



A consultation document on
Dudley Adult Mental Health
Joint Commissioning Strategy
2010-2013

Executive Summary
&
Consultation Questions

The consultation period will run from 23RD November 2009 to 14th February 2010 and comments should be sent to:

Mental Health Consultation

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1. Introduction

- 1.1 The Joint Commissioning Strategy for Mental Health sets out the commissioning intentions of Dudley Council and Dudley Primary Care Trust (PCT) in respect of specialist services for people with mental health.
- 1.2 This strategy has been developed through the Dudley Mental Health Partnership Board - working together with people with mental health support needs, carers and providers of services in Dudley. The Dudley Mental Health Partnership Board role is to develop the strategic direction for commissioned services and monitor its implementation.
- 1.3 This strategy is based on a new approach to whole population mental health. The focus on prevention and maintaining good mental health is particularly relevant today with people leading more hectic lifestyles and going through the economic downturn.
- 1.4 **Mental health is ‘everybody’s business because:**
- Around one in four people will suffer from a form of mental illness at some point in their lives;
 - One sixth of the population suffers from a common mental health problem at any time;
 - 1 in 100 people suffers from a serious mental illness such as psychosis;
 - More than 1.3 million older people suffer from depression or other mental illness;
 - 6 million people in Britain have depression and/or anxiety disorders - few get effective treatment;
 - One in ten mothers suffers from post-natal depression
- Dept of Health (2009)*
- 1.5 The strategy acknowledges that people can be helped to protect themselves against mental illnesses like depression and anxiety and that mental ill health not only causes untold personal suffering and distress, but also affects people's relationships, ability to work, family life. It can lead to a range of physical health problems.

- 1.6 The strategy also addresses the needs of those who experience disproportionately high levels of mental ill health including older people, those living in poverty and people from black and minority ethnic communities.

2. Scope and Purpose of the Joint Service and Commissioning Strategy

- 2.1 The Commissioning Strategy explains how the Council and the PCT plan to develop mental health that comes within the commissioning responsibilities of the two agencies.
- 2.2 Dudley PCT has the lead commissioning role for mental services across the two agencies but there is no section 75 agreement in place. The Council commissions all care and support services whilst the PCT retains responsibility to provide specialist health services and to ensure access for people with a mental health issues to mainstream primary and secondary NHS provision.
- 2.3 This strategy is intended to fit with the strategies for children and young people, dementia, mental health promotions, the older people with mental health strategy, substance misuse strategies, as well as the PCT Commissioning for Health strategy and DACHS.
- 2.4 It has also been developed in line with the strategic direction of the Dudley Strategic Partnership, and alongside strategies covering Supporting People, Housing, Leisure and Regeneration.
- 2.5 The Strategy builds upon the previous Joint Mental Health Strategy 2005 – 2010 and the National Service Framework for mental health - widely acknowledged as the catalyst for a transformation in mental health care over the last ten years - which comes to an end in 2009.
- 2.6 The main policy drivers for Adult Mental Health in the next few years are:
- 'New Horizons', which is currently undergoing a period of consultation
 - The Transformation of Social Care

- West Midlands Care Pathways/Yorkshire Care Pathways
- Payments by Results

2.7 The strategy covers the following people with mental health conditions:

- Adults aged between 18-64 for Dudley Primary Care Trust services and 18-64 for Dudley DACHS services except for Early Intervention and Eating Disorders services only the strategy covers the age group 14+.
- People in *transition* from child to adult and from adult mental health services into services for those aged 65 and over.
- Adults with a mental health condition and a *dual diagnosis* of drug or alcohol problems.

3. Vision

- To promote good mental health and well-being, whilst improving services for people who have mental health problems. Good mental health should be an achievable goal for everyone.
- Help people to look after their mental health and prevent them from becoming ill.
- Tackle the stigma that's associated with mental ill health by focussing on whole population mental health.
- Recognising that individuals, employers and all sorts of organisations have a role to play in helping to achieve good mental health for all.
- To work in partnership with service users and their carers throughout the commissioning process.
- Commissioned services will be of a high quality and will needs to needs of the service users.
- Mental Health services will become more closely integrated with ordinary health services, as well as with services provided through Dudley Council.
- Services will be closer to home, where every possible.
- Care will be well planned and will aim to support people in achieving recovery.

- There will be a personalised care plan for people assessed as needing services.
- Service users will be encouraged to purchase some or all of their social care services through Direct Payments or an Individual Budget.

4 Care Pathways

- 4.1 Introduced to support the Darzi plans for the introduction of Payment by Results in mental health and is based on Care Pathways work originally developed in Yorkshire mental health trusts.
- 4.2 The model, originally established to support clinical decision making and effective care delivery, includes:
- A standard needs assessment tool;
 - Standardised aims for interventions and activities;
 - Set of 21 care pathways/clusters for all people who use adult and older people's mental health services. All new referrals are assessed using a form of HoNOS.
- 4.3 The allocation of a service user to a cluster should lead to them entering a pathway where the services and treatment that will be offered is clear, as is the exit from that pathway. The service user will be told what clinician they will be working with, such as psychologist, social worker etc and which team that the clinician is a member of such as a CMHT or Assertive outreach team. For this to be implemented will require a redesign of some services in Dudley.
- 4.4 The 21 clusters are as follows:
- 1 Common Mental Health Problems (Low Severity)
 - 2 Common Mental Health problems (Low Severity with Greater Need)
 - 3 Non-Psychotic (Moderate Severity)
 - 4 Non-Psychotic (Severe)
 - 5 Non-Psychotic (Very Severe)
 - 6 Non-Psychotic Disorders of Overvalued Ideas

- 7 Enduring Non-Psychotic Disorders (High Disability)
- 8 Non-Psychotic Chaotic and Challenging Disorders
- 9 Substance Misuse
- 10 First Episode in Psychosis
- 11 Recurrent Psychosis (Low Symptoms)
- 12 Ongoing or Recurrent Psychosis (High Disability)
- 13 Ongoing or Recurrent Psychosis (High Symptom and Disability)
- 14 Psychotic Crisis
- 15 Severe Psychotic Depression
- 16 Dual Diagnosis
- 17 Psychosis and Affective Disorder Difficult to Engage
- 18 Cognitive Impairment (Low need)
- 19 Cognitive Impairment (Moderate Need)
- 20 Cognitive Impairment (High need with functional complications)
- 21 Cognitive Impairment (High need with physical complications)

5 Transforming Social Care/Personalisation

- 5.1 Across Government, the shared ambition is to put people first through a radical reform of public services. It will mean that people are able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being, and dignity.
- 5.2 This holistic approach is set out in 'Putting People First: a shared vision and commitment to the transformation of adult social care', the ministerial concordat launched on 10 December 2007.
- 5.3 Personalisation, including a strategic shift towards early intervention and prevention, will be the cornerstone of public services. This means that every person who receives support, whether provided by statutory services or funded

by themselves, will have choice and control over the shape of that support in all care settings.

5.4 The expectation is that by 2010/11 councils will have made significant steps towards redesign and reshaping their adult social care services, with the majority having most of the core components of a personalised system in place. Councils should be able to demonstrate to their partners' better use of resources across the entire system by investing in early intervention to ensure that the new systems are embedded at a local level.

5.5. Personalisation comprises a number of key elements:

- A common assessment of the person's social care needs, based on a self-assessment wherever possible.
- The assessment identifies care and support needs, which relate to an allocation of funding known as the personal budget. The client takes control of the personal budget or may ask that this be administered by a relative, carer, an organisation or the Council.
- Knowing the money available, the person takes control of their own care through a support plan to be funded within the available personal budget. This is sometimes called 'self-directed' support.
- Self directed support allows more choice and control for people, identifying what is personally important to them and how they would like to see their support delivered in a way which best suits their individual needs, priorities and circumstances.
- The role of social workers will change emphasis from assessment and gate keeping of resources to advocacy, information, advice and 'brokerage', helping people to arrange their own services.

6. Social Inclusion

6.1 The Government has introduced a requirement for Local Partnerships to ensure that the most socially excluded adults are offered the chance to get back on a path to a

more successful life by increasing the number of adults who are in contact with secondary mental health services who are in settled accommodation and in employment, education or training (PSA16).

6.2 This is because people with mental health problems experience a greater degree of social exclusion than the general population. For example, only 24% of adults with long-term mental health problems are in work.

6.3 Many people experience their first episode of mental ill health in their late teens or early twenties, with serious consequences for education and employment prospects. People with mental health problems are nearly 3 times more likely to be in debt than the general population.

6.4 For people with more severe and enduring mental health problems, the experience of social isolation is greater. In general people with severe mental health problems are much more likely to be unemployed, have lower educational attainment, are more likely to be separated or divorced and less likely to own their own home

Joint Commissioning Plan for Mental Health Services for Adults of Working Age 2010-13

Objective 1: Promoting mental health and well-being and reducing inequalities

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
1.1	Information, advice and guidance will be accessible to people with mental health problems and their families.	<ul style="list-style-type: none"> • Review current information materials and access to services with partners and service users • Develop a strategy to make information more accessible and remove barriers to take up • Design and commission appropriate materials in accessible formats where needed, with particular focus on BME and hard to reach groups. 	NHS Strategic Commissioner MH	July 2010
1.2	Services will become preventative by focusing on early intervention, preventing deterioration and reducing hospital admissions.	<ul style="list-style-type: none"> • Develop a Psychiatric Liaison Service to enable early identification and diversion of MH service users from Acute General Hospital care. • Ensure a clear care pathway from Primary Care MH services and other locally-based preventative and self-help services. • Work closely with the DWMHPT to monitor the performance of the Early Intervention in Psychosis Service (EIPS) to ensure vital sign targets are met. 	NHS Strategic Commissioner MH DGoH NHS Urgent Care Lead D&WMHPT	2010

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
1.3	Services will promote healthy lifestyles and improve the health and well-being of people with mental health problems.	<ul style="list-style-type: none"> • Audit health promotion initiatives to ensure accessibility for people with mental health problems, and especially for BME and hard to reach groups. • Establish joint working with primary care services regarding health and well-being initiatives to ensure the inclusion of people with mental health needs • Establish a system of physical health checks/screening for MH service users on CPA and people with learning disabilities /MH problems • Ensure that exercise and leisure advice is incorporated into assessments and CPA plans • Inpatient services conduct a physical health/ healthy lifestyle assessment for every patient admitted. 	NHS Strategic Commissioner MH Public Health	2010
1.4	Challenge the stigma of mental illness to support the inclusion of people with mental health problems in community life.	<ul style="list-style-type: none"> • Dudley Strategic Partnership to engage public and private sector partners in initiatives to include MH service users in mainstream services. 	NHS & DMBC representatives on the Partnership	July 2010
1.5	Ensure Carers receive the support required to enable them to continue in their caring role	<ul style="list-style-type: none"> • Carers assessment to be available for carers • Packages of care and support to be available, based on need 	DMBC Carers Lead MH providers	2010

Objective 2: Transforming care and personalising services

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
2.1	<p>Services will become more user-centred and based on individual needs.</p> <p>People with mental health problems will be offered greater choice and control over the support they receive</p>	<ul style="list-style-type: none"> • Providers will review the current practice of MH teams to identify changes required to meet personalisation goals • Training needs analysis will identify training required to deliver new best practice • Providers to arrange appropriate inputs to meet training requirements identified • Increase the numbers of user-controlled services through Direct Payments and Personal budgets • Through commissioning, support the growth of advocacy services, including IMCAs working under the Mental Capacity Act 	<p>DMBC MH Provider services NHS Strategic Commissioner MH</p>	September 2010
2.2	<p>Services will be delivered in local, non-stigmatising settings</p>	<ul style="list-style-type: none"> • Services/clinics currently provided in specialist settings will be reviewed to identify if alternative, less stigmatising settings are available • Identify available venues in each locality with Primary Care and other partners 	<p>NHS Strategic Commissioner MH MH Providers</p>	2010

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
2.3	We will promote access to mainstream community opportunities for people with mental health problems.	<ul style="list-style-type: none"> • Continue to review all existing day services with partners and service users • Ensure a joint approach by all MH providers of day opportunities to ensure: <ul style="list-style-type: none"> ⇒ programmes are linked to mainstream community services providers, employment agencies etc, ensuring accessibility for groups currently excluded ⇒ use personal budgets to support access to opportunities focused on meeting the user's individual needs and choices 	NHS Strategic Commissioner MH	2010
2.4	Care pathways will be clarified to improve access to services for patients and carers.	<ul style="list-style-type: none"> ⇒ Implementation of the West Midlands Care Pathways Programme 	NHS Strategic Commissioner MH, D&WMHPT	2010

Objective 3: Service Improvement

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
3.1	Provide timely access to a range of effective clinical services	<ul style="list-style-type: none"> Review access arrangements for each locality in the Borough and ensure care pathways comply with the West Midlands Pathway model. 	NHS Strategic Commissioner MH	2010
3.2	Implement effective Safeguarding practice	<ul style="list-style-type: none"> Establish a section 136 Suite at Bushey Fields, inc policies and procedures to offer protection for vulnerable offenders in a safe and appropriate setting. Ensure Safeguarding Adults procedures are effectively implemented by provider services and through partner agencies. 	NHS Strategic Commissioner MH D&WMHPT DMBC	2010
3.3	Increase opportunities for paid employment for people with mental health problems	<ul style="list-style-type: none"> Further develop partnerships with employment services and voluntary sector organisations to create increased employment opportunities for people recovering from mental illness. 	NHS Strategic Commissioner MH	2010
3.4	The range of accommodation available for adults with mental health problems will increase to promote choice, control and independence.	<ul style="list-style-type: none"> In partnership with Supporting People and DACHS, ensure a strategy is in place to identify and meet the housing needs of people with mental health problems. 	NHS Strategic Commissioner MH Supporting People Lead DACHS	2010

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
4.2	Promote Primary Care Services as the access point for the identification, treatment and support people with mental health problems.	<ul style="list-style-type: none"> • Work with Primary care colleagues to ensure that the wide range of services currently available through the primary care mental health teams are known and utilised 	NHS Strategic Commissioner MH	2010
4.3	Increase community support available: ⇒ to reduce care home placements ⇒ to make home-based care the norm	<ul style="list-style-type: none"> • Work with DACHS to ensure services and funding available , such as domiciliary care to prevent users from having to enter residential, nursing or in-patient care 	DACHS	2010
4.4	Extend the range of treatment options available	<ul style="list-style-type: none"> • Conduct a scoping exercise to identify the range of treatment options currently available in Dudley • Review and disseminate through clinical services the best practice guidance available through NICE • Identify gaps in locally available service 	NHS Strategic Commissioner MH DMBC	2010
4.5	Continue the integration of services to create seamless care pathways for service users and carers	<ul style="list-style-type: none"> • Embed the West Midlands Care Pathway as the basis for integrated service delivery in Dudley's mental health care. 	Strategic Commissioner MH D&WMHPT SHA	2010

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
4.6	Enable service users placed out of borough to return to live closer to their local communities	<ul style="list-style-type: none"> • Continue with the current arrangement of the Joint Short Term Placement panel supported by the role of the Short Term Placement Manager- who ensures that only those requiring an out of area placement are moved out of area and works with clinicians to ensure a safe return for those currently placed outside Dudley • Work with the west Midlands Specialised Commissioning Team to ensure that Dudley residents placed by them have reviews etc • Through commissioning/procurement practice, stimulate the local market to provide placements for other residents for whom there is currently no local provision • Work with local managers and clinicians to review and revise protocols on future out of Dudley placements to minimise their use. • Develop joint commissioning practice with Dudley MBC budget holders to ensure a joint approach to care 	Strategic Commissioner MH/ Short Term Placement Manager	2010
4.7	Ensure the workforce is equipped to deliver the services required for the future	<ul style="list-style-type: none"> • Ensure providers undertake a training needs analysis of their workforce • Ensure providers develop and deliver recruitment and training necessary to meet the challenges for future services 	All MH providers	2010

Objective 5: Improving Commissioning for mental health and well-being

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
5.1	Develop commissioning capacity in partnership, to: <ul style="list-style-type: none"> ❑ meet the challenges of World Class Commissioning ❑ re-shape services ❑ ensure the most effective use of resources 	<ul style="list-style-type: none"> • Achieve the change from block contracted services to cost and volume contracts • Review the Dudley MH Strategic Plan to ensure the objectives of “New Horizons” are fully incorporated and addressed • Work collaboratively with Black Country Commissioning partners to commission services jointly where this is beneficial • Support contract monitoring processes with clinical quality audits 	NHS Strategic Commissioner MH MH Commissioning & Contract Manager NHS Finance Manager	2010
5.2	Strengthen the involvement of people with mental health problems in commissioning, service delivery and monitoring to ensure quality	<ul style="list-style-type: none"> • Develop the role of the Dudley MH Partnership Board in leading on consultation and user involvement in commissioning. • Develop with service users, advocates and carers a plan for the improvement of user/carer involvement processes. • Meet regularly with Users and Carers to share information and ideas • Develop mechanisms for the inclusion of BME communities, people with learning disabilities and other excluded groups in consultation processes. • Review the options for embedding the findings of the user survey from 2009/10, to monitor and evaluate the service user experience in mental health services. 	NHS Strategic Commissioner MH MH Commissioning & Contract Manager MH Partnership Board	2010

No.	PRIORITIES	ACTIONS	RESPONSIBLE LEAD	TARGET DATE
5.3	Improve the performance management of all contracted providers	<ul style="list-style-type: none"> Ensure all provider provide robust data that reflects the activity and quality of all services provided 	MH Commissioning & Contract Manager	2010

CONSULTATION QUESTIONS

Question 1 - *Do you agree with the Strategy being based on the 4 main Government Policy drivers?*

- West Midlands Care Pathways/Yorkshire Care Pathways
- “New Horizons”, which is currently undergoing a period of consultation
- The Transformation of Social Care/Personalisation
- Social Inclusion

YES/NO

Additional Comments

Question 2 - Do you agree with the Vision on page 4? - YES/NO

Additional Comments

Question 3 - Do you think that the proposals in the Mental Health Strategy Implementation Plan 2010-2013 will meet the needs of people with mental health conditions and their families & carers?

YES/NO

Additional Comments

Question 4 - *Is there anything additional in the detailed proposals that you would like to see or anything not required?*

YES/NO

Additional Comments

Question 5 - *Is there anything additional in the detailed proposals that you would like to see or anything not required?*

YES/NO

Additional Comments

Person completing this form please delete as appropriate

- Are you a service user with a current or previous mental health condition? YES/NO
- Are you a carer of someone with a mental health condition? YES/NO
- Are you a health or social care professional? YES/NO
- Optional: What is your job title and area of work?
- How would you describe your ethnicity?
- How old are you?

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