DUDLEY METROPOLITAN BOROUGH COUNCIL REPORT TO GOOD HEALTH SELECT COMMITTEE JOINT MENTAL HEALTH STRATEGY FOR DUDLEY

1.0 PURPOSE OF REPORT

1.1 To seek the views of Good Health Select Committee on the draft Strategy for Mental Health Services in Dudley. The Strategy has been approved by the Local Implementation Team, which is the Mental Health Partnership Board, and has now been published for consultation. A copy of the Executive Summary of the Strategy is attached. A copy of the full version has been placed in the Members' library.

2.0 BACKGROUND

- 2.1 The Dudley Mental Health Strategy sets out a vision and direction for the development of Mental Health Services over the period 2004 to 2010.
- 2.2 The Strategy has been developed in consultation with users, carers and the agencies, which are represented on the Mental Health Local Implementation Team.
- 2.3 The Strategy has been driven by the following factors:
 - The National Service Framework for Mental Health which requires new service models
 - Primary Care is seen as key to improving mental health services. 90% of people with mental health needs only use primary care services.
 - The promotion of social inclusion of people with mental health needs – combating stigma; improving access to housing, employment and community activities – in line with the recent report 'Mental Health and Social Exclusion' from the Social Exclusion Unit. This will include the development of more sensitive and accessible services for women and for people from the Black and Minority Ethnic community.
 - The push towards integration of Health and Social Care services in Mental Health in most areas of the country.

- 2.4 The main focus of the Strategy is to strengthen Primary Care and Community Mental Health Services, to enable more patients to be managed in the community and to reduce the number of admissions to hospital. Primary care will no longer simply filter or refer patients; they will provide care and support directly.
- 2.5 As services in the community improve supported by investment by the PCTs and the Council, it will be possible to move resources from secondary care to primary care, with a view to achieving a reduction in in-patient beds of 30% by 2006.

2.6 The Strategy will be implemented through

- An extensive process of service re-design, which has already begun. This will include setting up two Crisis Resolution and Home Treatment Teams and an Early Intervention Team; strengthening the Assertive Outreach Team; and appointment of Primary Care Graduate and Gateway Workers.
- Integration of Health and Social Care services in Mental Health, with a single operational management structure under a Joint Head of Service, who has recently taken up his post. Social Services staff will be seconded from 1st April 2005 to work in the new Service. A separate report on the structure for the integrated Mental Health Service will be brought to Good Health Select Committee is attached.
- A Work-force Plan to ensure that the right mix of staff with appropriate skills and qualifications is in place, particularly in primary care.
- Robust performance management of the change process through the Local Implementation Team, for example, an evaluation of the Crisis Resolution/Home Treatment Team to ensure that targets for bed usage are being met.

3.0 FINANCE

3.1 The Strategy will be resourced through existing and planned investments in the Local Delivery Plan and the Council's budget for Social Services.

4.0 PROPOSAL

4.1 Good Health Select Committee is asked to consider and comment on the draft Strategy.

5.0 LAW

5.1 The Mental Health Act 1983 is the primary legislation relating to provision of Mental Health Services.

6.0 EQUAL OPPORTUNITIES

6.1 The content of this report is consistent with the Equal Opportunities policy of the Council.

7.0 RECOMMENDATIONS

7.1 Good Health Select Committee is asked to consider and comment on the draft Strategy.

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