Dudley Mental Health Board

Local Implementation Team

Mapping the Future

Of Mental Health Services

A Joint Mental Health
Strategy for Dudley Health and
Social Care Economy
2005-2010

Executive Summary

Revised September 2005

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1. Introduction

Over recent years there has been a wealth of published literature reminding all of those engaged in developing mental health services of the reasons why fundamental change is necessary and how services might be improved to better meet the needs of service users.

Primary care at the heart of mental health services

Dudley Health and Social Care Economy, as an integrated mental health service, has embarked upon a, complex and challenging strategy that is built around the development of primary care and community services. This is not an entirely new concept as in 1966 Shepherd et al stated,

" The requirement for mental health services in this country is not a large expansion and proliferation of psychiatric agencies but rather a strengthening of the family doctor in his/her therapeutic role"

Primary Care is a leading stakeholder in developing mental health services driving the changes in service structure, delivery and outcome give that...

- 90% of all patients with mental health problems (including 30-50% of all those with serious mental illness) only use primary care services (DoH 1999, Kendrick et al 2000)

- Mental health concerns, which affect an individual's family or functioning, are present in 30-60% of all primary care consultations

- Mental Health problem is identified as a main issue in 30% of all primary care consultations.

The basic tenet of the mental health strategy is to develop the infrastructure within Primary Care and Community Services to support the management of as many people as possible, with mental health problems, within a community setting – extending the choice of service and treatment options for patients and resulting in the hospital dealing with only the most appropriate patients.

2. A national framework for better mental health services

The commissioning and operational delivery of mental health services sits within a plethora of policy frameworks and guidelines designed to support the development of mental health services that sit within the overall context of NHS reforms.

So far the development of mental health services in the United Kingdom has been driven by the publication of the National Service Framework (NSF) for Mental Health, which sets out the aims of the following standards:-

- Mental health promotion for all - to ensure health and social services promote mental health and reduce discrimination and social exclusion associated with mental health problems.
- Primary care and access to services – to deliver better primary mental health care, and to ensure consistent advice and help for people with mental health needs, including primary care services for individuals with severe mental illness.
- Effective services for people with severe mental illness - to ensure that each person with severe mental illness receives the range of mental health services they need; that crises are anticipated or prevented where possible; to ensure prompt and effective help if a crisis does occur, and timely access to an appropriate and safe mental health place or hospital bed, as close to home as possible.

- Caring about carers - to ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness and provide care to meet their needs.
- Preventing suicide - to ensure that health and social services play their full part in reducing the suicide rate by at least one fifth by 2010.

Achievement of national targets has been a key driving force over the last 3 years with emphasis placed on specialist services including Crisis Resolution / Home Treatment, Assertive Outreach and Early Intervention services. ...these services are now in place locally and starting to impact on care provision.

Consideration can now be given to developing greater access to services and treatment options in primary care, developing the Social Inclusion agenda, working in partnership with voluntary and other statutory organisations and planning future service developments for such specialist provisions as Personality Disorder Services and Psychiatric Intensive Care.

Re-designing a Whole System of Care – New Ways of Working in Mental Health

The Mental Health Policy Implementation Guide (PIG), was published to support the implementation of ideas outlined in the NHS Plan and NSF for Mental Health. It provides detailed descriptions of models for the key elements of the mental health service. The Guide encourages a "whole systems" approach: "that goes beyond ensuring the inclusion of the full range of agencies and services. It also means looking within services to the underpinning systems and strategies and ensuring that they support the new pattern of services... New ways of working are required, and services must ensure that sufficient staff with the right range of competencies can be recruited and retained."

It is within this framework that the strategy for Dudley's Mental Health Service has been developed – as well as increasing capacity in the community we are re-designing services to ensure that a new model supports the development of pathways across the care continuum. Re-design of both inpatient and community services is expected to deliver planned bed reduction of 30% to be achieved by 2006, through the working of the re-aligned structure there will need to be a significant rebalance of existing resources to support the development of new services. This will be supported by investment through the LDP process, however all provider organisations will need to look at how they deploy the resources they have currently – including workforce and financial resources.

Working together effectively

The successful integration of mental health and social care services and effective re-structuring has delivered a single operational management structure within community mental health teams This will facilitate the development of the role of CMHTs as the new services develop and the role of primary care strengthens.

3. **Delivering a Model for the Future**

The model adopted for mental health services reflects the principles applied to the delivery adopted across the economy:

- To deliver patient focused services
- To develop services outside the hospital
- Prevent avoidable admissions to hospital and reduce delays in discharge
- To support clinical decision making in primary care

The right services will be delivered: -

- In the right place – as close to home as possible
- At the right time – offering choice to the service user
- By the right person with the right skills

The model approach is intended to replace what we currently have not be delivered in addition to – therefore this will be a challenging programme of re-design affecting all parts of the current service.

A service re-design plan will release resources to implement the policy of re-balancing from secondary to primary care services and will review the current role and function of both inpatient and community mental health team services.

The strategy intends to deliver a planned shift moving primary care from being simply a filter or referral pathway to being a specialist care agency, able to deliver specialist mental health activity and an effective supporting community infrastructure.

4. Priorities for Action: Addressing the gaps in service

The work for the next 5 years is to address the gap between the current position and the desired situation which ensures that the balance of developments reflects the burden of illness and that services reflect the most effective use of every £ spent on mental health services.

Monitoring our progress in priority areas

The Local Implementation Team (LIT) will ensure that service change and development continues to be consistent with the agreed strategy and making timely progress against agreed priorities for action which during 2004/2005 included: -

Development and Implementation of effective services within an integrated system of care including: -

- 2 Crisis Resolution and Home Treatment teams in place by December 2004
- Early Intervention Team in place by December 2004
- Implementation of Primary Care Graduate and Gateway Workers by December 2004

As these services begin to deliver changes the key challenges for the future are: -

- To target greater investment in improved practice based primary care services for diagnosis, assessment and more treatment and care options
- Secure investment in more community based care management
- Change the focus of investment in inpatient services
- To focus on integrated partnership working to deliver the Social Inclusion Agenda
- To develop and implement the Health Promotion Strategy

Comprehensive care plans for individuals and their carers

CPA is the single approach to needs assessment, care planning and review for some patients using specialist mental health services – therefore it is essential that the systems are in place and monitored to ensure the successful operation of CPA across the continuum of services.

But the need for comprehensive care planning is greater than CPA, there must be real commitment to ensure the involvement of users and carers at all levels of care planning ensuring information and choice are central themes to patient centred care.

People who use services and their families continue to report not being listened to, being marginal to assessment and care planning and being rendered helpless rather than being helped by service use.

Better links with other services

Effective links between services must be clearly set down in protocols that describe how patients move between and within services, particularly CAMHS, Older People and Learning Disabilities:

Unless compulsory treatment under the mental health act is assessed as the appropriate response, anyone accessing support or treatment for a mental health problem should be aware that they have the right to 'opt out' – but that services at all levels should be able to offer rapid access back into it if necessary – accurate and up to date contact information must be available to all service users.

Greater partnership working should be addressed with other organisations including: -

- Criminal Justice Liaison
- Housing
- Employment
- Education
- Leisure
- Voluntary and community organisations

Respecting and meeting diverse needs

From 2006 onwards mental health services will need to give greater consideration to the social inclusion agenda and inequalities building the community capacity in respect of BME and gender sensitive services, housing, access to employment, education and meaningful activities and links with local regeneration schemes – this is mental health promotion in it's broadest sense but integral to the effective delivery of the strategy.

5. Developing the Workforce

New models of care focused on integrated working will depend on a number of changes in the culture and service delivery of care: -

- There will need to be a commitment from primary care staff to mental health as an issue
- Specialist staff will need to move into instead of taking over primary care working
- There will need to be a mutual understanding of the culture of each part of the service
- Good communication must exist across the interface as the services develop
- PCTs must commission services that enable better integration

A workforce plan will reflect the implications of developments contained within the strategy on the current workforce in mental health services and in primary care. The issues of flexible ways of working, new roles and skill mix will be taken into account in assessing the workforce demand and supply balance for service delivery – A shift in culture towards Choice, Person Centred Care and Mental Health Promotion is a key imperative across national and local service development.

There is a national drive to ensure that all staff have training in what are described as the essential care capabilities – locally we are committed to meeting that aim and then taking that training out into local communities so that people working in other organisations such as education and

employment will have the skills to begin to meet the needs of people who have suffered from mental health problems.

These essential capabilities include: -

- Working in partnership
- Respecting Diversity
- Promoting Recovery
- Identifying people's needs and strengths
- Practicing Ethically

The workforce plan aims to identify:

- The main local service drivers for change
- The current baseline of staff in post
- The demand for additional staff to deliver the targets and priorities
- Local plans to meet demand through recruitment and retention policies
- The gaps to be filled through changes in working practice and skill mix.

6. Summary Statement

Mental health care is not easily defined and developed into neat pathways but is a confused mixture of symptoms which are often difficult to disentangle and rarely conform to case definitions.

We acknowledge the progress that has been made towards the achievement of some of the critical targets contained within this strategy – a project structure is in place for the modernisation of existing services and implementation of the new developments with a timetable for completion that matches the strategic intent. A robust audit / evaluation of the effectiveness of specifically Crisis Resolution / Home Treatment will be required to assure confidence of the bed releasing capacity as the funding issues are in part being dealt with through

- The re-design of current services
- The planned changes in investment arising from the reduced dependence on hospital services
- New investment identified through the LDP process.

A bed management strategy will be developed to reflect a year on year reduction in acute bed usage built from a baseline set in 2003/2004 reflected in the strategy and it is expected that the impact of Crisis Resolution / Home Treatment will be reflected with effect from January 2006.

It is proposed that the LIT workplan be seen as the final working document with acknowledgement that it may be adapted based on discussions at clinical forums – particularly those focused on the development of primary care.

Work will continue within the current project arrangements – driven through the joint commissioning structure, and associated action plans will be produced which will: -

- Reflect the achievement of key national targets
- A standard project format across all work streams
- Action plans to include workforce and financial implications
- Initial risk assessments will be undertaken and further refined to include contingency planning
- Action plans will be further refined to give confidence of the project relationships and interdependencies with others and resource usage.

It is expected that the strategy and associated action plans will be working documents reflecting the strategic direction for mental health services into the future.

An annual review process on progress made will be undertaken through the LIT, which will continue to be the driving force for change and they will endeavour to ensure that all component parts are able to sustain the scrutiny of a robust project management appraisal.

Successful implementation of this strategy and significant improvement in opportunities and outcomes for people with mental health problems can only be achieved through closer partnership between organisations and services that are designed around the needs and aspirations of individuals.

Stigma and discrimination can have a greater impact on people's lives than the mental health problems themselves, it limits people's aspirations and can make it difficult for them to work, access services, participate in communities and enjoy family life. People with mental health problems can regain the things they value in life regardless of their diagnosis or symptoms. This requires more than medical treatment, it requires a positive response from communities to accommodate individual needs and differing contributions. This strategy attempts to at least begin to address some of the issues through a framework for change.

The co-signatories to this joint Strategy therefore believe it to be a critically important document, recognising as it does the commitment to provide the support to hospital services and in so doing ensuring the provision of community, primary and social care services for those people whose needs are best served outside of the hospital setting.

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