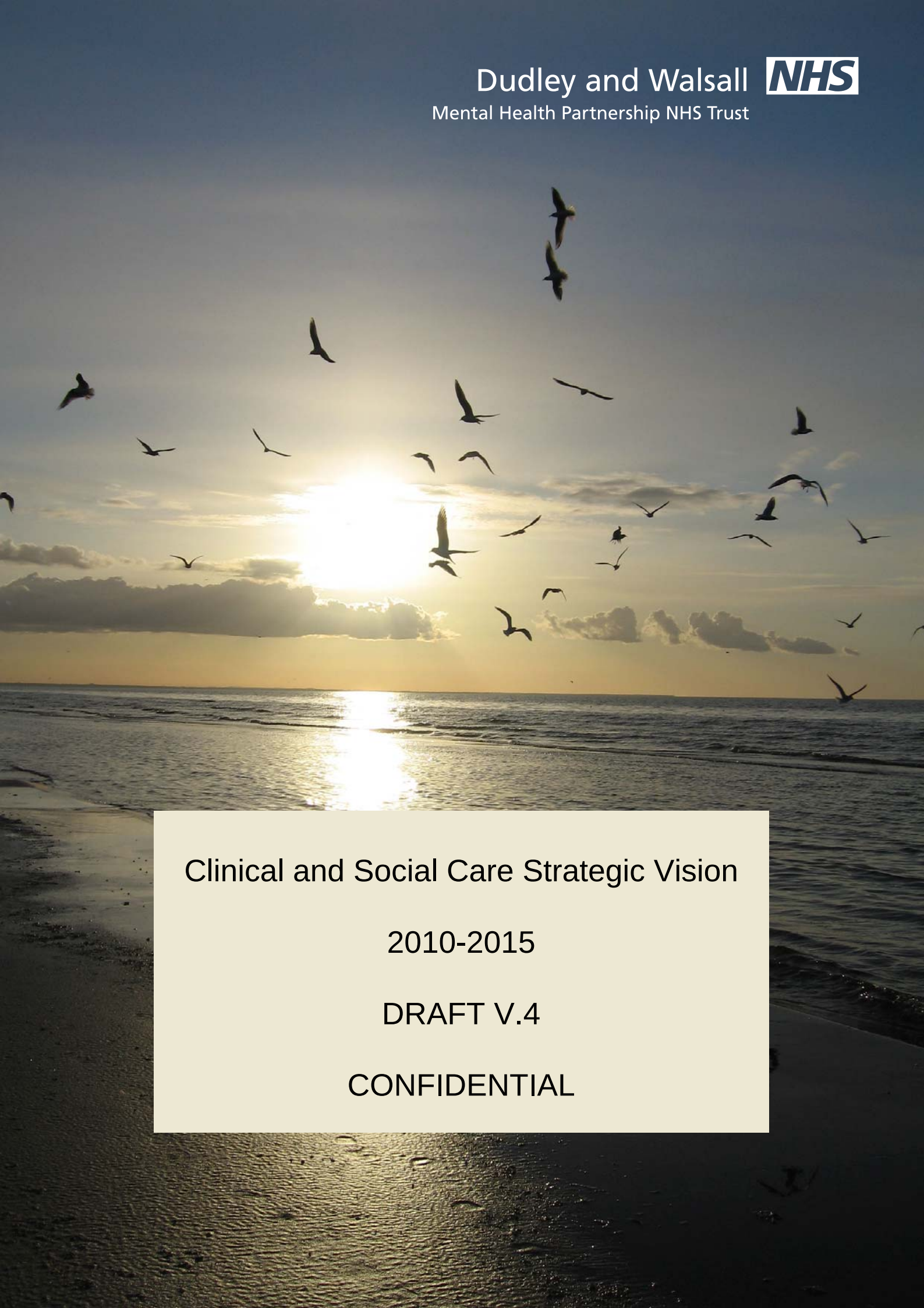


Dudley and Walsall NHS
Mental Health Partnership NHS Trust

Clinical and Social Care Strategic Vision

2010-2015

DRAFT V.4

CONFIDENTIAL

Contents

1.0 Executive Summary

1.1 Foreword

Glyn Shaw
Chair

Gary Graham
Chief Executive officer

2.0 Introduction

Within our annual Business Plan (DWMHPT, 2009) we have already outlined our vision for the next 5 years as a newly formed mental health trust. This document takes the next step by identifying what our current services are and what services we could provide in the future to deliver our strategic vision.

The development of our strategic vision began several months ago when we held a series of 'Here and Now' reviews with our clinical teams and this was closely followed by a stakeholder consultation event. During this time period the National Health Service (NHS) has received a clear message that we are now rapidly moving from a period of growth to a period of 'flat cash' which will effectively mean less money available. We already know that spend per head of population for mental health in our two boroughs is below the national and regional average of £183 and £158 respectively. The most recent figures available (2006/07) identify spend for NHS Walsall at £150 and Dudley PCT at £132. Nevertheless we now have 18 months to prepare for at least 3 years of frozen budgets, something unprecedented in NHS history. This calls for a different way of thinking and of providing services and strong leadership at all levels within the organisation.

The way we have done things in the past will not necessarily deliver in the future and we need to consider new ways to deliver quality care productively and efficiently. This is our opportunity to think and deliver services differently, creatively and innovatively to meet the needs of our clients whose experience is absolutely critical to our success. Our vision needs to be embraced by clients, clinicians and managers alike and stakeholder involvement is key throughout.

The eagerly awaited national strategy for mental health for England proposes a broad, inclusive approach and access to services of high quality, responsive and personalised are key. Services that need to be focused not only on treatment outcomes, but on wider quality of life issues, strengthened by efforts to promote social inclusion and tackle stigma and discrimination. A key part of the strategy is a new framework for developing well-being that will address the broader determinants of poor mental health and identify evidence-based ways to deal with them. Discussion and support from our commissioners is vital before our strategic vision can be taken forward and feed into our 5 year Integrated Business Plan (IBP). Continuing to provide and manage services on a locality basis is not necessarily the most effective way to deliver services, particularly smaller services, and we need commissioner support, which may also mean joint commissioning, in order to deliver services as one organisation in a functional model to ensure high quality, effective, efficient and productive services for our clients.

3.0 The Trust values and strategy

"The Dudley and Walsall Mental Health Partnership NHS Trust aims to deliver flexible, high quality, evidence based services to enable people to achieve recovery"

Our strategy sees the Trust continuing to be the main local provider of a wide range of mental health services to the populations of Dudley and Walsall. Our vision is one of a Recovery oriented service. 'Recovery is not just about what services do to or for people. Rather, recovery is what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a fulfilling, meaningful life and a contributing positive sense of belonging in their communities' (NIMHE, 2005).

The Trust adopts a broad vision of recovery that involves a process of 'changing one's orientation and behaviour from a negative focus or troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one's life' (NIMHE, 2005).

A recovery-oriented system of mental health treatment and care will therefore be an integrated network of culturally capable services and supports that first promote recovery. These services and supports will include: -

- The full range of hospital and community-based services, including those in secure settings and prisons
- Self-help and peer-run services, that the NHS and Local Authorities fund, facilitate or foster
- Their family, partner and friends
- Faith communities
- Individuals and groups in local communities
- Education and employment

The Trust upholds the principles and values of the NHS in England (NHS Constitution, 2009): -

3.1 Key Principles

There are seven key principles that guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

1) The NHS provides a comprehensive service, available to all
2) Access to NHS services is based on clinical need, not an individual's ability to pay
3) The NHS aspires to the highest standards of excellent and professionalism
4) NHS services must reflect the needs and preferences of patients, their families and their carers.
5) The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6) The NHS is committed to providing best value for taxpayer's money and the most effective, fair and sustainable use of finite resources.

7) The NHS is accountable to the public, communities and patients that it serves.

3.2 Core Values

1) Respect and dignity
2) Commitment to quality of care
3) Compassion
4) Improving lives
5) Working together for patients
6) Everyone counts

4.0 Strategic objectives

Delivery of our corporate objectives is key to building a solid foundation for the future of the Trust: -

1. Build Solid Organisational Foundations that ensures the new Trust has:

- Effective, safe and responsive mental health and support services
- Robust financial controls
- A working assurance framework and associated systems
- Effective long term relationships with all stakeholders
- Agreed visions and values for the future that it is working towards
- An HR business centre that provides excellent organisational focused services to all its clients
- An IT infrastructure fit for the future

2. Leadership development at all levels to develop the ways of working of a thriving high quality Mental Health Foundation Trust

3. Intelligent Information. Develop intelligent information in all areas so that we can understand our service users needs, our mental health business, our workforce and our commissioners intentions better, and hence respond proactively and strategically to them.

4. Clinical Services Strategy. Develop a clinical services strategy that defines our mental health and social care clinical intentions until 2014/15.

5. Deliver all 2009/10 targets.

6. Develop and implement a membership and engagement strategy in preparation for becoming a Foundation Trust and / or using FT principles.

5.0 The context of Walsall and Dudley

5.1 Demographic profile

The Trust serves a population of approximately 560,000 with 305,000 in the Dudley borough and 255,000 in the Walsall borough within the Black Country in the West Midlands Region. The two boroughs are divided into 44 wards. It should be noted that the Black Country overall ranks highly in the indices of Multiple Deprivation in England.

Deprivation ranking (1 to 354, 1 is worst)	2007 rank	2004 rank
Dudley LA	100th	109th
Walsall LA	45th	51st
Sandwell LA	14th	16th
Wolverhampton LA	28th	35th

Table 1: Black Country rank of multiple deprivation 2007 & 2004 (Black Country Observatory)

The Trust became a live NHS Trust on 1st October 2008 and continues to be the main provider of mental health services to the boroughs of Walsall and Dudley. As a community based provider the service is based across multiple sites in both boroughs, although they do not share a physical border.

5.1.1 Walsall Locality

The population of Walsall is relatively stable forecasted to grow by around 7% between 2006 and 2030. However, the population is changing shape as there is a continued growth in the older population. The 60 to 80+ age band is forecasted to grow by around 40% between 2006 and 2030. All other age bands show a decline.

Walsall's Black and Minority Ethnic (BME) population is growing quite rapidly, currently estimated at 20% compared to 7% in the previous decade and a relationship between deprivation and the population of individuals from BME communities is seen within the borough.

Walsall has seen an increase in the number of asylum seekers and a considerable number of workers from Eastern Europe, particularly from Poland.

Levels of deprivation vary widely in Walsall. Life expectancy for men is 7.1 years less and for women 4.8 less for those in the most deprived areas compared to the least deprived areas of the borough.

In 2007 Walsall ranked 45th out of 354 in the multiple deprivation indicators. In particular, there are wide variations in local levels of education, employment and housing. With relatively low levels of educational attainment and a struggle to attract employers bringing in high or medium income jobs, the resultant overall depression in income levels of the population have an inevitable effect upon depressing the health status of local people.

The health of the people of Walsall is generally poorer than that of the England average.

5.1.2 Dudley Locality

The population of Dudley is relatively stable forecast to grow at approximately 5% between 2006 and 2030. The largest growth sector is the 60 to 80+ years, growing by around 44% over the same period. All other age groups show a decline.

Dudley has a relatively small Black and Minority (BME) population, currently estimated at 7.5%. Like Walsall this is expected to grow. Currently the profile of the Black and Minority (BME) population in Dudley is much younger than the white population. In 2001 only 8% of the BME population were over 65 (compared to 17½ % in the population as a whole) whereas the percentage of under 5's was around 25%. This is allied to a generally increasing ethnic population through inward migration.

The number of people moving in and out of Dudley is expected to remain small compared with the total population, though there is some expected increase in the number of migrants from the new European Union member countries. Asylum seekers represent around 0.2% of the population (around 700).

Levels of deprivation in Dudley vary. Life expectancy for men is 5.8 years less and for women 3.2 years less in the most deprived areas compared to the least deprived areas of the borough. Multiple deprivation is concentrated in a small number of neighbourhoods, a fact which tends to hide the problem of deprivation in an otherwise affluent borough. Nevertheless, Dudley's relative position has worsened since 2004 and it is now ranked as the 100th most deprived district in England.

The health of the people of Dudley is for most indicators close to the average for England.

5.2 Health and Social Care Needs

The World Health Organisation (WHO) has estimated that by 2020 mental health problems will outstrip all physical disorders except for coronary heart disease (WHO, 2004). Currently the NHS spends 14% of its annual budget on mental health services (DH, 2009). Recent estimates put the full economic cost at around £77 billion, mostly due to lost productivity (DH, 2008). This represents significant increase from estimates of £25 billion four years previously (Layard, 2004).

The commonest mental health problems are those that have been traditionally labelled as 'neurotic', now frequently referred to as 'common mental health problems' in contrast to 'psychotic' illness now referred to as 'severe and enduring mental health problems' such as schizophrenia and bipolar disorder. Statistics drawn from the ONS 2000 survey suggest that there are 31 times more people in the UK with common than severe and enduring mental health problems with anxiety and depression being the most common disorders. There is also a greater prevalence of depression in patients with chronic physical health problems than in the general population. Approximately 15-25% of people with chronic physical health problems such as coronary heart disease, diabetes, cancer, stroke, rheumatoid arthritis and multiple sclerosis also meet diagnostic criteria for depression. Depression is also associated with worse physical health outcomes for people with chronic health problems.

Historically society has been very concerned about the health and welfare of people with severe and enduring mental health problems although this concern has often arisen more from a concern to protect the public from the perceived threat posed by people suffering from severe and enduring mental health problems. As a result mental health services in the UK have traditionally been organised around the needs of this group of people. The table below shows that people with severe and enduring mental health problems are greater than three times more likely to be in receipt of mental health care than those with common problems. Only 24% of people with common mental health problems receive any treatment, mostly in the form of medication (20%) with only 9% receiving another form of therapy or counselling in addition to, or instead of, medication (ONS, 2000).

There has been a growing evidence base for the use of psychological therapies with common mental health problems. Cognitive Behaviour Therapy (CBT) is now considered to be as effective as medication (National Institute for Clinical Excellence, 2004) and has been the treatment delivered within the IAPT (Improving Access to Psychological Therapies) programme that continues to be rolled out across England.

	Medication only	**Talking treatments only**	**Combined treatments**	**Any treatment**
Mixed anxiety and depressive disorder	11	3	2	16
Generalised anxiety disorder	22	4	8	34
Depressive episode	26	4	14	44
All phobias	27	9	18	54
Obsessive compulsive disorder	20	5	15	40
Panic disorder	19	11	6	36
Any neurotic disorder	**15**	**4**	**5**	**24**
Probable psychosis	**44**	**1**	**39**	**84**

Table 2: Percentage of people receiving pharmacological and talking treatments

It is difficult to present an accurate local picture although national incidence of mental illness has often been translated locally and was particularly apparent in the setting up of new services such as Early Intervention, Crisis Resolution/Home Treatment and Assertive Outreach. Our Trust should be an excellent source of data to assist the commissioning process but electronic recoding of diagnosis codes only currently takes place for in-patient admissions. This is a key piece of work for the Trust to undertake in order to capture diagnosis codes electronically across the whole of the service which will be key not only for planning services but also for implementing care pathways as a part of the regional programme to develop a currency and tariff for mental health services.

It can be seen from the following sections that there are a number of trends across both localities that the Trust needs to consider within its strategic vision. Both boroughs are forecasting a continued rise in the number of over 80 year olds which will bring with it an increase in the incidence of dementia as it is generally estimated that dementia of a moderate or severe extent is exhibited in 12% of the population over 80. Obesity is a major and growing concern which brings with it associated physical conditions such as diabetes and chronic heart disease. It is recognised that the most mentally healthy people also have the lowest rates of cardio vascular disease ((Pressman & Cohen, 2005). It is also recognised that people with long term conditions such as these often also meet diagnostic criteria for depression and that depression is also associated with worse physical health outcomes. A third area of growing concern is alcohol with Walsall having a

higher rate of alcohol harm related hospital admissions than the national average and Dudley experiencing a recent rapid rise in alcohol related ill health and premature deaths. Glasgow research indicates that Dudley and Walsall have the highest rates of injecting drug users in the West Midlands conurbation.

5.2.1 Walsall Locality

Walsall faces substantial inequality across the borough, which is exacerbated by wide variation in local levels of education, employment and housing, with commensurate impact on health, leading to low life expectancy and high infant mortality. Walsall continues to have high teenage pregnancy rates which are higher than the national and regional averages with relatively little improvement since 2001. High teenage pregnancy rates contribute to the increasing high infant mortality rate. There is a widening gap in infant mortality between the East and the West of the borough with a direct link to deprivation, smoking, obesity and the mother being from a BME community, particularly Pakistani, Muslim (this relates to consanguinity and its consequences upon perinatal and infant mortality). Infant mortality is ten times the level in the most deprived wards by comparison with the least deprived.

Walsall's deprivation levels are higher than the average with a wide gap between the East and the West of the borough. Walsall is in the 20% of areas in England with the poorest health and highest deprivation indicators, which have been identified by the Government as requiring additional attention and resources to address its poor health profile.

Although Walsall has had one of the most successful "Stop Smoking" services in the West Midlands, there is still a relatively high proportion of the population who smoke with pockets of high concentration of smokers in the most deprived wards. Whilst lung cancer is decreasing, the levels of Chronic Obstructive Pulmonary Disease (COPD) in the population have remained relatively stable over the last 5 years.

Walsall has a higher rate of alcohol harm related hospital admissions than the national average. In a 2005 survey about 23% of men (21,000) and 10% of women (10,000) were drinking in excess of sensible limits every week.

In 2005 approximately two thirds of the Walsall adult population were overweight or obese, equivalent to 113,000 adults. The figures for children give particular cause for concern, where Walsall is higher than both the regional and national levels. High levels of adult and child obesity contribute to high chronic heart disease and other long term conditions. An estimated 1 in 3 people in Walsall has one or more long term conditions and 39% of households have one or more persons with a long-term illness compared with 33% of households in England. Coronary heart disease is the main cause of death in Walsall, followed by lung cancer, strokes and COPD, all of these are higher than the national and regional averages. Mortality rates vary with deprivation across the borough, with greatest concentrations in the North West.

The predicted growth in the over 80s population is forecast to bring with it an increase in dementia as it is generally estimated that dementia of a moderate or severe extent is exhibited in 12% of the population over 80. In real terms this represents an increase in the number of people suffering from dementia from 2000 to 5,300 by 2028.

Nearly a third of children in Walsall live in poverty and there has been a 10% increase in the number of children living in poverty between 2004 and 2006. This inequality manifests as an eight year variation in life expectancy between the most and the least deprived areas.

The number of 0 – 16 year olds in Walsall with any emotional and behavioural disorder (EBD) is estimated to be 11,154. Most of these require Tier 1 services. Up to 5,577 0 – 16 year olds are estimated to have a moderate to severe EBD and 1,394 are estimated to be disabled by it. An estimate for 5 – 15 year olds with a mental disorder is 3,835 in Walsall. Most of these children will require Tier 1, 2 or 3 services and only a small number will need Tier 4.

5.2.2 Dudley Locality

Dudley has seen a significant decrease in all its age mortality rates since 2000 and is performing better than the regional average. However, against the national average Dudley's all age mortality rate is higher, especially amongst males. There has also been a decrease in the number of under 75 population dying from circulatory diseases in comparison to performance at a regional level but comparison is less well nationally. The borough experiences a range of health inequalities and the difference in life expectancy is 7 years between the poorest and most affluent neighbourhoods.

Though showing a decline over the last 20 years, circulatory disease and cancer have been the two leading causes of premature death in Dudley. Coronary heart disease is still the single biggest cause of premature death and is a major cause of health inequalities. Over a fifth of the population still smoke. Two new major threats are rising levels of obesity and rapidly rising rates of death from alcohol related diseases.

Obesity increases the risk of ill health and early death from a range of diseases including some cancers, heart disease and diabetes. Local surveys have shown that obesity in Dudley's adult population has more than doubled over the 12 years from 1992 to 2004. Nationally there has been a dramatic rise in obesity in children with almost a third of children in 2004 being classed as obese. Within Dudley adult uptake in sport is well below the national and regional average. It is estimated that within Dudley approximately 40,000 adults and 8,000 children are obese and face risks to their health.

Alcohol related ill health and premature death has shown a recent rapid rise. Death rates have doubled in the last decade and a 2004 local survey suggests that nearly a quarter of the population are now heavy drinkers.

The other key change in the demographics of the elderly population is going to be the increase in the numbers living alone and also the number living in Care Homes. With increasing age comes increasing levels of morbidity, particularly related to dementia.

The number of people (per 1,000 population) contacting Dudley Metropolitan Borough Council (DMBC) for adult social care services tends to be higher than most other authorities both regionally and nationally. This increase is, in part, due to the high numbers of local people with physical disability, frailty and sensory impairment. In the 2001 census 35,000 (11.5%) people identified themselves as carers. Carers provide a key contribution in supporting people with long-term illness or disability and due to the predicted increase in the numbers of older people, their role will become even more crucial

in the future. With regards to children and young people, 1,179 children and young people out of a total of 74,030 (1.6%) in households are also carers.

6.0 Commissioning of mental health service provision

The trust has contracts with 10 Commissioners for 2009/10. There are 2 host Commissioners namely NHS Walsall and Dudley PCT. In addition to this there are contracts with a further 5 local PCTs for service users who live in the boroughs of Walsall and Dudley but have a GP in a neighbouring PCT, these are: -

Birmingham East & North PCT
Sandwell PCT
South Staffs PCT
Wolverhampton PCT
Worcester PCT

There are contracts with the two local Councils, Walsall MBC and Dudley MBC as the lead commissioners for Drug and Alcohol Services.

Finally, there is a new national contract with the National Commissioning Group for the provision of CAMHS deaf services.

6.1 Strategic Direction/Vision

In determining a future vision for the delivery of mental health services by our Trust it is important to consider the strategic direction for mental health nationally, regionally and locally.

6.1.1 National Strategy

1) Adults

The National Service Framework (NSF) for Mental Health adults in England (DH, 1999) was a 10 year strategy that concludes in September 2009. A new mental health strategy for England was released in July 2009 for consultation, following a series of national stakeholder consultation events (DH, 2009). The new strategy is seen as the foundation stone of the Government's vision for driving improvement in mental health services, and developing programmes and initiatives to support mental well-being.

The strategy has twin aims: -

- Improving the mental health and well-being of the population
- Improving the quality and accessibility of services for people with poor mental health

> Mental Health is everyone's business. In 2020 mental health will be seen as an important asset for our society, one in which we all have an investment and to which we all – individuals, employers, the third and statutory sectors, local authorities, the health services and all government departments – have an important contribution to make.

Through a number of aims the strategy is also expected to deliver the following: -

- Take forward what has been learned in the lifetime of the NSF about what works, and broaden the scope to include all groups in society, including children, young people and older people.
- Build on the principles and values set out in the NHS Constitution.
- Support the delivery of the NHS Next State Review (the Darzi report) and its vision of local commissioners working with providers, the public and service users to devise local approaches to mental health and mental health care.
- Use the growing understanding of the wider determinants and social consequences of mental health problems and mental well-being to influence priorities in other parts of central and local government.
- Reinforce commitment to key mental health policy aims, including delivering race equality and improving access to psychological therapies

A key part of New Horizons is a new framework for developing well-being that will address the broader determinants of poor mental health and identify evidence-based ways to deal with them. Early intervention, prevention and the promotion of better mental health and well-being across the entire population feature heavily in the strategy. The framework can be adapted at local or regional levels to facilitate partnership working. It draws on established public health, ecological and psychological principles. It identifies the root causes of poor mental health to identify the key risk factors and at-risk groups on which there is a need to focus to address inequalities in health. It also sets out the evidence base for interventions and promising approaches that can be adapted to suit different settings.

2) Older People

The NSF for Older People (DH, 2001) is a 10 year strategy that began implementation in 2001. The NSF strives for a comprehensive OPMH service that is characterised by: -

- Mental Health Promotion
- Early Detection and Diagnosis
- Assessment and Treatment
- Support for Carers
- Specialist Old age Psychiatry Services which will include acute admissions and rehabilitation beds, day hospitals and memory clinics, domiciliary and outreach care and outpatient/community clinics

A increasing elderly population and therefore increased incidence of dementia has resulted in a specific strategy purely for dementia (DH, 2009). There are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. These numbers are expected to double in the next 30 years with costs increasing from £17 billion to £50 billion a year. The strategy outlines 3 outcomes which are divided into 3 broad themes: -

- Raising awareness and understanding
- Early diagnosis and support
- Living well with dementia

The strategy is clear that new specialist services need to be commissioned to deliver good-quality early diagnosis and intervention for people of all ages, including under 65s. Such services are not envisioned to replace work currently completed by old age psychiatry, geriatrics, neurology or primary care, but would be complementary to their work. The aim is to complete work not currently associated with any service. Instead such a service might be provided by any of a number of types of specialist with diagnostic skills in dementia e.g. old age psychiatrists, geriatricians, neurologists, or GPS with a special interest, or combinations thereof.

3) Children and Young People

Policy on children's mental health and well-being has been driven by two documents published in 2004: Every Child Matters and the National Service Framework for Children. The NSF is a 10 year strategic plan for tackling child poverty and improving the lives of children and their families. The NSF sets standards across 11 key areas with standard 9 relating to the mental health and psychological well being of Children and Young People. Within standard 9 there is recognition that traditionally Child and Adolescent Mental Health Services (CAMHS) have been resourced for young people up to 16 years of age or up to school leaving age and that as many adult services have a lower age limit of 18, there is the potential for young people of 16 and 17 years of age to fall through the gap between child and adult services. The NSF recognises the need for age appropriate environments and the right for young people to exercise choice in terms of where they receive their treatment. A full range of CAMHS services also includes 24-hour access.

PCTs and Local Authorities are required to develop a long term strategy to ensure that young people under 18 years of age are provided with services which meet their developmental needs. This will require planning to address the increase in capacity of the workforce, training and developing the infrastructure.

Our Trust provides CAMHS services up to 18 in the Walsall locality and up to 16 in the Dudley locality, although adult services commence at 16 in Dudley so that youngsters do not fall through the gap. Youngsters at risk of not receiving services or falling through the gap are those with a Dudley GP who reside outside of the borough where a neighbouring trust has a different age criteria.

4) Deaf Children

One of the National Commissioning Group's (NCG) service specific intentions for 2009/10 is '*Mental health service for Deaf children and adolescents'.*

The in-patient centre offers treatment for Deaf young people with severe mental health problems. The outreach service, which has been substantively designated from April 2009 (following a pilot), provides direct care in a variety of community settings and advice and support for other professionals in specialist schools and child and adolescent mental health teams. Videoconferencing is used to maximise access to expertise across the country.

Centres:

- Dudley and Walsall Mental Health Partnership NHS Trust (outreach service)
- North Yorkshire and York Primary Care Trust (outreach service)
- Somerset Partnership NHS Trust (outreach service)

- South West London and St George's Mental Health NHS Trust (in-patient and outreach service)

Although the Outreach Service has been designated as a full national service from April 2009, a great deal of work has already been undertaken by those sites that participated in an earlier pilot to establish the new specialist centres and satellite teams, which includes DWMHPT. NCG will support the teams in completing the establishment of this new service during the first half of 2009/10. They will also refine their contracting model with the centres to ensure the range of interventions offered is fully reflected in their commissioning currencies.

6.1.2 Regional Strategy

NHS West Midland's strategic vision (2008) identifies a number of pathways including those for mental health and dementia.

- Mental Health Pathway

  "There is no health without mental health"
  - Get the core services right
  - Stop premature deaths and focus on prevention
  - Tackle the mental health problems of people with physical health problems
  - Get the foundations for delivering this right
    - Developing common values and strategy
    - Carer's support
    - Information and IT systems
    - Workforce

- Dementia Pathway

  The vision

  By 2012 all people with a suspected or confirmed diagnosis of Dementia will access an integrated, seamless, proactive and high quality locality based service that encompasses all the expertise to meet needs of the people with Dementia and those of their carers. The emphasis will be on personalisation and choice.

6.1.3 Local Strategy

Both Primary Care Trusts (PCTs) have produced strategic plans for 2008-13 (NHS Walsall, 2008; Dudley PCT, 2008) with more detailed information for mental health being found in the specific strategies for CAMHs, Adults and Older Adults. Within Walsall mental health services are jointly commissioned with the Local Authority and all strategies are therefore joint. In addition the commissioning clusters, of which there are 9 in total, have also produced their strategies/plans.

1) PCTs

The two host PCTs have identified their strategic goals/objectives as seen in table 3 below: -

Commissioners' Strategic Goals/Objectives	
Dudley	**Walsall**
1) To minimise a reliance on health and social care services by improving the well being of the population 2) To become a word class commissioner of healthcare by integrating health needs assessment and people engagement 3) To raise the quality of service provision	1) Improve life expectancy by addressing inequality and improving lifestyle choices 2) Commission high quality services to improve patient experience and clinical outcomes

Table 3: PCT strategic goals

Both Commissioners identify their goals and delivery programmes as follows: -

Commissioners' goals and delivery programmes	
Dudley	**Walsall**
1) Tackling obesity 2) Reducing alcohol misuse 3) Improving mental health and well being 4) Providing systematic and targeted prevention 5) Care at the appropriate setting 6) Improving our urgent care services 7) Managing long term conditions 8) Improving patient safety and outcomes 9) Improving patient experience 10) Championing innovation and Excellence	1) Maternity and Children's Health 2) Long term conditions 3) Health and well being 4) Urgent care 5) Dementia and mental health 6) Planned care 7) Older people

Table 4: PCT delivery programmes

Objectives/goals that impact directly on mental health can be seen in tables 5 and 6 below:

Dudley PCT

Objective/goal	Key Outcomes
To reduce the harm caused by alcohol misuse to individuals, families and the wider community	1% reduction alcohol related admissions to hospital per annum over the next 3 years

To implement a Stepped Care approach to service delivery	To support improved access to early intervention in primary care including access to psychological therapies (IAPT). To challenge stigma and discrimination towards people with mental health needs and promote inclusion and independence. To improve access to psychological therapies to deliver a total of 4433 client completed episodes in a full year by 2009/10. To reduce the number of people claiming incapacity benefit through effective employment advice and support at all tiers from an agreed baseline.
To improve the patient's experiences of health services in Dudley. Annual increases in reported patient experience levels.	Your NHS Dudley – participatory model of engagement. Evidence Bank and PAPERS search Learning Lessons (from complaints, concerns and incidents). Real life real experience real time. Your NHS Dudley Your Future`

Table 5: Dudley PCT key outcomes

NHS Walsall

Proposed initiative	Key performance indicator	Key activities
Improved access to psychological therapies	Number of people who have entered psychological therapies	We are currently designing a plan for improved access to psychological services in response to new national targets. **Aim** is to provide improved access to psychologists, especially at a community level for patients with anxiety, depression and other mood disorders, to prevent progression to more severe mental illness
Home and dementia care	Reduction in nursing/residential home admissions due to increased access to community care	With recent creation of the Mental Health Trust there is currently a redesign of dementia care pathway being undertaken by a project design team. **Aim** is to improve access to domiciliary and community based services. Will need to assign a Dementia programme manager. Plan to: - Develop early diagnosis and intervention pathways Develop a community engagement plan Develop a community dementia care

		unit on the Goscote site to act as a hub for community care workers and a specialist domiciliary care service. Develop robust intermediate care services to reduce hospital/nursing home stays

Table 6: NHS Walsall – key activities

2) Practice Based Clusters

Across the two boroughs there are 9 practice based clusters, 4 within the Walsall borough and 5 within the Dudley borough as follows: -

Walsall
Walsall West PBC Cluster
Walsall South East PBC Cluster
Walsall North PBC Cluster
Walsall Trans PBC Cluster

Dudley
SLK Cluster
Halesowen Cluster
Cluster One
Beacon and Castle Cluster
Worcester Street Cluster

i) Walsall Practice Based Clusters

The Walsall PBC Clusters have all produced Business Plans for 2008/2011. Each plan contains a SWOT analysis and the following list pulls out a summary of the strengths and weaknesses identified across all 4 clusters that relate to mental health.

Strengths	Weaknesses
• Community Psychiatric Nurses (CPNs) • Emergency mental health team • Mental health improving – need more CPN service, practice attached	• Community mental health services • Psychology – non existent • Counselling and CBT services • CAMHS – lack of feedback from services • Alcohol services • CPN service patchy – possibly due to their location • Need to improve quantity and quality of services within community and mental health

Table 7: Walsall Commissioning Clusters SWOT analysis

Each Business Plan identifies the need to improve Mental Health services as a strong priority from their clinician's workshop sessions. They identify a need to significantly improve the quality of data about Mental Health services to enable Practice Based Commissioners to meet the needs of the cluster population and contract more accurately for services and clinical pathways in the future.

The four clusters propose a review of mental health services in line with a Community Services review to review data collection techniques and data sets required in order to identify and implement systems which accurately reflect activity in the community. Once

the information is being collected they propose to routinely review and combine with Public Health data to enable a comprehensive service mapping and gap analysis to be undertaken. This will further guide local decisions concerning the provision of Mental Health services and allow for comparison with national priorities for mental health.

Clinicians from each cluster have identified Mental Health priorities for review and development. Collectively they are: -

- Community psychology
- CPNs
- Primary mental health including counselling
- Rehabilitation services
- Rapid response and crisis intervention service
- CAMHS
- Drug and alcohol service
- Older People
- Psychological therapies
- CBT
- Acute mental health

Each cluster states that they '*will work with the secondary care Mental Health services to increase patient choice and access to evidence-based psychological therapies for common Mental Health problems by:*

- *Developing a stepped care pathway for Primary Care Mental Health*
- *Implementing National Institute for Health and Clinical Excellence guidance for anxiety, depression, CCBT, OCD and PTSD*
- *Developing service solutions through the training and supervision of the existing Primary Care workforce (especially practice nurses and health visitors) to enhance their skills to enable them to work with the Mental Health needs of people with Long Term Conditions (Diabetes, COPD, heart disease and stroke), to improve their physical health outcomes.*

The costs in primary care of this programme are low, with most investment required for training, and it is hoped to work with the Trust and Pharma industry to cover the initial pump priming. The service provision at local level will need funding through working with the tPCT to renegotiate the Dudley and Walsall Mental Health Partnership NHS Trust contract. It is essential that this is done prior to their Foundation Trust application and agreeing binding contracts'.

Each Cluster also states that they want to improve the clinical engagement of secondary care providers in primary mental health, ensuring that only patients that are in need of secondary care are being followed up and retained in this service, thus making best use of the specialist resources and speeding up access for those who need referral. In particular there is a need to improve access to substance misuse and alcohol services.

ii) Dudley Practice Based Clusters

The Dudley Practice Based Clusters have just produced their Practice Based Commissioning Plans for 2009/10.

The majority of the clusters make reference to the IAPT service (Improving Access to Psychological Therapies), recognising that it is still in its infancy with year 1 requiring training of the staff and ongoing monitoring and review required.

A commissioning intention for the Beacon & Castle Cluster is the Human Givens pilot. This therapy is different to IAPT and other primary care mental health services currently available. The aim of the pilot has not been to replace any of these services but to enhance the overall service by offering treatment to those patients to whom the current service may not be appropriate. The pilot is due to finish September 2009 and the cluster are looking to mainstream the funding.

3) CAMHS Services

The term CAMHS tends to be used in two different ways. It is commonly used as a broad concept that embraces all those services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. As well as specialist services, this definition also includes universal services whose primary function is not mental health care, such as GPs and schools. This explicitly acknowledges that supporting children and young people with mental health problems is not the responsibility of specialist services alone. However, the term is sometimes used more narrowly to refer only to specialist child and adolescent mental health services (in other words, services operating at Tiers 2, 3 and 4 of the strategic framework).

Whilst the health and social care of the CAMHS services are commissioned by the Host PCTS and Local Authorities respectively, there is a partnership approach to the planning, commissioning and delivery of services. Both boroughs have produced draft plans for consultation and their priorities are listed in table 7 (CAMHS Strategic Partnership, 2008; Walsall Children's Trust, 2009).

Strategic Priorities	
Dudley	**Walsall**
Prevention and Early Intervention	Encourage healthy lifestyles
Improved access across and into the tiers for appropriate support/treatment	Promote mental health, wellbeing and enjoyment of life and school
Improved engagement and involvement of children, young people and their families in service development	Target early intervention to ensure safety
Positive parenting	Promote social inclusion and reduce child poverty
	Value and support our young people
	Cross cutting organisational priorities

Table 8: CAMHS strategic priorities

Objectives that specifically relate to our services are: -

Dudley

- Develop services for 16 to 18 year old young people to ensure they receive timely and age appropriate support and/or treatment. To develop effective links with adult services to ensure the smooth transition of young people into adult services.

Walsall

- 2009/10

1) Establish a Children's Trust Board
2) Set up Joint Commissioning Unit
3) Identify and align high level partner agreed budgets
4) Identify pooled budget options that will deliver improve outcomes
    a) Looked after children placements
    b) Disabilities
    c) Continuing care
    d) CAMHS

4) Older People

i) Dudley

The joint commissioning strategy for mental health services for older people and dementia including younger onset for Dudley is currently in draft stage (Dudley PCT, 2009). Delivery of year 1 of the strategy is dependent upon redesign of our existing services of which the feasibility and full impact is still yet to be determined. Delivery of year 2 is dependent upon substantial investment by the PCT which given the change in the financial climate for the NHS may not be forthcoming. Our Trust will need to work with commissioners to review the strategy and consider alternative ways of delivering its aims, which are: -

- Developing and re-designing clear pathways for people to access and move through services
- Improving the patient experience and quality of life
- Strengthening joint working across agencies, developing new models of service provision
- Standardising one holistic assessment process across all agencies
- To improve the service in line with evidence based research and meet or exceed the recommendations in relevant policies or guidelines
- Monitor and evaluate the impact of these changes by consulting with service users and carers on the impact of these changes on the service provided.
- Challenging ageist stereotypes

ii) Walsall

The Older People's Services Joint Commissioning Plan (2009-12) for Walsall (Walsall Council, NHS Walsall, 2008) sets out the commissioning intentions of Walsall Council in partnership with NHS Walsall for the next 3 years. The following joint strategic objectives could impact upon our services: -

- Redesign of Health and Social Care Services in light of the Putting People First Agenda
- Monitor the transformation of former in-house residential homes into appropriate extra care, day care and mental health services in partnership with Housing 21.
- Improve options for service users in order to help them live at home for longer
- Develop links between Mental Health & Older Peoples Services Commissioning
- Develop joint older people and mental health advocacy services
- Develop Day Opportunities for people over 65 in light of the personalised agenda
- Develop appropriate services for BME elders

Within the Plan a preventative framework is proposed with a focus upon early intervention.

Service gaps identified also include: -

- Improved response to BME users for mental health and intermediate care services
- Access to services for older people with mental illness

Linking into this Commissioning Plan is the Joint Strategy for Older People's Services (Walsall Council, NHS Walsall, draft 2008) that identifies the need to develop new services for older people with mental health needs in partnership with mental health and older people's services. Strategic objectives include: -

- Modernise assessment and care management process
- Greater use of Direct Payments and Personal Budgets
- Services being responsive to BME communities

5) Adults

Dudley's mental health strategy for adults is now out of date and is currently being reviewed with a view to producing a new strategy upon publication of the national strategy.

Walsall's 5 year vision for mental health (2008-2013) remains in draft form (Walsall Council, NHS Walsall, draft 2008) but identifies the following objectives for mental health services: -

- Promoting mental health and well-being and reducing inequalities
    - Services will focus on early intervention (priority will be given to EI for people from BME communities to combat their unequal representation in the hospital population and among those with more serious and enduring mental health problems
    - Partnership working with primary care and others to improve general health and well-being
    - Equal access
    - Priority for new service developments will be given to services that focus on communities with the poorest health outcomes, to improve the life chances of the most socially excluded groups
- Transforming care and personalising services
    - Person centred care, close to home, in non-stigmatising settings
    - Patient led assessment and treatment programmes supported by creative care management that promotes access to mainstream community life

    - Integrated care pathways
    - Services will promote independence , choice and control
- Developing services for older people with mental health problems
    - Commissioners will give highest priority to developing dementia services
    - Early detection and prevention
    - Development of intermediate care
    - Home Treatment services extended to offer this option for older people
- Developing services for people of working age
    - Service to work with Police and community safety agencies to promote awareness of the needs and rights of people with mental health problems, to reduce the incidence of hate crimes and improve protection.
    - Home-based care and support as the norm
    - Suicide prevention
    - Services will be developed to meet the specific needs of adults of working age who develop dementia
    - Partnerships will be established to increase the numbers of people with mental health problems entering paid employment.
    - Day opportunities located in non-segregated settings
- Developing services for people of working age
    - The Council and NHS Walsall, working in partnership with NHS Dudley, will develop a full range of local good quality treatment and support services capable of meeting the mental health needs of Walsall's people. This will include specialist services that will avoid the need for patients to travel to facilities some distance from the Borough.
    - Specialist mental health services will be backed up by better access to primary care. To make this possible NHS Walsall will increase capacity in primary care services so that screening, diagnosis, treatment, care and support can be provide for people with mental health problems and their carers.
    - Continued integration of health and social care

6) Substance Misuse

The National Treatment Agency (NTA) currently commissions drug services within both localities and they are delivered via the Joint Commissioning Group in Walsall and The Community Partnership in Dudley. Drug services in Dudley have recently been out to tender and the Trust was not successful in its joint bid with the Warehouse. Therefore from July the Community Partnership will not directly commission any drug services from our Trust for the Dudley locality although discussions are currently in progress with the new provider, Crime Reduction Initiative (CRI) who wish to subcontract with the Trust for the provision of a dual diagnosis service. Other elements of drug service provision such as medical input have been developed informally which is something that now needs to be addressed.

The NTA has developed specific guidance to support improvements in the availability and provision of Tier 4 treatment services in England and will be looking to promote the integration of Tier 4 commissioning into mainstream NHS regional commissioning structures where appropriate. Within the Adult Treatment Plan (Dudley Community Partnership, 2009) for 2009/10 (part 3) the Community Partnership for Dudley list actions

and milestones which include discussion with our Trust in relation to commissioning in-patient detoxification beds.

7) Dudley Metropolitan Borough Council (DMBC)

The Strategic Plan for Dudley MBC 2009/10 identifies its strategic objectives and key priorities within a set of themes: -

Transforming lives
Transforming communities
Transforming partnerships
Transforming how we work

A number of key areas of work are identified under each heading, with the following 12 identified as being particularly relevant to our Trust: -

- To maximise opportunity and choice for people to live independent and fulfilled lives
- To develop and implement Dudley's approach to Transforming Social Care
- To support people to live independently
- To continue the development of individual budgets
- Support the implementation of Personalising Adult Social Care
- To improve people's life chances by addressing skills for life and worklessness needs
- Continue to improve and develop adult social care services to BME communities
- To increase Carer's assessments
- Implementation of the Older People's Strategy
- Re-align services to meet the future needs of clients (dementia)
- Ensure robust section 75 agreements and new commissioning/partnership arrangements are in place to underpin DMBC interface with the Dudley-Walsall Mental Health Trust
- Further develop partnership working with the statutory, community and voluntary sector to strengthen services promoting mental health and social inclusion

6.2 Strategic Themes

It can be seen that there are a large number of strategies, particularly at a local level that will influence our Trust's strategic direction. However there do not appear to be any objectives or strategies that the Trust considers would be detrimental to our delivery of effective services. Nationally, regionally and locally there is growing emphasis on the well-being of the population with a focus on prevention, health promotion, early detection and early intervention. A summary of all the strategies considered in this section is provided highlighting services of focus and some of the expected outcomes.

Summary of key themes

Services	How	Outcomes
Core services	Health promotion	Improved patient experience
Specialist	Early intervention	Reduced inequalities
Primary care	Prevention	BME appropriate services
16-17	Individual budgets	Personalisation
Alcohol	Continued integration of health & social care	Choice and control
Dementia	Partnership working	Improved access
Early on set dementia	Clear pathways	Reduced stigma
Physical health problems		Social inclusion
Long term conditions		Reduced discrimination
Urgent care		Independence
Older people		
CAMHS		
Psychological therapies		
Inpatient detox beds		
Carers Support		
Day Services		

7.0 Translating vision into reality

The following outlines the Trust's vision for how we want our services to look by the year 2013: -

- Service user and patient focused
- High quality and efficient services
- User and carer at the heart
- Locally agreed and developed clinical plans that meet the true needs of our populations
- New services – some focusing on prevention in primary care, development of tertiary and specialist services
- Partnership working, widening early access to services
- Financially robust organisation
- Commercial and business like approach
- Truly Dudley and Walsall – wider and different if it improves the quality of services
- A new culture and approach that has: -
    - A patient and customer focus
    - A strong accountability, personal responsibility approach – reward and recognition key
    - An honesty, feedback and learning spine
    - The ability to make difficult decisions empathetically

7.1 Model of care

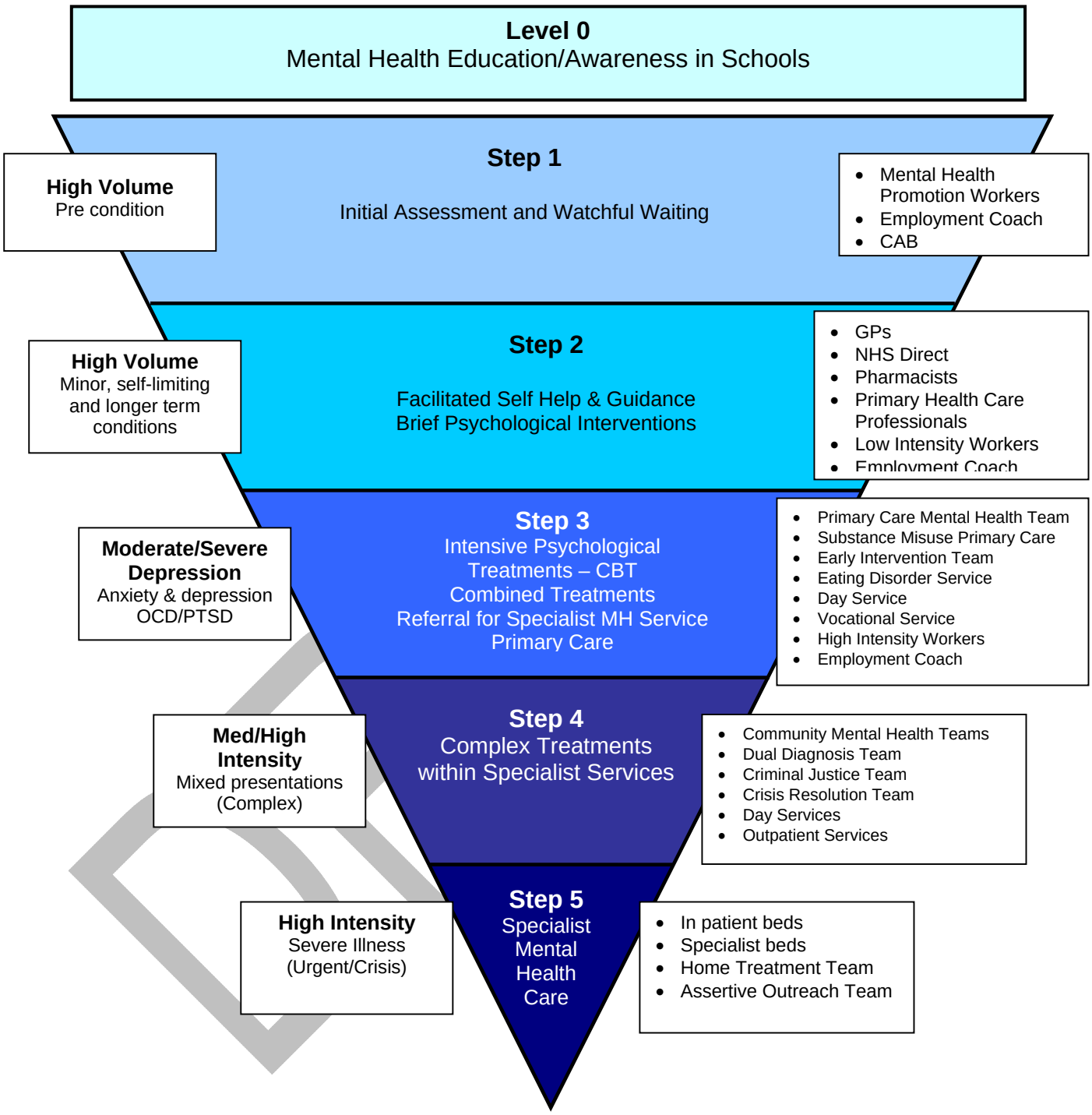
7.1.1 Stepped Model of Care

In line with NICE guidelines both localities had started the process of introducing a stepped care model prior to the formation of our new Trust. Introduction of the national contract in April 2009 formalised the model for the Trust and commissioners have highlighted it within their strategic plans. Whilst access to specialist mental health care begins at step 3, the Trust also delivers services at levels 0 to 2. Level 0 via the CAMHS teams where the Walsall team are currently participating in a project providing health promotion in schools, level 1 through our employment and vocational services and level 2 through the IAPT project in Dudley.

Single point of entry is key to the successful implementation of the model but it is clear from the service reviews and the stakeholder feedback (section 8.0) that there remain issues with pathways, particularly in times of crisis and out of hours. The current model still accommodates self referral from new clients direct into secondary care via a duty system in the CMHTs in hours and default to Crisis Resolution/Home Treatment (CR/HT) out of hours. Referrals are not only received at all levels of the model but to different professionals within teams. Pathways into the service are at best confusing.

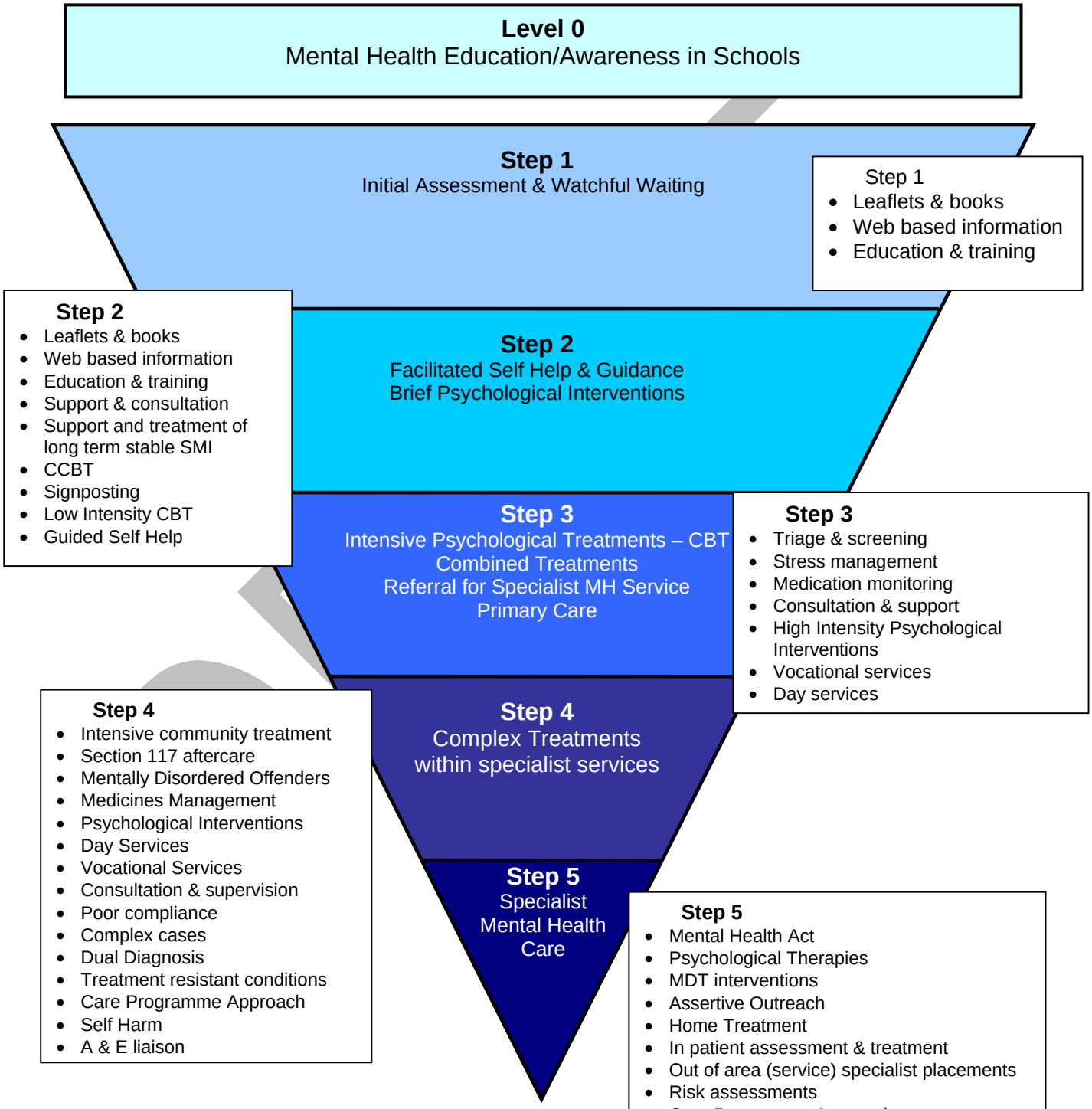
The Trust is currently participating in the West Midlands Strategic Health Authority pilot to develop a currency and tariff for mental health. To effectively implement care pathways, improve navigation for clients and carers, improve efficiency and productivity and reduce waiting times, the model needs to be implemented and adhered to which will require a firm commitment from our commissioners.

The Stepped Care Model



Levels of Intensity & Roles/Teams at each Step

Interventions available at each Step



It is clear that nationally, regionally and locally the strategic direction is one of an increased focus on the well-being of the population with health promotion, early intervention and prevention being key activities which means the commissioning of services at all steps of the model for PCTs.

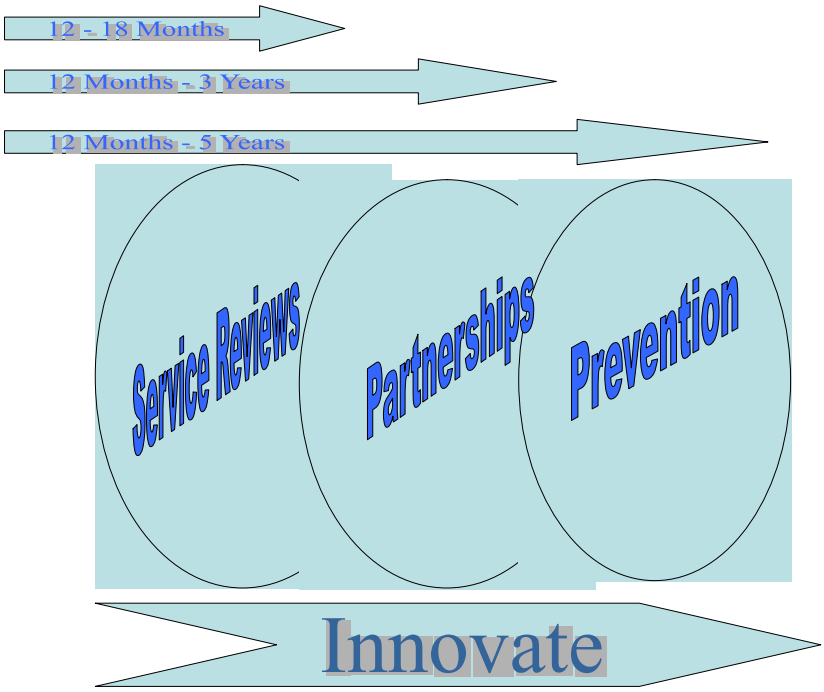
As a Trust we have given consideration in terms of defining our current service provision and where those services sit within the stepped care model. As a newly formed Trust we feel we are well positioned to continue to deliver and increase service provision across all tiers of the model through a mixture of service improvement, service redesign, service development, vertical integration, and by increasing efficiency, productivity and implementing pathways.

Commissioners are asked for clarity about the services they wish us to provide within the stepped care model whether this be a focus on the specialist steps or the continued development and delivery of services across all steps of the model.

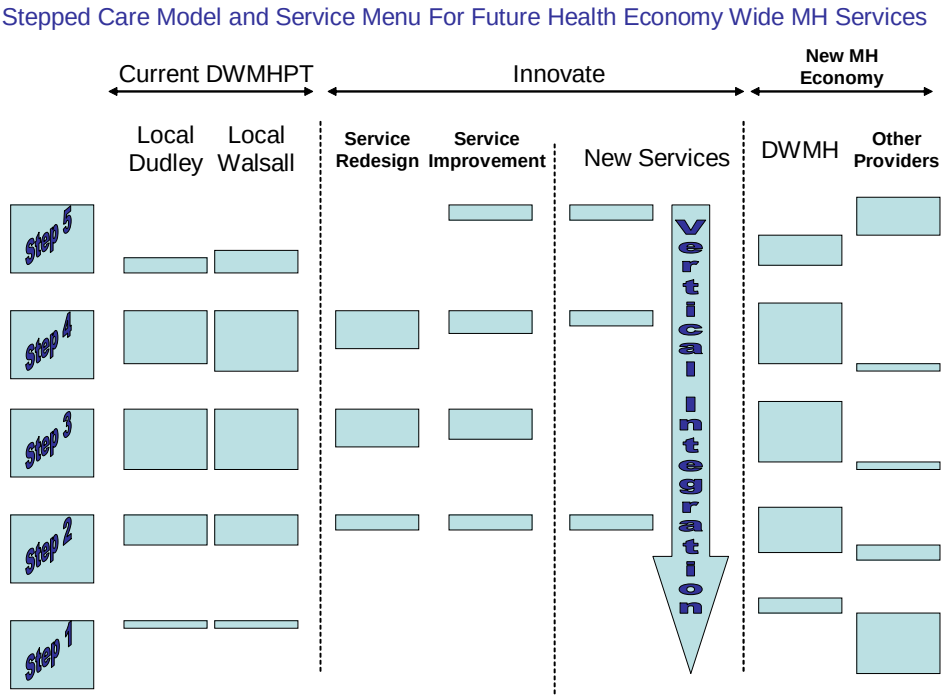
7.1.2 The QIPP Model

The Trust has developed its own model in line with the Stepped Care Model, providing a Service Menu for future health economy wide mental health services. The QIPP (Quality, Innovation, Prevention & Partnership) Model provides a focused innovative approach on core and non core services and encompasses elements of service redesign and service improvement as well as the delivery of new services. The model has been developed to address mental health issues over the next five years.

The QIPP Model



Stepped Care Model and Service Menu for Future Health Economy Wide Mental Health Services



Summary of key points

- Commissioners are asked to support the implementation of the Stepped Care Model to ensure clear pathways and single point of entry
- Commissioners are asked to clarify at which steps of the model they require our Trust to provide services

8.0 Stakeholder involvement

The Trust actively encourages, promotes and seeks out stakeholder involvement and considers it vital to fully inform our next steps as a new Trust.

8.1 Here and now reviews

The 'Here and Now Reviews' were an early priority for us as a newly formed trust to begin to understand the range of services we provide and to start the process that would lead to development of the strategic vision and ultimately the Integrated Business Plan. Executive Directors from Operational Services met with clinical staff and managers from each service group and reviewed a number of key areas which were them summarised into a comprehensive document, Here and Now Reviews Feedback Report (DWMHPT, 2008): -

- Service description
- Service philosophy
- Aims and objectives
- Target service user group
- Workforce and capacity
- Access and care pathway
- Key aspects of the service
- Quality measures
- Targets and trajectories
- Good practice
- Clinical focus
- Finance
- Governance
- Human Resource issues
- Estates issues

Following the reviews clinical staff and managers were required to action plan for issues identified within the process through a series of development days.

8.2 Stakeholder event

Following completion of the 'Here and Now' Reviews a key part of the ongoing process was to gain valuable insight into how our partners and stakeholders view our current services and how they would like to see services develop within Dudley and Walsall in the future.

With this in mind, an inaugural stakeholder event was planned and implemented to discuss and identify as a Trust: -

1. What the Trust currently does well and what could be done better
2. What would high quality mental health services look like in five years?
3. How best to deliver these future services.

There was no intention to move into the territory of our commissioners in doing this, but rather to gain as much feedback and opinion as possible to fully inform our Strategic Vision for future discussion with our commissioners.

There were a number of consistent messages that emerged: -

- There are recognised areas of excellent service delivery across the localities, mention was made of: -
    - Primary Care
    - Carer Support Services
    - Crisis beds in Walsall and the welcoming atmosphere at Bloxwich Hospital
    - Home Liaison after discharge
    - Improvements at Bushey Fields Hospital
    - Considerable praise for our staff, their friendliness, dedication and hard work
- Our service users and carers, as well as local support groups, offer a valuable source of insight into new services and service development and feel that the Trust could utilise this resource more efficiently, such that they can truly influence service quality and delivery.
- It was felt that the Trust should be engaged more strongly and visibly in the early education, awareness and anti-stigmatising of mental health across the localities through a range of campaigns/ideas.
- Awareness and information about services, conditions, hospital facilities, care plans, service choices, access, referrals, etc. could be improved.
- There is a general belief that awareness and knowledge of mental health within NHS communities outside of Mental Health is variable and could be improved.
- The need for a more streamlined and consistent path through the multiple services. There were numerous ideas on what this meant such as better signposting within the service, common care co-ordinator throughout the journey, better hand-over processes etc.

It was agreed that issues and ideas raised at the event would fully inform our next steps as a Trust. The full document can be found at appendix 1 (DWMHPT, 2009).

Key themes	
Doing well	**Need to focus on**
Primary Care (Walsall locality)	Early education
Carer Support Service (Walsall locality)	Awareness
Crisis Beds (Walsall locality)	Anti-stigmatising
Home Liaison	Information
Bushey Fields Hospital	Health promotion
Good Staff	Improve pathways

9.0 Current and future service provision

9.1 Current service provision

This section defines the Trust's current services by service area and identifies commissioner(s) of the service. Current service structures can be found at appendix 2.

Service	Service description	Scope of provision	Quality Outcome Measures	Commissioner(s)
CAMHS **Age Range** **0-17 W** **0-16 D**	An integrated, community based, multidisciplinary service that responds to the mental health needs of children, adolescents, and their families in support of the emerging strategy for children and young people. Specialist CAMHS will form part of the developing multi agency primary mental health service, specialist CAMHS and CAMHS for children with a learning disability.	Child psychotherapy Clinical psychology Family therapy Occupational therapy Psychiatric Nursing Psychiatry Social Work Counselling Speech & Language Therapy	• Auditing of quality of clinical record keeping • Clinical supervision • Service User experience surveys • CAMHS proxy targets NI51 • CQC Indicators • QUINMAC	PCT Local Authority
CAMHS Deaf Outreach Service **Age Range** **0-16**	An integrated, community based multidisciplinary service that responds to the needs of deaf children with severe mental health needs. Hub and spoke approach offering services locally and in Oxford.	Child psychotherapy Clinical psychology Family therapy Occupational therapy Psychiatric Nursing Psychiatry Social Work Counselling	• Auditing of quality of clinical record keeping • Clinical supervision • Service User experience surveys • Global Assessment Scale • Paddington Complexity Scale • CQC Indicators • QUINMAC	National Commissioning Group
Criminal Justice/Liaison Service **Age Range** **16+ D** **17+ W**	Provides support for mentally disordered offenders working in collaboration with mental health services and Criminal Justice Agencies to jointly manage the risk and provide support/advice and assessment as appropriate at the request of other professionals.	Offender liaison Psychiatric Nursing	• 7 day follow up (prison release) • Audit of: - - Clinical supervision - Probation Service pathway - Criminal Justice	PCT

			Service Awareness - Risk assessments • Service User experience surveys • Evidence based risk assessment tool • CQC Indicators	
Rape and sexual assault counselling and trauma treatment service (Dudley) **Age Range – women 16+**	Rape and sexual assault counselling and trauma treatment	Counsellor	• An audit cycle of risk assessments/outcomes • Evidence based risk assessment tool • CQC Indicators	
Early Intervention in Psychosis **Age Range 14-35**	Early Intervention in psychosis amounts to deciding if a psychotic disorder has commenced and then offering effective treatment at the earliest possible point and secondly ensuring that intervention constitutes best practice for this phase of illness	Psychiatry Child Psychiatry Social Work Psychiatric Nursing Occupational Therapy STaR Workers	• Audit of: - - record keeping - suicide and self harm - referral pathway to Early Interventions • The Lancashire Quality of Life Profile Assessment Tool • 7 day follow-up for discharged patients • Clinical supervision • Service User experience surveys • Care Programme Approach • CQC Indicators	PCT Local Authority
Eating Disorder Service **Age Range 14+ but only**	Secondary care community based service	Psychiatric Nursing	• Service User experience surveys • CQC Indicators	PCT

able to accommodate adults at present (16D, 17W)				
Substance Misuse Service **Age Range 18+ YOT – 14-19**	The service offer drug and alcohol services for service users with and without a dual diagnosis at tiers 3 and 4. Services include A & E Liaison, health promotion and prevention.	Psychiatric Nursing Psychiatry Social Work Occupational Therapy	• Audit • Service User experience surveys • CQC Indicators	PCT Local Authority DAAT (LA)
Adult CMHTs **Age Range 16-65 D 17-65 W (+65 for functional if already in adult service)**	Provides specialist assessment, treatment and interventions for people with serious and enduring mental health problems and those with severe common mental illness whose needs are less complex but cannot be catered for in primary care	Social Work Psychiatry Psychiatric Nursing Occupational Therapy Clinical Psychology Cognitive Behavioural Therapy	• 7 day follow-up • Clinical supervision • Audit of - medication management - suicide and self harm - prevalence & nature of self harming behaviours within community settings • Service User experience surveys • Reviewing use of BFT • Care Programme Approach • Caseload Management • CQC Indicators	PCT Local Authority
Carers Team (Walsall) **Age Range 17+**	Promotes the involvement of Carers in mental health service planning, monitoring and delivery. Supports Carers through the individual assessment of their needs and the development of care plans.	Social Work Nursing Occupational Therapy	• Service User experience surveys • CQC Indicators	Local Authority

Day Services, Vocational Services and Therapeutic Recovery Service **Age Range 16+**	Provides a specialist service offering a structured, evidence based range of psychological/therapeutic interventions to individuals who are experiencing episodes of mental distress and/or psychosis and where primary care services request expert interventions in locations across the boroughs maximising the use of community facilities/locations. Employment and Vocational Services offer assistance with employment retention and support to access education, training, voluntary work and employment.	Occupational Therapy Social Work Psychiatry Psychiatric Nursing Employment Vocational	• Audit of: - - quality of clinical record keeping - suicide & self harm audit • Clinical supervision • Service User experience surveys • Care Programme Approach • CQC Indicators	Local Authority PCT
Primary Care Mental Health Team **Age Range 16-65 D 17+ W**	Provides direct access for GPs and Primary Care Teams to mental health services delivered within a primary care setting for people with a range of common mental health problems.	Psychiatric Nursing Counselling Clinical Psychology CDW Liaison	• Service User experience surveys • CQC Indicators	PCT
Rehabilitation Service **Age Range 16-65**	In-patient facility provides assessment and treatment for service users who meet the criteria for rehab/recovery in patient care. Along with Community Rehabilitation Team provides a dedicated package of care that focuses on developing and maintaining the service user's skills, self proficiency, diminishing negative impact of a severe and enduring mental illness.	Psychiatric Nursing Psychiatry	• Clinical audit of documentation • Clinical supervision • Caseload management • Service User experience surveys • CQC Indicators	PCT
Adult Inpatient Services (including PICU & ECA) **Age Range 18-65**	Provides a high standard of treatment and care in a safe and therapeutic setting for service users in the most acute and vulnerable stage of their illness.	Psychiatric Nursing Psychiatry Occupational Therapy	• Clinical supervision • Documentation audits and quality checks • Complex case reviews if service user re-admitted within 28 days • Case reviews at 6 weeks • PEAT standards	PCT

			• AIMES accreditation • Service User experience surveys • CQC Indicators	
Assertive Outreach **Age Range 16-65**	Provides an effective approach to engage and support a highly vulnerable client group.	Social Work Occupational Therapy Psychiatry Psychiatric Nursing STaR Workers	• 7 day follow up • Readmission rates • Clinical supervision • Caseload management • Service User experience surveys • CQC Indicators	PCT Local Authority
Crisis Resolution/Home Treatment **Age Range 14-65 (+65 if still in Adult CMHT)**	Provides an alternative to hospital admission for people experiencing severe mental health difficulties. Acts as gatekeeper to all referrals to the acute inpatient service.	Psychiatry Psychiatric Nursing Social Work Occupational Therapy STaR Workers	• Service User experience surveys • 7 day follow up • 100% gate keeping • Case review if readmitted within 28 days • Clinical supervision • CQC Indicators	PCT Local Authority
Day Services and Memory Services **Age Range 65+**	Provides a range of interventions that have both an activity and therapy basis in a variety of locations appropriate to meet the needs of the service user. Offers service to service users with a dementia type illness and to those with functional mental health difficulties. Includes respite for carers.	Psychiatry Psychiatric Nursing	• Audit of: - - record keeping - prevalence & need for services for Early Onset Dementia - violence within mental health settings - suicide & self harm audit • Clinical supervision • Service User experience surveys • Care Programme Approach • CQC Indicators	PCT

Older Adults CMHT **Age Range 65+**	Represents the main community focus of the secondary care Mental Health Older Peoples Services. The provider will ensure that core principals and operational consistency is maintained whilst integrating the values and provision of generic older people's services ensuring equity and access to services appropriate to meet clinical and social need. Care will be delivered in a variety of settings, including individual's homes, residential and nursing homes, clinics and GP practices, in close liaison with primary care teams, social services, voluntary and housing departments. Provides interventions to any older person who is experiencing significant mental health problems or a person of any age with a dementing illness.	Social Work Psychiatry Clinical Psychology Psychiatric Nursing	• Audit of: - - record keeping - prevalence & need for Early Onset Dementia - medication management - suicide & self harm • 7 day follow up • Audit of prevalence and need for services for Early Onset Dementia • Clinical supervision • Care Programme Approach • Service User experience surveys • CQC Indicators	PCT Local Authority
Older Adults Inpatients **Age Range 65+**	For the benefit of those service users whose circumstances or acute care needs are such that they cannot be treated and supported appropriately at home or in an alternative, less restrictive residential setting.	Psychiatric Nursing Psychiatry Occupational Therapy	• Audit - rapid tranquillisation - AIMS programme - Record keeping - Prevalence & need for services for Early Onset Dementia - Names Nurse - Violence within mental health settings • 7 day follow up • Clinical supervision • Service User and Carer experience surveys • AIMS accreditation • CQC Indicators	PCT

Crisis Beds **Age Range 18+**	11 beds available at Broadway North for Walsall clients in mental health crisis	Social Care Staff	• CQC Inspection	Local Authority

Table 9: Current service provision

The following services are also being provided by the Trust at the present time but are either time limited in nature or subject to a change in commissioning arrangements.

Service	Service description	Scope of provision	Commissioning arrangements	Commissioner(s)
IAPT (Improving Access to Psychological Therapies)	3 year pilot	Low Intensity Workers High Intensity Workers	3 year pilot with funding still sitting with commissioners	Dudley PCT
Domestic Abuse Outreach Service	Offers specialist assessment, support and signposting	Psychiatric Nursing	Local Authority are undertaking service review which will identify where responsibility for domestic abuse should sit	PCT Police
WINGS (Women in Need Growing Stronger) – Domestic Abuse	Provides a survivor centred approach to support women and their children who are suffering, or have suffered, domestic abuse	Social Work	Part of service was delivered by a Charity that has now given notice. Clear commissioner intentions needed. Will also be considered within service review.	Local Authority PCT
Dual Diagnosis (drugs and mental illness – Dudley)	Provides specialist assessment and treatment for service users with both a drug problem and a mental illness	Psychiatric Nursing	Current contract with DAT ends July 09. Potential for new contract with CRI but not yet agreed.	Crime Reduction Initiatives

Table 10: Services subject to change

9.1.1 Critical Services

There are a number of services we consider critical to enable us to deliver our business: -

Black and Minority Ethnic Community Development Workers (BMECDW)
These posts were introduced within mental health in England in 2005 and have 4 key roles: -

1. Access facilitator
2. Change agent
3. Service developer
4. Capacity builder

Due to the small number of CDWs in each locality the Trust has brought these workers together under the leadership of the Equality and Diversity Lead.

Human Resource (HR) Business Centre
The HR Business Centre is hosted by our Trust and provides a range of HR services to both our Trust and to Dudley PCT, as follows: -

1. Learning and Development
2. Occupational Health
3. Workforce Strategies, Policies and Procedures
4. Professional HR advice, coaching and support
5. Workforce Planning
6. Employment Services
    a. Recruitment
    b. Workforce Information
    c. Payroll

Patient Advocacy Liaison Service (PALS)
The PALS service is currently commissioned from Dudley PCT and NHS Walsall. PALS services were set up to: -

1. Provide information about NHS and health related queries
2. Help resolve concerns or problems
3. provide general information and introduce you to agencies and support groups
4. provide information about how to make a formal complaint

Service User Involvement
Whilst we have a commitment within our objectives to be user and carer focused, we also have a legislative duty under the NHS Act (2006) to involve and consult with service users. We have various mechanisms for doing this including: -

1. Service User and Carer involvement within our governance structure including having users and carers involved in trust board and committee meetings
2. A User and Carer Involvement Strategy is currently being developed.
3. Some of the groups we support and consult with include: -
    a. Service User Empowerment (SUE) in Walsall
    b. Support Association for Mental Health (SAMh) in Dudley
    c. Carers in Partnership in Dudley
    d. Carers Support Network in Walsall

9.1.2 Professional Staff Groups

The Trust provides placements for pre and post registration students within the following disciplines: -

- Medical
- Nursing
- Occupational Therapy
- Psychology
- Social Work

All professional groups are represented at MExT (Management Executive Team) meetings (which are the operational hub of the Trust) as well as having a separate clinical operational group so that we can ensure a high level of professional leadership and involvement within the Trust. However it is essential that professional groups are not operating in silos so whilst the Trust respects our different professionals' backgrounds; we are also embracing and exploring new ways of working with our professional staff groups.

10.0 Proposal for future service delivery within stepped care model and QIPP Model

This section makes a series of proposals for the next 5 years for commissioners focused around service improvement, service redesign and provision of new services within the stepped care model and the QIPP model.

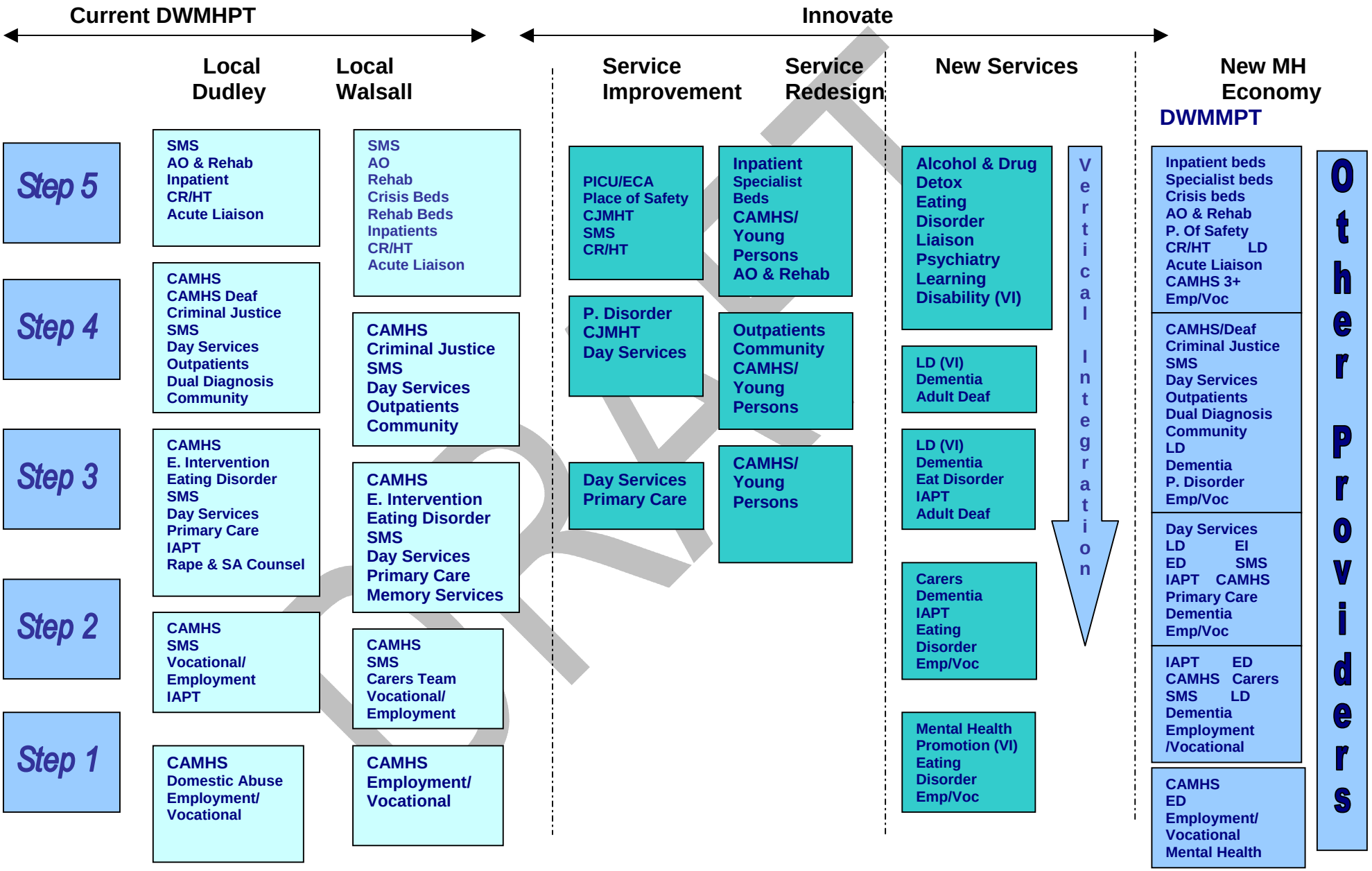
> Aim
>
> To build on the achievements of the National Service Framework towards high-quality, inclusive mental health care that respects the autonomy and dignity of individuals, families and carers and supports recovery
>
> New Horizons (DH, 2009)

The Trust will continue to ensure service delivery within a model that challenges and reduces stigma and discrimination. We also recognise the need to continue to develop services that enable and promote social inclusion such as our employment services, utilising community settings, and ensuring our services are a stepping stone to mainstream services.

Our Equality and Diversity postholder will lead our team of BME Community Development Workers to ensure that as a Trust we understand the needs of our BME communities and that we develop responsive services that meet the needs of all our population.

Our Community Buzz project will play an important role in engaging communities particularly those who may be socially isolated. A unique project nationally, the buzz will allow innovative ways of taking services to the community which will include Early Intervention, Community Development Workers and Employment Services as we continue to develop the personalisation agenda with care and support based on the needs and wishes of our service users and carers.

We are also committed to developing and building upon partnerships to ensure the effective delivery of seamless integrated services that meet the needs of our service users. For example we will be continuing to develop partnerships with community and acute services to ensure the physical health needs of our service users are met. It is well evidenced that people with severe mental health problems experience inequalities in their physical health that can reduce their life expectancy by several years. Some studies have shown that on average it is up to 25 years earlier (NICE Clinical Guidelines 82, 2009; Parks et al, 2006). These same people also develop illnesses such as strokes and coronary heart disease often before the age of 55. They can find it harder to access screening services and other primary care services (Disability rights Commission, 2005). We know that our populations do not enjoy the best of physical health and that whilst Dudley's health of the people may be close to the average for England, the same cannot be said for Walsall where health is generally poorer.


Current DWMHPT
Innovate
Local Dudley
Local Walsall
Service Improvement
Service Redesign
New Services
New MH Economy
DWMMPT
Step 5
Step 4
Step 3
Step 2
Step 1
SMS
AO & Rehab
Inpatient
CR/HT
Acute Liaison
SMS
AO
Rehab
Crisis Beds
Rehab Beds
Inpatients
CR/HT
Acute Liaison
PICU/ECA
Place of Safety
CJMHT
SMS
CR/HT
Inpatient
Specialist
Beds
CAMHS/
Young
Persons
AO & Rehab
Alcohol & Drug
Detox
Eating
Disorder
Liaison
Psychiatry
Learning
Disability (VI)
Inpatient beds
Specialist beds
Crisis beds
AO & Rehab
P. Of Safety
CR/HT LD
Acute Liaison
CAMHS 3+
Emp/Voc
CAMHS
CAMHS Deaf
Criminal Justice
SMS
Day Services
Outpatients
Dual Diagnosis
Community
CAMHS
Criminal Justice
SMS
Day Services
Outpatients
Community
P. Disorder
CJMHT
Day Services
Outpatients
Community
CAMHS/
Young
Persons
LD (VI)
Dementia
Adult Deaf
CAMHS/Deaf
Criminal Justice
SMS
Day Services
Outpatients
Dual Diagnosis
Community
LD
Dementia
P. Disorder
Emp/Voc
CAMHS
E. Intervention
Eating Disorder
SMS
Day Services
Primary Care
IAPT
Rape & SA Counsel
CAMHS
E. Intervention
Eating Disorder
SMS
Day Services
Primary Care
Memory Services
Day Services
Primary Care
CAMHS/
Young
Persons
LD (VI)
Dementia
Eat Disorder
IAPT
Adult Deaf
Day Services
LD EI
ED SMS
IAPT CAMHS
Primary Care
Dementia
Emp/Voc
CAMHS
SMS
Vocational/
Employment
IAPT
CAMHS
SMS
Carers Team
Vocational/
Employment
Carers
Dementia
IAPT
Eating
Disorder
Emp/Voc
IAPT ED
CAMHS Carers
SMS LD
Dementia
Employment
/Vocational
CAMHS
Domestic Abuse
Employment/
Vocational
CAMHS
Employment/
Vocational
Mental Health
Promotion (VI)
Eating
Disorder
Emp/Voc
CAMHS
ED
Employment/
Vocational
Mental Health
Vertical Integration
Other Providers

10.1 Service Improvement

This section identifies 8 service areas where the Trust, and our stakeholders, feel improvements need to be made to improve access, quality and equity.

10.1.1 Primary care

The development of Primary Care Mental Health Teams is part of the transition from traditional to modern mental health services represented by multi-agency care, psychosocial interventions and service user empowerment. The emphasis upon prevention, self-help and the "recovery process" would indicate that developing an effective Primary Care Mental Health Team and processes will both assist and support the further development of modern mental healthcare practices across the trust and its participant service agencies. It is essential that each of the constituent boroughs has strong and effective links with primary mental health care processes thus enabling a stepped approach to client care. Compliance with NICE guidelines demands that stepped care be a part of any service reconfiguration.

The principles of a stepped care approach is that clients receive the help, education and support/treatment they need in the least restrictive environment and through services delivered within or near to primary care facilities, including general practice, local healthcare centres and wider community venues.

It can be seen that the interface at each step of the model is crucial, but probably more so from steps 2 to 3 as the pathway progresses into specialist mental health services. It is this pathway that features within commissioning intentions for our Walsall GPs and was raised as an issue at our stakeholder event.

The vision for primary care is a one-stop shop in each borough that will facilitate: -

- Self referral
- Early detection
- Enhanced gate keeping
- Sharing of skills and knowledge with the wider primary care team such as practice nurses and health visitors to enhance their skills to enable them to work with the mental health needs of people with Long Term Conditions such as Diabetes, COPD, Heart Disease and Stroke, to improve their physical health outcome

Within the Walsall borough there is already a one-stop-shop hosted by the Council and situated at the Civic Centre. It provides a range of council services and the APRO already has a link. The Trust would like to explore this with the Council as a potential option for its primary care mental health service one-stop-shop for the Walsall locality primary care team.

10.1.2 Psychiatric Intensive Care Unit (PICU)

The Trust currently has 8 designated PICU (Psychiatric Intensive Care Unit) at Dorothy Pattison Hospital (DPH) and 2 ECA (Extra Care Area) at Bushey Fields Hospital.

The PICU has been poorly designed in that it is on the first floor of the hospital and does not meet the rigid specification for PICU provision. The need to provide 'ground floor

PICU facilities in a safe, cohesive environment conducive to therapeutic intervention and which supports the proposed models of care' was identified several years ago (Walsall PCT, 2003). Within the document (which was an Outline Business Case for the re-provision of PICU), it is recognised that all PICU facilities should be provided on the ground floor, both from a patient safety perspective and in order to ensure that adequate access can be given to fresh air and external space for therapy and general exercise. The provision of the PICU on the first floor of the hospital has resulted in a number of significant problems in terms of patient safety

A feasibility study has been undertaken to consider re-providing PICU at DPH but costs are in excess of £3million capital. This would result in a long period of disruption for the hospital (in excess of 2 years) and whilst the Trust would incur capital charges, it would not add value to the asset base of the Trust. Serious consideration needs to be given to a number of options open to the Trust including: -

- Do nothing
- Provide PICU
    - New build
    - Redesign
- Do not provide PICU

In order to make a decision about the future provision of PICU we also need to understand the following: -

- Need for local PICU provision
- Opportunity for income generation
- Risk of lost income
- Requirements of the ECA
- Requirements of the in-patient wards. Increasing number of special observations, challenging and complex behaviour requiring a more intensive environment but not PICU.

10.1.3 Place of Safety

For sometime it has been considered to be good practice for Places of Safety to be located at psychiatric hospitals, rather than police stations and our Trust is developing its plans to introduce Places of Safety at both Dorothy Pattison Hospital and Bushey Fields Hospital. Work at the Dudley locality is well underway and the Place of Safety will be completed imminently. Within Walsall locality the longer term solution may need to be an integral part of any PICU plans. In the interim period our plans are to use a duty room. In order to open our Places of Safety we will need to work in partnership with the police to develop and agree an overarching policy.

10.1.4 Personality Disorder

Over the last few years the issue of Personality Disorder (PD) within health, social care and justice services has become a growing concern. Both clinical understanding and prevalence data is limited for this client group. This lack of understanding, combined with limited expertise in both the provision and commissioning of these services has led to fragmented service provision across the PD care pathway with limited strategic planning. Historically tier 4/enhanced tier 3 services for complex and severe PD have been commissioned by the West Midlands Specialised Commissioning Team and the team

have recently undertaken a review which has taken into account the recommendations of the West Midlands PD Capacity Plan, service model and commissioning arrangements. The lack of specialist services for this client group and difficulty in accessing services available has resulted in a lot of clients with this diagnosis currently being managed within our Trust.

Whilst there still remains a need for a local commissioning strategy looking at the needs of the Black Country, the Trust has developed in-house services for some of its existing clients with borderline personality disorder. The therapy being provided is Dialectic Behavioural Therapy (DBT) which has been specifically developed for individuals who frequently experience their emotions as being unpredictable and/or out of control. The models are quite different in each locality with service provision being down to one individual in Walsall but a multi-professional team approach in the Dudley locality. We need to review our models and service provision to ensure we are delivering the best and most appropriate model to all of our clients. As a newly introduced therapy we need to evaluate the effectiveness of DBT on our client group and our services to ascertain whether this is a model that works. It is important that locally we develop a clear and consistent approach to the management of Personality Disorder, particularly in relation to admission to hospital and risk management.

We also need to ensure we keep abreast of potential developments within the Black Country and West Midlands Region to ensure our clients are supported to access the most appropriate and up to date treatments. We need to work with our commissioners to understand what the needs are of this client group and to decide the level of service we wish to provide.

10.1.5 Criminal Justice Service

Each locality has a Criminal Justice Service that has been set up with slightly different remits. For instance the Walsall locality undertakes Court Diversion whilst for Dudley this is still undertaken by West Midlands Specialised Commissioning Services. Our Trust and commissioners have been waiting for the outcome of The Bradley Report (Ministry of Justice, 2009). The Report is a review of people with mental health problems or learning disabilities in the criminal justice system and this report has produced a number of recommendations which have just been out for consultation. The Government response has been to establish a National Programme Board (Health and Criminal Justice Board) who will review the recommendations to establish their cost and deliverability before producing a national plan by October 2009 as it is not anticipated that there will be additional resources made available. The recommendations being taken forward will be incorporated into the government's wider strategy for health and social care for offenders which is due to be published in November 2009.

One of the recommendations accepted in principle states that: -

'The development of Criminal Justice Mental Health Teams will be informed by the recent MHEP-AC recommendations in addition to further evaluation work. It is anticipated that some of the core elements will include:

- Liaison with local community services
- Screening and assessment

- Coverage of police custody and courts, with links to prison mental health in-reach services and resettlement to ensure continuity of care.
- Management of information concerning an individual's needs throughout the criminal justice system and back into the community.
- Direct involvement and input to MAPPA.
- Standardised assessment processes.
- Joint training for criminal justice and health and social care staff.
- Acute service user involvement
- Access to learning disability expertise

This clearly puts court diversion with the Criminal Justice Mental Health Team and Dudley commissioners are willing to give notice regionally once operational practicalities have been addressed. Our Trust does not have a prison within its locality and people from Walsall and Dudley can be sent to prisons all over the country which can mean a lot of travelling for our staff. Given the small numbers of staff in these two teams and the large and growing remit, it makes sense for these two teams to be merged into one Trust wide team. A complete review of the service specification will be required this year following the outcome of national plan in October and the new strategy in November.

Four further recommendations in relation to Criminal Justice Mental Health Teams that have been accepted in principle are: -

1) CJMHT will be responsible for ensuring continuity in an individual's mental health care when they are in contact with the criminal justice system.

2) A responsibility of the CJMHT will be to ensure that appropriate information is shared between all the agencies that are responsible for caring for an offender with mental health problems or learning disabilities.

3) The CJMHT should have direct involvement and input into local MAPPA arrangements.

4) A minimum data set should be developed, for collection by CJMHT, to provide improved information to assess need; plan and performance manage services, and inform commissioning decisions.

A recommendation that is still under review is that: -

'The requirement for Criminal Justice Mental Health Teams is currently included in the Standard NHS contract for mental health and learning disabilities on a non-mandated basis. This should be included in the contract as a mandated item and reflected in the next edition of the NHS Operating Framework'.

There are 82 recommendations in total but a further 4 are highlighted as follows with the first two having been accepted and the second two having been accepted in principle: -

- Discussions should immediately commence to identify suitable local mental health facilities as the place of safety, ensuring that the police station is no longer used for this purpose
- Robust models of primary mental health services should be developed, ensuring an appropriately skilled workforce to assess and treat those with mild to moderate conditions

- Joint care planning between mental health services and drug and alcohol services, should take place for prisoners on release.
- A comprehensive mentoring programme for people leaving custody with mental health problems or learning disabilities and returning to the community should be established

Within the Dudley locality the CJMHT also manages homeless workers and domestic abuse outreach workers. It is now clear that neither of these roles should sit with the CJMHT.

Homeless Service

Within the Dudley locality there have been 2 posts dedicated to working with homeless people with mental health problems and these posts have been based with the Criminal Justice Team. Both posts were funded on a non recurring basis with funding expiring this financial year. Operational services are currently exploring how they can support this client group and the services e.g. hostels, who have taken on clients with more complex and challenging needs on the basis that these dedicated workers are available. A possible future redesign of community services might assist with this (Section 10.2.5).

Domestic Abuse Service

It is well evidenced and documented that victims of domestic abuse frequently end up with mental health issues and in response to this services were previously set up within Dudley's mental health services with one worker based with the Criminal Justice Team and other workers forming part of the WINGS service. As a Trust we do not believe that domestic abuse services are a part of our core services. As the lead for domestic abuse, the Local Authority will be undertaking a service review this year and making recommendations which will include whether any services should sit with mental health or not.

10.1.6 Substance Misuse Service

In 2008 drug services in Dudley were put out to tender. The Trust submitted a partnership bid with the main current provider, the Warehouse, but was unsuccessful and 2 new providers i.e. Crime Reduction Initiative (CRI) and Cranstoun start delivering these services in July 2009. CRI have expressed an interest in contracting our Trust to continue to provide a dual diagnosis service and negotiations are currently in progress. The tendering process with the Warehouse assisted our Trust in clarifying the provision of drug services from our Trust to the voluntary sector under the block contract with Dudley PCT. We now need to ensure that clear robust pathways are developed to ensure ease of access for clients but also to ensure clear lines of accountability and governance for the respective organisations involved in the delivery of drug services in the Dudley borough.

10.1.7 Crisis Resolution/Home treatment

When Crisis Resolution/Home Treatment teams (CR/HT) were set up in response to the NSF (DH, 1999) they were set up with fidelity to the model following DH guidance on fidelity and best practice (DH, 2006). As a result services were commissioned for adults up to the age of 65 which is not in keeping with the age discrimination act. At the present time if a person is with the adult services and reaches the age of 65 they are not

automatically transferred to the Older Person's Service if their illness is functional and their needs can continue to be met within the adult service and they would therefore still have access to the CR/HT teams. Unfortunately if they are already in the older peoples' service then they cannot access CR/HT as there is not capacity to extend the age range. This clearly is not in the best interests of our service users and breaches age discrimination legislation. We would need to undertake a complete review of the way our teams currently work and the services they provide e.g. Emergency Liaison.

Our stakeholders have raised concerns about access to mental health services out of hours and issues with access at the Emergency Department have also been raised. This highlights an issue with the way the crisis services have been set up in both localities. Within the Walsall locality the service picks up duty system out of hours and this now gives the public direct access to self refer to the Crisis Team without any primary care assessment. Within the Dudley locality the service picks up Emergency Department liaison, which whilst a crucial service, was never meant to be the remit of the Crisis team.

NHS Walsall have commissioned a Psychiatric Liaison Service from our Trust although the original plans for this now need to be reviewed given that year 2 funding is no longer available. Dudley PCT has never commissioned Psychiatric Liaison.

It isn't appropriate that, as the only 24/7 service, the Crisis Team has become the catch all for all out of hours working and a complete review of the service and pathways is required along with all out of hours working.

10.1.8 Day Services

As a result of national guidance (DH, 2006) day services within our Trust have undergone some redesign and modernisation but still have a way to go if we are to truly provide socially inclusive day services that are non stigmatised and a stepping stone back to mainstream community services.

Many people with serious mental health problems remain socially isolated and excluded from their communities. Such isolation has been identified as one of the factors that needs to be addressed in order to achieve the target of reducing death by suicide. Traditionally, day services have focused on the provision of specialist support solely for those with mental health problems, typically providing a 'package deal' of activities within the centre that includes a place to go during the day to meet other people through a range of group social/leisure activities, group therapeutic opportunities, and various forms of help and advice. Whilst we have predominantly moved away from providing social 'drop ins', our services remain building based and do not maximise contact with the local community. If day services are to promote inclusion and participation the focus needs to change to supporting people to access opportunities within their communities alongside other members of the community. Day services have historically failed to meet the needs of younger people as well as those with diverse needs such as people from minority ethnic communities and we need to understand as a Trust if our day services are meeting everybody's needs or just specific groups.

Summary of key points

- One stop shop for primary care in each borough
- PICU options to be considered
- Place of Safety for each acute hospital
- Provision of DBT for borderline Personality Disorder
- Criminal Justice
    - Court diversion to be provided locally
    - One Criminal Justice Mental Health Team for the Trust
- Domestic Abuse – subject to Dudley borough wide review
- Homeless Service – provision to be considered within community redesign
- Substance Misuse Service – Trust to continue to provide Dual Diagnosis Service in Dudley locality
- CR/HT – review of service and pathways
- Socially inclusive approach to delivery of day services

10.2 Service Redesign

This section identifies 5 service areas that could be redesigned to bring about improvements to access, quality and equity, addressing some of the gaps where clients, often with complex needs, are in danger of falling between services and providing some services locally that are currently out of area.

10.2.1 In-patient Services

The Trust has 3 hospitals for in-patients based in Walsall, Dudley and Bloxwich. Managed as 3 separate hospitals it is often difficult to juggle the needs of clients in relation to quite diverse specialised needs as well as trying to meet privacy and dignity needs above the minimum standards. As a stand alone organisation the Trust now has increased flexibility across its in-patient provision to plan smaller functionalised specialised units that are gender specific and meet specialised needs for its population based on need, not age e.g.

- Dual Diagnosis (MH/LD)
- Self harm requiring intensive monitoring and care
- Challenging behaviour
- Eating Disorder
- Dementia

Dual diagnosis (Mental Health & Learning Disability)

At the present time learning disability (LD) services within both boroughs continue to be managed within the host PCTs and the lack of coordinated management has often led to difficulty in addressing the needs of this group of clients within the mental health service (section 10.3.7).

Around 30-50% of people with an LD also have psychiatric and behaviour disorders. It is well documented that people with LD are more vulnerable to mental health problems than the general population. It is estimated that up to half of adults with LD also have additional mental health needs. People with LD can experience the full range of mental health problems including mental illness, behaviour problems and offending behaviour. The Healthcare Commission (now the Care Quality Commission) introduced an indicator for 'Best practice in mental health services for people with a learning disability' but progress has been extremely slow and the majority of the indictor remains unmet locally.

There is growing concern regionally that current service models in LD (and adult mental health) are outdated and community infrastructure is poorly developed. Effective commissioning of local services to prevent and reduce inpatient admission and facilitate early discharge is seen as key (NHS West Midlands, 2008).

As the focus of LD services shifts to the care of clients with high dependence, this leaves a growing group of individuals who often have challenging and complex needs that the mental health service do not feel equipped either in terms of training, skills or resources to meet their needs. This group of, often high risk, people need a focused, multi agency approach which includes providers, commissioners, LD and MH services to improve the experience of these clients and ensure their needs are being met by the most appropriate staff both within a community and an in-patient setting.

For those clients with a dual diagnosis who require admission to one of our in-patient hospitals, there is a need to improve existing arrangements by providing dedicated beds with clear management and professional accountabilities identified and a risk management strategy in place. Key to this will be improved discharge arrangements and agreement about care coordination.

Self Harm

A consequence of introducing specialist teams such as Assertive Outreach, Early Intervention and Crisis Resolution/Home Treatment is that the acuity and complexity of clients admitted to hospital is often increased and both of our hospitals undertake a high number of clinical observations for clients with a number of illnesses but particularly those who self harm. A smaller unit catering for people with these specific needs would provide a more supportive environment for clients.

Challenging Behaviour

As with other mental health services, we have seen a big increase in the number of clients presenting with challenging behaviour. The reasons can be numerous but include an increasing number of clients with dual diagnosis i.e. mental illness and substance misuse. Treating these clients in the same facility would allow us to provide a focused approach within a physically appropriate environment.

Eating Disorder

Tier 4 services (i.e. beds) for Walsall, Dudley and Wolverhampton are currently commissioned via a contract Black Country commissioning hold with Birmingham and Solihull Mental Health Foundation Trust. Current arrangements have been unsatisfactory for some time with issues such as difficulty accessing beds being a major factor and clients often end up being treated by the private sector.

Black Country Commissioners are currently looking to disinvest in tier 4 services to reinvest locally to improve primary and secondary care services. Our Trust would like to work with our commissioners to develop local services which may include some in-patient provision, whether for the Trust or the Black Country (section 10.3.4).

Dementia

Separate provision of in-patient facilities for clients with dementia would continue to be provided as a specialist condition for clients of any age.

Rehabilitation

We currently have 16 in-patient rehabilitation beds at the Dorothy Pattison Hospital with no similar facility in the Dudley locality. These beds are located on Grasmere Ward which is in an isolated area of the hospital site, and although there is easy access to external space the physical location endorses a view of exclusion of the clients from the society into which they are preparing to return (Walsall PCT, 2003). There is no doubt that there is a need for rehabilitation within contemporary mental health services but if the service is to encourage independence and address deficits in social functioning with best practice placing an emphasis on social inclusion and the importance of psychosocial interventions,

then there becomes an obvious need to review the location and provision of our rehabilitation beds with a view to moving to a community location and providing a service for the whole trust.

10.2.2 Out Patient Department

As one of our most expensive resources it is essential that our medical staff's skills and expertise are fully utilised both within the Stepped Care Model and embracing the principles of Care Programme Approach (CPA). Outpatient Clinics, as with many mental health services, remain fairly traditional in their approach and usually consist of new and follow up appointments that take place between the client and the Consultant without the involvement of the multidisciplinary team. It is also clear that a number of referrals continue to be made directly to our Consultants outside of the stepped care model and that Consultants are being expected to care coordinate. This is a key area for review and reform to enable Consultants to work with the multidisciplinary team with clients with the most complex needs within the CPA framework.

10.2.3 Child and Adolescent Mental Health Services (CAMHS)

Services for 16-17 years

Standard 9 of the National Service Framework for Children (DH, 2004) indicats that CAMHS services should cater for young people up until the age of 18 years. Despite this nationally, regionally and locally there are still variances in CAMHS and adult service provision when it comes to 16 and 17year olds and there remains a danger that this group of youngsters fall through the gap. Within our Trust we have criteria of up to 16 in Dudley and up to 17 in Walsall. Adult services start at 16 in Dudley and 18 in Walsall which means that we do not have youngsters falling through the gap. However there are some youngsters falling through the gap or unable to obtain services who live on the borders, particularly Worcester where there are different age criteria.

We have agreed to work with commissioners this year to address this during the current financial year ready for the new contract in April 2010 to ensure consistency across the Trust and no gaps in service provision.

Aim

To promote the mental health of all children by providing universal and targeted support for families and at-risk groups

New Horizons (DH, 2009)

Out of Hours

Within the localities we need to give consideration to extending CAMHS hours to improve accessibility. We also need to improve client experience and quality of service by implementing an out of hours service to ensure delivery of a comprehensive CAMHS service. Economies of scale and the small number of Consultants within our Trust suggest a Black Country approach would not only be cost effective but not too cumbersome for each Trust. Sandwell Mental Health and Social Care Foundation Trust have already agreed to look at this with us and an approach needs to be made to Wolverhampton PCT to ascertain their views.

Services for 16-25 years

Traditionally the transition between CAMHS and adult services has been difficult with many families finding that adult mental health services (AMHS) do not provide the service that they need, or adolescents do not attend for appointments because they do not think adult services cater for their needs or lifestyle. Conditions that are common in CAMHS are not well catered for, with adult psychiatrists often refusing to deal with young people who have ADHD or the disability caused by emerging personality disorder. At the same time many young people are particularly vulnerable, they have left the relative safety of school, and are left to make their own way in higher education or the world of work. Families are often less supportive, and peer pressure and social difficulties can be harder to negotiate. Those leaving care are often abandoned; psychosis and bipolar disorder become commoner and necessary services difficult to access. Such difficulties with transition have been described in reports by Young Minds, Sainsbury Centre, Rethink, Royal College of Psychiatrists and the Royal College of Nursing. All of these organisations have concluded that the ideal service for meeting the needs of young people with a mental disorder would be one that did not end at 18 but encompassed the ages of 16-25.

> Aim
>
> To improve transition and to ensure that young people receive age-appropriate care and support from adolescence through into adulthood
>
> New Horizons (DH, 2009)

Providers and commissioners have agreed to work together to explore the development of this age specific service with the following benefits identified: -

- Would comply with many current government and voluntary sector stated aims for this age group
- Would provide age-appropriate and sensitive services to this age group, and hopefully prevent many from becoming long term users of the specialist mental health services by early intervention
- Would prevent many CAMHS graduates from encountering services that do not meet their needs
- Would correctly identify and treat those young people presenting for the first time with ADHD and ASD, preventing the current state where many are misdiagnosed as having another disorder, or whose problems are identified but not treated appropriately.

The project will need to take into account community and in-patient requirements as the Black Country does not have an adolescent in-patient unit. Although an adult facility is not considered to be an age appropriate facility for 16 and 17 year olds (DH, 2008) there were 7 admissions to our adult beds last year, totalling 399 bed days. Reasons include parental choice i.e. not wanting their child out of area, difficulty accessing local beds and difficulty accessing beds in an emergency. Consideration will also need to be given about the model of service provision i.e. will it include services such as Early Intervention and Eating Disorders such as the Birmingham and Solihull model or will it include all services for this age group including Substance Misuse Services. Whatever model is progressed, partnership working will be absolutely key to its successful delivery. This model of service delivery has been highlighted in New Horizons (DH, 2009).

Tier 3+ Services

At the present time tier 4 services for children i.e. in-patient beds, are commissioned by the West Midlands Specialist Commissioning Team (WMSCT). This commissioning arrangement covers all 17 PCTs in the West Midlands and about 200 young people are admitted a year. The WMSCT have recently proposed the development of tier 3+ services which would take the form of Community Intensive Treatment Teams. It has been clarified that tier 3+ services will not form a part of the tier 4 strategy and the decision and responsibility for these services will sit with PCTs. Our Trust would like to work with our commissioners who are considering a Dudley, Walsall and Sandwell approach.

10.2.4 Community Assertive Outreach and Rehabilitation

The 'here and now' reviews for Assertive Outreach Team (AOT) and Community Rehabilitation Support Team (CRST) in the Walsall locality highlighted similarities that coexist between the CRST and AOT. The client group are offered a similar range of interventions with the comparable philosophy to support and maintain independent living and positive social functioning. Currently both services operate from different buildings with a focus on adults between 17-65 years of age with a diagnosis of severe and enduring mental illness with complex needs. Bringing the two teams together under one management structure would support 3 strands of a transition model, an entrance strategy into assertive engagement, stability of treatment and intervention processes, and a final strand being the exit strategy which would support a rehabilitative/recovery strategy in preparing the client to move on.

10.2.5 Community Services

In response to the National Service Framework (NSF) for Mental Health (1999) mental health services have undergone a wide and intense modernisation programme in very recent years. The implementation of the NSF has seen the introduction of new specialist teams and new roles such as the Primary Care Graduate Mental Health Worker, Gateway Workers, Support Time & recovery Workers and BME Community Development Workers.

The new functional teams have enabled a move from hospital-based care to community based care with a focused skill and expertise on the most vulnerable, difficult to engage, and complex needs.

Following the introduction of these new teams, both localities created dedicated primary care teams by shifting resources from Community Mental Health Teams (CMHT), a similar approach taken by many mental health services across the country. It is recognised that the level of development of CMHTs varies markedly around the country, unlike the functional teams, policy guidance for CMHTs focuses on the functions of a CMHT rather than structures (DH, 2002). Whilst national guidance does not take account of recent changes such as development of separate primary care teams it does identify CMHTs as being clearly secondary care with the function of providing ongoing treatment, care and monitoring for a group of people needing ongoing specialist care i.e. severely mentally ill.

Policy guidance advocates a team approach with most assessments of those with severe mental illness involving trained medical staff (section 10.2.2) each client being assigned a care coordinator with overall CPA responsibility.

We have 13 CMHTs, 6 in Dudley and 7 in Walsall, that were set up a number of years ago and their function, structure and locations have not been reviewed since and no longer

take account of local need. For instance we know that the East of the Walsall borough has much higher levels of deprivation than the West and a much larger population but this isn't particularly reflected in the referral rates which may indicate problems with access to services. We know this is often an issue for people from BME populations and that there is a high concentration of people from BME groups in the East of the borough. There is now a need to review and redesign our community services to take account of factors such as: -

- Establishment of specialist teams
- Establishment of separate primary care mental health teams
- Specific health needs of the communities we serve
- Practice Based Commissioning Clusters
- Functionalisation of other teams and services
- Referral rates
- Needs assessments
- Potential access issues
- Providing services based on need, not age

Our vision for our community teams is of a functionalised model with sub specialties which for some smaller specialties may need to be trust wide services. Proposed specialties would include: -

- ASD/ADHD
- Perinatal/Maternal
- Dual Diagnosis (LD/MH)
- Long term conditions (SMI) requiring a spell of specialist mental health input
- Homeless
- Dementia

New Horizons (DH, 2009) recognises a number of specialist services being developed within mental health citing eating disorders, perinatal mental disorders and ASD/ADHD as examples.

ASD/ADHD - adults

Autistic Spectrum Disorders - adults

DH (2009) guidance notes that prevalence of Autistic Spectrum Disorders (ASD) may be as high as 116 per 10,000 and that approximately 16 people per 10,000 people have particularly complex needs linked to ASC. It also adds that some people with ASD fall through gaps in local services, particularly between mental health and Learning Difficulties (LD) services (see sections 10.2.1 and 10.3.7).

The Mental Health Act now clarifies that ASD are mental disorders but this continues to be a group of individuals who are not receiving the specialist services they need. The DH (2009) produced good practice advice for PCTs and LA Commissioners in April 09. Whilst CAMHS services do cater for this client group, there are no transition pathways to adult services in any specialty which results in this group of people often falling through the gap, a position that is recognised nationally.

Currently adults with ASD in the Dudley locality receive a service from DART which is a local authority project but they exclude users with mental health needs or from the Learning Disability team if there is an accompanying learning disability. There is not a similar service in the Walsall locality.

Given that people with ASD are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life this exclusion would create a cohort of patients who need specialist support from mental health services. As people with ASD find communicating their needs difficult it is very often hard to diagnose depression or anxiety, particularly for clinicians who have little knowledge or understanding of developmental disorders.

The awareness/profile/ diagnosis of autism is likely to increase given that the Department of Health and the Department for Children, Schools and Families are working together to improve services for people with autism and their families: -.

- Improving the quality of services provided to autistic children and their families
- Training and support in mainstream education to raise awareness of autism among teachers and early years practitioners.
- Better support for young people with autism in the transition to adulthood**.** Improving the quality of services provided to adults with autism

Evidence suggests that adults with ASD are not receiving the most appropriate service and that the numbers being referred to the mental health services is increasing and is likely to continue to increase. It is recognised that the approach needs to be a joint one with health and social care and this is certainly the way services have been commissioned in areas demonstrating good practice such as Nottinghamshire, Liverpool and Gloucestershire. Good practice highlights teams that are multi-disciplinary, multi-agency to provide specialist assessment, care management and short term interventions for those clients with complex needs.

Both host PCTs have identified the need for a local needs assessment. In addition to this the DH are in the process of consultation to seek views on what actions, in which areas, can deliver the greatest change for the largest number of adults with ASD in order to inform the right approach for the final strategy. A lack of specialist knowledge and expertise resulting in misdiagnosis or inappropriate treatment continues to be highlighted as an issue nationally for people with ASD.

Whilst not having any expertise or a dedicated service our Trust is seeing an increase in referrals of clients who have been diagnosed as having Autism or Aspergers. Again it is often difficult to quantify as diagnosis codes are not captured electronically across our community services. Whilst it is recognised that a National Autism Strategy is soon to be published which would need to be considered (NICE Clinical Guideline 72, 2008), there may be an opportunity to develop local specialist services in partnership with the Local Authorities.

Attention Deficit Hyperactivity Disorder - adults

Attention Deficit Hyperactivity Disorder (ADHD) has been increasingly recognised in the UK over recent years, but the provision of treatment for young people has been variable. The identification of ADHD in adults in the UK is uncommon. There are very few specialist

or generic mental health services in the NHS for adults with ADHD, despite evidence of effectiveness; in addition, clinicians often feel ill equipped to treat adults with ADHD. Young people often leave children's services with no readily identifiable adult service to support them, even though most young people with a sustained diagnosis will go on to have significant difficulties in adulthood. These may include continuing ADHD, co-morbid psychiatric disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime. This also means that there is a pool of adult patients in whom the diagnosis of ADHD has been unidentified and where ineffective treatments have been put in place for alternative diagnosis, which may account for the high rates of contact reported with mental health services for adults with ADHD and in turn the associated cost implications. In addition, many people with ADHD, and their parents or carers, experience stigma and other difficulties because of the symptoms and impairment associated with ADHD and current practice within healthcare and education.

The issues facing sufferers of ADHD are similar to those for ASD. In many areas there are currently no mechanisms in place for specialist tertiary mental health services to support general mental health teams in the provision of adult ADHD services.

Transition from children's to adult services remains a major concern in young people with mental health problems, particularly those with ADHD who are vulnerable and require continuing care into adulthood. Currently there is a lack of experience and training in the care of young adults with ADHD within adult mental health services, primary healthcare and psychology services. It has also been identified that some clinicians may be reluctant to prescribe psychostimulants, as methylphenidate is not licensed for use in adults. Therefore the full implementation of the NICE clinical guidelines CG72 on ADHD may require significant effort and partnership working.

As with ASD, given that a number of these clients are already in our services, there is a potential opportunity to utilise the redesign of community services to develop a small but dedicated team providing a local service but with the ability to offer assessment across the region. If a service for 16-25 year olds is developed, it is anticipated that the majority of these clients would be catered for within that service.

Perinatal/maternal services

Psychiatric disorder following childbirth is common, and often serious. Following childbirth women are at increased risk of suffering from an affective illness, and those with pre-existing psychiatric disorders may face a relapse or recurrence of their condition.

The most common perinatal mental health problem is post natal depression, with rates ranging between 13% in the first few weeks to 20% in the first year after the birth (Priest et al, 2003). The profound effect of untreated postnatal depression and its effect on relationships, families and children, linking it to depression in partners, higher rates of divorce, lower levels of emotional and cognitive development, higher levels of behavioural problems and psychological disorders amongst children is well evidenced.

Currently NHS Walsall and Dudley PCT commission inpatient Perinatal Psychiatry services from Birmingham and Solihull Mental Health NHS Foundation Trust; operating from the Queen Elizabeth Psychiatric Hospital. It was established in 1992 to provide a regional service to the West Midlands, to treat mothers with mental health problems, both during pregnancy and in the first year post-partum. At present there are no specialist

community services within the Trust with all maternal mental health issues being dealt with by the generic primary or secondary care mental health services. Research shows that specific services can help reduce risk, and produce better outcomes for the baby and mother.

There are a number of predisposing factors in our boroughs that increase the likelihood and risk for our population e.g. high infant mortality rates, high teenage pregnancy rates, growing BME population. This is a potential area for developing a sub speciality as a part of community redesign. However it is recognised that a fully funded multi-disciplinary team will reduce the need for admission and provide appropriate care in the community and is therefore an area where commissioners could potentially disinvest in tier 4 services to reinvest in local services, providing care closer to home. The benefits would include: -

- Achieving the best care in the least restrictive setting
- Ensuring timely access to the right care delivered in the right place at the right time
- As close to home as possible
- Focus on prevention of people moving inappropriately into more intensive interventions

Summary of key points

- Functionalisation of in-patient beds
- Social inclusive approach to delivery of rehabilitation
- Consultant out patient clinics to be provided within CPA framework
- CAMHS
  - Clear pathways for 16-17 year olds
  - Black Country approach to out of hours
- Development of Eating Disorder service
- Service for 16-25 year olds
- Community Assertive Outreach and Rehabilitation to be managed together
- Functionalisation of Community Services to provide sub specialities
- Services based on need, not age

10.3 Service Development

This section identifies 10 service areas that are potential development opportunities through new provision or vertical integration to bring about improvements to access, quality and equity.

10.3.1 Alcohol and Drug Detoxification Unit

At the present time we do not have any specifically commissioned beds for detoxification for either alcohol or drugs. At Bushey Fields Hospital we try to designate 2 beds for inpatient alcohol detoxification (and for occasional assessment of dual diagnosis where the Substance Misuse Team is the only service involved) in order to plan admissions. Dorothy Pattison Hospital has no inpatient detoxification facility and patients are admitted under the General Psychiatrist.

The National Treatment Agency (NTA) DH guidance recommends 2 beds per 100,000 population which would indicate a need for approximately 10 beds for the Trust. The NTA model of care document has already indicated that acute psychiatric wards are not considered to be an appropriate environment for the inpatient treatment of drug and alcohol misuse. Small units that are attached to general wards are also considered to be less ideal than In-Patient Units (IPU).

Current arrangements mean that clients may undertake their detoxification at our in-patient facilities, the local acute hospitals, in out of borough placement or in the community, depending on what is available and the severity of the client's physical state. Some clients are admitted urgently, placed ahead of others on the waiting list so that the total waiting time is inconsistent. The growing problem of substance misuse across both boroughs highlights the growing need for a dedicated facility.

It is anticipated that the NTA will provide guidance to Commissioners on inpatient facilities and that a tendering process will be undertaken in due course for the Dudley locality for drug detoxification beds. The Community Safety Partnership have already identified within its Adult Treatment Plan for 2009/10 (part 3) (Dudley Community Partnership, 2009) actions and milestones which include discussion with our Trust in relation to commissioning in-patient detoxification beds.

A dedicated in-patient unit (IPU) providing alcohol detoxification and opiate or stimulant detoxification beds would enable the provision of more timely and appropriate care close to home. Commissioning intentions for the Walsall locality need to be established as an IPU would need to be a Trust wide facility in order to be viable and to ensure the Trust is able to offer the same treatment options to all of its clients. Our Trust needs to undertake further work to consider if it is feasible to provide these facilities at all and if so, whether it would be at one of our acute in-patient hospitals or more preferably in a community setting.

Essential to the support of in-patient provision is the provision of our community substance misuse services. A recently jointly commissioned review of services provided by Lantern House in our Walsall locality has produced a number of recommendations that our Trust needs to consider which includes accommodation and management arrangements (Act Research, 2009)

10.3.2 Carers Services

The Trust has a Carers Team working in the Walsall locality undertaking carers' assessments and at the present time the team provide advocacy services as well as delivering interventions to carers.

Within the Dudley locality there is one Carer Support Worker based with Rethink out of an original target of 4 CSWs. This has resulted in an expectation in Dudley that Care coordinators undertake carers' assessments although they often find this difficult to do as they lack capacity to then offer interventions.

We need to undertake a review of the Carers Team and to re-focus on assessment and intervention rather than providing advocacy as NHS Walsall are tendering for advocacy services.

We need to work with commissioners in Dudley to agree a way forward that will see an increased number of carers' assessments being offered as well as interventions, particularly for more vulnerable groups such as the young and elderly.

10.3.3 Older People's Services

Dementia Services

The Dementia Strategy (DH, 2009) outlines 17 objectives, a number of which relate to issues raised by our stakeholders as follows: -

- Pathways
- Early diagnosis
- GP prescribing and practice key
- A need to work with homes to put packages of care into place, to provide support and utilise our expertise to provide ongoing community support, particularly as behaviour becomes more challenging during the latter stages of dementia.
- Needs led services that cater for people with early onset dementia
- The needs of Carers
- Memory clinics in Dudley (already being established in Walsall)

> Aim
>
> To improve the mental well-being of all older adults.
>
> To build on the achievements of the NSF for Older People and the NSF for Mental Health towards high-quality, non-discriminatory mental health care that respects the autonomy and dignity of the individual, families and carers, and supports recovery.
>
> New Horizons (DH, 2009)

Dudley PCT has plans to create a Memory Assessment Service this autumn. Dudley Council and Dudley PCT are also launching a joint bid for £200,000 from the DH to set up a Dementia Advisor Service. All leading to earlier diagnosis, improved care and extra

support for carers. Delivery of the Memory Assessment Service is dependent upon redesign of our Older Persons Services. Dudley's plans is dependent upon redesign of our existing services for year 1 and substantial investment in year 2. Given the limited resources our Trust currently has for this client group and impending financial climate for the NHS, we will need to work with our commissioners to review the strategy and possible options for service delivery.

NHS Walsall have plans to establish a Rapid Access, Assessment and Treatment Team (RAATT) and will be going out to tender this year which our Trust will be considering tendering for. This will provide a service to any age adult that has a diagnosis of an organic mental health problem (dementia) and care will be delivered in conjunction with older peoples mental health in-patient ward, community mental health, primary care and social care services.

The service will: -

- Provide 7 day a week intensive assessment and treatment interventions to individuals experiencing mental health distress or crisis and support those who may care for them.
- Provide an alternative to in patient admission and will work with individuals who would otherwise be admitted to hospital.
- Gate-keep all admissions to in-patient beds, meaning that no individual should be admitted to a bed without a comprehensive assessment of their suitability by the RAATT. The service will also facilitate early discharge where appropriate to do so
- Provide intensive care and support in the community offering interventions and treatment plans to enable adults with organic mental health problems to remain in their own homes and communities as an alternative to hospital admission.

Walsall MBC will be opening a Dementia Unit at Goscote which will provide intermediate and respite residential beds. This development also opens up the possibility of an option for the Trust to accommodate Memory and Day Services at the Goscote Site and potentially some in-patient assessment.

10.3.4 Eating Disorder Service

National statistics suggest an incident of >1.1 million people with an eating disorder in the UK which equates to approximately 10,062 for our Trust's population. At the present time we do not capture diagnosis codes electronically for community services so we are unable to provide our own robust statistics, this is an area we are trying to address.

Projections from the Office of National Statistics survey (ONS, 2000) suggest no significant change in the population considered to be at risk of Eating Disorders over the next decade or beyond. However, it is anticipated that the incidence of Eating Disorders may be seen to rise as it is estimated that currently only 9% of Eating Disorders are diagnosed and receiving appropriate treatment.

The main function of our eating disorder service is to offer specialist assessment, consultation/liaison and training to mental health professionals. Co-ordinating the interface between local mental health services and the specialist eating disorder services at the Queen Elizabeth Hospital or other services where we may have inpatients.

Initially set up to take referrals from 14 years upwards, the team can only offer a service to adults (16+ Dudley and 17+ Walsall) due to the high referral rates and demands on the service. This also means that whilst we would like to accept referrals directly from GPs and primary care, the team are only able to accept referrals directly from secondary care services where the client already has a care co-ordinator. Specialist Medical assessment is provided by the tertiary service.

Anorexia Nervosa has one of the highest death rates of all the psychiatric disorders and this can result from starvation, heart failure or suicide. Early recognition and help can stop the development of serious disorders. Public Health data supplied by Sandwell suggests the trust can expect 65 new cases of Anorexia Nervosa per year. It is not known to what severity these may develop and the important first steps are therefore detection, and early intervention. If these cases do become severe then a specialist resource capable of working intensively with these clients for a minimum of six months duration will be required to meet criteria set by NICE 2004. These clients are at greatest risk of requiring inpatient care if the community staff resource is insufficient to hold them.

Within the Black Country our Trust is the least well resourced at effectively one clinician per 2407 people with an Eating Disorder. The service does not have capacity to offer clients access to psychological therapies other than CBT or have capacity to fulfil clinical, outreach and liaison functions. The advantage of such capacity is to minimise the requirement for day and inpatient care. A Mapping and Analysis Report Eating Disorders in the Black Country, 2008, identified that all 3 services operates as therapy only services and do not include a medical component, therefore relying on locality psychiatrists and GPs for medical input. The report identified that services would benefit from having access to specialist psychiatry/medical input, provided by a psychiatrist specialising in Eating Disorders. This role could support the team with complex cases and co morbidities and support locality psychiatrists and GPs to develop their knowledge and skills relating to Eating Disorders.

Commissioners for Dudley, Walsall and Wolverhampton are currently looking to disinvest in tier 4 services to reinvest locally to improve primary and secondary care services. Our Trust would like to work with our commissioners to develop local services which may include some in-patient provision, whether for the Trust or the Black Country.

10.3.5 Liaison Psychiatry

Patients with a physical illness are three to four times more likely to develop a mental illness than a member of the average population. Patients admitted to an acute setting have a 28% chance of also having a diagnosable psychiatric disorder. A further 41% have sub-clinical symptoms of anxiety or depression. The rates of psychiatric illness for older adults in general hospital beds are as follows:
Up to 40% have dementia
53% have depression
60% have delirium (The NHS Confederation, 2009)
The Academy of Medical Royal Colleges (2008) has produced a guide by practitioners, for managers and commissioners in England and Wales. The report recognises the equal importance of mental health care alongside physical care within Emergency Departments, acute medical and surgical services and therefore the need for Acute Psychiatric Liaison Services as being an essential part of a whole acute service. The provision of mental health services to people in acute hospitals is seen to be extremely variable across the

country which is unacceptable when we are talking about some of the most seriously ill people at greatest risk. The position is just as variable locally: -

- Limited Acute Liaison in Walsall
- No Acute Liaison in Dudley
- A & E liaison picked up by CR/HT in Dudley
- A & E alcohol and drugs liaison in Dudley
- A & E Self harm nurse in Dudley
- Ad hoc Psychiatric Liaison across CAMHS, Adult and Older Persons Services

Most of these mental illnesses are treated very quickly and effectively if the symptoms are identified early. However, the current composition of local acute and mental health services means that often the physical and mental conditions are treated separately. Aligning mental and physical healthcare is a key opportunity identified in the NHS Next Stage Review.

A complete review is required across the Trust involving commissioners and acute providers to develop clear, shared expectations and a collaborative approach to supporting people in acute hospitals with mental health problems in a non discriminatory and consistent approach. One potential solution is the development of a multi disciplinary Liaison Psychiatry team which would need to incorporate the skills of nursing, psychiatry, psychological therapy and social work. Opportunities for investment from reducing ALOS and admissions to the acute sector would need to be explored.

10.3.6 Improving Access to Psychological Therapies (IAPT)

The IAPT Programme is concerned with raising standards of recognition of, and treatment for, the mass of people who suffer from depression and anxiety disorders. The programme is at the heart of the Government's drive to give greater access to, and choice of, talking therapies to those who would benefit from them. A commissioner led bid in 2008 resulted in the Dudley locality becoming one of 3 pilot sites in the West Midlands Region. As with any pilot, there will be a need for our Trust and commissioners to evaluate the outcomes.

A bid was made by NHS Walsall this year for IAPT money with our Trust as the partnership provider but unfortunately the bid was unsuccessful. Commissioners and providers are currently working together to progress a business case for further discussion.

10.3.7 Learning Disability Services

Learning Disability Services within the two boroughs are still provided by the host PCTs. As the PCTs primary function is commissioning there has been a growing need for them to consider alternative options for their in-house provider services. The establishment of provider services either as stand alone organisations or at arms length provider services, is both time consuming and costly at a time when PCTs need to focus on radical change to meet the looming financial challenges.

There will be a growing need to work collaboratively across health economies to ensure services are secured and improved in own area in the best interests of clients. Our Trust considers that a realistic option for the way forward would be expansionism through vertical integration and will therefore seek discussions with our host PCTs in terms of our

Trust taking on management responsibility of Learning Disability Services for Dudley and Walsall if commissioners decide this is where these health services are best placed.

Some of the quality and governance rationale for can be summarised as follows: -

- Improved client experience for those with dual diagnosis such as improving access to full range of specialist services
- Addresses the grey areas and risk of clients falling through the gap
- Reduces risks and shares risks
- Improved pathways
- Shared care
- Sharing good practice
- Improved governance for LD
- One larger LD service rather than two smaller stand alone services, larger body of professionals
- Potentially more cost effective
- Enables LD to formally link to specialist child mental health services or professionals
- Facilitates Consultants to be part of a larger Consultant body for supervision and governance
- Leaves PCT free to focus on commissioning and the financial challenges ahead

10.3.8 Mental Health Promotion

Should our commissioners decide that they want us to provide services at all levels i.e. 0-5, vertical integration of Mental Health Promotion into our Trust would be a logical option. These services currently operate in isolation within the PCTs with little to no interaction with the mental health services. Integration into our Trust would enable the sharing of expertise and knowledge with mental health staff and wider professional groups, improved planning and coordination of activities within the client pathway, enabling increased mental health promotion activity across both the mental health and the wider population and making health promotion everybody's business. In addition it leaves the PCT free to focus on commissioning as identified in the previous section.

Aim

To improve the mental well-being of all individuals, families and communities.

New Horizons (DH, 2009)

10.3.9 Employment and Vocational Services

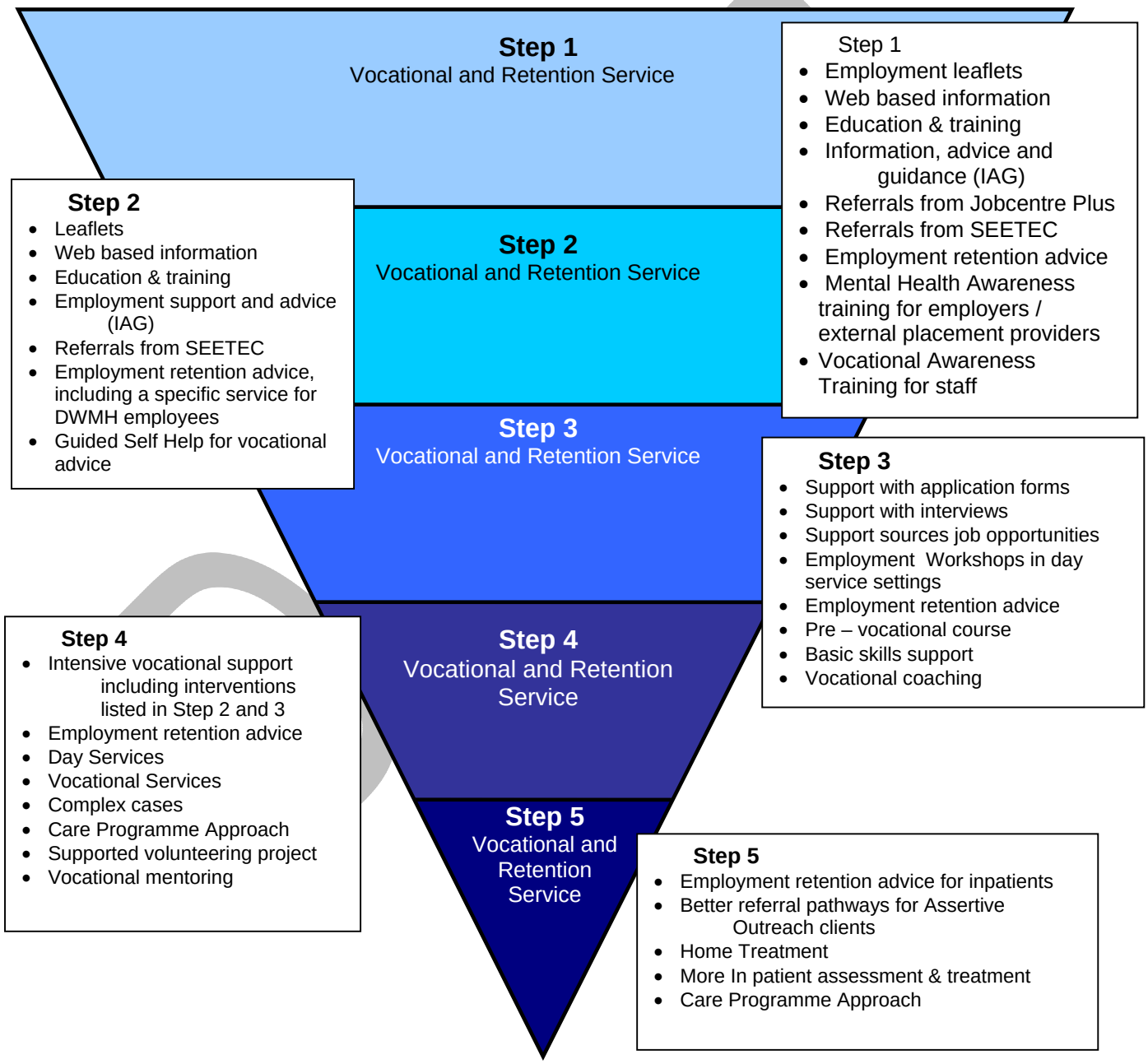
Each locality is commissioned to provide employment services to support secondary mental health service users and recently the Walsall locality was successful in a bid to secure a contract to provide employment services that prevent the onset of worklesness. Employment and vocational services are central in the recovery model of mental health with links between low income and poor mental health being well documented.

Currently services are provided at the higher levels within the Stepped Care Model of Care and as the services interact with the higher levels of care, the type of intervention becomes more intensive and proactive. At the lower steps in this model the type of

support relies more on signposting and information giving than co-ordinated support and advice. At the higher steps, service users can expect guided practical support for their employment and vocational goals, such as sources placements, completing application forms and preparing for interviews.

The Trust would like to develop these services further and the model below illustrates how vocational and employment services could fully develop across the different levels of the Stepped Care Model. Current socio-economic changes are not only leading to an increase in mental health problems but an increase in unemployment and earlier prevention and intervention within employment and vocational services will be essential.

The Stepped Care Model – Proposed Service Delivery



10.3.10 Services for deaf adults

The Trust already provides services for deaf children with mental health needs under a national contract with NCG. There is an adult deaf population within the Walsall borough who currently have to travel for a service to Birmingham. A needs analysis is currently in progress and the Trust would like the opportunity to review the outcome of the needs analysis with commissioners a view to potentially developing services for this group of service users. We would also welcome discussion with Dudley commissioners to understand the need and provision for the Dudley borough.

Summary of key points

- Drug and alcohol detoxification unit to be considered
- Need to improve Carers Support
- Dementia Services – Commissioners need to decide on provider based on best quality and best value
- Development of Eating Disorder services at all levels locally
- Review of all mental health acute liaison provision across both boroughs required by providers and commissioners
- Trust to evaluate outcomes of IAPT pilot in Dudley and work with commissioners to progress business case for Walsall
- Vertical integration of Learning Disability Services and Mental Health Promotion
- Development of employment and vocational services to fully meet needs at all levels of Stepped Care Model
- Proposal to consider provision of services for deaf adults with mental health needs, bringing services closer to home

11.0 Recommendations

Developing our strategic vision has identified a number of issues that will need to be taken forward into any subsequent plans: -

- Single point of entry – stepped care model to be properly implemented
- Clear pathways
- Robust and clear out of hours services
- Services based on need, not age
- Functionalised model of service delivery
- Equity and equality across the Trust
- Services delivered locally
- Internal structures that support our model of service delivery
- Diagnosis codes need capturing electronically to enable planning
- Estates need to be reviewed to ensure services are provided in the right places and to reflect changes to teams and structures
- Improved engagement with commissioners, particularly practice based commissioners
- Development of personalisation agenda
- Continued implementation of Social Inclusion practice

12.0 Summary

In order to develop our strategic vision we have reviewed our services, sought stakeholder views, and considered the strategic direction being set locally, regionally and nationally. Our vision looks at what we could provide as a mental health and social care Trust, paving the way for discussions with our commissioners. It does not look at how services should be provided as that will form part of our 5 year Integrated Business Plan and so consequently the vision has not yet been costed or any equality impact assessments undertaken.

It is clear that strategically there will not only be an expectation that PCTs commission services across all tiers of the stepped care model but also focus on the well-being of the wider population through activities such as health promotion, prevention, early detection and early intervention. Mental health services, having traditionally focused on delivering specialist mental health services, are increasingly providing services at earlier stages and our Trust is no exception to this. As a newly established Trust we believe this is the ideal opportunity for us to refocus our services to provide services at all levels through a mixture of service improvement, redesign, development, vertical integration and improved productivity and efficiency through an innovative and quality focused approach. We also believe that we are in a position to offer some services on a Black Country wide basis or in partnership with other Black Country mental health providers.

Our strategic vision offers commissioners options in terms of what they would like to commission us to provide i.e. at what levels within a stepped care model. Our vision will be refined following confirmation from commissioners and translated into our Strategic Plan which will form the basis of our next contract with commissioners for 2010-2013.

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15.0 Appendices

Appendix 1

Dudley and Walsall Mental Health Partnership NHS Trust

Inaugural Stakeholder Event Report for Attendees

On
March 18th 2009
The Village, Dudley

Contents

List of Tables and Figures

Summary

Over 100 people attended the first Stakeholder Event held by the Dudley and Walsall Mental health Partnership NHS Trust. Overall this first event was deemed a success on the following basis:

- Level of initial response led to the need for a waiting list to attend the event
- Mix of attendees across functions/organisation
- Positive feedback from attendees
- Suggestions to hold similar future meetings

Main Themes

There were a number of consistent messages that emerged from this first stakeholder event. The main issues raised are highlighted below: -

- There are recognised areas of excellent service delivery across the localities, mention was made of: -
    - Primary Care
    - Carer Support Services
    - Crisis beds in Walsall and the welcoming atmosphere at Bloxwich Hospital
    - Home liaison after discharge
    - Improvements at Bushey Fields Hospital
    - Considerable praise for our staff, their friendliness, dedication and hard work
- Our service users and carers, as well as local support groups offer a valuable source of insight into new services and service development and feel that the Trust could utilise this resource more efficiently, such that they can truly influence service quality and delivery.
- It was felt that the Trust should be engaged more strongly and visibly in the early education, awareness and anti-stigmatising of mental health across the localities through a range of campaigns/ideas.
- Awareness and information about services, conditions, hospital facilities, care plans, service choices, access, referrals etc. could be improved.
- There is a general belief that awareness and knowledge of mental health within NHS communities outside of Mental Health is variable and could be improved.
- The need for a more streamlined and consistent path through the multiple services. There were numerous ideas on what this meant such as better signposting within the service, common care co-coordinator throughout the journey, better hand-over processes etc.

What Happens Next?

- The Trust will use the issues raised to help support the future Clinical Plan
- Further local, informal events will be planned
- It is the Trust's responsibility to investigate further the new service ideas raised
- Issues outside the control of the Trust will be communicated to the relevant parties

Purpose

It has been 6 months since the Dudley and Walsall Mental Health Partnership NHS Trust was formed. A "Here and Now" service review is underway and a key part of this process is to gain valuable insight into how our partners and stakeholders view our current services and how they would like to see services develop within Dudley and Walsall in the future.
With this in mind, an inaugural stakeholder event was planned and implemented to discuss and identify as a Trust: -

1. What the Trust currently does well and what could be done better?
2. What would high quality mental health services look like in five years?
3. How best to deliver these future services?

There was no intention to move into the territory of our commissioners in doing this, but rather to gain as much feedback and opinion as possible to fully inform our future Clinical Plan.

Event Methodology

On arrival all attendees were allocated to one of 3 Service Teams – Adult Services, Older Adult Services or Child and Adolescent Services, each team being divided into 3 sub-groups (tables) to address the 3 key questions identified in section 1 in 3 separate 40 minute sessions as shown in Figure 1.

Team Adult Services	Team Older Adult Services	Team Children & Adolescent Services
Table 1 Here and Now Facilitator – M Ingram	Table 1 Here and Now Facilitator – M Shanaghan	Table 1 Here and Now Facilitator – W Pugh
Table 2 Future services – What? Facilitator – I Baines	Table 2 Future services – What? Facilitator – R Musson	Table 2 Future services – What? Facilitator – K Williams
Table 3 Future services – How? Facilitator – P Hayward	Table 3 Future services – How? Facilitator – L Lockett	Table 3 Future services – How? Facilitator – A Gleeson

Figure 1 Event Methodology

During the first session all groups focused on answering the question as shown in Figure 1 above. This method ensures that all questions were addressed for all Service Teams in the first session. Following the summing up, groups moved to the next table to answer the further 2 questions. Each table was allocated a facilitator (to guide the group through the allocated task) and a scribe (to take notes on all comments and feedback). The facilitator and scribe remained on the same table throughout the session, thereby gathering 3 sets of feedback on the same question/issue.

Analysis of Attendees

The charts below show attendee breakdown by organisation/group and role.

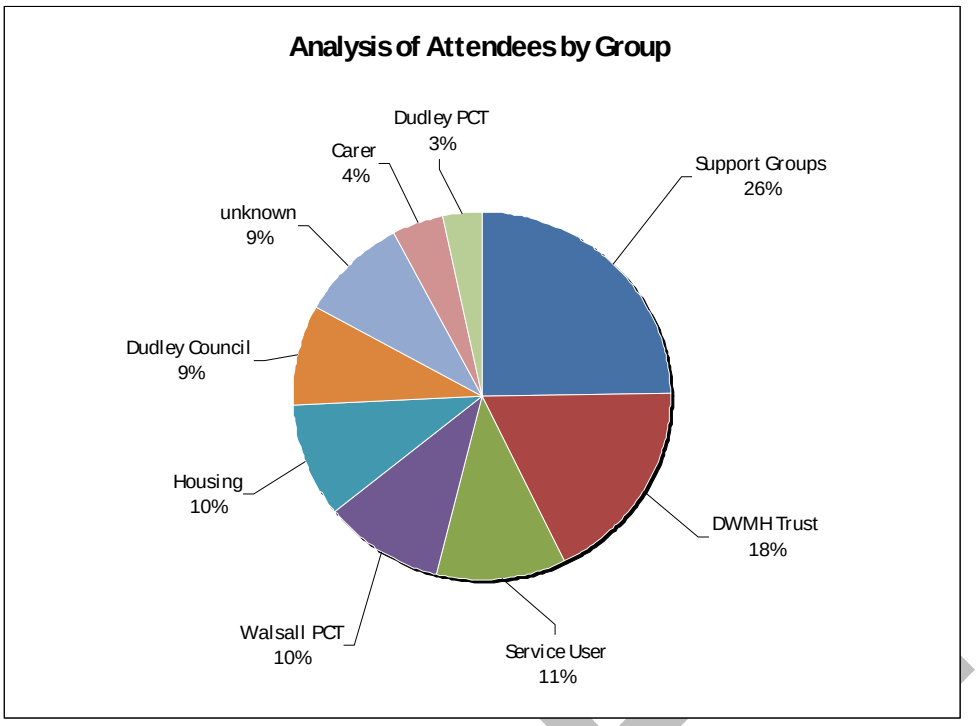

Figure 2 Analysis of Attendee by Organisation/Group

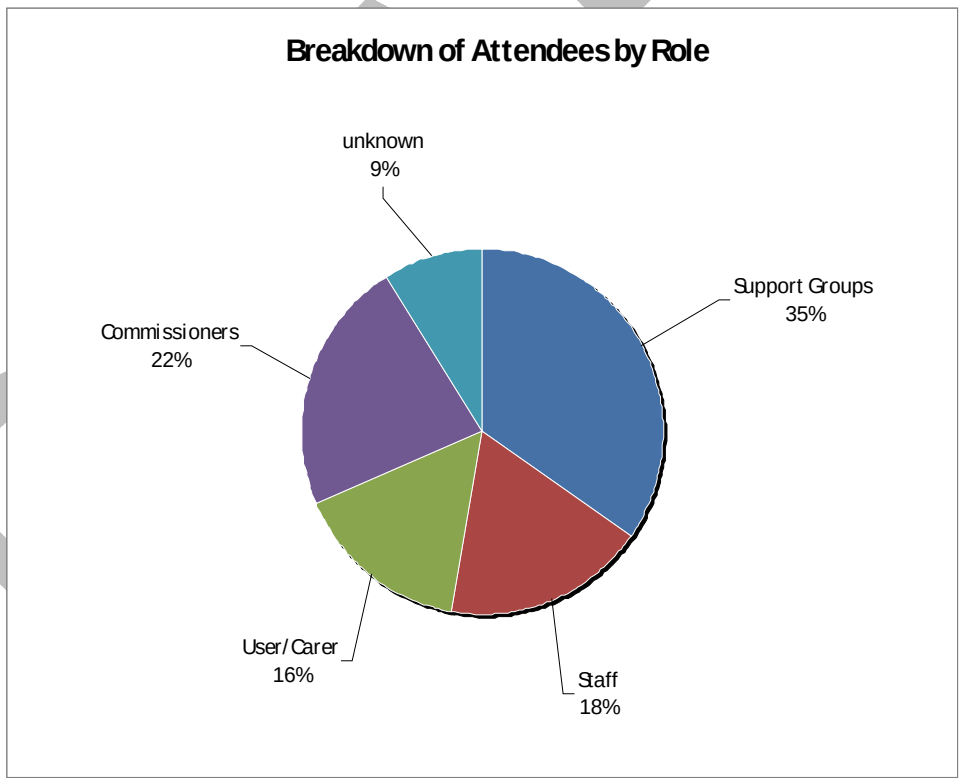

Figure 3 Analysis of Attendee by Role

Detailed Feedback

It is clear that whilst the first two questions were answered specific to the Service Team, the ideas for new services and new service delivery were much more generic. With this in mind the "common themes and generic ideas" are presented in this section. All feedback specific to each Service Team is included in the relevant sub-sections.

Engagement during the event covered attendee's views of mental health services for the future - this related to a variety of service provision including third sector and private sector.

General Issues

The following table details the common issues/themes that were raised a number of times throughout the session and are not service specific: -

General Issues
Education about mental health and well-being as a preventative process and as an anti-stigma campaign is needed locally. This could include close working with schools and teachers as well as other community groups.
Information about which services are available and how to access them, as well as information on alternative therapies, medication etc. is needed. Information needs to be tailored to the recipient with regard to language and style etc.
Engaging with children and adolescents should be done using their language and in places where they feel comfortable
Out of hours access across services particularly through A&E could be improved
Across all services there was a theme around the need for a drop-in/walk-in facility. The provision of recreational facilities was also mentioned in this context
Care closer to the community
More appreciation and understanding of the value that Carers add to the service as a whole
Services should be accessed depending on need and not age
Working with whole families and other relatives and/or neighbours/friends in relation to practical issues of care. Listening to concerned neighbours and friends
Mental health Well-being Campaign – "first aid kit" & the need for greater understanding of illnesses through posters, press articles, newspapers, TV, good news stories were suggested
Increase in the availability of recreational activities that encourage social inclusion & independence

Figure 4 Commonly Raised Issues

New Service Ideas

Below is a compilation of all new service ideas that were raised during the event. It is possible that some of those mentioned may already be provide in some areas of the localities, either by the Trust or by other providers.

New Service Ideas	
Rehabilitation Services	Crisis House
Advocacy Services especially with regard to the value of Support Workers	A&E Liaison Service to improve access to MH services out of hours
Combined, central drug & alcohol abuse centre	Phone/text help line dedicated to young people
Dedicated Specialist facilities for young people and for BME groups	Acute Day Hospital
Young Carer Support Service	Dedicated service for newcomers to the localities e.g. Asylum seekers
Access to therapies other than CBT e.g. Human Givens Therapy	Research into holistic and alternative therapies
Speech and Language Therapy Input	Crisis intervention team for over 65's
Early onset/detection of dementia generally but especially for under 65's	Adult Placement Scheme - employment & retention, volunteer schemes, opportunities within the council/NHS

Key Worker / Dementia Adviser - same person throughout the journey of dementia i.e. from diagnosis to end of life	Agreed Dementia Register and Tagging/tracking. All authorities could have access to enable information sharing
Availability of assistive technology	Specialist Older Adults Home Treatment Team
Step down facility	Dedicated team for all "hard to reach" groups
Specific respite service for functional illness	Autism service
Young peoples criminal justice service	Mental Health Champion for Schools
24 hour and advice helpline	Healthy Lives Co-ordinators

Figure 5 New Service Ideas

Best Practice ideas

Suggestions for service improvement and best practices are compiled in the table below.

Best Practice Ideas	
Develop a Carer/User forum that has impact & visibility & generates a greater involvement in shaping services	A better understanding of the service user/carer experiences and opinions
Integrated service delivery, same contact point throughout service delivery, clearer understanding of the care pathways, continuity.	Better access to mental health services through the A&E, particularly at Dudley Group, predominantly out of hours
In schools - "clinic for mental health" concerns and information	More information on Choice and how it affects benefits
Improvement to Inpatient facilities, more welcoming, useful and varied e.g. crèche, hairdresser, gym etc.	Reduce jargon in communications
More occupational therapy including exercise	Access to services irrespective of age

Figure 6 Best Practice Ideas

Adult Services Feedback

Feedback from the 3 sessions and 3 questions on Adult Services is summarised in the following Table and includes individual comments from attendees.

ADULT SERVICES	
What the Trust does well	**What the Trust could do better**
Carers Service in Walsall is excellent & pro-active Good improvements to Bushey Fields facility Good connection with home liaison after discharge from Bushey Fields Dedicated & hard working staff Service user & carer focus is good The availability of Crisis/Social Care beds in Walsall Schoolhouse project	Assessments within the Carer Service in Walsall Carer Support worker in Dudley Refresh training for sectioning Information on what services are available and how to access services Appreciation of the role of Carers Information on the type and side-effect of medication
How Adult Service delivery in Dudley and Walsall could be improved/enhanced	
Access to services out of hours especially in crisis – through A&E The council is currently funding a **criminal justice homelessness** mental health worker – could this become Trust responsibility? More emphasis on **outreach** work in the community, wider contact & drop-in service Combining MH facilities with gym/leisure facility that is available to the public. Help to break down the stigma between mental health users and the perception of the general public. Utilisation of shared facilities and the need to think differently	

Psychiatry services in the home not always best practise as individuals feel their home is being taken over by healthcare professionals Difficulties in communicating community needs to commissioners & to people at a strategic level could mean that opportunities are missed and needs are unmet Ageism may affect access to services especially for those adults in mid-life who cannot access Older Adult services despite having a need

Figure 7 Feedback specific to adult services

Older Adult Services

Feedback from the 3 sessions and 3 questions on Older Adult Services is summarised in the following table and includes individual comments from attendees.

OLDER ADULT SERVICES	
What the Trust does well	**What the Trust could do better**
Older Adult services are generally good and well perceived Welcoming environment at Bloxwich Hospital Carer Support Teams in Walsall are excellent Community Staff are friendly and welcoming	General awareness of dementia within Acute and community settings outside mental health Carer Support workers in Dudley Counselling & Psychology waiting lists are felt to be too long Access to Sensory Room at Dudley or Walsall Respite Care and care in the community should have breaks for Carers built in Care package not always offered Out of hours access to services More Link Workers Customer focus – respect and dignity at the fore in service delivery
How Older Adult Service delivery in Dudley and Walsall could be improved/enhanced	
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Figure 8 Feedback specific to older adult services

Children and Adolescent Services

Feedback from the 3 sessions and 3 questions on Children & Adolescent Services is summarised in the following table and includes individual comments from attendees.

CHILDREN & ADOLESCENT SERVICES	
What the Trust does well	**What the Trust could do better**
Dedicated and passionate staff Person centred approach	Awareness of what services are on offer Clarity of referral pathway

Good working relationships with other organisations	Some locations may appear hostile to young people Carer support for those caring for young people Lack of baseline data makes commissioning services for this group very difficult
How Children & Adolescent Service delivery in Dudley and Walsall could be improved/enhanced	
Young persons survey/feedback is neededto shape services - ask the kids! Service delivery at child-friendly sites and in relevant language/style Mental well-being as part of the school curriculum Innovative IT solutions to reach out to young people and communicate such as text services, Facebook Training for teachers/school nurses to spot symptoms Communications in places where families go like sports centres, scout huts, youth centres etc. The national campaign for mental health has not targeted children and young people	

Figure 9 Feedback specific to children and adolescent services

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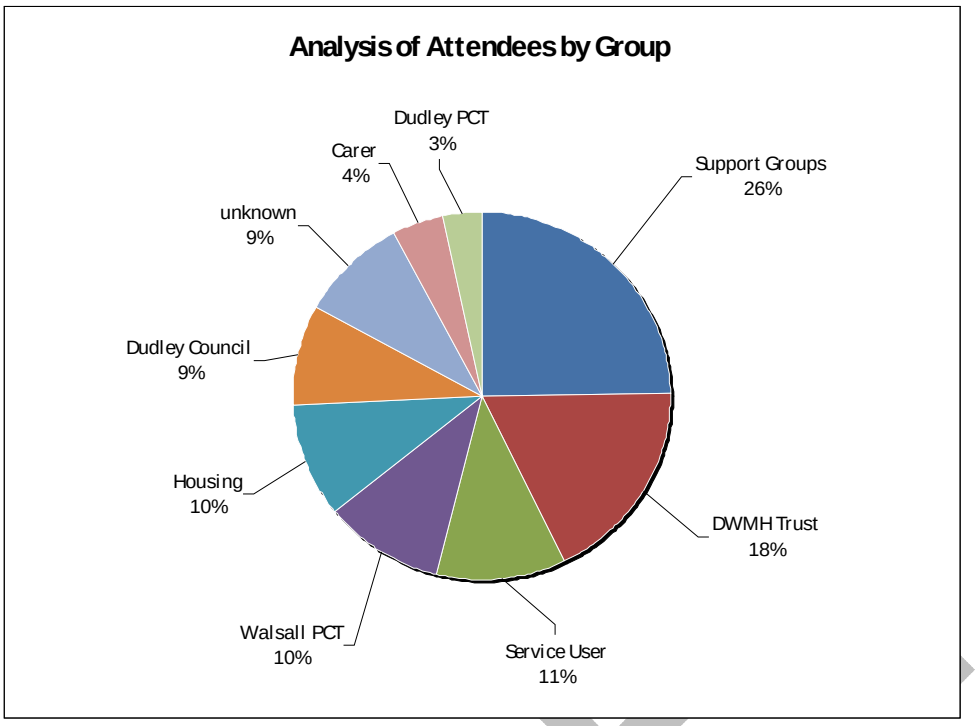

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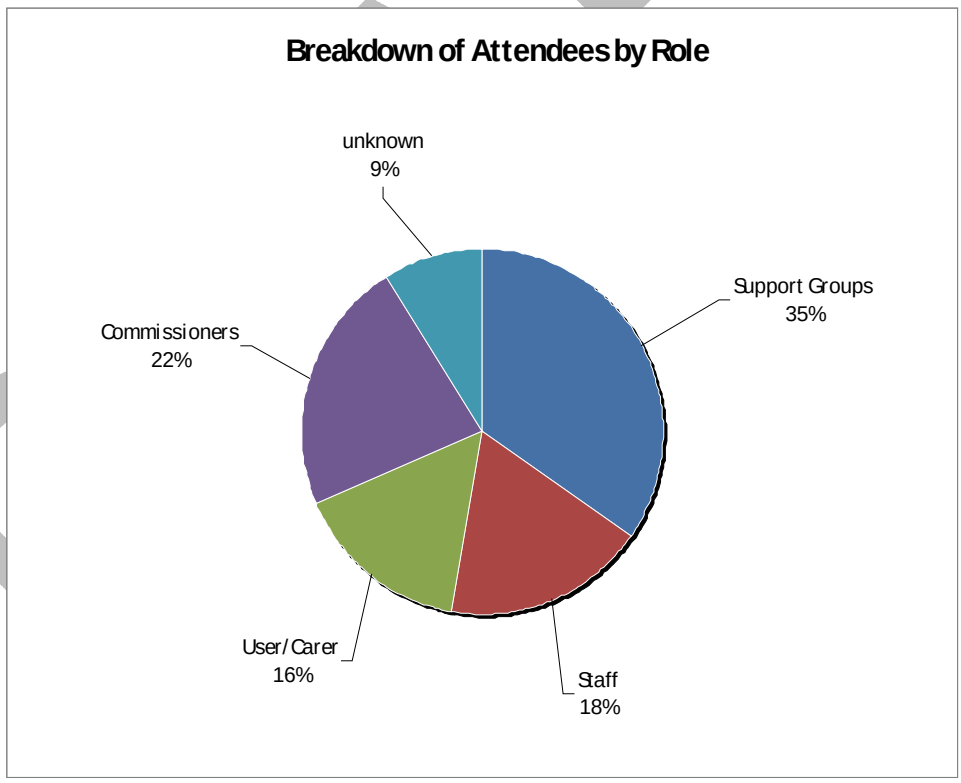

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Figure 14 New Service Ideas

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How Adult Service delivery in Dudley and Walsall could be improved/enhanced	
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Figure 16 Feedback specific to adult services

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Figure 17 Feedback specific to older adult services

Children and Adolescent Services

Feedback from the 3 sessions and 3 questions on Children & Adolescent Services is summarised in the following table and includes individual comments from attendees.

CHILDREN & ADOLESCENT SERVICES	
What the Trust does well	**What the Trust could do better**
Dedicated and passionate staff Person centred approach	Awareness of what services are on offer Clarity of referral pathway

Good working relationships with other organisations	Some locations may appear hostile to young people Carer support for those caring for young people Lack of baseline data makes commissioning services for this group very difficult
How Children & Adolescent Service delivery in Dudley and Walsall could be improved/enhanced	
Young persons survey/feedback is neededto shape services - ask the kids! Service delivery at child-friendly sites and in relevant language/style Mental well-being as part of the school curriculum Innovative IT solutions to reach out to young people and communicate such as text services, Facebook Training for teachers/school nurses to spot symptoms Communications in places where families go like sports centres, scout huts, youth centres etc. The national campaign for mental health has not targeted children and young people	

Figure 18 Feedback specific to children and adolescent services

Appendix 2

Operational Service Structures