

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Safe and Healthy People Select Committee
<b>Date:</b>	18 September 2013
<b>Title:</b>	Mental Health Joint Commissioning Strategy
<b>Reference:</b>	5190
<b>Report From:</b>	Director of Adult Services

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#### 1. Purpose of Report

- 1.1. The purpose of this paper is to provide an update to the Safe and Healthy People Select Committee on the implementation of the Hampshire Joint Adult Mental Health Commissioning Strategy 2012 - 2017.
- 1.2. This paper supports the presentation that will be available at the meeting

#### 2. Contextual Information

- 2.1. The Joint Mental Health Commissioning Strategy has taken forward the commitment to address mental health issues as set out in 'No health without mental health', placing clinical care and support in the broader context of wellbeing. Clinical excellence continues to be a priority whilst integrating the recovery approach and personalisation into the mental health services. Developments have required localised innovation and leaders, who can strategically cooperate to achieve transformation and cost efficiencies.
- 2.2. The Strategy incorporates Hampshire's piloting of the Welfare Pathway and its Armed Forces Covenant initiatives. These government initiatives aim to improve the welfare support to the families of armed forces serving personnel and to veterans, including reservists returning from active duty. This may 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 are difficult to estimate at this stage and as with the other strategy pressures may require all or part funding from other budgets. Veteran support cost pressures will become clearer over the years as the initiatives become more effective and as the health and welfare implications of the conflicts 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. The approach currently being developed is

planning to develop the care pathways to mainstream services, it is not based on developing new services.

- 2.3. The national policy continues to promote personalisation, providing psychological therapies, tackling stigma, strong partnerships including joint or integrated working between health and social care, early intervention, health promotion, all with tangible outcomes. Our Strategy reflects these themes as well as encompassing the views from service users and carers. It is centrally concerned with effective care pathways and builds its direction on the coalition government's principles of: freedom, fairness and responsibility.
- 2.4. An important aspect of the Strategy will be the creation of Mental Health Wellbeing Centres. This provides a different model for the community support provided by the independent sector and will enable greater innovation from this sector and much stronger service user involvement through co-production and peer support.

### **3. Key Aspects of the Strategy**

3.1 The Strategy identified a wide range of inter-connecting issues that will take mental health care into the future. Whilst maintaining the development of clinical excellence and health standards, the Strategy identified examples of significant changes that will need to happen over the five year period. These include:

- Ageless services that provide effective support for a person in their own home environment wherever possible;
- Developing clinical care to embrace psychological therapies, working with the effects of childhood abuse and the specific trauma issues suffered by forces veterans;
- Changing practices, organisational cultures and partnership approaches so that mental health operates within a wellbeing context. This means having clear links with health promotion and practices that encompass effective transition arrangements, prevention, and a wellness perspective;
- Personalisation 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;
- Social inclusion and reducing stigma as threads operating at the levels of individual care planning and service provision;
- Carer support, a whole family perspective and safeguarding as integral to professional practice;
- Leadership in a style and form, by working collaboratively across agencies and with service users and carers. This has begun to develop co-production in provider agencies;
- Commissioning in an integrated manner that involves partnerships with stakeholders including, as a vital element, service users and carers.

- A model for monitoring and directing the implementation of the strategy is being created based on the former LITs via Wellbeing Networks (WiNs) for each Clinical Commissioning Group (CCG) area and involve commissioners and the key stakeholders.

#### **4. Finance**

- 4.1. The Strategy arose from the joint approach to commissioning. This approach has enabled integrated working from commissioning through to provision, thereby gaining the opportunity for better value for money. It is too early to quantify any cashable or non-cashable efficiencies that could be secured but it has helped to secure the current financial efficiency targets.
- 4.2. The Strategy itself was 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 (and in future from CCGs).
- 4.3. The strategy was explicit about achieving transformative change without additional investment.
- 4.4. The strategy required staff to work differently, this means that roles are expected to change and that there will be changes in the professional composition within provider organisations. This developmental pressure needs to be absorbed within the contract cost. Any changes to working roles would be undertaken through a separate consultation process with regard to the statutory requirements.
- 4.5. It was intended that any projected cost pressure from the reviews of NHS Continuing Care and Section 117 NHS residential placements could involve increased costs for Hampshire County Council would be managed in partnership, between the commissioning parties and the NHS provider trusts.
- 4.6. The Strategy itself was 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 involved training costs and an investment in leadership to achieve the whole system approach that will enable us to provide responsive and high quality care pathways in the current financial climate. Costs were difficult to estimate at the outset and are being planned into the transformative change programmes developed by the providers.
- 4.7. Finally, welfare reform, the downturn in the economy, increase in work pressures and greater number of redundancies has potential to directly impact on mental health creating depression and crisis in many families. Quantifying this effect in Hampshire is an on going activity.

#### **5. Legal Implications**

- 5.1. The consultation on the Strategy included consideration on the use of Section 75 agreements for developing integrated commissioning. At the time the

change in the commissioning landscape as CCGs developed has meant this was not part of the Strategy. However, with recent policy announcement, the development of joint health and social care commissioning will be an important component of future implementation.

## 6. Performance

- 6.1. There are now national outcome frameworks for health, social care and public health.
- 6.2. Our mental health provider contracts incorporate a single set of health and social care outcome indicators.
- 6.3. The Strategy has not involved a change to the method by which we monitor our contracts with the third sector.
- 6.4. The Strategy promotes 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.
- 6.5. Commissioners, the providers and the WiNs will continue to need tools and systems to provide the key information they require to steer their management i.e. the tools/systems must service all of the parties.

## 7. Future Direction

- 7.1. The Strategy and an implementation plan commenced on 1 April 2012.
- 7.2. The following key achievements have been identified to date:
  - WINS set up with new clinical leadership in all CCGs
  - Well Being Centres, IAPT, Advocacy and Appropriate Adult services commissioned and services are in place
  - Social care and health outcomes included contract specifications being monitored jointly for health care providers
  - Refreshed s75 agreements supporting integration are in place with providers
  - CQUIN for psychiatric liaison in Emergency Care
  - Recovery College set up in Southern Health NHS Foundation Trust
  - Veterans issues continue to be linked through this work

## 8. Recommendation

- 8.1 The Committee is asked to note the update for the Hampshire Joint Mental Health Commissioning Strategy 2012- 2017.

### CORPORATE OR LEGAL INFORMATION:

#### Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
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<b>Hampshire safer and more secure for all:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	yes
Corporate Improvement plan link number (if appropriate):	

**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.)**

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

- 1.1. The co-produced development and implementation programme for the continues to engage a wide stakeholder group to ensure all aspects of equal access are addressed e.g. ageless, inclusion etc

### **2. Impact on Crime and Disorder:**

- 2.1. The Court Diversion Scheme is clearly relevant to the crime and disorder issues. The work associated with this strategy aims to ensure that people who would benefit from mental health care and support have appropriate access and receive safe, effective care rather than defaulting to criminal justice.

### **3. Climate Change:**

- 3.1. Not applicable