Health and Social Exclusion Report (2004)** A 27 point action plan to address social exclusion that sits with the Director of Social Services
- **The Layard Depression Report (2005)** leading the drive for psychological therapy support in the community to enable people with mild to moderate mental health problems to remain in or return to work
- **Choosing Health - White Paper (2004)** acknowledging the need for mental health promotion because “mental wellbeing is crucial to good physical health and making healthy choices”.
- **Our health, Our care, Our say - White paper (2006)** puts a focus on delivering services closer to people’s homes or workplaces and emphasises the importance of integrating services.
- **Change Up** (2002) gives a framework to support the development of voluntary sector – also known as “Third sector” – services.
- **A new deal for welfare – empowering people to work (2006)** Aims to end benefit dependency and deprivation by helping people on incapacity benefit into work.

2.2. Understanding the needs of the local population
The 2001 Census indicates that there are currently 169,040 people living in Bath & North East Somerset (the resident population). The authority is made up of both urban and rural communities, with the city being a world heritage site attracting visitors from diverse backgrounds. The Primary Care Trust (PCT) whilst sharing the same boundaries as Bath and North East Somerset Council is additionally responsible for all the people who are registered with General Practitioners (GPs) in the area (the registered population) which means there are health services delivered to some 183,000 people in all.

Our understanding of the population in B&NES and the current and potential mental health needs of its citizens will be enhanced by current research taking place as part of an in-depth mental health needs assessment. However, in the simplest of terms, if we use the national estimate of 1 in 4 people experiencing mental health problems and apply this to the B&NES adult resident population aged 18-64 yrs (approx 103,000) these estimates give a potential total working age caseload of 25,750 people.

The table below shows that potential numbers of people experiencing common mental health problems that could be cared for in primary care services:
<table>
<thead>
<tr>
<th>Type</th>
<th>Per 1,000 adults population</th>
<th>B&amp;NES Resident Population (18-65)</th>
<th>Banes GP registered population (18-65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>28</td>
<td>3,640</td>
<td>3,491</td>
</tr>
<tr>
<td>Mixed anxiety and depression</td>
<td>92</td>
<td>9,476</td>
<td>11,472</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>47</td>
<td>4,841</td>
<td>5,860</td>
</tr>
<tr>
<td>Neuroses (OCD, panic, phobias)</td>
<td>38</td>
<td>3,914</td>
<td>4,738</td>
</tr>
<tr>
<td>Total</td>
<td>173</td>
<td>17,819</td>
<td>21,573</td>
</tr>
</tbody>
</table>

In terms of serious and enduring mental illness we can estimate that approximately 1,255 people will have a serious and enduring mental illness and be cared for in hospital and by community mental health teams, with about 132 of this group being reluctant to be involved with care and needing services that reach out to them in the community.

In addition to these figures the B&NES projected population over-65 growth rate (2008 – 2025) is 28.47%. Whilst our needs assessment will give us more in-depth and targeted information we understand that the incidence of mental health problems in the older people will increase in line with this growth. For example, it is estimated that 1:20 people over 65 years will develop dementia. This equates to 1,545 people in B&NES in 2008 rising to 1,955 by 2025.

The incidence of dementia increases with age for the population over 85 years to 1:8. Out of the 4,600 people in Banes over 85 years in 2008 575 people will suffer from dementia. By 2025 this figure will rise to 828.

We need therefore to plan for developing services to meet future need and ensure that we develop the best model for delivering those services through involving all of our stakeholders.

2.3 What we have learnt from listening to local people

We have discovered through listening to the people we have spoken with that there are consistent messages about what people want from local mental health services. These are that care and services:

- Focus on people’s recovery, providing the right level of support at the right time
- Are socially inclusive helping people to remain at home, in work, in contact with friends and family and taking part in personally meaningful activities
- Provide clear and concise information about what is available
- Are easily and rapidly accessed
- Are equitably and fairly delivered to all members of the community
- Are person centred, culturally sensitive, professional and up-to-date
- Provide thorough and prompt integrated assessments and care planning
- Are flexible and offer a range of choices
- Have clear pathways of care into, out of and between services
- Have service user and carer involvement in their planning, development and evaluation
3. **Our vision for local mental health services**
To develop and deliver best value, accessible and effective high quality services that support and enable people who experience mental health problems to recover and lead personally satisfying, physically safe and socially meaningful lives as valued members of our local communities.

3.3 **Our guiding principles to realise this vision will be to:**
- Support people to realise their potential and be active citizens
- Do more to tackle the inequalities and social exclusion – including access to housing and employment - that leads to poor mental health
- Prioritise better prevention services, with early intervention, alongside improved information and support to maintain good mental health and emotional well being in the community.
- Improve access to the services people may require.
- Ensure that all services positively focus on recovery from mental health problems
- Ensure people have the choice and influence they need to exercise control over the way they want to live their lives and the services they need to support them to do this.
- Provide more support in the community for people with long-term mental health conditions. Supporting people to manage their condition themselves with the right help from integrated health, social care and voluntary services.

3.4 **The standards that underpin these principles**
- All services promote social inclusion
- All services adhere to equality and human rights legislation
- Staff are appropriately and professionally trained, supervised, supported and developed in order that they maintain professional standards and associated regulation requirements
- We get the best services we can afford and can demonstrate value for money
- Care and services are based on evidence of works best
- People who use our services and the people who support them, are fully involved in the planning, development, delivery and evaluation of care and services.
- Systems and structures fully support the delivery and monitoring of safe, high quality care
- A commitment to a continuous improvement in quality

Our aspiration is to develop services with a whole system, integrated ethos which dissolves the visible boundaries between health and social services and specialist versus generic care in order to ensure that we follow the patient and the needs that they, and the people who support them, experience.

4.0 **Where we are at the moment**
4.1 **Challenges**
The current picture in B&NES is one where we are faced with considerable
challenges. In 2006, as part of an annual health review, our Mental Health Service Development and Implementation Group (SDIG) noted that we had some areas of delivery we needed to rapidly improve in order to be in line with the National Service Framework targets for mental health care. These included the need to develop further services such as crisis resolution, assertive outreach services and psychological therapies in Primary Care.

We started work immediately with our providers of services to address service shortfalls and to examine the model of service delivery.

The other element that needed to be resolved was the fact that, in terms of the cost per head for mental health services, B&NES benchmarked as the most expensive in the South West region. As a result, the Primary Care Trust alongside Social & Housing Services has initiated a full review of its expenditure with its main provider, Avon and Wiltshire Mental Health Partnership NHS Trust (Appendix 2).

4.2 Recent improvements

Recent key local improvements for B&NES are that we are on target to meet, by January 2008, the priorities set out in the National Service Framework for Mental Health Services by developing:

- Early Intervention into Psychosis Services
- Assertive Outreach Services
- 24 hour 7 day a week Crisis Resolution Home Treatment Service.
- Securing the provision of Community Development Workers for Black and Minority Ethnic Communities.
- Community resource centres for older people which include sheltered housing, extra care services, residential and day facilities and home care intake assessment and re-enablement services which are inclusive and can meet the needs of older people with mental health needs.
- Services that are more responsive to the assessment and care needs of older people with mental health problems
- More joined-up service user and carer led day opportunities and activities following a day services and opportunities review.

We have also set out a programme of Developing Mental Health Services in B&NES which will lead to further service improvements within the available budget allocation from 2008 onward. We intend to describe these developments in a range of improvement plans some of which will go out to public consultation early in 2008. The improvement plans include:

- A rebalancing of budgets in order to deliver services within our means
- A revised model of care for adult and older adult services that better meets the need to care for people near to their own homes and prevent admission to hospital.
- A significant improvement of access to Psychological Therapies in Primary Care
• The development of improved employment support in order to deliver better outcomes for individuals and families experiencing mental health problems
• Improved experiences for young people and their carers needing to make the transition to adulthood who continue to require specialist mental health services
• Reviewing housing strategy in support of the Mental Health services we want to provide.
• Developing sensitive support services to carers.

Performance in our Mental Health Services is improving due to many of the improvements outlined above. However, there is still very much more to be done and the measures of our successes are to be set out in our forthcoming Needs Assessment and Commissioning Priorities framework, following the publication of this high level Commissioning Strategy.

4.3 Our commissioning priorities
Our commissioning priorities can be generically applied in most instances across older adults and adults of working age services. There are some areas where we have a particular focus on a patient group, e.g. early intervention services that focus upon younger people, but in this strategy we are presenting the priorities together.

4.3.1. Improve access to mental health services and psychological therapies in primary care
The care pathways in primary care are not age specific but apply to the whole population. Improving services includes the provision of assessment and triage in Primary care, information giving, self help programmes, computer aided Cognitive Behavioural Therapy (CBT) and a range of CBT treatments as well as anxiety and anger management courses. In this way we hope to increase the availability of help in the community, reduce waiting times, reduce referrals to secondary services and improve the capacity in primary health and social care teams to manage common mental health problems.

4.3.2. Delivery of recovery based socially inclusive day support
This includes the provision of employment support and opportunity schemes as well meaningful day activity programmes. In this way we hope to ensure more people stay in work or return to employment and that there is an increase in people accessing training, education and/or social networking opportunities and resources. We also hope to enable more older people to remain at home with care that supports the whole family.

4.3.3. People in crisis receive home and/or community based services and treatment
By providing services that help people stay at home when they experience a crisis and be able to contact a service 24/7 we expect to see a reduction in hospital admissions, reduced length of stay in hospital and increased satisfaction from people using services and those who support them.
4.3.4. Carers receive guidance, support and information. They are involved in assessing needs and planning care, where appropriate. They are offered assessments in their own right.
By continuing to ensure that carers’ needs are assessed, and then met, we want to improve local carer health and wellbeing. This will include addressing the needs of young carers and supporting the achievement of the key milestones, educationally and socially, of their peers.

4.3.5. People receive long-term individual care packages which will enable them to stay remain in B&NES in order to receive their treatment and care.
In order to reduce the numbers of people who receive long-term care for complex conditions out of the area, and to increase the satisfaction of service users and the people who support them by being able to stay in the vicinity, we wish to deliver as much care and service locally as we are able. This will involve inter-agency assessment and care planning and a review of supported housing as well as residential/nursing homes.

4.3.6. Early intervention in psychosis
Work on developing this service is underway and needs continued support in order to ensure access for young people and decreasing the numbers of young people that escalate through the mental health system and develop a mental health ‘career’.

5. Improving commissioning
The national agenda in health services is to improve the way in which services are bought and their quality assured for the benefit of patients and carers. This means getting the right balance of quantity, quality, availability and cost. In the short and longer term this means that in B&NES we need to focus our efforts on:
• Ensuring that the model of care is agreed and then implemented across services
• Increase our skills in opening up the local health economy by working with the Third and independent sectors to provide services
• Developing our procurement practices so that we get the best value, highest quality services for our money
• Continuing meaningful engagement of local people to shape services and drive up quality based on experience
• Improve our monitoring of service provision to be assured that people are receiving the service to the standards that they would expect and that withstand national scrutiny and comparison.

5.1 Local implementation team
A key element in the monitoring of commissioned services by local stakeholders and agencies is the successful functioning of a Local Implementation Team. Currently B&NES operates a Service Development and Implementation Group (SDIG) made up of PCT, Social Service, voluntary sector and user involvement workers to oversee the development and monitoring of local mental health services and their achievement in meeting all relevant targets and standards. This group is currently undergoing a review of its terms of reference and functions in order that it can operate more effectively in service monitoring and development and reflect the recommended practice of an effective Local Implementation Team.
Next steps
Following up from this strategy will be a number of emerging mental health improvement plans that will include the following areas:

• Mental health and wellbeing
• Improving psychological therapies in Primary Care
• The development of services, within the new model, for adults of working age
• The improvement of communication and access processes across the whole system for people with Mental health problems, carers and the professionals.
• The development of services to older people with mental health needs integrated in and not isolated from all other services.

In early 2008 we will present some of these improvement plans for public consultation and following confirmation of service change and development plans will fully implement the mental health change programme.

December 6th 2007