



Joint Commissioning Strategy for Adult Mental Health in Worcestershire, 2008 - 2013

Lodee Dudley, Consultant in Public Health, June 2008

Contents		Page
1	Foreword	1
2	Introduction	2-4
3	Underpinning Values	4
4	Objectives for Mental Health Services	4
5	Adult Mental Health Services in Worcestershire	5-6
6	Health Care Needs Analysis	7-10
7	Drivers for change	11-13
8	Resources	14-17
9	Workforce Development	18
10	Outcomes	18-19
11	Assessment of risks to successfully implementing the strategy	19
12	Strategy implementation and governance	20
13	Commissioning Intentions: The Way Forward	21-25
14	Appendix 1: Services requiring collaboration with adult mental health services	26-27
	Appendix 2: Descriptions of financial terms	28-29

1. Foreword

This report is a Joint Commissioning Strategy between health and social care for adult mental health and well being in Worcestershire. It has been prepared by Worcestershire County Council and Worcestershire Primary Care Trust (PCT), with the involvement of people who use mental health services, people who support them and partner agencies across Worcestershire.

The strategy describes how the PCT and County Council plan to use its monies to commission services to drive continual improvement in mental health and wellbeing for adults in Worcestershire. It is important to provide clarity to providers and users of services about what we will commission in the future and the reasons for so doing.

We are grateful for the contribution from service users, carers and the voluntary and community sector in developing the strategy. We also welcome their commitment to helping us plan and implement service improvements, seeking to build upon good practice and provide equitable services across the county.

The strategy addresses the mental health needs of adults including older adults, which are often considered separately to adults of working age. By being age inclusive we seek to commission services based on need, which will enable access to the same range of services for older adults as those for working aged adults whenever possible.

We aim to commission services which promote good mental and physical well-being, provide early diagnoses of mental health problems and offer effective and cost-effective interventions and treatment to those who need it in a timely manner. Services commissioned will also promote choice and independence and support people in their recovery.

Commissioning has traditionally focused on contracts for cost and volume. Within Worcestershire, we want to shift the emphasis to quality and outcomes. All future development will be assessed on the outcomes they can demonstrate in terms of improvements to the well being of individuals and their families.

The strategy's current and future financial investment is based on a yearly increase in investment in line with inflation, although there will both reductions and increases in different funding streams. This principle is applied to other jointly commissioned services.

A Joint Commissioning Unit between the County Council and PCT will be established in April 2009, which will further strengthen collaborative working and pooling of financial resources for mental health.

2. Introduction

2.1 Mental health problems and mental well-being

Anxiety and depression are common conditions which can affect all adult age groups and dementia is relatively common in older people. Psychotic disorders are less common and refer to disorders that produce disturbances in thinking and perception that are severe enough to distort the person's perception of the world and the relationship of events within it. Psychoses are normally divided into two groups: organic psychoses, such as dementia, and functional psychoses, which include schizophrenia and bipolar disorder. It is estimated that:

- one in six adults of working age will suffer from a mental health problem at any given time (Mental Health NSF, DH, 1999). Comparable estimates of prevalence for all causes of mental health problems in older adults are not available
- from a world-wide perspective, one in four people are estimated to suffer from a mental health problem at some point in their life (WHO, 2001)
- one quarter of routine GP consultations are for people with a mental health problems and around 90% of mental health care is provided solely by primary care (Mental Health NSF, DH, 1999).

Mental health conditions are poorly understood by the wider community and are often associated with fear or stigma. Individuals can feel debilitated by their condition, also adversely affecting family and social relationships. Depending on the severity and duration of the mental health condition, problems associated with self-care, employment, education and housing may also arise. Therefore, it is important that people with mental health problems, families and carers have access to appropriate health and social care services.

Mental health has been defined as 'an individual's ability to manage and cope with the stresses and challenges of life' (p132, Mental Health NSF, DH, 1999). Opportunities to promote mental well-being in the general population need to be maximised, including establishing environments conducive to well-being in workplaces and educational establishments. Also the general healthy lifestyles recommendations are relevant to enhancing mental well-being, given the inter-relationship between good physical and mental health (Choosing health: making healthy choices easier, DH, Nov 2004).

2.2 Purpose of the strategy

The purpose of this strategy is to outline how the PCT and County Council plan to use its resources to commission services which drive continual improvement of mental health and well-being of adults in Worcestershire. A longer term programme of partnership work is required to identify the detailed service improvements and resources required to implement this strategy. The five-year strategy covers the financial years from 2008/09 to 2012/2013. However, the range of commissioning priorities will be reviewed in 2010/2011 to ensure they continue to reflect local needs, policies, guidance and compliance with statutory requirements.

2.3 The Commissioning Process

Commissioning is a process of securing the best possible healthcare and health outcomes, including reducing health inequalities, within the resources available. The process involves seeking patient and public views; assessing health needs; designing and purchasing services to meet needs and contracting services, including monitoring quality, performance and outcomes. In making commissioning decisions in Worcestershire it is important that we use a set of principles to underpin the process. We will commission services on the basis that they are:

Effective - All interventions or treatments provided should be based on the best available evidence that they achieve what they set out to achieve, and outcomes for service users should be monitored

Efficient - Services should offer 'Best Value' by producing the most benefit when compared to alternative similar cost options

Equitable - Enabling similar access based on similar need

Ethical - All treatments and interventions must be ethical and, whenever possible, based on patient consent

Dignity focussed - service users and carers should be treated with respectful and caring attitudes

2.4 Scope of the strategy

The strategy covers services that are currently commissioned and those that will be commissioned by the Worcestershire PCT and County Council. It relates to mental health and well-being services for people aged eighteen and over, including older adults. The findings of Government reports and UK inquiries confirm that services for older adults with mental health needs have been under-developed.* By combining adults of working age and older adults in this commissioning strategy, we seek to reduce age discrimination and ensure that services are provided on the basis of mental health care need.

*UK inquiry first report: Improving services and support for older people with mental health problems, June 2006 <http://www.mhilli.org/index.aspx?page=stage2promotion.htm#Inquiryreport>

UK inquiry second report: Promoting well being in later life, August 2007
<http://www.mhilli.org/documents/Inquiryfinalreport-FULLREPORT.pdf>

Securing better mental health for older adults, Dept of Health 2005

In considering the scope of the strategy it is important to acknowledge services that are subject to alternative commissioning arrangements, but which are important areas of mental health work. These require close working and agreed management strategies between services (Appendix 1). An important area of work is the transition from child to adult mental health services. National and regional consensus is required regarding specialist mental health services for 16-18 years olds. Although this strategy is focused on adults, the commissioners will be working to develop robust arrangements between adult and children's mental health services to ensure that the needs of people in this age group are appropriately met.

3. Underpinning Values

Values which underpin this strategy are mental well-being promotion, support for people with long term mental health conditions, promotion of a recovery-oriented system of care, inclusion regardless of age, ethnicity and diversity, and collaboration with service users and carers and partner agencies.

In recent years recovery models of care have gained prominence, which focus activity on improving individuals' capacity to lead a fulfilled life, not dominated by mental health problems and treatment (Guiding Statement on Recovery, NIMHE, Jan 2005). A recovery-oriented system of care will:

- Focus on people rather than services
- Emphasise strengths rather than deficits or dysfunction
- Monitor outcomes rather than performance
- Support activities to combat stigma
- Foster collaboration between those who need support and those who support them
- Enable and support self-management and decrease the need for people to rely on formal service and professional supports

4. Objectives for Mental Health Services

- People should be managed within the most independent environment possible, based on an individual's needs
- People should be supported in their recovery, and helped to realise their potential to be full members of the community
- People should be offered appropriate long term support in situations where the potential for recovery is limited
- The views and experiences of service users and carers should be actively sought and clearly documented for any new or reviewed service.

5. Adult Mental health services in Worcestershire

A range of mental health services commissioned for adults in Worcestershire are shown in the table on the following page.

Currently the main provider of specialist mental health services for adults in Worcestershire is Worcestershire Mental Health Partnership NHS Trust (WMHPT), which delivers hospital and community based services. The hospital services include psychiatric in-patient facilities in Worcester, Kidderminster and Redditch, and a nine bedded unit providing intensive psychiatric care (PICU) in Worcester. Specialist mental health services in the community include Community Mental Health Teams (CMHTs) and Functional Teams providing Early Intervention, Assertive Outreach and Crisis Resolution and Home Treatment.

Social care is provided by Worcestershire County Council's Adult and Community Services, in partnership with WMHPT. The Worcestershire PCT also commissions some services from neighbouring mental health Trusts to provide specialised services where capacity is limited within the county and to mainstream services for use by people who live outside of the county but who are registered with Worcestershire responsible general practitioners, and by people who choose to receive their care from these providers.

Worcestershire County Council and the PCT also commission services from the independent sector. This is mainly to provide specific care packages or to compensate for resource shortages, such as beds, within the public sector.

Most general mental health care is provided in primary care by GPs and primary mental health care workers, which is currently PCT funded. GPs are also responsible for providing physical health assessments, treatments and specialist referral when appropriate. The Quality and Outcomes Framework sets national indicators against which the PCT monitors GPs work. This includes indicators for managing people with psychoses, depression and dementia. For many patients with mental health problems, the most important indicators relate to the inter-personal skills of the doctor, the time given in consultations and the opportunity to discuss a range of management options. Within the 'patient experience' section of the quality framework, there is an opportunity to focus patient surveys on people with mental health problems. This would be one for practices assess in more detail the quality of care experienced by people with mental health problems. This strategy seeks to extend the range of mental health services in primary care, increasing the potential for jointly commissioning primary care services in the future.

The voluntary and community sector provides a wide range of services, including relationship and bereavement counselling, advocacy, family support, carer's support and advice from mental health specific organisations such as MIND and the Alzheimer's Society. Much of the voluntary and community sector work is commissioned by the County Council. However, it is likely that this will be increasingly jointly commissioned following the establishment of the joint commissioning unit in 2009.

Mental Health services provided for the Worcestershire responsible adult population (population registered with in-county general practitioners)

Worcestershire Mental Health Partnership NHS Trust

Counselling and talking therapies
 Psychological therapies
 Day care services
 In-patient services
 Outpatient services
 Psychiatric intensive care
 Residential rehabilitation
 Employment and volunteering schemes
 Community Mental Health Teams
 Functional Teams, including Early Intervention, Assertive Outreach, Crisis Resolution and Home Treatment

 Mental health prison in-reach
 Eating disorders
 Mother and baby services
 Dual diagnosis services
 BME Community Development Workers
 Services to fulfil the statutory requirements of the NHS and Community Care Act, Carers and Disabled Children's Act and the Mental Health Act

Birmingham and Solihull Mental Health NHS Trust

Specialist Services:
 Mother and Baby
 Eating Disorders
 Services for hearing impaired people with mental health problems
 Psychotherapy
 Neuropsychiatry
 Forensic Psychiatry
 Psychology

Gloucestershire Mental Health Partnership NHS Trust

Mental Health services for working age adults and older adults
Specialist service:
 Eating Disorders

South Warwickshire Mental Health NHS Trust

Mental Health services for working age adults and older adults
Specialist service:
 Eating Disorders

Oxfordshire Mental Health Care NHS Trust

Mental Health services for working age adults and older adults
Specialist Service:
 Neuropsychiatry in-patient, day care and assessment

Worcestershire PCT

Primary mental health care in prisons in Worcestershire

Worcestershire County Council

Social work within the mental health teams (Community Mental Health Teams, Perinatal Psychiatry Team, Early Intervention Team)
 Mental health drop-in service (Worcester City)
 Employment advice (North Worcestershire)
 [Additional activity contracted by WCC: Vocational and employment advice and support (Shaw Trust -South Worcestershire), Day services (Creative Support and Rethink), Various (housing, women's services, advocacy, homelessness)]

6. Health care needs analysis

6.1 Basic population characteristics

The Worcestershire population aged eighteen and over is estimated to be 435,048, including 96,446 adults aged over 65 (Office of National Statistics, June 2006). The proportion of people aged over sixty five is higher than average compared to both the West Midlands and England and Wales. This is particularly pronounced in the Malvern Hills District Council area, while Redditch and Worcester City have smaller than average proportions in this age group. The main demographic change in Worcestershire which is expected over the next five years is an increasing number of people aged over 65. This age group is projected to rise by 13.12% from 2006 to 2011, representing an increase of 12,654 people.

Health in Worcestershire is generally good, although 39,036 people of working age in Worcestershire report a limiting long-term illness (2001 Census, ONS). Life expectancy at birth is higher than average for England in five of the six local authorities. Deaths from all causes are significantly lower in two local authorities (Malvern and Wychavon) and similar to the England average in the remainder.

6.2 Prevalence of mental health problems

Within Worcestershire, it is estimated that approximately 42,000 adults will be experiencing a common disorder, such as general anxiety and depression and 2,000 people will be suffering from a psychotic disorder ((Worcestershire Mental Health Needs Assessment, PCT, August 2006).

6.3 Deprivation and Mental Health

Mental health problems, particularly anxiety and depression, can affect all social classes. However, psychotic disorders are more common amongst more deprived social groups, 111M, IV and V (National Psychiatric Morbidity Survey 2000, ONS, 2001).

A review of large scale studies of mental health problems undertaken by Social Exclusion Unit of the Cabinet Office, identified that problems were more common among people who were unemployed, had fewer educational qualifications, had been looked after or accommodated, were on a low income or who had a low standard of living (Mental health and social exclusion: Social Exclusion Unit Report, 2004).

Worcestershire is a relatively affluent county, although marked contrasts exist. 30% of residents live in areas considered to be amongst the fifth most affluent in England and 7% live in areas amongst the fifth most deprived in England. The most deprived areas in the county are in the central areas of Worcester, Redditch and Kidderminster, where a greater proportion of people with mental health problems would be expected.

6.4 Ethnicity and Mental Health

National survey findings estimate there to be little difference in prevalence rates between the minority ethnic groups and the white population for common mental health problems. Specific group differences showed that Irish men and Pakistani women had higher rates, while Bangladeshi women had lower rates.

In relation to severe mental health problems, significant variations were found. Black Caribbean people showed a two-fold excess. Pakistani people had a 60% higher, and Bangladeshi people a 25% lower rate, both with no apparent gender difference. Irish people showed similar rates to the white population, though with a greater concentration in younger people (Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) Quantitative Report, ONS, 2002)

In addition, rates of suicide and self-harm are higher in young Asian women (Mental health NSF, DH,1999) and people from black and minority ethnic (BME) groups are six times more likely to be detained under the Mental Health Act than people of white ethnicity (Worcestershire Mental Health Needs Assessment, PCT, August 2006).

In Worcestershire, BME groups comprise 2.46% of the population, considerably less than the 9% average for England. Redditch and Worcester City have the highest proportion of BME groups. Population estimates for specific BME groups in Worcestershire based on the 2001 Census, include:

Asian/ Asian British (mostly Pakistanis) 5, 982	White Irish 4,163
Chinese/ other ethnic group 1, 913	Black/ Black British 1, 638

The projected population changes within BME groups in the next five years are slight increases in all except Black ethnic groups, with the greatest growth expected in Asian people. The impacts of recent increases in Eastern European migrant populations have yet to be understood in relation to needs for mental health services (Worcestershire Mental Health Needs Assessment, PCT, August 2006).

BME Community Development Workers are employed by Worcestershire Mental Health Partnership NHS Trust (WMHPT) to work with BME communities to promote well being and access to services. Improved recording of ethnicity by mental health services which extends beyond in-patient recording is important to facilitate monitoring of the wider use of services by BME groups.

6.5 Older Adults' Mental Health

Depression and dementia are important mental health problems associated with older adults. 12% to 15% of people aged over 65 suffer from depression, which is more common in people with a long-term physical health disorder. An estimated 1,620 older adults have severe depression, which is treatable.

Dementia is a term for a range of progressive, terminal organic brain diseases, which includes Alzheimer's disease. The prevalence of both early onset and late onset (aged over 65) dementia increases with age, doubling every five-year increase across the entire age range. An estimated 158 people aged 30-64 have early onset dementia and 6,834 have late onset dementia in Worcestershire. Dementia affects approximately 1 in 20 people aged 65 and 1 in 5 people aged 80 and over. Nationally, the direct costs of dementia in people aged over 65 are estimated to exceed the combined cost of stroke, cancer and heart disease.

Estimates of current and projected dementia prevalence in Worcestershire are shown in the following table. Prevalence is not expected to change in the next five years, although the population increase alone is likely to account for an additional 974 people with dementia.

Late-onset dementia prevalence estimates for the Worcestershire resident population in 2006 & 2011

Age Group	% Prevalence (Persons)*	Worcestershire Population (mid 2006)**	Number with late onset dementia 2006 estimate	Worcestershire Population (mid 2011)	Number with late onset dementia 2011 estimate
65-69	1.3	27,528	358	33,600	437
70-74	2.9	22,930	665	25,300	734
75-79	5.9	19,078	1,126	19,800	1,168
80-84	12.2	14,413	1,758	15,100	1,842
85-89	20.3	8,222	1,669	9,600	1,949
90-94	28.6	3,354	959	4,475	1,280
95+	32.5	921	299	1,225	398
Total aged 65+		96,446	6,834	109,100	7,808

*Prevalence estimates derived from Dementia UK: A report to the Alzheimer's Society on the prevalence and economic cost of dementia in the UK by King's College London, 2007

**Mid 2006 population estimate is the most recent available as at September 2007

6.6 Suicides and Mental Health

Suicide is an important cause of death in adults accounting for over 5,000 deaths each year in England. Suicide is the leading cause of death in men aged under thirty-five. It is also the main cause of premature death in people with a mental health problem, particularly those with a diagnosis of recurrent depressive illness, schizophrenia and affective disorder. Nationally it is estimated that suicides amongst people receiving specialist mental health care comprise 25% of all suicides.

Drug related poisoning is an important cause of suicides and the most common prescription drugs used in overdose are psychotropic drugs prescribed to treat mental health problems.

A review of suicides and undetermined injuries in Worcestershire identified 295 deaths over the six year period, amongst 70% males and 30% females. (Epidemiological review of suicides and undetermined injuries in Worcestershire 2001-2006, Worcestershire PCT, 2007).

6.7 Service Activity Data

The Worcestershire Mental Health Needs Assessment, August 2006, identified that each year there are approximately 700 hospital admissions coded as caused by mental health problems, approximately 25% of these are readmissions. Just over 90% of all admissions were made within the county.

Analysis of the former PCT areas which adjusted for population size showed South Worcestershire PCT accounted for 56% of total admissions, Bromsgrove and Redditch PCT 28% and Wyre Forest PCT 16%. Higher than expected admissions were made for patients with mental health problems from Worcester City, Malvern Hills and to a lesser extent Wychavon.

26,000 new and follow up out-patient contacts with Consultant Psychiatrists take place in Worcestershire each year. Higher numbers of patients in South Worcestershire are seen by Consultant Psychiatrists and fewer in Wyre Forest. However, a greater number of contacts are seen by psychological services in Wyre Forest.

On average, 350 new or re-referred patients are seen by the mental health teams each month. Approximately 3,300 patients are recorded on the community mental health team register at any one time. The caseload distribution ranges from 50 patients in Kidderminster to 680 in Bromsgrove.

The data indicates that in the north of the county, where greater needs and demands would be expected, there are fewer admissions and treatment activity, particularly in Redditch and Wyre Forest. There are many possible explanations for the apparent disparity between need and activity. These include variations in people's willingness to seek help, differences in the thresholds for admission amongst hospitals and the availability of alternative services.

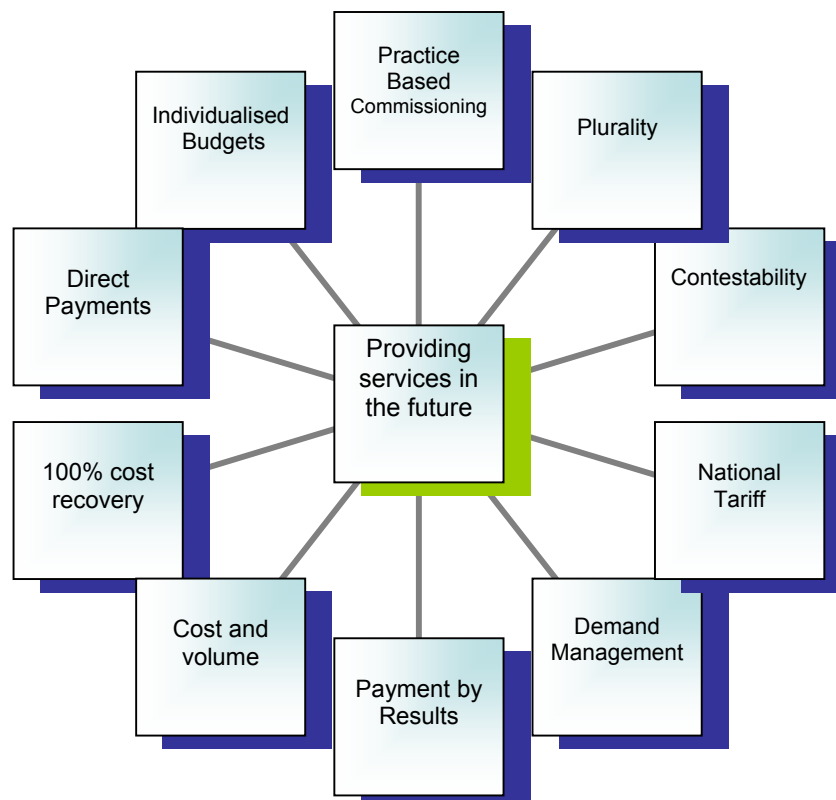
7. Drivers for change

7.1 Commissioning policy drivers

A range of national commissioning policy guidance has influenced the development of the strategy. 'Commissioning a patient-led NHS' is a national policy which focuses on creating a step-change in the way services are commissioned by front-line staff to better reflect patient choices. Publication of 'World Class Commissioning' in December 2007 builds further on this emphasis.

The County Council has launched the Choice and Control programme, through which it aims to ensure all services it provides and commissions are personalised and that, subject to assessments of need and risk, people will have greater control over their resources through Direct Payments, Individualised Budgets and Individual Service Funds.

'Plurality of provision' reforms seek to strengthen providers and encourage a wider range of different providers to deliver high quality and responsive services. Commissioners are increasingly encouraged to consider the contributions of the voluntary and community sector (also known as the third sector) and private sector in delivering health and social care. The Report of the Third Sector Commissioning Task Force, 2006 asserted that strengthened partnerships would work to the mutual advantage of service users, providers and commissioners. The following chart refers to some common commissioning terms which are described in Appendix 2.



7.2 National policy drivers

The Future of Mental Health: A Vision for 2015 states that, by 2015, mental wellbeing will be a concern of all public services and that the focus of public services will be on mental well being rather than on mental ill health.

The development of mental health services has been driven by the publication of the Mental Health National Service Framework, the Older People's National Service Framework and the Health & Social Care White Paper Our Health, Our Care, Our Say.

Government policy is driving towards an agenda of personalisation and choice of services, social inclusion, citizenship and community capacity, better outcomes for users and carers, increased staff development, more transparent governance, greater public confidence in services and improved efficiency in the use of resources.

An extensive range of documents also give prominence to specific improvements in mental health services, including:

- Schizophrenia (NICE 2002),
- Bipolar disorder (NICE 2006),
- Dementia (Out of the Shadows Health Minister paper; NICE; Dementia UK; National Audit Office; CSIP reports),
- Suicide (National Suicide Prevention Strategy, DH; Improvement Expansion and Reform, DH),
- Ante-natal and peri-natal mental health (NICE 2007) and
- Improving Access to Psychological Therapies (IAPT) (CSIP 2007). The IAPT programme seeks to provide additional money to increase access to effective psychological therapies, including in primary care settings. This is important in extending choice to people with anxiety and depression.

The Mental Health Act 2007 amends the Mental Health Act 1983. Subject to the outcome of the Parliamentary process, most of the changes will come into effect in November 2008. The implications for commissioners and providers of mental health services are to ensure services comply with the amended legislation. Summary of the changes to the Mental Health Act 1983:

- A change to the definition of mental disorder. A simpler definition and removal of the rule that mental disorder did not count if it consisted of sexual deviancy
- Changed criteria for detention
- The introduction of new professional roles: Approved Mental Health Professional and Approved Clinicians
- A change to who can be the Nearest Relative and how they can be displaced. Civil partners can be nearest relative in the same way as husbands and wives
- The introduction of Supervised Community Treatment
- An increase in the access to Mental Health Review Tribunals

- The requirement that there be age-appropriate facilities for under-18s detained in hospital
- The introduction of Independent Mental Health Act Advocacy (IMHA) services for detained patients
- Additional safeguards regarding the use of Electro-Convulsive Therapy

7.3 Local policy drivers

A range of existing local strategic documents have been considered in drafting this strategy*. In summary, local Health and Social Care priorities aim to:

- Develop well coordinated local services and strengthen partnership working across all agencies
- Provide equitable services based on need across the county
- ensure the financial viability of service developments
- target investment and disinvestment in order to focus on priorities
- promote early intervention approaches
- provide support for carers
- engage GPs and support the development of practice-based commissioning of mental health services
- encourage the development of other forms of healthcare provision including services from the voluntary and community sector and the independent sector
- support housing, employment and community-based activities which enable people with mental health problems to live independently.

In addition to local policies, the Worcestershire Local Area Agreement (LAA) sets out priorities for local authorities over a three year period. New LAA targets will be agreed in 2008. A proposed mental health target is to increase 'adults in contact with secondary mental health services in employment', from a baseline of 20%.

*Strategy for mental health services for older adults in Worcestershire 2003-8 (WCC website)

Older people's strategy for Worcestershire 2006-2010 (WCC website)

Older adult mental health service plan 2007/08 (WCC website)

Reshaping services- Modernisation adult mental health project Nov 2005, Angela Buckley, WCC
Worcestershire Mental Health Partnership Trust Business Plan 2007-2010 (WMHPT website)

Worcestershire mental well-being and suicide reduction strategy (Worcestershire PCT)

An epidemiological review of suicides and undetermined injury in W/shire in 2001-2006 (Worc PCT)

Review of dementia services 2005/06, West Midlands Strategic Health Authority

The Supporting People Strategy and District Community Strategy currently address the general housing needs of people with mental health problems

8. Resources

8.1 Current Resources

The partnership arrangements in Worcestershire ensure that most services are provided jointly between the County Council and the PCT through Section 75 Agreements. Through the process of pooling financial resources, just over £54 million pounds were invested in services for individuals with mental health problems in Worcestershire in 2006/07.

The split between adults and older adults was £41.271 million and £12.977 million respectively (Table 1).

Worcestershire Mental Health Partnership Trust received 67.5% of the total expenditure (Table 2).

8.2 Capital Assets

Both the Worcestershire County Council Adult and Community Services Directorate and the Worcestershire Mental Health Partnership NHS Trust own a range of capital assets where mental health services are delivered. These include Community Mental Health Centres, inpatient units, day care centres, workshops, rehabilitation units and team bases.

8.3 Programme Budgeting

Programme Budgeting is new tool to help identify variations in spend across PCTs to aid decision making about resource allocation. PCT areas are grouped into clusters based on similar characteristics to provide meaningful investment comparisons.

Indicative expenditure for Worcestershire PCT has been calculated by combining data the former PCT areas for 2005/2006. This shows that expenditure on mental health was slightly higher compared to the 'cluster average'. However, there was a relative under spend in the sub-category of dementia. Differences in sub-category coding between PCT areas may explain some of the differences in expenditure. However, it may also signal a need for the balance of PCT funding on mental health care to be re-directed to dementia services. Future refinements to the Programme Budgeting process which strengthen the validity of the data will help to embed its use in resource allocation decision making.

Table 1 Overall Joint Investment in Adult and Older Adult Mental Health Services in 2006/07

	Worcs PCT £000	County Council £000	LIT Total £000
ADULT MENTAL HEALTH SERVICES –DIRECT COSTS			
Community Mental Health Teams	2,333	629	2,962
Access & Crisis Services	3,467	276	3,743
Clinical Services	9,009	10	9,019
Secure and High Dependency Provision	5,292	0	5,292
Continuing Care	4,008	842	4,850
Services for Mentally Disordered Offenders	316	0	316
Other Community and Hospital Professional Teams/Specialists	1,418	70	1,488
Psychological Therapy Services	899	0	899
Home Support Services	20	398	418
Day Services	619	2,112	2,731
Support Services	40	431	471
Carers' Services	0	85	85
Accommodation	0	1,698	1,698
Direct Payments	0	17	17
Sub-total	27,421	6,568	33,989
ADULT MENTAL HEALTH SERVICES - INDIRECT COSTS			
Indirect Costs, Overheads & Capital Charges	6,991	291	7,282
Sub-total	6,991	291	7,282
TOTAL INVESTMENT - ADULT MENTAL HEALTH SERVICES	34,412	6,859	41,271
OLDER ADULT MENTAL HEALTH SERVICES	11,788	1,189	12,977
TOTAL INVESTMENT - OLDER ADULT MENTAL HEALTH SERVICES	11,788	1,189	12,977
TOTAL INVESTMENT - ADULT AND OLDER ADULT MENTAL HEALTH SERVICES	46,200	8,048	54,248
HISTORIC INVESTMENT IN ADULT MENTAL HEALTH SERVICES	Worcs PCT £000	County Council £000	LIT Total £000
2004/05	31,925	5,753	37,678
2005/06	33,564	6,989	40,553
2006/07	34,412	6,859	41,271

Table 2 Investment by provider for Adult and Older Adult Mental Health Services in 2006/07

NSF RETURNS	Adults £000	Older Adults £000	Total £000
HEALTH SERVICES			
Worcestershire MH Partnership Trust	25,727	10,896	36,623
Birmingham & Solihull MH Trust	543	96	639
Gloucestershire MH Trust	159	10	169
South Warwickshire PCT	38	0	38
Oxfordshire MH Trust	3	0	3
¹ West Midlands Specialised Services Agency (WMSSA)	4,163	0	4,163
² Non Statutory - In Area	1,425	786	2,211
³ Non Statutory - Out of Area	2,354	0	2,354
TOTAL	34,412	11,788	46,200
COUNCILS			
Worcestershire County Council	3,675	1,189	4,864
Oxford L A	0	0	0
² Non Statutory - In Area	2515	0	2,515
³ Non Statutory - Out of Area	669	0	669
TOTAL	6,859	1,189	8,048
GRAND TOTAL	41,271	12,977	54,248

¹ Based on a 5.25% share of the total cost of clients managed by WMSSA in low and medium secure units. It is not based on actual Worcestershire clients.

² Includes in-county services/accommodation provided by the non-statutory sector, including continuing healthcare placements & grants with voluntary sector organisations.

³ Includes out of county placements provided by the non-statutory sector.

8.4 Future Resource Assumptions

It is assumed that during the period of this commissioning strategy:

- The PCT revenue budget for mental health services will stay at approximately the same level apart from inflationary increases. The PCT has allocated an additional funding over the next three years, comprising for dementia services (08/09 £250,000; 09/10 £500,000; 10/11 £750,000 recurrent funding) and to implement the strategy (08/09 £250,000; 09/10 £750,000; 10/11 £1M recurrent funding). (Worcestershire PCT Operating Plan 2008-2011, [http://www.worcestershirehealth.nhs.uk/Internet Library/Primary Care Trust/Publications/Public%20Statement%20 4 .pdf](http://www.worcestershirehealth.nhs.uk/Internet%20Library/Primary%20Care%20Trust/Publications/Public%20Statement%204.pdf))
- The County Council is investing, over and above any necessary efficiencies, more than half a million pounds of additional funding into mental health services. During the lifetime of the strategy, there will be an additional £850,000 investment in dementia care for older adults and £90,000 for two additional social workers.
- Demographic pressures signal a need for expansion of older adults services, especially in relation to dementia care
- Expansion of existing services or investment in new services will mainly need to be offset by disinvestment in other service areas
- Existing service providers will develop plans with commissioners to ensure that services are delivered within the agreed financial allocations
- With our partners, we will be seeking every opportunity to secure new funding through schemes such as Big Lottery, European funds, Sure Start, Urban Renewal and Improving Access to Psychological Therapies (IAPT). The Government is investing new money in IAPT to be made available to half of all PCTs in 2007-2010, with plans to extend this to all PCTs subsequently.

9. Workforce Development

Underpinning the delivery of this strategy is the development of a skilled, motivated, flexible and diverse workforce that is able to provide services in new and innovative ways. When indicated, the working groups will adopt a partnership approach to workforce development which analyses service models and identify staffing and training requirements to deliver the enhanced services and to produce plans to develop the future workforce.

We advocate the use of the Creating Capable Teams Approach which is supported by CSIP. The Approach is intended to help multidisciplinary teams within local health and social care services to review their skills and capabilities to provide services to meet the needs of service users and carers. This includes assessing the team's skill mix and learning and development needs which may identify the need for new roles and new ways of working.

The National Workforce projects bench marking tools are due to be produced in June 2008. It is hoped they will be useful to support our local workforce planning work.

The strategic focus on primary and community care will also need targeted training of generic staff working in these areas and new ways of working for specialist staff. Staff training and continuing professional development is important to driving service quality. The perceptions of service users and carers are also essential in assessing workforce capacity and capability.

10. Outcomes

As commissioners we need to move to a process that measures outcomes and improvements in service delivery. The following suggestions for outcomes are based on feedback from our local community, WMHPT and the views of service users and carers groups identified by the Care Services Improvement Partnership (CSIP). The importance of different outcomes will vary according to the care group being considered, and it would be appropriate to tailor outcomes accordingly.

Outcomes for service users (and carers/families*):

- Achieve a higher level of self esteem
- Increase their ability to develop relationships
- Maximise their potential
- Minimise relapse
- Increase individual control and choices
- Increase self care and independence
- Prevent/reduce suicide
- Minimise disruption to their own and their families life*
- Increase their families knowledge of the illness*

Outcomes for services:

- Promote mental wellbeing
- Be anti-discriminatory
- Signpost to mainstream services
- Encourage the use of and access to mainstream community facilities (leisure, education, employment and housing)
- Recognise the role of specialist local service providers (NHS and Social Care) and the role of specialist services for people with higher level needs, that can not be provided locally
- Encourage inclusiveness in relation to gender, age, ethnicity and diversity
- Actively seek and record views from users and carers
- Demonstrate concordance with statutory duties and legislative frameworks

11. Assessment of risks to successfully implementing the strategy

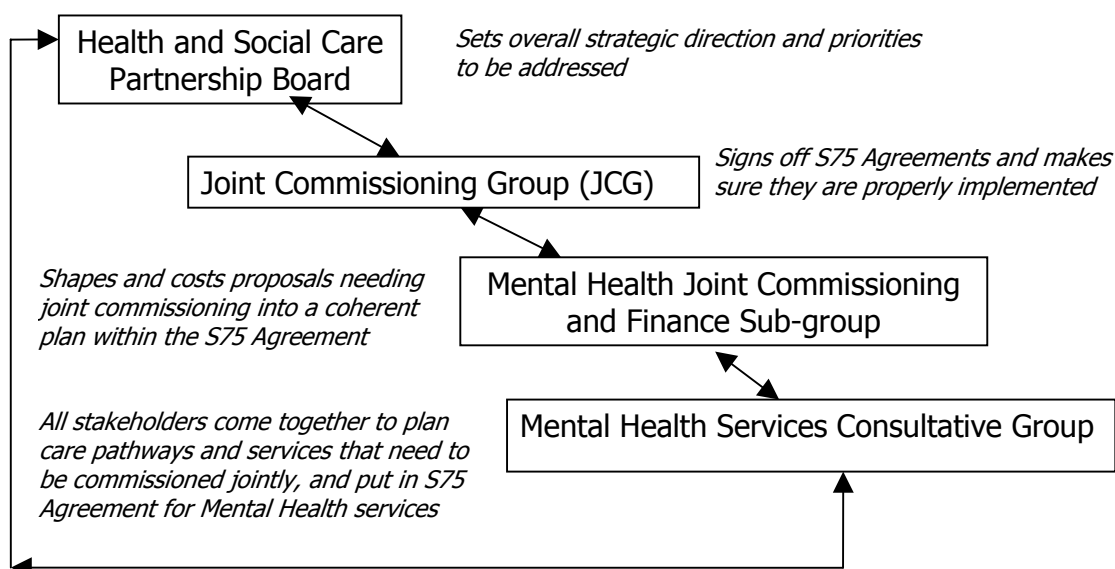
As part of the planning process a risk assessment needs to be carried out to identify areas of risk that may impact on the successful delivery and impact of the mental health and well-being commissioning strategy. A risk assessment needs to include:

- Identification of areas of risk
- Analysis of each area of risk to grade whether the impact and probability of the risk is high, medium or low
- Identification of options that can be taken to control/minimise the risk
- Selection of controls to be taken and planning for their implementation
- Identification of systems for renewing the assessment and the progress against options identified

12. Strategy implementation and governance

Worcestershire County Council and PCT have agreed structures to provide accountability for the strategy and to ensure it is implemented. Since these structures are new, we will review their effectiveness in facilitating joint commissioning of services in 2010. A Joint Commissioning and Finance Sub-group (JCFSG) will have overall responsibility for priority setting, managing and delivering the strategy. A Mental Health Consultative Group will also be established to oversee the strategy's implementation, which will comprise commissioners working a range of key stakeholders, including service user and carer representatives

Joint Mental Health Commissioning Groups Structure



Commissioning Strategy Implementation Groups (CSIGs) will also be established to undertake the detailed work in identifying the improvements required, presenting their findings to the JCFSG and implementing the changes within agreed resources. Whenever appropriate, these groups will have representation from service users, carers and the voluntary and community sector. CSIGs which involve substantial redesign of care pathways will also be regarded as Care Planning Partnership Sub-groups, which will report to the Care Planning Partnership Group for mental health and learning difficulties.

13. Commissioning Intentions: The Way Forward

The commissioning intentions reflect priorities identified from the local consultation processes, findings from the local needs assessment and national and local policy drivers for change. Planning for the next five years requires limiting the numbers of new priorities to ensure we have the capacity to deliver developments across four themes:

Theme 1: Mental health promotion and mental well-being

Theme 2: Primary and community mental health care

Theme 3: Specialist mental health care

Theme 4: Tertiary services

The Mental Health Joint Commissioning and Finance Sub-group ranked the commissioning intentions in terms of priorities for implementation within each theme. Therefore, within theme one commissioning intention 1.1 will be prioritised for implementation before above 1.4.

Key considerations to inform future commissioning will be:

- Commissioning effective and cost-effective services where health care needs assessments have identified needs that can be addressed through health and social care interventions.
- Commissioning new services on the basis that they can clearly demonstrate potential to improve outcomes and developing contracts and service level agreements which monitor outcomes rather than processes.
- Appropriate engagement and representation from users, carers and the general public to develop services which are responsive to the local population's needs
- Ensuring equity of access based on need
- Enabling access for people with special needs including learning and physical disabilities
- Developing explicit patient pathways for transfers of care between age specific services.

Commissioners will also consider the requirements and resource implications of implementing the amended Mental Health Act, when they are agreed by Parliament.

Theme 1: Mental health promotion and mental well-being

Each of us will be affected by mental health problems directly or through a friend or relative at some time in our lives. We need to raise awareness within the local population about the signs and symptoms of mental health problems and the means we can adopt to promote mental well-being. It is important that we start from an early age and incorporate this agenda within parenting programmes, early years and school education.

As deprivation is strongly associated with mental health problems, there is a need to tackle inequalities within the community. Benefits can be achieved by increasing educational attainment, maximising employment opportunities, access to affordable housing increasing social inclusion.

Commissioning intentions

- 1.1 Review, update and implement the Worcestershire mental health promotion and suicide reduction strategy. Apply findings from the recent epidemiological review of suicides to aid targeting prevention efforts.
- 1.2 Develop a model to streamline access to advice through a single point of access telephone advisory service, through which access to the most appropriate service can be facilitated.
- 1.3 Ensure mental health services support guided self-care approaches, and enable access to resources in the community including libraries, resource centres and electronic media. Provide first line self help and sign posting, such as through 'books on prescription' and toolkits for cognitive behavioural therapy techniques.
- 1.4 Support interventions which promote mental well-being in key settings including educational establishments and work places. Harness the experiences and skills of service users and partner agencies.

Theme 2: Primary and community mental health care

Most people receive their first intervention within a primary care setting and continue to receive support from their primary care team, and in particular from their general practitioner, throughout their episode of care. Therefore these services need to ensure timely access to information, treatment and interventions when problems emerge.

Primary care needs to be the main focus of services for individuals and their carers. Users of the service should be supported in primary and community care when appropriate. Only services that need to be provided in secondary care should be and they should not create an inappropriate and prolonged dependency. Primary care will increasingly provide the base from which to build a fully integrated mental health service, and the capacity will need to be developed amongst a range of workers and agencies to deliver these services.

Commissioning intentions

- 2.1 Develop and implement a multi-agency Dementia strategy for Worcestershire to implement national good practice guidance. Priorities are to improve diagnosis and early intervention and to improve management of services and support in the community. The strategy should also consider the needs of carers of people with dementia.
- 2.2 Review access to psychological services in line with the national Improving Access to Psychological Therapies programme and the 18-week wait from referral to treatment criteria and seek to provide equitable access to psychological services.
- 2.3 Ensure that general health care assessments for people with mental health problems incorporate assessments of physical health, provision of lifestyle advice and access to screening programmes. Use the Quality and Outcomes Framework (QOF) and other contract incentives to facilitate improvements in services for people with mental health problems in primary care.

Theme 3: Specialist mental health care

Many people with severe mental health problems will continue to require hospital treatment when they are most unwell. However with the development of Functional Teams, such as Early Intervention, Assertive Outreach and Crisis Resolution and Home Treatment, it should be possible to realise reductions in the number of hospital admissions and outpatient consultations. Therefore, if inpatient facilities are required they should be short stay crisis accommodation with packages of care developed to enable individuals to return to the community as quickly as their condition allows.

People with mental health problems are one of the most socially excluded groups in society. It is important to identify earlier when an individual's mental health is deteriorating, provide treatment through increased community support, and opportunities for training, education, employment, housing and support to develop social networks.

People should be supported to return home or to supported living at the earliest opportunity that their condition allows, by providing a coordinated package of health, housing and social care agreed in consultation with patients and their carers

A recent review of day services redesign indicates work is required with service users to develop a choice of services throughout the pathway to aid recover, increase social integration, enable maintenance of social networks and provide opportunities for increased independence, including return to appropriate employment.

A joint procurement process for advocacy services has recently been completed and the priority is to improve access to advocacy for those who need it.

Commissioning intentions

- 3.1 Ensure the provision of an equitable range of evidence based community mental health treatment services, including Community Mental Health Teams and Functional Teams. Extend the services to older adults when they can also derive benefit from the treatments and interventions.
- 3.2 Review current services available to carers, including information and advice services and access to respite opportunities.
- 3.3 Extend services for individuals with early onset dementia to improve their social inclusion.
- 3.4 Review provision of services for adults with Asperger's Syndrome in the light of findings from a local health needs assessment.

Theme 4: Tertiary services

The commissioning of specialist mental health services in tertiary care is undertaken through collaborative commissioning. These are usually specialised services provided on a regional area. Examples include inpatient beds for people with eating disorders and for mothers with severe psychiatric problems and their babies. At this level, as with others, the aim is to promote recovery and return to the lowest level of care provision as quickly as possible. Local clinicians will oversee out of county placements and ensure that care plans are in place to respond to individuals' needs.

Some long stay and high cost out of county placements may indicate inadequate local services to meet people's needs by identifying problems and intervening at an earlier stage. For most people, it is also preferable to provide care closer to home.

Services will be delivered under conditions of security which are appropriate to protect patient's health and safety and that of other people.

Commissioning intentions

- 4.1 Extend mother and baby mental health services to ensure that services are available across the county.
- 4.2 Review the appropriateness of long stay out of county placements and whenever possible, seek to provide effective local services to meet people's needs.
- 4.3 Review eating disorder services and undertake an option appraisal for the development of local community based eating disorder services.

14. Appendix 1: Services requiring collaboration with adult mental health services

All services provided for vulnerable people including victims of domestic abuse, homeless people and rough sleepers, looked after adolescents need to consider how they collaborate with mental health services. The following illustrate critical service areas which require effective partnership working and when appropriate, the development of agreed protocols, care plans and treatments:

Young people

Mental health services for people who are aged sixteen and younger are provided by the County Council's Children's Directorate and the Worcestershire PCT's Child and Adolescent Mental Health Service (CAHMS). Individual arrangements are planned to provide transitional mental health services for children aged seventeen. The need to strengthen transitional arrangements for young people between CAHMS and adult services has been identified as a priority through the consultation process for this strategy. Clear transitional protocols which enable access to age appropriate care services need to be developed.

Substance misuse and alcohol treatment (SMAT)

SMAT services have alternative joint commissioning arrangements. However, people who misuse substances, including alcohol are more vulnerable to mental health problems. Continuing to misuse substances during treatment can exacerbate mental health problems, reduce the effectiveness of drug treatments, lead to relapse and poor engagement with treatment services. Suicide is more common amongst people with combined substance misuse and mental health problems (Safer Services: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Department of Health, 1999). Collaborative working between the mental health and substance misuse services, which addresses the needs of people with co-morbidities is essential to maximise treatment effectiveness.

Learning difficulties

Specialist learning difficulties services are subject to alternative joint commissioning arrangements. However, since most mental health problems are more common amongst people with learning difficulties than the general population, it is important that they can access services (Valuing people: a new strategy for learning disability for the 21st century, Department of Health, March 2001, <http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf>). Mental health Commissioning groups and also Care Planning groups in Worcestershire will need to consider access to services and information for people with learning difficulties in any proposed service changes. The extent to which the needs of people with learning difficulties have been adequately addressed will be considered at the strategy's first review in 2010/2011.

Prisoners

Worcestershire PCT commissions health care services, including mental health services, for prisoners in Worcestershire's four prisons, which have a combined operational capacity of nearly 2,000 adult males. National estimates indicate that 90% of prisoners have at least one mental health problem including neurosis, psychosis, personality disorder and substance misuse. A specific strategy for mental health services in prisons has been developed (Worcestershire Prison Partnership Mental Health Strategy, July 2006). Prison mental health services expenditure is monitored by Worcestershire Prisons Partnership Board, which includes representation from the PCT and prisons. In preparation for the release of prisoners requiring mental health support, through-care and release plans need to be developed for continued support in the community.

14. Appendix 2: Descriptions of financial terms

Based on Manchester Mental Health Commissioning Strategy, 2006.

Practice Based Commissioning (PBC)

PBC is intended to give General Practitioners (GPs) a freedom and an incentive to look after their population more effectively. GP practices will hold the budget for purchasing healthcare for their patients. They will be expected to assess the needs of their patients and buy the most appropriate services to meet these needs.

The National Tariff

The national tariff is a set price that GPs and Primary Care Trusts pay to acute hospitals for packages of care. A specific treatment will cost the same across the country. This creates an incentive for Trusts to be more efficient as the more people they treat, the more money they earn. It also creates an incentive for Primary Care Trusts to treat as many people as possible in the community and to ensure that early interventions are implemented to minimise the number of referrals required to the acute hospitals.

Cost and volume

Cost and volume is a process where an organisation is only paid for the work it actually carries out. This means that services in high demand will have the resources they need to meet that demand. Also services used infrequently will receive less money than they are currently used to, but the right amount to provide the services.

Payment by Results (PBR)

PBR is a national tariff for work (e.g. for specific healthcare interventions). The same service will cost the same throughout the country and commissioners will only pay for the services their patients actually use. PBR replaces block contracts that funded a service regardless of the number of people who used it.

Direct Payments (DP)

The purpose of direct payments is to give recipients control over their own care by providing an alternative to social care services provided by a local council. A financial payment gives the person flexibility to look beyond 'off the peg' service solutions for certain housing, employment, education and leisure activities as well as for personal assistance to meet their assessed needs. This will promote independence, social inclusion, and enhanced self-esteem.

Individualised Budgets

Individualised Budgets are similar to Direct Payments. The difference is that Individualised Budgets include a wider variety of income streams from different agencies (e.g. housing or employment support). These different sources of support can be combined to create a single budget. This budget can be controlled by the individual to meet their needs in a way that best suits them.

Demand Management

Demand management relates to the process of supporting individuals and communities to use healthcare services most appropriately. Traditionally services have adopted the view that 'more is better'. Demand management supports individuals to regulate their own use of healthcare rather than health care providers setting limits on what will be provided. Examples of demand management include choice, direct payments, individualised budgets and some health promotion activities.

Plurality

Plurality relates to the requirement to develop a range of alternative services and alternative service providers so that people and commissioners have a choice of who will provide services. Choice of provision creates an element of competition and helps to ensure that people are offered the best possible services available.

Plurality also creates a significant challenge for commissioners and their requirement to develop whole systems to ensure that services work together for the benefit of the individual patient.

Contestability

Contestability relates to the introduction of a contestable healthcare market. This is a marketing which a current service provider does not receive an inherent advantage when competing for a contract simply because they are the current provider. The aim is to avoid the development of a monopoly by one organisation or provider.

100% cost recovery

100% cost recovery relates to the amount of money that organisations receive for providing a service. This principle is designed to ensure that organisations do not 'hide' the cost of delivering a service in order to offer an unrealistically low cost when competing for a tender. It also ensures that small organisations are adequately reimbursed for the cost of their organisational infrastructure and helps to maintain the viability of smaller organisations when competing with larger organisations for work.