Joint Commissioning Strategy for Mental Health

Executive Summary

Purpose of the Joint Commissioning Strategy

- To set out the plans for the development of health and social care services over the next 3 years
- The partners are Leicester City Council for social care and NHS Leicester City for health services
- The plans are in line with One Leicester and One Healthy Leicester

The Plan sets out:

- The vision and aims for future services
- The Policy framework we have to work within
- What our local needs are
- What people want
- What services are currently provided and how they need to change
- What services cost and the financial context
- The performance & quality of our services
- The commissioning priorities and implementation plan

Charter for Mental Health In Leicester, Leicestershire and Rutland

Every person in Leicester, Leicestershire and Rutland has the right to mental health services that:

- Make a positive difference to each person they serve.
- Stop doing things that are not working.
- Are guided by the individual's views about what they need and what helps them.
- Treat everyone as a capable citizen who can make choices and take control of their own life.
- Work with respect, dignity and compassion.
- Recognise that mental health services are only part of a person's recovery.
- Recognise, respect and support the role of carers, family and friends.
- Communicate with each person in the way that is right for them.
- Understand that each person has a unique culture, life experiences and values.
- Give people the information they need to make their own decisions and choices.
- Support their workers to do their jobs well.
- Challenge "us and them" attitudes both within mental health services and in the wider society.

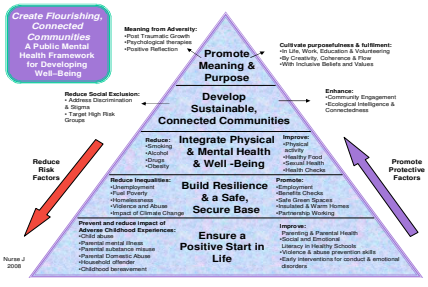
Vision & Aims

Improving the wellbeing of the people of Leicester by strengthening resilience, reducing health and social barriers to good mental health and wellbeing and improving the communities within which we live.

AIMS:

- Promote good mental health and well-being,
- Improve services for people who have mental health problems.
- Help people to look after their mental health and prevent them from becoming ill.
- Tackle the stigma that's associated with mental ill health by focussing on whole population mental health.
- Recognise that mental health and well-being is everybody's business
- Work in partnership with service users and their carers throughout the commissioning process.
- Commission services of a high quality that will meet the needs of the service users.
- Ensure Mental Health services are closely integrated with general health services
- Develop services closer to home, where ever possible.
- Develop well planned care which will aim to support people in achieving recovery.
- Implement personalised care plans for people assessed as needing services.

The Framework



Policy Framework

- New Horizons - Towards a shared vision for mental health (2009). Currently archived –the government is intending to issue a new policy on the future development of mental health services
- NHS White Paper (Equity & Excellence)
- Putting People First
- High Quality Care For All
- Caring for Carers – the national strategy
- Autism Act & Strategy

All focus on increasing choice and control and supporting people to live in the community, supported by modern, flexible, high quality services, with people using personal budgets to decide on how best to meet their needs

Consultation with people who use our services

- The plan is based on what people (who use services and their carers) have told us they want from services
- Consultation with service users and family carers August & September 2010 including:
  - On line survey
  - Focus groups across the city including South Asian community, Bengali women's group and the Somalian community

People told us that the big priorities for them are (1):

Mental Wellbeing

- Over 96% of the respondents considered their mental wellbeing to be very important. The following were **very important** to their wellbeing:
  - Physical Health – 86%
  - Housing – 86%
  - Financial Position – 76%
  - Local Environment – 73%
  - Employment – 59%
- Just over 68% felt it was important to be able to choose the services or packages of support that would help maintain their mental wellbeing if they were given the money to do so.

People told us that the big priorities for them are (2):

Access to mental health services

- Over 86% of the respondents felt that access to mental health support was important. When asked what type/s of services/support people accessed when they or a family member/friend needed support; we received the following responses:
  - GP – 70%
  - Family members – 54%
  - Psychiatrists – 41%
  - Friends – 40%
  - Counselling Services – 28%
- Less than half - 42% - wanted hospital based services.

People told us that the big priorities for them are (3):

- Over 83% of the respondents felt it was very important to have mental health services that are local i.e. within 3-5 miles of where they live.
- Over 89% said that services need to be easily accessible i.e. convenient opening hours, parking, meets their specific cultural and religious requirements, good disability access and public transport links.
- People said the following types of support were important:
  - Group Support – 64%
  - Drop-in services – 56%
  - 1:1 Support – 49%
  - Community based services – 49%
  - Peer Groups – 39%
  - Support into Education and Training – 24%

Local Needs

- Mental ill health both nationally and locally looks likely to increase

•The table below shows the estimated prevalence of common mental health problems in Leicester City

	Rates per /1000 *	Estimated cases p.a.
All phobias	1758	3553
Depressive episode	2864	5788
Generalised anxiety disorder	4609	9313
Mixed anxiety depression	9449	19093
Obsessive compulsive disorder	1000	2020
Panic disorder	582	1175
Any neurotic disorder	17820.	36009

How good are our services

- The Audit Commission identified that there are some data quality issues in some of the datasets and raised some questions about service delivery across the city and the county
- Leicester has placed too many people in residential care - more than other areas
- Spend more on secondary care and less on primary care than other similar areas
- Leicester is poor at supporting people to live independently through social services including moving onto employment

What we spend on services

- NHS Leicester City spent a total of £45 million on adult mental health services in 09/10
- Leicester City Council spent a total of £9.7m in 09/10.
- Leicester City Council spends more than other similar councils on adult social care services, and spends a lot more on residential care – 55% of the total budget compared to 30% in other areas
- Spending on social care increased by 22% over the past 5 years

Who provides services

- Most residential services are provided by the independent sector
- Day services are mostly provided by the voluntary sector with a small council Social Inclusion Team
- There aren't enough providers to deliver support to people in their own homes (supported living)
- Specialist health services for mental health are provided by a big NHS provider (LPT)
- We tend not to take risks and sometimes provide people with more support than they need

The future model for services

Based on

- Recovery model
- early intervention and prevention
  - Promoting health & well being
  - Maximising independence
  - Delaying or reversing deterioration
  - Reducing risk of crisis or harm
  - Providing care and support closer to home
- Care Pathways to improve team working, better clinical processes and improve user experience through less duplication and better continuity of care
- Stepped Care Approach

Future Model: Personalisation

- Better access to universal public services and direct access to preventative services
- Enablement or reablement to help people stay as independent as possible
- Personal budgets for people who meet Fair Access to Care criteria
- Based on assumption that barriers to inclusion come down and care packages ensure universal provision is maximised

Future model – services need to move from:

- High cost residential care **to** a mix of intensive support and some specialist placements, improved health outreach
- Low cost residential care **to** supported living, sheltered schemes, floating support
- Home care **to** reablement and enablement
- Day care **to** enablement, universal services, social inclusion and supported employment
- Specialist health services **to** primary care and improved community health services

Commissioning Priorities

- **Prevention & Early Intervention**
- Improving access to psychological therapies (this includes specialist CBT, Personality Disorder and Psychodynamic Therapy) steps 1-5 including early intervention with people who have long-term health conditions (diabetes/COPD).
- Supported Living – supporting people with mental health conditions to move from residential homes into independent housing and maintaining people to continue to live in their own home with support
- Strengthening crisis intervention within health and social care in order to prevent people from requiring admission to hospital and maintain and support them safely within the community
- **Transforming Social Care**
- Personalisation – providing individuals with greater choice and control over the support/services they need
- Personalised Budgets
- **Supporting the Mental Health of Older People**
- Dementia

Commissioning Actions 1

- Improving access to **psychological therapies**
- Strengthen partnership
- Roll out IAPT
- Change contract
- Evaluate service
- Implement business case for psychological therapies
- Bring level 4 & 5 into stepped care model

Commissioning Actions 2

- Redesign **crisis intervention**
  - Identify barriers
  - Identify model of best practice
  - Develop a care pathway that integrates health and social care to meet all needs
  - Develop new service spec
  - Assess market capacity
- The development of an **enablement service** for all new service users referred to MH services
  - Develop model
  - Develop service spec

Commissioning Actions 3

- **Remodel Residential Care** based on an enablement approach
  - Develop new Pathway for entering res care
  - Develop new Pathway for leaving res care
  - Develop new Service Spec and revise & reissue contracts and bandings
  - Develop strategy for managing residential market to mitigate impact of inwards migration to fill released capacity
  - Engage providers and retrain res care staff

Commissioning Actions 4

- Develop more **supported living** options and move on existing residents
  - Moving On
  - Develop pathway for accessing housing options
  - Develop model and specifications
  - Develop new contractual processes to replace block contract approach
  - Commission floating support services
- Refresh and develop plan for next phase of remodelling in-house **Social Inclusion Team** to continue development of flexible 24/7 services, supported employment and better market mix

Financial Implications

- Within a financial climate of severe cuts to public spending, the plan requires:
  - Investment into enablement services
  - Investment to support people to move on from residential care
  - Reducing spend on residential placements with investment into wider range of community support services
  - Achieving a better balance of services that enables people to access universal and lower cost services first
  - Better market mix and more robust & resilient voluntary sector
  - better support during crisis to prevent un-necessary hospital admission