

A joint commissioning
strategy for
Adult Mental Health Services
in Buckinghamshire
2008 – 2011



Summary Version

Developed in partnership by:

Buckinghamshire Primary
Care Trust

Buckinghamshire County Council

Buckinghamshire 
Primary Care Trust



Summary Version of the joint commissioning strategy for **Adult Mental Health Services** in Buckinghamshire: **2008 – 2011**

Introduction

This document summarises the joint commissioning and decommissioning intentions in relation to adult mental health for the period 2008-2011 for ‘working age’ adults in Buckinghamshire. It is an evidence and outcome based approach that draws heavily on the ten high impact changes that have been identified nationally by the Care Services Improvement Partnership. The strategy prioritises better prevention, more choice and voice, reducing inequalities and social exclusion, greater community support and helping people to realise their full potential.



This is the second three-year integrated adult mental health strategy for Buckinghamshire. Joint working is supported by the formal lead commissioning and pooled budget arrangements that have been agreed between the Primary Care Trust and the County Council. The strategy covers promotion and prevention, primary care and specialist mental health care (ie secondary health care and social care). It does not address tertiary services in detail since these are the responsibility of the Locality Specialised Commissioning Group led by South Central Strategic Health Authority.

Over the lifetime of the previous strategy, and guided by the requirements of the National Service Framework for Mental Health, service modernisation in Buckinghamshire has included the development of primary care mental health teams, new crisis resolution and home treatment services, reconfigured acute day hospital services, assertive outreach services, support into employment, more intensive support to people in their own homes and support to young offenders in prison. The current strategy builds on that track record, supports the full implementation of priorities already agreed and identifies new areas for development.

Before looking in detail at the six major strategic changes that are featured in the strategy, it is important to understand the current context. So, the first section of this summary document describes briefly the current policy framework, the financial and demographic background and the case for change. Anyone wishing for a deeper understanding, including the comprehensive mapping of services, should consult the full strategy on the Bucks County Council website www.buckscc.gov.uk - click on Social care, Adults, Commissioning strategies.



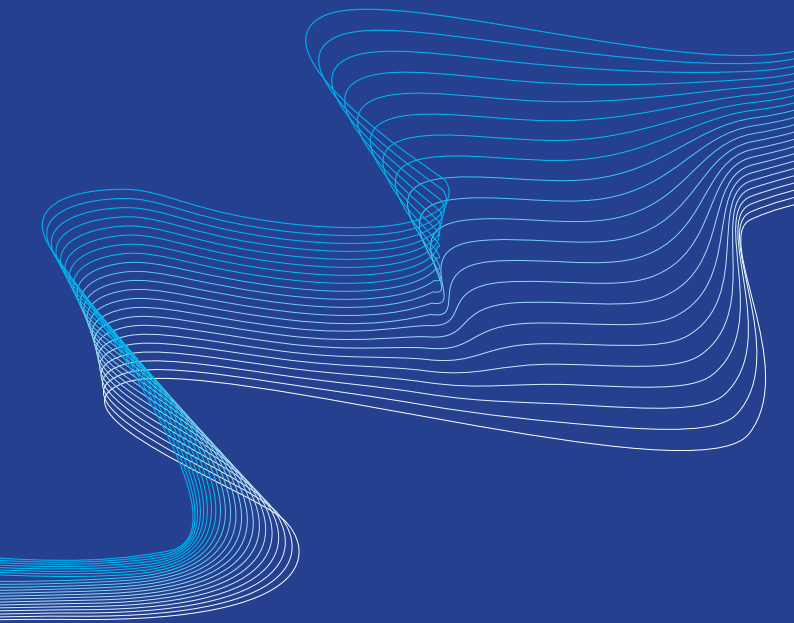
The context

Local and national policies

Demographic challenges

Financial challenges

The case for change



Local and national policies

Adult mental health services in Buckinghamshire have changed and improved in recent years with an emphasis on reducing inpatient care, new community teams, specialist mental health workers in primary care and social care services that promote recovery, social inclusion and self-determination. These developments have been given further impetus by the new strategic framework for Adult Social Care in the county, 'because Every Adult Matters' (bEAM). Under bEAM, services will be commissioned for the whole community that promote:

- **Timely access to services for those people who are eligible.**
- **The minimum intervention necessary.**
- **The safeguarding of vulnerable people.**
- **Independence and control.**
- **Well-being.**

These changes reflect national policy. In December 2004, the Department of Health published 'The National Service Framework for Mental Health – Five Years On'. This reported on progress to date and highlighted priorities for the final five years of the original ten-year plan. These were social inclusion, care of long term conditions, dual diagnosis and improved access to services in the primary care setting, all of which have been built into the present strategy.

Other influential national drivers include the 'Choosing Health' White Paper (Department of Health, 2004) which stressed the key role of mental health promotion; the 'Our Health, Our Care, Our Say' White Paper (Department

of Health, 2006) which emphasised care closer to people's homes; 'A New Deal for Welfare – Empowering People to Work' (Department of Work and Pensions, 2006) which aimed to help people on incapacity benefit into paid employment and 'Transforming Social Care' (Department of Health, 2008) which promoted a more personalised approach to adult social care.

Demographic challenges

Mental health problems are widespread and can affect anyone. One in six of the population has a common mental health problem at any one time and the World Health Organisation predicts that depression will be the leading cause of disability internationally by 2020. Applying national models to Buckinghamshire, we learn that a mild to moderate mental health difficulty would have affected 54,000 adults in 2006. In addition, around 1,200 psychotic disorders and roughly 12,000 personality disorders would be expected. These numbers will grow as the county's population grows in the next two decades.

Financial challenges

A detailed supply mapping of adult mental health services is conducted annually by the Buckinghamshire Local Implementation Team. This is then used to calculate the weighted total investment per head compared with the Strategic Health Authority, a cluster of comparable authorities and the country as a whole. This shows that the investment locally is above average. The analysis further shows that investment needs to be realigned from indirect to direct costs over the lifetime of this strategy.

In Buckinghamshire the PCT is operating within tight financial controls to ensure our services are affordable within the national allocation. Adult Social Care, on the other hand, operates within the context of a medium term financial strategy that seeks to deliver a low council tax increase with high quality services.

As a result, each of the service areas has been asked to modernise services to achieve efficiency savings and manage pressures within budget.

The case for change

In 2007, as a result of workshops and consultation, Buckinghamshire developed the Six Big Ideas that are described below. We recognise that service users are ‘experts by experience’ and that their perspectives are not only essential to planning their own care and support but also they are required in all aspects of mental health service planning, development, delivery and evaluation.

This strategy embeds these principles of partnership and identifies a number of mechanisms for their delivery, including their influence on the work of the Mental Health Partnership Board.

As well as meeting local needs, this strategy responds to the national policy drivers that were outlined above. As a result, there will be a greater emphasis on choice and control, physical well-being, primary mental health care, community support, social inclusion and reduced reliance on institutional care. We now move on to describe these major changes in a little more detail, together with the reasons behind each of them.

Six Major Strategic Changes

Choice and Control

**Working Together to Improve
Mental and Physical Well Being**

**Increasing the range of
services in primary care for
people with a mild or moderate
mental health difficulty**

**Increasing the numbers of
people in supported living
services and reducing the
numbers in residential care**

**Increasing the range of socially
inclusive day time opportunities**

**To enable more people who
are acutely unwell to stay in
their own homes rather than
being admitted to hospital**

Making it Happen

Choice and Control

Individual budgets are central to future social care provision. They will allow people to use the available public resources to choose their own support – a right previously only available to self-funders. They are also seen as an essential element in addressing increasing cost pressures that result from demographic changes and the increasing expectations of users and carers. As a result, the social care function will change to deliver a greater focus on enablement, advice and information giving.

During 2008, Buckinghamshire will develop its high level vision for individualised budgets, leading to a detailed implementation plan for the radical changes that are involved. This will cover areas such as communication with stakeholders, brokerage models, advocacy, costing models, governance structures and safeguarding arrangements. The Social Care Transformation Grant will be used to support this programme of change.

Working Together to Improve Mental and Physical Well Being

People with a mental illness are significantly more likely to experience physical health problems than other citizens. For example, people with schizophrenia are twice as likely to have diabetes as the general population and those living in mental health settings are almost three times as likely to smoke. Too often, physical health problems are ignored by the health service and attributed to mental health problems. This strategy addresses these shortcomings in various ways, including:

- **The targeting of the work of six well-being practitioners in the most deprived wards in Buckinghamshire.**
- **More integrated working between specialist mental health services and primary care, using well-being assessments and promoting health screening.**
- **Targeted public health programmes, including smoking cessation and exercise on prescription for people with mental illness.**
- **Routine physical health checks routinely undertaken on inpatient wards and training and awareness programmes for residential care and supported living providers.**

Increasing the range of services in primary care for people with a mild or moderate mental health difficulty

In 2006, 54,000 adults had a mild to moderate mental health difficulty that could be met within primary care. Yet around only 3% of the adult mental health budget is currently spent on dedicated primary care based mental health services. In addition, Buckinghamshire is not currently meeting the requirements of the National Institute for Health and Clinical Excellence (NICE) with respect to Cognitive Behavioural Therapy (CBT) and there is uneven access to counselling services across the county's GP surgeries. A greater emphasis on primary care mental health services is therefore required.

Over the period of this strategy, more short-term psychological interventions will be provided, including brief talking therapies, and practice based counselling services will be reviewed. Alongside these changes, a business case will be developed concerning the delivery of the NICE requirements referred to above. Progress will also be made in promoting the early detection of mental illness, targeting excluded groups such as ethnic minority communities, strengthening the integrated care pathways, promoting employment and increasing access to self-help materials.

Increasing the numbers of people in supported living services and reducing the numbers in residential care

Across client groups, adult social care is shifting investment away from residential care to supported living models of accommodation with support. This is particularly pressing in the current context since permanent admissions to residential and nursing care for those aged 18-64 are notably high and, with high numbers of out of county placements, the budgetary pressures are not sustainable. More important, the current arrangements are not consistent with the social inclusion and recovery based model to which Buckinghamshire is committed.

The shift will require increased numbers of supported living units and several initiatives are under way, including the delivery of Project Home Options 2008-2010 that will provide an additional 74 beds. It further requires a cultural shift (so that supported living is not seen as exclusively for those with low-level needs) and an increase of staff skills (so that home care workers and others are more confident and capable). Additional

elements of the strategy are to maximise welfare benefits and other income streams, to promote shared ownership and to secure greater contracting efficiency for all spot purchased placements.

Increasing the range of socially inclusive day time opportunities

The profile of current day opportunities is traditional, detached from communities and with limited throughput into paid employment. This needs to change in order to deliver the social inclusion and recovery model that was recommended in the 2004 Mental Health and Social Exclusion report. A successful day opportunities model will provide social contact, encourage existing and new social roles, promote social, leisure and vocational activities and will allow people with mental health problems to run their own services wherever possible.

The programme of change will start in 2008/09 with a review of all day services commissioned by Adult Social Care, with the support of the National Development Team. This will lead to a new model of provision that includes an employment strategy for people with mental health needs in partnership with the Department for Work and Pensions. The review will be implemented in the following year, as day service contracts are re-let and individual budgets are established. Note that this is about reconfiguring services rather than increasing overall expenditure.

To enable more people who are acutely unwell to stay in their own homes rather than being admitted to hospital

In 2006, high-level agreement was reached across Buckinghamshire to reduce the use of acute hospital beds for adults with mental illness. This requires the development of community based alternatives to admission, including crisis resolution and home treatment, acute day hospitals, and better liaison with emergency departments. It also requires a greater focus on reducing the average length of stay on acute adult mental health wards. This strategy sets out the measures that are now required to secure full implementation of that high-level commitment.

As well as the changes identified above, this objective requires a stronger therapeutic focus within acute wards and clearer integration with the wider health and social care system. It also implies further development of the social crisis team model and capacity. Finally, the strategy proposes the development of a single inpatient unit for adults with mental illness who require acute admission, although the resource implications of this change have still to be clarified.

Making it Happen

The strategic changes outlined above require local and national leadership and support, better commissioning and effective mechanisms to evaluate progress. Locally, leadership will come from the Mental Health Partnership Board which will be accountable to the Local Strategic Partnership through the Adult Commissioning Board.

With respect to improved commissioning, Buckinghamshire has now put in place integrated commissioning models across the major joint service areas. These will draw upon the Joint Strategic Needs Assessment that is currently being undertaken and will embed good practice (in line with the World Class Commissioning model) throughout the commissioning cycle. This includes effective and timely monitoring of progress, drawing heavily on the experiences of those who use our services and their carers.

Conclusions

In Buckinghamshire, our focus is on securing improved outcomes for individuals.

We have chosen the major changes outlined in this strategy because we believe that they will have a significant impact on the lives of users and carers. Our challenge now is to ensure that they are implemented effectively, in partnership with users and carers, so that adult mental health services are increasingly responsive to the needs and wishes of those who use them.

For more information phone 0845 3708090
and ask for:

Adult Social Care

Commissioning & Service Improvement
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You can also access the full version of the
Commissioning Strategies by visiting our
website at www.buckscc.gov.uk - click on
Social care, Adults, Commissioning strategies.