

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Social Care
Date:	23 July 2010
Title:	Joint Mental Health Commissioning Strategy
Reference:	1332
Report From:	Neil Dhruv

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1. Executive Summary

- 1.1. The purpose of this paper is to seek approval to formally consult on the draft Joint Mental Health Commissioning Strategy 2011 - 2016.
- 1.2. This paper seeks to set out the direction for the development of Adult Mental Health Services and indicate the significant changes.
- 1.3. The strategy will be delivered within available resources.
- 1.4. The Strategy will place the social care agenda alongside clinical care at the centre of Mental Health provision and consequently should improve the performance on national indicators.
- 1.5. Following consultation we expect the Strategy to be approved by both Hampshire County Council and NHS Hampshire, implementation can then occur as of the 1 April 2011.

2. Contextual information

- 2.1. The Joint Mental Health Commissioning Strategy has been led by NHS Hampshire and Hampshire County Council. It will take forward the government's commitment to address mental health issues as set out in New Horizons, which develops national strategy from the National Service Framework to placing it in the broader context of wellbeing. Clinical excellence will continue to be a priority whilst integrating the Hampshire Model into the mental health services. The implementation takes account of the economic climate that will prevail over the five year period. Whilst this means that it does not require any additional investment, this does *not* equate to minimal change. Challenging developments are identified in this strategy requiring localised innovation and leaders, who can strategically cooperate to achieve transformation and cost efficiencies.

- 2.2. The strategy incorporates the Hampshire piloting of the Welfare Pathway and Super Garrison initiatives. These government initiatives aim to improve the welfare support to the families of the armed forces serving personnel and to the veterans, including reservists returning from active duty. This is likely to involve pressures on providers as well as funding for important new aspects of support such as extending the court diversion schemes to include forces veterans. These two are difficult to estimate at this stage and as with the other strategy pressures may require all or part funding from other budgets. Welfare pathway and Super Garrison costs pressures will become clearer over the years as the initiatives become more effective and as the health and welfare implications of the conflict become more apparent. There may also be additional pressures as bases are closed in Germany and forces personnel and their families are transferred to Britain.
- 2.3. The indications are that the Coalition Government will be committed to personalisation, tackling stigma, strong partnerships including joint or integrated working between health and social care, and tangible priorities from the New Horizons agenda. This strategy will reflect these themes and encompass any objectives or targets that may be set from the refreshed New Horizons that we can expect to see in the next few weeks.

Consultations

Consultation has been central to the development of the strategy and it reflects the views of stakeholders. Consultation and stakeholder involvement has occurred, or will occur, as follows:

- 2.4. The Strategy Board is made up of the major stakeholders including representation from the two statutory provider trusts including clinical representation, the third sector, service users and carers;
- 2.5. The Local Implementation Teams (LITs) are an important part in the development of the strategy;
- 2.6. An engagement event involving over a hundred people from across Hampshire took place in October 2009. Using a 'World Café' <http://theworldcafe.com> format which enabled everyone to have several rounds of conversations with different people, it gave us the key elements that people valued and wanted to retain and those they wanted to be different in the coming years;
- 2.7. The consultation with General Practitioners (GPs) has occurred through the Wessex Local Medical Council distributing information and will be formalised actively through the Area Professional Advisory Committee (APACs);
- 2.8. A website <http://www3.hants.gov.uk/adult-services/aboutas/consultation-involvement/consultation-outcomes/joint-mental-health-consultation.htm> is in place and people are able to make comments and suggestions through a dedicated email address AdultMentalHealth.Strategy@hants.gov.uk. The website provides a schedule of the key events as well as feedback on the public consultations. The website can also be accessed through Care Choice <http://www3hants.gov.uk/carechoice.htm>;

- 2.9. A specific meeting with representatives from the Health and Overview Scrutiny Committee (HOSC) and the Safe and Healthy People Select Committee is planned, and it will also be presented to the Health and Wellbeing Board;
- 2.10. Further events are planned as part of the consultation process – these will include a specific service user event to explore monitoring issues, a County wide event to update the ‘world café’ event (see 2.6) and locally focussed consultations through the Local Implementation Teams (LITs);
- 2.11. Staff involved in the commissioning of mental health services will be part of the consultation and staff from the provider agencies will be encouraged to be active participants in the consultation and development of the strategy;
- 2.12. A specific question will be included in the consultation questions on the proposal for commissioning services using the NHS Act 2006 (Section 75) to form an agreement to enable Hampshire County Council to be the lead party for procurement for contracts with the independent sector. The Section 75 legislation will enable an integrated approach from health and social care to the implementation of the strategy, provide opportunities for cost efficiencies and more effective contract monitoring.

Key Recommendations for consultation

The strategy has identified a wide range of inter-connecting issues that will take mental health care into the future. These include:

- 2.13. Maintaining the development of clinical excellence and health standards;
- 2.14. Developing clinical care to embrace psychological therapies, working with childhood abuse and the specific trauma issues suffered by forces veterans;
- 2.15. Changing practices, organisational cultures, and partnership approaches so that mental health operates within a wellbeing context. This will mean having clear links with health promotion and practices that encompass effective transitional arrangements, prevention, and a wellness perspective;
- 2.16. Personalisation developed through the Hampshire Model and a recovery perspective will ensure that employment and settled accommodation are both integral and vital elements of care and treatment at all stages of the care pathway;
- 2.17. Social inclusion and reducing stigma as threads operating at the levels of individual care planning and service provision;
- 2.18. Carer support, Think Family and safeguarding as integral to professional practice;
- 2.19. Leadership in a style and form that promotes this strategy by working in cooperation across agencies and with service users and carers. This will begin to develop co-production in provider agencies;
- 2.20. Commissioning in an integrated manner that involves partnerships with stakeholders, including as a vital element service users and carers. This continues to develop world class commissioning into a model that

incorporates co-production. The proposal is to use the NHS Act 2006 (Section 75) to put in place an arrangement for commissioning services with Hampshire County Council as the lead party for procurement for contracts with the independent sector. These contracts use the third sector as providers of services that include employment support, advocacy and day activities. Section 75 could also be used to create an integrated commissioning team and/or pooled budget arrangements. Consultation on the Joint Strategy will include consultation on these arrangements. However it is important to note that arrangements with the NHS will need to take into account Government proposals set out in the white paper Equity and excellence: Liberating the NHS, July 2010.

3. Finance

- 3.1. The strategy arises from a joint approach to commissioning. This approach will enable integrated working from commissioning through to provision thereby gaining the opportunity for better value for money. At this stage, however, it is not possible to quantify any cashable or non-cashable efficiencies that could be secured.
- 3.2. The strategy itself is not based on additional investment and will not involve project management costs as the implementation will be managed by the mental health commissioners, from both Hampshire Adult Services and NHS Hampshire.
- 3.3. The strategy will be explicit about achieving transformative change without additional investment and with the possibilities for creating cost efficiencies in a period of reduced funding for resources.
- 3.4. The strategy will require staff to work differently, this will mean that roles will change and that there will be changes in the professional composition within provider organisations. This developmental pressure will need to be absorbed within the contract cost. Any changes to working roles will be undertaken through a separate consultation process with regard to the statutory requirements.
- 3.5. Any projected cost pressure from the reviews of Continuing Care and Section 117 NHS residential placements that may involve increase costs for Hampshire County Council will be managed in partnership, between the two commissioning parties and the NHS provider trusts.
- 3.6. The strategy itself is largely concerned with changes in practice, organisational culture, achieving closer working relationships between providers and a co-production relationship with service users and carers. This will involve training costs and an investment in leadership to achieve the whole system working that will enable us to provide responsive and high quality care pathways in the current financial climate. The scale and timing of these costs are difficult to estimate at this stage.
- 3.7. Finally, the economic downturn in the economy with an increase in work pressures and greater number of redundancies has a direct impact on mental health creating depression and crisis in many families. How this will affect Hampshire is to be seen.

4. Legal Implications

- 4.1. Consideration is being given to building on the current Section 75 agreement with NHS Hampshire that covers a few contracts to extending this to cover the majority of mental health contracts, specifically excluding the contracts with statutory bodies. The current Section 75 agreement enables a pooled fund to operate, for the provision of residential support.
- 4.2. Separately to the above Section 75 proposals, initial consideration is underway to create an integrated commissioning team. This possibility is raised within the strategy, using Section 75 to achieve this. An options appraisal is being undertaken for discussion by both parties. If it is thought that this is the best way forward a report will be submitted for Hampshire County Council Executive Member Approval and approval by the Board of NHS Hampshire.
- 4.3. These uses of Section 75, as noted in 2.20 will need to take into account Government proposals set out in the white paper Equity and excellence: Liberating the NHS, July 2010.

5. Performance

- 5.1. Work is already taking place to have a single set of health and social care indicators and this will continue.
- 5.2. The strategy will not involve a change to the method by which we monitor our contracts with the third sector.
- 5.3. The strategy will involve developing the use of measurement tools such as the Recovery Star to quantify the experience of service users and the effectiveness of particular interventions and supports.
- 5.4. It will also require identifying outcomes measures to track the progress of the strategy.
- 5.5. The tools and systems will need to provide the commissioners, the providers and the LITs with the key information they require to steer their management ie. the tools/systems must service all of the parties.

6. Other key issues

- 6.1. We are considering whether the use of Section 75 to enable an integrated commissioning team would be beneficial – see legal issues above.

7. Future direction

- 7.1. The implementation plan will commence on 1 April 2011, following consultation and subject to the strategy being approved by both Hampshire County Council and NHS Hampshire.

8. Recommendation(s)

- 8.1. This report seeks permission to enter formal consultation with all stakeholders and the general public on its proposed direction for mental health services, which includes the possible use of Section 75 arrangements.
- 8.2. The report will also be submitted to the NHS Hampshire Board on 22 July 2010 to gain this approval.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions: n/a		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Direct links to specific legislation or Government Directives		
<u>Title</u>		<u>Date</u>
High quality care for all: NHS Next Stage Review final report		30 June 2008
The Hampshire Model - Getting Personal: a fair deal for care and support'		December 2008
New Horizons: towards a shared vision for mental health		7 December 2009

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1. An Equalities Impact Assessment will be part of the strategy documentation.
- 1.2. Mental Health benefits from the Community Development Officer (CDO) service originally set up as a Delivering Race Equality (DRE) requirement. The strategy recognises that developments in supporting and involving marginalised communities or groups that suffer discrimination require, a commitment from commissioners and service providers working with the expertise from the CDO service. Representatives from this service are involved in all aspects of constructing the strategy and are part of the Strategy Board. The CDO team's work plan and objectives are being developed in tandem with this strategy.

2. Impact on Crime and Disorder:

- 2.1. The strategy incorporates Criminal Justice initiatives that help to ensure safer communities and more appropriate responses to anti-social or destructive behaviours.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?