

Subject:	Development of the Working Age/Adults Mental Health Commissioning Strategy for 2010-2013 and the Transforming Mental Health Services Programme
Date of Meeting:	2nd December 2009
Report of:	Claire Quigley, Director of Delivery, NHS Brighton & Hove
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Wards Affected:	All

1 SUMMARY AND POLICY CONTEXT

1.1 We know that many people in Brighton and Hove experience mental health problems:

- at any one time 1 in 4 adults is mentally unwell to some degree
- around three quarters of them are anxious or depressed
- almost one third of GP consultations concern mental health issues
- stress is the commonest reason for being off work
- up to 1 in 7 people in the city are lesbian, gay, bisexual or trans-gender. People from these communities are more likely to contemplate suicide, misuse drugs or alcohol, or suffer anxiety and depression.
- our city has a number of people who are mentally ill and also misuse drugs or alcohol. Their needs are very complex and can only be met if different public services (e.g. health, social care, housing, police) work together closely
- Serious mental illness in the city is much higher than the England average. Reasons for this include:
 - **drug use** – Brighton and Hove has the most problem drug users in the South East and the 17th highest in England. More than 2,000 working age people are drug users who inject.
 - **alcohol misuse** – more than 50,000 people over 16 regularly drink too much alcohol and our city has a very high number of alcohol-related deaths among men.

The national policy context for mental health has seen a shift towards:

- a greater focus on health and wellbeing,
- recovery from mental illness and

- improving patients' experience of care.

1.2 Locally we know we spend a relatively high amount on mental health services and there are opportunities for getting greater efficiencies from our main provider, Sussex Partnership NHS Foundation Trust, but that this has to be done as part of a whole system approach to mental health.

1.3 Over the summer months, NHS Brighton and Hove and the City Council have been consulting on their refreshed Working Age Mental Health (WAMH) Strategy which addresses the key local and national strategic drivers.

1.4 The priorities for the next 3 years been set by consultation with a range of stakeholders including users, carers, staff and clinicians as well as members of the public. The overwhelming priority outcomes were quicker access into services when needed and improved case management.

1.5 Financial pressures on public sector funding means there is little investment expected in commissioning mental health services. There are however a range of efficiencies that can be made and reinvestment in services is possible. It is anticipated that the approach to Transforming Mental Health Services will improve access to and the quality of services whilst retaining financial control.

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2 RECOMMENDATIONS

2.1 That the HOSC :

- notes the process to set the key outcomes areas for the next 3 years
- notes the focus of the transformation programmes, specifically the intention to commission services for people over the age of 17 years based on need, not age (as in the current commissioning model).
- notes that services for children and young people will be scoped at a later stage.

3 BACKGROUND INFORMATION

3.1 Brighton and Hove has a high level of mental health needs together with a large number of people at increased risk of mental health problems.

3.2

The commissioning budget for mental health in 2009/10 is £46,649,515 for adults and older peoples mental health with a further £5,116,177 being spent on substance misuse services. This is slightly above the national

average for adults and older people (Office of National Statistics (ONS) cluster average per head of adults in the city). To align the commissioning budget for adults' services to the ONS average would equate to an overall reduction of between £4m- 6million.

- 3.3 Reviews of our main mental health service provider – Sussex Partnership NHS Foundation Trust (SPFT) – undertaken on behalf of commissioners across Sussex suggest that we should be aiming for greater efficiencies across many of the service areas including the access service, acute bed lengths of stay, occupancy rates and overall capacity.
- 3.4 Since 2000, the main strategic driver for change has been the Mental Health National Service Framework¹ and implementation which initially focused on the modernisation of specialist services. More recently the policy drive in the New Horizons² document for mental health has been for a greater focus on commissioning for health and wellbeing, primary care (including improving access to psychological therapies) and on recovery from mental illness, with a focus on optimising the quality of life after or with mental illness. Locally the transition of focus from specialist services to recovery has not progressed rapidly and the mental health system as a whole needs to be developed as a whole system for this to happen. 'Putting People First' (Department of Health 2007) also places an emphasis on choice and control and creating a different market place where people themselves will become commissioners of community based services as they use their individual or personal budget to purchase their own support services.
- 3.5 During 2009 an independent evaluation of SPFT services was undertaken by the Whole System Strategies (WSS)³. This is being used as the driver for local quality changes in SPFT services including options to change acute inpatient services and develop community services.
- 3.6 Within current services we know that we have poor performance against waiting times for assessment and for services to start, and that they are below the agreed standards. Brighton and Hove also has twice the average length of stay in acute beds than West and East Sussex.
- 3.7 We have feedback from service users and carers that there is often poor quality across a range of services including out of hours, crisis support teams and the inpatient service.

¹ Department of Health, *National Service Framework for Mental Health 1999*.

² Department of Health, *New Horizon: towards a shared vision of mental health 2009*.

³ *Whole Systems Strategies Consultants: Mental Health Services for Working Age Adults in Sussex: Review of Acute Bed Provision, 2009*.

3.8 The PCT in partnership with the City Council embarked on a re-refresh of the WAMH Strategy earlier in the year and we have been consulting on our vision for transforming mental health services over the next 5 years in line with national and local drivers for change. The consultation period closed on 21 October and responses were received from 180 individuals from a range of sources including service users, GPs, NHS and City Council staff, carers and residents of the city. The final strategy will go to the Joint Commissioning Board in January for formal discussion

3.9 In light of the feedback we have had from local people on the strategy, the context of high mental health needs, relatively high spend, the need to improve the efficiency and patient experience of local services, a commissioning plan to transform mental health services over the next 5 years is in development and will be attached to the strategy when submitted to the Joint Commissioning Board in January.

3.10 The priority areas from what people told us:

1. Simple assessments with less duplication and quicker access to services
2. Improved case management for people who have complex needs including better discharge processes
3. More community focus on mental well being
4. Increased range of services in the community
5. A wider range of services for anxiety and or depression
6. Greater support for carers
7. Improved integrated working with housing education, leisure and employment
8. More ways in which people can be involved in services improvements and quality
9. More people on direct payments or receiving SDS
10. A more diverse market with a greater choice of providers

Different stakeholder groups highlighted different priority areas:

- 3.11
- The priorities for **carers** were assessments, access to services and improved case management
 - Priorities for **current service users/patients** were a request for simple assessments, improved access and community focus on mental well being
 - Priorities for **past users** were simple assessments and improved case management
 - Priorities for **GPs** were simple assessments, access and improved case management
 - Priorities for **NHS mental health staff** were improved case management and integrated working
 - For **non NHS mental health staff** it was simple assessments and access and improved case management and focus on prevention

- For those **who have never used services** it was more emphasis on well being and prevention and a wider range of services for anxiety and depression

From this work the ensuing priority outcomes for the next 3 years have been set as:

3.12

- Improved use of resources.
- Services based on need and not age (with the exception of dementia which will be commissioned as a separate strategy).
- Positive mental well-being to address social inclusion reduce stigma, ensure access to vocational support across all levels of need.
- Improved access through reducing waiting times for assessments and start of treatment.
- Improved treatment pathways including access to all levels of psychological therapy.
- Improved flow of care with improved care co-ordination.
- Greater range of primary care and community services.
- A skilled and diverse workforce.
- Improved self directed support opportunities for users and carers.
- Increasing interagency working between health, housing, vocational support, leisure and education services.

It is proposed that these outcomes will be delivered through the following 4 work programmes for commissioners:

3.13

1. Improving outcomes through focusing on wellbeing and prevention services.

We envisage a greater role for the third sector and increased involvement of general practice so that we can offer greater choice, more personalised support with a focus on supporting people to stay in/return to work.

2. Providing an efficient and effective gateway and triage

A working group will be established to improve access to current services and a pilot project will be initiated later in the year in order to improve the quality of primary care referral practice and triage referrals into the access service. It is anticipated that the access service will be re-commissioned for 2011/12 on the basis of this pilot.

3. Care pathway design

By working closely with SPFT on their Better by Design programme ensuring their proposals for service redesign reflect our strategic priorities. Included in the programme of work will be:

- Consideration of realigning the commissioning and provision of mental health services on the basis of need not age;
- Improvements in the quality and access to community services enabling more people to remain at home;

- Review of day care provision;
- Reduction in the number of acute beds across Sussex;
- Increased access to psychological therapies

4. Developing capacity in primary and community care

Enhanced role for primary care in the recovery stage through the introduction of the SMI LES:

- Better meeting the needs of people with dual diagnosis;
- Focus on areas with known gaps e.g. eating disorders, perinatal services;
- Greater co-ordination of care across the whole pathway;
- A focus on improved quality and workforce.

3.14 Within each of these work streams there will be a focus on:

- Effective pathways
- Waiting times for assessments and start of treatment
- The opportunities for peer support in service design
- The needs of carers
- Value for money
- Equalities

3.15 Currently two groups oversee this work for older people and people of working age. These groups will merge to become the overarching transforming Mental Health Strategy Implementation Group and will covers adults and older peoples commissioning.

3.16 A joint strategy between the PCT and city council and is being developed with input from SPFT and from the 3rd sector. It is recognised that there will be no additional funding available and that we are committing to more effective use of money and ensuring that we do this in partnership with local stakeholders. The consultation work to date has been seen as successful at engaging with key partners and with being open about the financial and quality issues that have influenced the strategy.

3.17 There has been a multi agency steering group involved in the development of this strategy which has included user and carer representatives. This group will continue and will be developed into the overarching implementation groups in the next 3 years.

3.18 Commissioning for Dementia is also a key area for development locally and although not covered in this strategy it is linked through the commissioning group. Brighton and Hove is in a unique position when compared to East and West Sussex. Due to differences in population demographics, Brighton and Hove should not expect to see a dramatic increase in the number of people expected to have dementia in the future. However, it is clear that there are nearly 2,000 people in Brighton and Hove, likely to have dementia,

but who have not yet been diagnosed or do not receive specialist support.

3.19 In line with the National Dementia Strategy, and given the feedback received on current services, the patient offers below set how dementia services will be improved locally. We will:

- Ensure that diagnosis and detection services improve, so that more people with dementia receive a diagnosis
- In line with increased diagnosis, improve early intervention and support services, to ensure people are able to maintain their independence for longer.
- Ensure appropriate community services are in place to meet the needs of people with dementia and their carers.
- Ensure mainstream services are able to meet the needs of people with dementia.
- Improve the quality of care experienced by people with dementia and their carers, across all aspects of the care pathway.

4 CONSULTATION

4.1 Consultation on the WAMH Strategy ended on 21 October 2009. The strategy priorities and the transforming action plans are being consulted on with key stakeholders on 10 December. A formal consultation period on the redevelopment on inpatient beds and other areas will commence in mid January 2010.

4.2 The PCT and city council will continue to use the current infrastructure to support the ongoing development of services. These include service user and carer meetings, meetings with clinicians, people working in mental health services and the third sector. Further online consultations will take place on the content of the 4 work streams.

5. FINANCIAL & OTHER IMPLICATIONS

5.1 Financial implications

Currently the adult mental health commissioning budget is 12% above our ONS comparator groups and for Older People with Mental Health problems is at least 20% more. Value for money and managing resources is a priority in this plan.

5.2 Legal implications

None identified at this stage

5.3 Equalities implications

Equalities are addressed though focus on the 6 equalities strands in the

transformational plans.

An initial Equalities Impact Assessment on the strategy and the 4 work streams will take place in December 2009 and will be reviewed annually or when significant changes are added to the plan.

5.4 Sustainability Implications

None identified at this stage

5.5 Crime and Disorder Implications

5.6 Risk and Opportunity Management Implications

Potential risks include:

- Failure to address value for money and quality in a strategy will result in continuing high costs, poor outcomes and poor user experience.
- Failure to realign resources to improving access to psychological therapies is a risk (covered in programme 3)
- Failure to implement the Local Enhanced Scheme (this is known as a LES, this scheme rewards GP for providing extra services) for people who have a serious mental illness (SMI). The SMI LES allows for the continued variability in relation to the treatment and management of SMI patients in primary care. (covered in programme 4)

5.7

City wide Implications

The programme of change will be based on local outcomes and on quality measures and this will be part of the performance management of any contacts with provider and this information will be publically available.

SUPPORTING DOCUMENTATION

Appendix 1: Audit of engagement processes: WAMH strategy setting priorities and engagement processes

Appendix 2 : Invitation to a further consultation event being held on 10th December 2009.

Documents in Members' Room:

None

Appendix 1 Audit of engagement processes: WAMH strategy setting priorities and engagement processes

i.	User and Carer strategy group	29 th April 10 th June 27 th July
ii.	CCVS mental health network meetings	26 th March 2 nd April 30 th April 7 th July 9 th Sept 17 th November
iii.	Carers specific groups	3 rd September 5 th November
iv.	3 User and carer workshops	7 th September
v.	PBC meetings	18 - 30 July
vi.	Stakeholders	11 th November
vii.	Online survey 186 respondents	September – October

**Appendix 2: Future consultations on the content of the strategy -
Public event 10th December 2009**

**Mental Health Commissioners for adults and older people
would like to invite you to the following event**

**Transforming Mental Health Services for adults and Older
People in Brighton and Hove**

We will run the presentation and workshop 3 times during the
day. Please come to the session that suits you best

Date: Thursday 10th December 2009

Morning session: Jury's Inn 10am – 12.15pm

Afternoon session: Jury's Inn 1pm - 3.15pm

Evening session: Brighthelm Centre 5.45pm - 8pm

Jury's Inn – 101 Stroudley Road, Brighton, BN1 4DJ
Brighthelm Centre – North Road, Brighton, BN1 1YD

This event will:

- Clarify where we are now in terms of whole system mental health services
- Discuss the next 3 years in terms of service improvements and efficiencies
- Debate the longer term issues for mental health commissioning

The event will consist of presentations from Commissioners on the context for change, priorities and the future.