

JOINT COMMISSIONING PLAN FOR ADULTS OF ALL AGES WITH MENTAL HEALTH PROBLEMS 2013-15 - OUTCOME OF CONSULTATION

Cabinet Member(s)	Councillor Philip Corthorne Councillor Scott Seaman-Digby
Cabinet Portfolio(s)	Social Services, Health and Housing Central Services
Officer Contact(s)	Tony Zamon, Adult Social Care Paul Feven, Finance
Papers with report	Joint Commissioning Plan

1. HEADLINE INFORMATION

Summary	<p>The Cabinet approved the Joint Commissioning Plan for Adults of All Ages with Mental Health Problems 2013-15 in December 2013 subject to public consultation. Since December, the consultation process has been completed. In addition, the Social Services, Health and Housing Policy Overview Committee (POC) review of adult mental health services has been completed.</p> <p>The Plan has now been revised to incorporate the feedback received, the recommendations of the POC review and an implementation plan.</p> <p>This report includes an overview of the consultation process and a summary of the outcome including the changes made to the draft Plan as a result of comments received.</p>
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, Housing & Public Health
Ward(s) affected	All

2. RECOMMENDATION

That Cabinet approves the Joint Commissioning Plan for Adults of All Ages with Mental Health Problems (2013-15), amended as a result of consultation.

Reasons for recommendation

Delivery of the Plan will improve mental health and wellbeing, customer experience of mental health services and outcomes from treatment and support.

Alternative options considered / risk management

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

Policy Overview Committee comments

The previous Social Services, Health & Housing Policy Overview Committee in 2012/13, recommended that the Council and CNWL should work in partnership through the Mental Health Partnership Board in order to ensure that there is access to excellent outreach services in the community for all service users and their carers. In particular, the following areas required attention from the partners:

- Identifying needs and early identification
- Information and support for users and carers
- Enabling people to make choices, balancing risks and community involvement
- Partnership working
- Staff training and development
- Learning from best practice
- Use of resources

The Plan has been revised to incorporate the recommendations and findings from the POC Review undertaken from September 2012 to January 2013.

3. INFORMATION

Background

1. In March 2012, Hillingdon Council and Hillingdon's Clinical Commissioning Group (CCG) jointly initiated a refresh of the 2008 plan for adults with mental health problems aged 18-64 years¹. It was agreed that the revised plan would include a focus on improving services for people with dementia.

2. In December 2012, Cabinet and the CCG approved the Joint Commissioning Plan for Adults of All Ages with Mental Health Problems 2013-15, subject to public consultation.

3. The Council and the CCG have since jointly undertaken a 12 week public consultation programme which commenced on 24 January 2013 in order to seek the views of service users, carers, service providers and the people living and/or working in Hillingdon.

¹A strategy for adult services for mental health and wellbeing, 2008-13, NHS Hillingdon and London Borough of Hillingdon, 2008

National Context

4. The new Plan will support the local delivery of the national direction for mental health services as described in No Health Without Mental Health². This acknowledges the importance of mental health and wellbeing for individuals, bringing together priorities for adults and older adults into a single document with 6 key outcomes specified for people of all ages with mental health problems:

- 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*

Mental Health Services in Hillingdon

5. The new Plan builds on the strengths and addresses the development areas for services for adults with functional mental health problems in Hillingdon:

Mental Health Service Provision for Adults: Strengths

- Some aspects of primary care of mental health problems are strong e.g. a higher percentage of patient on Coronary Heart Disease and diabetes registers have been screened for depression (89.5% compared to 88.5%)
- The balance of investment in community based support and services is relatively high compared to benchmark comparator groups
- The rate of readmission to inpatient services is low
- Hillingdon's use of secure and high dependency services is low as evidenced by low levels of expenditure.
- For its population need, Hillingdon has a larger mental health employment scheme caseload than the London average

Mental Health Service Provision for Adults: Areas for Development

- 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%)
- There are inequalities in the rate of admission to inpatient services in Hillingdon; the 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 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 has no community team for eating disorder or for people with forensic needs

² No health without mental health – a cross-government mental health outcomes strategy, DH, 2011

- There are gaps in the assessment, treatment and support available for people diagnosed with dementia and their carers. Crisis support has been identified as a significant gap.
- 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% of residents are discharged to nursing homes
- The waiting times for memory assessment and diagnosis is up to 6 months, which leads to delays in the provision of support and treatment.

The Vision for Hillingdon's Adult Mental Health Services

6. The new strategy for Hillingdon aims to promote recovery, mental health and wellbeing underpinned by an overarching vision:

People with mental health problems and their carers living in Hillingdon should benefit from opportunities for positive mental well-being which includes:

- **Involvement with community, friends and family**
- **Meaningful occupation, learning and leisure**
- **Good health care**
- **Good housing**
- **Financial security**
- **Access to all of the above for people with significant mental health problems as well as access to specialist services which provide for their individual needs and preferences**
- **Promoting recovery from the effect of mental health problems**

Services should support people with mental health problems to recover and ensure that both they and their carers:

- **Are supported to live a normal life as far as possible**
- **Are empowered to take control of their lives**
- **Are fully involved in the planning and delivery of services**
- **Are included in local communities and activities**
- **Are not stigmatised or discriminated against on any grounds**
- **Have easy access to up to date and accurate information**
- **Have options in the choices of high quality care and support available locally**
- **Have personalised care plans that are built around their needs and wishes**
- **Are supported with services that promote and enable recovery and wellbeing**

Priorities within Hillingdon's Plan

7. The revised Plan continues to build on the priorities identified in 2008:

- Support for carers
- Crisis support
- Support at home when unwell
- Access to psychological therapies
- Information about services and treatment

8. In addition, the new Plan targets a number of areas for improvement over the next 2 years:

- Promoting community based care - shifting the setting of care to community settings wherever possible, enabled by investment in primary care based mental health services
- Improving the infrastructure for support and information in the community
- Improved dementia assessment, treatment and support
- Addressing inequalities and tackling exclusion
- Improving the quality and effectiveness of services as well as the efficiency and value for money of services
- Improving the way in which care is delivered so that care is
 - Personalised
 - Targeted to address the issues of greatest concern to the individual
 - Focussed on recovery and outcomes
 - Effectively co-ordinated and seamless
- Improve the times for memory assessment through reconfiguration of inpatient services and investment in a Memory Assessment Service.

Key actions within Hillingdon's Plan

9. The actions proposed to improve mental health services for **adults with functional illness** are:

- Ensuring early intervention and promoting mental health and wellbeing in all communities
- Establishing a joint approach and improving mental health services assessment, treatment and support in primary care
- A greater focus on recovery
- Developing alternatives to residential care
- Reducing incidents of suicide
- Developing and implementing clear customer pathways for integrated care
- Improving support to carers, including during crises
- Providing interventions that address the needs of people who required specialised assessment, treatment and support
- Maximising the contribution of voluntary/community services, service users and carers

10. The actions proposed to improve services for **older adults with functional mental health problems and/or dementia** are:

- Supporting people in their own homes for as long as possible
- Promoting awareness of dementia and increasing the rate of diagnosis
- Improving the co-ordination of care through improved assessment and multi-disciplinary working in primary care
- Reducing reliance on acute mental health beds
- Commissioning a dementia resource centre
- Developing the infrastructure for community based assessment, treatment and support
- Maximising the contribution of the voluntary sector
- Providing specialist advice to residential and nursing home services
- Improving support to carers to enable them to continue in their caring role
- Developing care pathways for people with early onset dementia as well as people with a learning disability and dementia

What success will look like:

11. As a result of the successful delivery of the Plan, Hillingdon's residents should expect to see:

- Improved mental health and wellbeing in the population as a whole
- Improved access, diagnosis and earlier intervention for both the general population and for disadvantaged groups with mental health problems
- A co-ordinated approach to assessment, treatment and support for both physical and mental health needs
- A shift from bed and secondary care based services to community and primary care based assessment, treatment and support, with this being delivered as close to people's homes as possible
- Improved access to specialist assessment, treatment and support for those who need it
- Greater choice and flexibility in the range of housing and options for personalised support
- A focus on supporting recovery and real outcomes for individuals
- Priority given to improving support to retain or secure employment
- Increased control and choice for service users and carers through the provision of more accessible information and advice and increased involvement in service development and delivery

Next steps

12. A joint Mental Health Transformation Group will be set up and implementation of the Plan will commence subject to CCG and Cabinet approval of the Plan. The Group will monitor achievement of the agreed outcomes.

Financial Implications

13. 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 AND COMMUNITIES

What will be the effect of the recommendation?

14. The Plan will give focus to the drive to improve quality, effectiveness and efficiency of services for adults of all ages with mental health problems in Hillingdon and deliver the key outcomes required from mental health services.

15. An Equality Impact Assessment has been completed and is available to members on request.

Consultation Carried Out or Required

16. The Council and Hillingdon CCG undertook joint consultation on the Plan from 24 January to 17 April 2013. The consultation consisted of:

- An online invitation to members of the public to submit comments on the strategy

- 2 public consultation events
- Discussions at regular forums including
 - Mental Health Service User and Carer Forum
 - Mental Health Carers group
 - Oak Tree Group (Local service user forum)
 - Re-Think carers group

17. During the consultation, there was engagement with statutory sector organisations (including Council Members and officers, Hillingdon CCG and CNWL), voluntary and independent sector organisations, service users and carers.

18. There was strong support for the strategy evidenced throughout the consultation process. The following areas were particularly commented upon as positive elements of the Plan:

- The overall strategic direction including the specific priorities for improvement
- The partnership approach between the Council and the NHS to the future development and delivery of services
- The proposed shift from a bed to a community/home treatment based service
- The recognition of the importance of improving the co-ordination of care
- The focus on improving recovery and outcomes
- The recognition of the need to address mental health inequalities
- The consultation process itself and the open and inclusive approach that had been adopted by the Council and the CCG

19. The Plan has now been revised in accordance with the feedback received as part of the consultation as well as the Policy Overview Committee review. The following are the key changes made as a result of consultation:

Overall change to the Plan	Detail
The addition of new priorities	<ul style="list-style-type: none"> • Recovery • Developing community and primary care based mental health services) • Improved diagnosis, assessment, treatment and support for people with dementia • Developing the network of support in the community e.g. through the development of community groups, the voluntary sector and initiatives such as peer support, advocacy and befriending services
The development of an implementation plan for year 1 of the plan (2013-14)	<ul style="list-style-type: none"> • To ensure the best use of resources. • To improve the mental health and wellbeing of the population of Hillingdon.

with 5 key strategic priorities:	<ul style="list-style-type: none"> • To improve support to carers enabling them to continue in their caring role and to enjoy quality of life for themselves. • To provide care closer to home by increasing access to community based assessment, treatment and support. • To improve access to evidence based assessment, treatment and support for people with dementia and their carers.
Changes to the vision statement to:	<ul style="list-style-type: none"> • Include carers in order to acknowledge their contribution and the need to provide effective support, information and advice. • Emphasise the focus on promoting recovery. • Emphasise the intention to empower service users and carers. • Emphasise the need to focus on promoting high quality care and support.

20. In addition, the following areas already contained within the Plan have been strengthened as a result of consultation feedback:

- a) Ensuring that service users and carers continue to be fully informed, involved and engaged in service delivery and development by developing a vibrant, empowered user/carer movement.
- b) Providing effective leadership and adopting a partnership approach to service improvement and delivery.
- c) Prioritising mental health promotion and prevention, in particular challenging and tackling stigma.
- d) Promoting recovery.
- e) Emphasising the intention to provide assessment, treatment in the home as far as possible.
- f) Supporting staff to develop new ways of working and achieve the significant cultural shift needed to achieve the required improvement in outcomes for service users and carers.
- g) Prioritising the provision of support to enable people to gain or retain employment.
- h) Improving access to services and providing robust and accessible information, advice and support for service users and carers (including review of the Council's website and directory of services).
- i) Ensuring more timely access to housing by ensuring closer working between mental health services and the Council's housing teams.
- j) Ensuring the development of a life course approach, ensuring a seamless transition from child and adolescent to adult mental health services, ensuring that the needs of children

and adolescents whose parents are diagnosed with mental health problems are addressed and that support is offered to young carers.

- k) Ensuring that people are properly supported as they leave services and know how to re-access support if necessary.
- l) Prioritising staff training and development for staff, including ensuring that those who are in the front line working with the wider population have mental health first aid training.
- m) Consideration of the potential for greater independence offered by the use of assistive technologies.
- n) Developing a single point of access to services for people with dementia and their carers.
- o) Focussing on the quality of services.

21.. The timescale for implementation of the Plan has been extended from 2 to 3 years in order to give sufficient time to work with key partners to achieve the significant changes in service models and culture. This extension also aligns the actions to the timescales in the Hillingdon CCG recovery plan and the Council's strategic plans for social care.

5. CORPORATE IMPLICATIONS

Corporate Finance

22. 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 for people with mental health problems of all ages. This commissioning plan, linked with the ongoing transformation of Social Care services and the development of the Supported Housing Programme, is key to the delivery of significant savings for 2013/14 and future years within the Council's MTF.

Legal

23. This report seeks Cabinet's approval of the Joint Commissioning Plan following a period of public consultation. The Commissioning Plan sets out how the Council will commission service for clients with mental health problems and legal advice is always available to ensure that the Council meets its statutory obligations to clients with a mental health problem.

24. The Borough Solicitor confirms that there are no legal impediments to Cabinet approving this Commissioning Plan.

6. BACKGROUND PAPERS

NIL