JOINT COMMISSIONING PLAN FOR ADULTS WITH MENTAL HEALTH PROBLEMS, 2013 - 2015

Cabinet Member(s)	Councillor Scott Seaman-Digby Councillor Philip Corthorne
Cabinet Portfolio(s)	Central Services Social Services, Health and Housing
Officer Contact(s)	Paul Feven, Finance
Papers with report	Appendix 1 - Definitions of Mental Disorders Appendix 2 - Draft Mental Health Dashboard Appendix 3 - "Promoting Mental Wellbeing and Enabling Recovery From Mental Health Problems in Hillingdon" – Joint commissioning plan for adults of all ages with mental health problems, 2013 – 15.

HEADLINE INFORMATION

Summary	The Council, NHS Hillingdon and Hillingdon Clinical Commissioning Group (HCCG) have worked together with a range of professionals, third sector partners, service providers and service users and their carers to develop a joint, integrated adult mental health commissioning plan that sets the strategic direction for addressing the needs of all adults with functional mental health needs and also people with dementia. This is a joint plan between the Council and the NHS due to the interdependency of services and the cross cutting nature of services accessed by people with functional mental health needs and people with dementia in Hillingdon. The plan outlines the need to make best use of resources within the health and social care economy.
Contribution to our plans and strategies	The recommendations support the objectives of the Sustainable Community Strategy, the Health and Wellbeing Strategy, the Transforming Adult Social Care: Personalisation and Commissioning Plan 2011 - 2015 and the Carers Commissioning Plan 2011 - 2015
Financial Cost	There are no financial implications associated with this report.
Relevant Policy Overview Committee	Social Services, Health and Housing
Ward(s) affected	All

RECOMMENDATION

That Cabinet:

a) **Gives in principle approval (subject to consultation) to the Joint Mental Health Commissioning Plan and the future direction for services for people with functional mental health needs and people with dementia in Hillingdon**
b) **Instructs officers to report to a future Cabinet meeting on the outcomes of the consultation process**

Reasons for recommendation

1. Delivery of the Joint Mental Health Commissioning Plan will improve mental health and wellbeing, resident experience of mental health services and outcomes from treatment and support.

Alternative options considered / risk management

2. The alternative is not to approve the Plan or require amendments prior to approval.

Policy Overview Committee comments

3. The Social Services, Health and Housing Policy Overview Committee (POC) has recently undertaken a review of adult mental health services and the findings of this review will be reported to Cabinet in early 2013. The findings of the POC review will inform the final version of the Plan following the period of consultation early in the New Year.

4. Between January 2012 and March 2012 the External Services Scrutiny Committee undertook a review of dementia services in Hillingdon. In April 2012, Cabinet approved a number of recommendations emerging from the review and these are listed below.

- To ensure timely assessment, diagnosis and treatment of dementia, Cabinet requests that Hillingdon CCG and the Local Clinical Commissioning Group be asked to explore the expansion of memory clinic services in Hillingdon and that this is done on a multi-disciplinary, multi-agency basis, reporting back to the Health and Wellbeing Board.
- That Cabinet gives its full support for the development of a single point of access through the Council's on-line information portal (which will be provided in partnership with the West London Alliance) to ensure that people with dementia and their carers/families can access timely information, advice and sign-posting to the memory clinic and other appropriate services to aid early diagnosis.
- That Cabinet endorses the Working Group's enthusiastic support for the wider distribution as well as online publication of the dementia information booklet to GPs, other professionals and voluntary organisations and, in particular, to people with dementia and their carers. As such, Cabinet agrees that officers work with NHS partners to encourage them to identify funding streams to enable this wider distribution.
- That Cabinet takes into consideration the increasing pressure on those voluntary sector organisations that deliver services to people with dementia when developing its budget proposals for 2013/2014 onwards.
- That Cabinet agrees that the information gathered from the Dementia Stakeholder Event held on 12 January 2012 and throughout this review be used to form the foundation of Hillingdon's Dementia Strategy.

- That Cabinet endorses the provision of a programme of effective basic training and continuous professional and vocational development in relation to dementia for community health and social care staff, GPs and staff within care homes to be developed jointly by the Council and Hillingdon CCG.

These recommendations have been reflected within the draft Joint Mental Health Commissioning Plan.

INFORMATION

Development of the Plan

5. The Joint Mental Health Commissioning Plan takes an integrated approach to adult mental health that includes both the functional mental health needs of adults of working age & older people, i.e. people aged 65 and over, as well as people living with dementia. This reflects national policy as seen in the national mental health strategy published in March 2011: 'No *health without mental health: a cross-government mental health outcomes strategy for people of all ages'.*

6. The Plan is based on a review of the current Hillingdon Mental Health Strategy (2008 -2012), a review of national policy for adult mental health and dementia, a local mental health needs assessment and Joint Strategic Needs Assessment (JSNA) priorities. It also reflects the recommendations of the External Services Scrutiny Committee's Dementia Working Group referred to in paragraph 4 above. The Hillingdon Clinical Commissioning Group (HCCG) Board's review of both Dementia Services and the North West London (NWL) Mental Health Strategy of May 2012 are also reflected.

7. The national strategy identifies six key required outcomes for people with mental health needs and these are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

8. The key objectives of the Plan reflect the intended outcomes from the national strategy. The objectives are that people living in the borough with mental health needs should be able to:

- Live a normal life as far as possible
- Be included in local communities and activities
- Not be stigmatised or discriminated against on any grounds
- Have easy access to up to date and accurate information
- Have options in the choices of care available locally
- Have personalised care plans that are built around the wishes of each individual and their carers
- Be supported with services that promote and enable recovery and well-being

9. The Plan builds on a number of existing strengths within local mental health services:

- A higher percentage of patients on registers for Coronary Heart Disease (CHD) and diabetes have been screened for depression (89.5% compared to the London average of 88.5%).
- Investment in community based home support services is relatively high.
- Investment in community based mental health services is proportionately higher than the average for the rest of London and England, whilst investment in inpatient services is 3% less.
- The rate of re-admission to inpatient services is low.
- For its population need, Hillingdon is supporting more people on the Care Programme Approach (CPA) to obtain and retain employment than the London average.

10. This draft plan received in principle approval by the HCCG on the 12th October 2012.

The Need for Change

11. National estimates suggest that 1 in 4 people will develop a functional mental health problem during their lifetime. In addition, the incidence of dementia is 1 in 1400 for those aged 40 – 64 years, 1 in 100 for those aged 65-69 years and 1 in 6 for those aged 80 years and over. Definitions of mental disorders can be found in **Appendix 1**. Table 1 below shows the estimates for the incidence of functional mental health conditions currently in Hillingdon. Projections suggest that the number of adults of working age with functional mental health needs in Hillingdon will grow by 1% per year between 2010 and 2015.

Table 1: Incidence of Functional Mental Illness in Hillingdon	
Psychotic illness	730
Mixed anxiety and depression	16,780
Generalised depression	8,570
Depressive Episode	5,110
All phobias	3,470
Obsessive compulsive disorder	2,290
Panic disorder	1,280
All Neurosis	31,550
Drug dependence	7,660
Alcohol dependence	14,770

12. The number of people registered with a GP with a diagnosis of dementia in 2010/11 (the last year for which validated data is available) equated to 853 although estimates show that there are currently 2,584 older people living with dementia in Hillingdon. Population projections suggest that the number of older people with dementia is likely to increase by approximately 7% to 2,784 in the four years to 2016. 67% of the increase can be attributed to the number of over 85s, which is expected to grow by 11% within this period.

13. People with learning disabilities with conditions such as Down's Syndrome are more susceptible to dementia as they get older than the general population. For example, the estimates suggest that 8.9% of people with Down's Syndrome aged between 45 and 49 will have dementia whilst 25.9% of people aged between 60 and 64 will have the condition. It is projected that the number of older people with learning disabilities will increase by approximately 7% in the five years between 2010 and 2015 to766.

14. The following highlights some of the key issues about current *adult* mental health services in Hillingdon:

- Expenditure on residential care is greater than Hillingdon's comparators (39% of care costs in 2011/12 compared to an average in London of 31% and a low figure of 8%).
- The rate of contact with secondary care in community mental health services is high compared to the London average as demonstrated in paragraph 8.
- There are ethnic inequalities in admissions to adult psychiatric inpatient services in Hillingdon. The admission rate for white ethnic groups in Hillingdon is 30% lower than the England average for all ethnic groups but the admission rate for black ethnic groups in Hillingdon is 47% higher than the England average.
- The rate for alcohol related harm is higher than the London average.
- Hillingdon has only a small investment in services that respond to the needs of people with depression and anxiety (Improving Access to Psychological Therapies (IAPT) initiative).
- Hillingdon's use of secure and high dependency services is low as evidenced by low levels of expenditure.
- Hillingdon has no community team for eating disorders or for people with forensic needs.

15. The following highlights some of the key issues regarding mental health services for *older people* in Hillingdon:

- The waiting times for memory assessment and diagnosis is up to 6 months which leads to delays in the provision of support and treatment. However, this is due to be addressed by a reconfiguration of inpatient services and the number of beds required with subsequent re-investment in a Memory Assessment Service from November 2012.
- Most of the specialist dementia provision is provided in bed based hospital services. The average length of stay is 119 days and the majority of admissions to these services are from residents' own homes (62%). However, 64 percent of residents are discharged to nursing homes (64%).

16. A significant amount of resources are invested to support people with mental health needs in Hillingdon.

- In 2011/12 HCCG invested £27.2m in services for people with mental health problems including £4.8m invested in services for older people with mental health needs. 77% of this sum was spent on acute inpatient services, emphasising the over-reliance on institutional care provision to date. This over-reliance is due to be addressed with the reduction in beds identified above and the potential to reduce the bed base further being explored jointly by Hillingdon CCG and the Council.
- During 2011/12 the Council invested £5.9m in supporting adults of working age with mental health problems and a further £7m in supporting people with dementia.

<u>Priorities for Adult Mental Health Care and Support</u>

17. Stakeholders agree that priorities for adult mental health care and support should focus on delivering recovery-focused, personalised, outcome-based assessment treatment and support.

18. This improvement will be achieved through service redesign and reconfiguration, most notably moving away from institutional and bed-based services to community based services which provide support and intervention when needed.

19. It is intended that “pathways” will therefore be developed for adults with functional mental health problems of all ages, with a separate pathway for older adults with functional mental health problems who are physically frail and/or have dementia.

20. There is a particular focus on the *‘recovery’* approach to addressing the mental health needs of residents with functional mental health needs.

> **RECOVERY** is the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition. Users of mental health services have identified 3 key principles:
>
> - The continuing presence of hope that it is possible to pursue one’s personal goals and ambitions.
> - The need to maintain a sense of control over one’s life and one’s symptoms.
> - The importance of having opportunities to build a life ‘beyond illness’.

Proposals within the Joint Mental Health Commissioning Plan

21. The Plan’s key proposals are outlined in this section. Detailed plans for improvement will be developed with key stakeholders and presented to the Health and Wellbeing Board, the Cabinet and HCCG as required. Where improving outcomes for adults with mental health needs and their carers necessitates a significant change in the way resources are used to achieve major service change, detailed business plans will be developed. Cabinet approval supported by business plans will be sought where this involves Council funding. HCCG approval will be sought where NHS funding is concerned.

22. The key actions proposed to improve mental health services for adults are:

- ***Ensuring early intervention and promoting mental health and wellbeing in all communities*** – cost effective methods will be explored including addressing health inequalities via existing networks and community groups
- ***Establishing a joint approach and improving mental health services assessment, treatment and support in primary care*** - the current strengths of primary care in effectively managing significant numbers of adults with mental health problems will be enhanced through the development of a joint approach between primary and secondary care
- ***Developing and implementing integrated care pathways*** will ensure timely access to effective and efficient health and social care assessment, treatment and support
- ***Improving support to carers, including in crises*** – this will include exploring the potential for a borough-wide forum for carers of people with mental health needs; addressing the psychological needs of carers by promoting the awareness of the right of carers to a referral to psychological therapies in their own right; and working with carers to find effective ways of providing support when the person they are caring for is in crisis;
- ***Creating personalised alternatives to residential care*** - the independence of adults with mental health problems will be enhanced by increasing the supply of supported housing. The personalisation of *existing* supported housing services will enable people with mental health needs to purchase services from different providers and therefore enable them to enjoy the greater choice and control offered by Personal Budgets
- ***People with specialist needs*** –work with the National Commissioning Board will explore the potential to redesign services to provide the specialist interventions needed by

people with an eating disorder; effective pathways will be developed from Heathrow and detention centres

- ***Maximising the contribution of voluntary and community services*** – the voluntary and community sector will continue to be engaged as part of the development of the non-clinical support network for people with mental health needs in the borough
- ***Involvement of service users and carers*** will be ensured
- ***Reducing incidents of suicide*** - a suicide prevention plan will be agreed and implemented jointly with other NW London health and social care commissioners;
- ***Joint commissioning and service delivery*** –joint commissioning and service delivery will be explored and recommended where this is seen to result in better outcomes for residents and achieve efficiencies

23. The key actions proposed to improve services for older adults with functional mental health problems and/or dementia includes:

- ***Supporting people in their own homes for as long as possible*** – this will be achieved through the provision of specialist expertise within services for older adults where appropriate, in particular as part of the out of hospital strategy
- ***Increasing the rate of diagnosis of dementia*** – this will be accomplished through improved training for GPs and establishing a memory assessment service
- ***Improving the co-ordination of care through improved assessment and multi-disciplinary working in primary care*** - integration of the work of all relevant agencies into an effective model of care such as the Integrated Care Pilot (ICP)
- ***Promoting awareness of dementia*** – awareness raising for the public and staff working with older adults will be conducted in partnership with the voluntary and community sector
- ***Reducing reliance on acute mental health beds*** – enhancement of intermediate care and rapid response services for older adults will be explored and consideration given to establishing an intensive home treatment service
- ***Developing the infrastructure for community based assessment, treatment and support*** through the implementation of agreed integrated care pathways.
- ***Maximising the contribution of the voluntary sector*** –including maximising the contribution of the sector to:
    - promote awareness of dementia;
    - provide training to staff working with people living with dementia;
    - provide information and advice to people living with dementia and their carers;
    - support carers;
    - provide day and leisure activities to people with dementia.
- ***Commissioning a dementia resource centre*** – including exploring the potential for an integrated and accessible community resource for the delivery of health and social care services to people living with dementia and their carers
- ***Specialist advice to residential and nursing home services*** - Agreeing a cost-effective way of supporting residential and nursing homes to prevent escalation of need and avoid admission to inpatient or more intensively nursed care
- ***Evaluating the psychiatric liaison service at The Hillingdon Hospital*** – ensuring the effectiveness of this service will provide an appropriate response to older people who have physical and mental health care crises by preventing (avoidable) hospital admission
- ***Improving support to carers to enable them to continue in their caring role*** – cost effective ways of supporting carers will be explored, including improving short break options and investigating the need for a night sitting service

- ***Care pathways for people with early onset dementia*** - services will be reviewed and care pathways developed to improve the experience of people with early onset dementia in accessing services
- ***Care pathways for people with a learning disability with dementia*** - services will be reviewed and care pathways developed to improve the experience of people with a learning disability with dementia.

Changes over the lifetime of the Plan

24. During the lifetime of the Plan, residents should expect to see:
- Improving access for the general population and for disadvantaged groups
- Improved dementia diagnosis rates
- Inequalities for BME communities and disadvantaged/vulnerable people being addressed
- Mental health and wellbeing in the population as a whole being promoted
- Improved access to crisis support
- Provision of assessment, treatment and support as close to people's homes as possible, ensuring that specialist bed based and community services are accessed only when this is the best option to support recovery
- A focus on recovery and personalised approaches to assessment, treatment and support
- Service users and carers given greater choice and control as well as easier access to information and advice
- Best use of available resources being made to achieve value for money outcomes for residents.

Measuring Progress

25. A national mental health outcomes 'dashboard' is being developed by the Department of Health (DH) that will enable progress in delivering improvements in the experience of people with mental health needs to be measured and reported. The draft dashboard measures are set out in **Appendix 2** and are linked to the Adults, NHS and Public Health Outcomes Frameworks. The DH is expected to publish the final dashboard by the end of Q3 and, subject to the outcome of the consultation process, it is intended that this will be adopted locally.

Financial Implications
26. There are no direct financial implications contained this report. Any future services commissioned in line with this Commissioning plan will be subject to the relevant authorisation process.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?
27. The current model of service delivery will change from one that reacts to a crisis, to one that prevents, postpones and minimises the need of residents with functional mental health problems and dementia for formal care and support. This will be achieved through the provision of high quality integrated services between health and social care and investment in the provision of preventative services.

Consultation Carried Out or Required
28. The Plan builds on work undertaken with key stakeholders – as part of the work to develop the plan and other work undertaken by commissioners and other staff in the Council and HCCG over the past 18 months including:

- The Mental Health Delivery Group (MHDG) - multi-agency mental health services group, including service users.
- LBH External Services Scrutiny Committee (ESSC) - Scrutiny Review of Services for People with Dementia 2012.
- Hillingdon CCG Board review of dementia and IAPT services in May 2012.
- Joint work – LBH and Hillingdon CCG to develop a dementia strategy 2011-12.
- LBH Older People's Commissioning Plan 2012.
- A joint LBH/Hillingdon CCG/CNWL - working group with other key partners on dementia services to complete a capacity planning and service modeling exercise
- NWL cluster mental health strategy discussed at the Hillingdon CCG Board in May 2012 (NHS)

29. If Cabinet approves the recommendations then a programme of consultation will be undertaken that will start the week beginning the 7th January and end on the 21st March 2013.

CORPORATE IMPLICATIONS

Corporate Finance

30. The total combined budget for services providing support to Adults of all ages with mental health problems provided by the Council, NHS Hillingdon and Hillingdon Clinical Commissioning Group is estimated to be in excess of £40m per annum. This report sets out a commissioning plan to improve outcomes through service redesign and reconfiguration, moving from institutional and bed based to community based services and ensuring a whole systems and integrated approach to providing support and intervention. This approach linked with the ongoing transformation of social care services and the development of the Supported Housing Programme are key to the delivery of significant savings for 2013/14 and future years within the Council's MTFF.

Legal

31. Section 221 of the Local Government & Public Involvement in Health Act 2007 requires the Council to consult with partner organisations and service users before adopting the Joint Mental Health Commissioning Plan.

32. Further, more detailed legal advice will be provided to Cabinet when it is asked to consider the outcome of this consultation exercise.

6. BACKGROUND PAPERS

NIL

Appendix 1

Definitions of Mental Disorders

Mental health problems have traditionally been divided into two main groups and these are:

a) **Organic disorders:** Identifiable brain malfunction.

b) **Functional disorders:** Disorders not caused by structural abnormalities of the brain:
   - **Neurosis:** severe forms of normal experience such a low mood, anxiety.
   - **Psychosis:** severe distortion of a person's perception of reality.

As terminology for mental health problems varies considerably, the following terms have been adopted for the purposes of the Joint Mental Health Commissioning Plan:

- **Common mental health problems:** e.g. anxiety, depression, phobias, obsessive compulsive and panic disorders.

- **Severe and enduring mental health problems:** e.g. psychotic disorders (including schizophrenia) and bipolar affective disorder (manic depression).

- **Personality disorder**: an enduring pattern of inner experience and behaviours that deviate markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment.

Draft Mental Health Dashboard: No health without mental health – a cross-government mental health outcomes strategy for people

Measures being considered for the first mental health dashboard

1. More people have better mental health	2. More people will recover	3. Better physical health
• Self-reported wellbeing (PHOF) • Rate of access to NHS mental health services per 100,000 population (MHMDS) • Number of detained patients (MHMDS) • Ethnicity of detained patients (MHMDS) • First-time entrants into youth justice system (PHOF) • School readiness (PHOF) • Emotional wellbeing of looked after children (PHOF, Placeholder) • Child development at 2–2.5 years (PHOF, Placeholder) • IAPT: access rate (IAPT Programme)	• Employment of people with mental illness (NHSOF) • People with mental illness or disability in settled accommodation (PHOF) • The proportion of people who use services who have control over their daily life (ASCOF) • IAPT recovery rate (IAPT Programme)	• Excess under-75 mortality rate in adults with severe mental illness (NHSOF & PHOF, Placeholder)
4. Positive experience of care and support	**5. Fewer people suffer avoidable harm**	**6. Fewer people experience stigma and discrimination**
• Patient experience of community mental health services (NHSOF) • Overall satisfaction of people who use services with their care and support (ASCOF) • The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) • Proportion of people feeling supported to manage their condition (NHSOF) • Indicator to be derived from a children's patient experience questionnaire (NHSOF, Placeholder)	• Safety incidents reported (NHSOF) • Safety incidents involving severe harm or death (NHSOF) • Hospital admissions as a result of self harm (PHOF) • Suicide (PHOF) • Absence without leave of detained patients (MHMDS)	• National Attitudes to Mental Health Survey (Time to Change) • Press cuttings and broadcast media analysis of stigma (Time to Change) • National Viewpoint Survey – discrimination experienced by people with mental health problems (Time to Change)

Key

ASCOF – Adult Social Care Outcomes Framework
IAPT – Improving Access to Psychological Therapies
MHMDS – Mental Health Minimum Dataset
NHSOF – NHS Outcomes Framework
PHOF – Public Health Outcomes Framework